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Waihi practices show faith in VLCA scheme

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Hauraki PHO chief executive Hugh Kininmonth is welcoming the addition of two more practices to the group's VLCA roster, even though he admits the funding model is flawed.

Waihi Family Doctors, which opened last year, and Waihi Health Centre have gained VLCA status, bringing the number of Hauraki PHO practices under the scheme to 11.

This represents around 75 per cent of the PHO's practices.

'Under the radar'

"Waihi is one of those communities which flies under the radar," Mr Kininmonth says. "There are a lot of high needs people and low income people."

Mr Kininmonth says the previous sole Waihi practice could have qualified for VLCA, having an enrolled population of 50 per cent or more high needs patients, but GPs at the time had resisted going into the scheme.

"There was also some confusion over whether it was possible to get VLCA because of all the hullabaloo up north," he says, referring to controversy in Whangarei over [practices being shut out of VLCA](#) and struggling to compete on a level playing field.

But he says the owners of the two current practices raised the issue and it had "fallen into place" for both practices over the past four or five months.

"This is good news for Waihi families as it will lower the cost of seeing their doctor and nurse," he says.

Other VLCA practices under the Hauraki PHO umbrella are:

Avalon Medical, Hamilton

Colville Community Health Centre

Paeroa Medical Centre

Raukura Hauora o Tainui, (Ngaruawahia, Huntly West, Enderley, Dinsdale)

Raungaiti Marae Clinic, Waharoa

Te Kohao Health, (Hamilton East, Raglan, Enderley)

Tokoroa Family Health

Te Korowai Hauora o Hauraki, (Thames, Paeroa, Te Aroha, Coromandel)

Tui Medical Ltd, (Davies Corner, Rototuna, St Andrews, Victoria St, Huntly East)

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Waihi has a high needs population but the town's previous GPs resisted joining the VLCA scheme

Practice manager ‘thrilled’ to be in VLCA

Waihi Family Doctors opened at the beginning of last year and practice manager Rae Norman is “thrilled” to gain VLCA status. She says 54 per cent of the practice’s population is designated high needs.

“As a practice manager I deal with a lot of people, helping them pay their doctor’s fees,” Ms Norman says. “We have various strategies in place to help people and I always encourage them not to put off coming to the doctor. It’s a big issue for people. These often end up in ED.”

Ms Norman says for the previous Waihi GPs “the numbers didn’t add up” to join VLCA, and there was also an impression that the scheme was closed to new practices.

“We would have joined earlier if we had known.”

She says financially it’s not going to boost the practice, but it’s more about benefiting the community. They have also introduced free visits for under 18s. “These two things added together have caused a lot of positive comment. People are pleased and relieved.”

VLCA in the balance

VLCA is not universally popular, with many in general practice saying it should be targeted at patients not practices.

“The number of high needs people who miss out on funding is a major issue,” Mr Kininmonth says. “And the wealthy people who do get it.”

He says it is also “a twin-edged sword” financially for practices. “It’s a mixed blessing, I guess. Not all VLCA practices are doing well financially. It’s so difficult to read if it’s financially viable or not.”

He says he would not be surprised if one or two of the PHO’s practices decided to get out of the scheme.

Health minister Jonathan Coleman has [acknowledged the problems with VLCA](#) and that it is under review. Mr Kininmonth says it served its purpose and now needs to change.

“It was part of the original move to capitation. When it first came out we accepted it was a fairly blunt tool, but a first step. It’s time to review that. I am reasonably comfortable, despite the warts, it hasn’t been a bad approach, but certainly it will change. We all recognise the issues, but I’m not sure if we have the solution.”

Despite the uncertainty, Ms Norman still believes VLCA is the right move for her practice and the community.

“There’s talk of reviewing the funding. But nothing moves quickly. We have to do our best for the immediate future and see what happens.”

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