

Established in 2018, the Federation of Primary Health is the unified voice of Aotearoa's leading primary health providers. We advocate for and promote the importance of access to primary health for all New Zealanders. The Federation includes all providers of primary health care, and through partnership, together we put the care of the patient at the center of what we do – always.



Kia ora tātou.

Welcome back!

Over the summer break, the Federation continued to liaise with the Minister's offices. We were seeking a high-level meeting with the new Minister as soon as practicable, and the indications are this could be as soon as the end of February. That is our top priority before lobbying all political leaders regarding their respective health portfolios.

We aim to be very clear on our collective messages after sign-off with members at the March meeting.

Be assured, with our recent successful meeting in January, the Federation is growing in strength and profile, which we will be using to the advantage of members and all New Zealanders who deserve accessible and effective primary health care for themselves, their whanau and wider communities.

Ngā mihi
Steve Chadwick
Chair
FPHANZ



Kia ora e hoa.

What a fantastic meeting we had in January! It was great to see so many of you around the table, albeit via zoom. There was much discussion, lively debate, and broad agreement around how we wish to proceed as a membership body. I believe we are now on our way and fast gaining momentum with regards to building positive profile and growing as a respected presence within the relaunched health system.

We are in the process of preparing our papers for the visit to the Minister; a special thanks to Teresa Wall, Prof Jenny Carryer, Prof Don Mathison and Jo Lambert for their contributions to this process.

As always, our challenge ahead will be one of alignment, perseverance, and consistency of message. Please remember to invite prospective members to our next Federation meeting on 31 March, as a way to further increase our profile, and foster key relationships.

Ngā mihi
Angela Francis
Executive Director
FPHANZ



Stroke Foundation NZ:

Federation Board Member – Jo Lambert,
Chief Executive, Stroke Foundation NZ

The Stroke Foundation of New Zealand is pleased to announce it is amalgamating with Stroke Tairāwhiti from 1 March, and that a member vote in the Stroke Central region has been ratified, with the intention to amalgamate by 1 July. This is a significant step forward for the stroke affected community of Aotearoa, which will now be served by one national organisation, delivering best evidence, quality life-before stroke prevention services, and life-after stroke support services across the motu.

Why are we making this change? The unfortunate truth is that a stroke tsunami is heading to our shores. Stroke is New Zealand's leading cause of adult disability. With one stroke occurring every 55 minutes, there are currently 64,000 people living with the after effects of their stroke, with a further 300,000 indirectly affected.

Research conducted in 2015 predicted that by 2028, this figure would rise by 40 per cent, and we are on target to exceed this.

Patient story:

Federation Board Member –
Ngāpeī Ngatai – Kaimnāki Oranga
Community Representative

A personal experience involving an elderly Aunt

Early June 2022 an uncle of mine took my aunt to see her GP because she had become despondent, she had lost a lot of weight, and she had started to lose control of her bowel and bladder. My aunt's GP clinic did not see her situation as urgent and there was no guarantee that they would be able to see her as the clinic was fully booked.

The physical signs were obvious that this was urgent. The distress for my uncle was immense as he then had to decide what to do for my aunt, who by now is feeling totally overwhelmed. The only option was to take her to the Te Whatu Ora Taranaki Emergency Department.

My aunt was left for a period of at least 2 to 3 hours with little to no indication of what they were going to do with my aunt. She was in a complete daze and unresponsive to all and any questions. My aunt had also become very self-conscious of the possibility of losing control of her bowel and bladder again that she became unwilling to eat or drink.

After 8 hours, my aunt was finally admitted but no-one told us why. The only thing was a possible UTI. The following day, tests were done, and it was confirmed that she had a severe UTI, she was severely dehydrated, and low in sodium. The issues we had with the staff, was the lack of communication, getting right in my aunts face and shouting because it was assumed she was hard of hearing (which she is not). Nurses coming in to take blood tests but not explaining to her who they were and why they were taking bloods especially when they had already been taken. My aunt was becoming more and more agitated with so many people asking questions, but not giving her the time to answer them. The nurses then deemed her as being difficult and not cooperating with them. This was anything but the case.

Even though treatment for the UTI and low sodium had started, it took at least a week to two weeks before my aunt was able to mentally function normally again. I myself had to intervene when nurses were not giving my aunt the time or space to think things through. My aunt is a very articulate and capable woman who is well able to have constructive conversations about her well being, but during this period where she had a UTI and low sodium, it changed her. I believe this is a form of delirium.

As a direct result of the wrong care being offered, my aunt slipped into a deep state of depression. But, although this was stated in her chart, she was still being treated by some nurses as being difficult.

It is very sad to think, after all this time, people and systems are still not working together. It was very obvious that many of the staff had very poor bedside manners especially when it came to anyone suffering from depression. My aunt was then moved to Te Puna Waiora | Mental Health where she was administered drugs that has caused her to become someone that she is not. A whānau hui was called myself and other whānau members demanded that the drugs they were giving her were making her worse and to take her off them. Slowly but surely, my aunt is returning to normality. My aunt needs to remain in Te Puna Waiora until the previous two drugs have left her system

Poor care resulted in poor outcomes.

News:

K'aute Village official opening was held on 17 January 2023 and hosted by Waikato based Pacific provider K'aute Pasifika. This new facility will provide a central hub for the community to gather together and to deliver Pasifika health services.

Te Whatu Ora & Te Aka Whai Ora International recruitment update

The international recruitment campaign launched last year to attract health professionals into New Zealand, will continue in 2023.

The campaign is aimed at health professionals in the UK, Ireland, USA, Canada, and Singapore.

The campaign has so far attracted 498 registrations from overseas candidates. More information about the campaign is on the website at [somewhere different.co.nz](http://somerheredifferent.co.nz).

Please help by spreading the word via the official [email template](#).

If you're a health worker from overseas and you're looking to extend your stay in New Zealand, contact the International Recruitment Team using the [Talk to Us form](#).

Nursing is a key area of focus of the campaign. Two other separate campaigns for critical nurses and generalist nurses resulted in 205 nursing applications. By 16 January 12 people had been employed.

Five hundred eligible expressions of interest were also received for funding through Te Whatu Ora/Te Aka Whai Ora's [Internationally Qualified Nurses Cap \(Competence Assessment Programme\) Fund](#). These were from nurses who want to become registered to work in New Zealand. Some of these are working as health care assistants or support workers.

To date, 225 nurses have been approved for funding including both NZ based nurses without an annual practicing certificate and internationally qualified nurses who need help to return to practice or gain New Zealand registration.

Additionally, a Medical Working Group has been established to provide advice and recommendations on how to grow and strengthen the doctor workforce.

Initiatives underway include:

- A pilot programme supporting doctors from non-comparable health systems to become registered in New Zealand over the next two years.
- Increased funding for GP trainees and teaching supervisors, plus hosting fee for general practices hosting post graduate trainees.
- A national rural hospital locum coordination service will be available in first half of this year.

Te Aka Whai Ora - Building the future of health virtual hui's

Stakeholder hui's with Te Whatu Ora and TE Aka Whai Ora were held on 11 November 2022, 2 December 2022, and 8 February 2022. If you'd like to review the hui recordings or the written responses to questions covered, these can be accessed via the following link:

[Stakeholder Hui – Te Whatu Ora - Health New Zealand](#)

Te Whatu Ora Health NZ - First quarter report

has been recently released and covers the first three months of operation to 30 September 2022. The report outlines how Te Whatu Ora are tracking on their mahi to achieve pae ora for all New Zealanders.

Draft Locality Plans

The National Localities team are continuing to receive and review draft locality plans over the next few months with a view to have final locality plans delivered and actionable in June 2023.

Locality plans describe the needs and aspirations of communities and will be used to measure how health and social services meet those needs. Each locality will develop their own unique locality plan with Iwi Māori Partnership Boards, supported by Te Whatu Ora and Te Aka Whai Ora.

For more information please contact: chanelle.armstrong@health.govt.nz

Measles case confirmed in New Zealand

There has been a confirmed case of measles in New Zealand, which is the first time since the 2019 outbreak. As measles is highly infectious, this is a timely reminder to be alert for the signs and symptoms of measles which include:

- Skin rash, starting on the head and neck and spreading further and fading as it goes down the body
- Fever above 38°C at the same time as the rash
- Other symptoms include cough, inflamed nasal cavities, conjunctivitis, or spots

The best protection against measles is the measles, mumps, and rubella (MMR) vaccine. The MMR vaccination is free for people up to age 32 or anyone born after 1968 that hasn't had two doses.

If given within 72 hours of exposure to the measles virus, the MMR vaccine may protect the unimmunised and help limit the spread of measles.

More information on measles can be found here:

[Measles | Ministry of Health NZ](#) or you can contact the [Immunisation Advisory Centre](#) with any questions regarding vaccination, particularly for immunocompromised and at-risk people.

More than 500 Mpox vaccines delivered in Auckland

On 21 Jan, 522 people received Mpox vaccine doses at a pop-up clinic at the University of Auckland.

Other health interventions were also offered, and over 100 sexual health checks were provided along with MMR and HPV vaccinations.

There are now four consultation clinics in Auckland and four in Te Tai Tokerau. With more pop-ups planned with local rainbow and other organisations, the Northern Region is taking a multi-agency approach to Mpox vaccine delivery involving Auckland Sexual Health Service, Auckland Regional Public Health Service, Ngā Tai Ora, and the Northern Region Health Coordination Centre.

[Find out more here](#)

Strengthening primary care services on the West Coast

Te Tai o Poutini, West Coast has significantly bolstered its primary care services by hiring more permanent GP staff to support those needing health care support in the region.

Te Nīkau Health Centre in Greymouth and West Coast health facilities have recruited additional staff, resulting in the West Coast now having eight more permanent Rural Generalists.

Coming Up:

Upcoming meetings for the Federation as follows:

- ❖ 31 March – one day meeting preceded by members' dinner the night before. This face-to-face meeting is being hosted by Federation Member Richard Townley in Wellington with Margie Api confirmed as a speaker.
- ❖ Please start thinking about prospective Federation members you may like to invite to our March meeting. This would be an exciting opportunity to promote what we do, to the key primary health sector group who may be interested in joining the Federation.



And remember to check out our [Facebook page](#) and invite friends and colleagues to like it

