



Leadership in Primary Health Care:

What leadership do we want to meet the changing future?



Today's Session

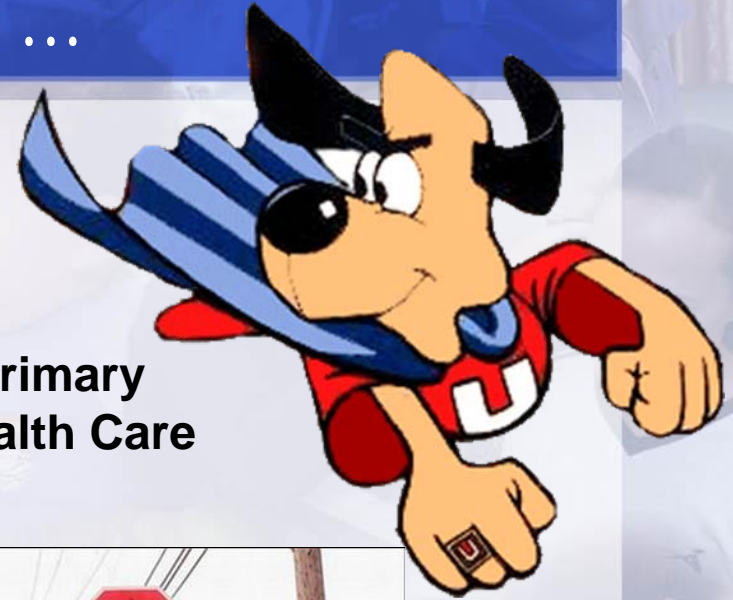
- Interactive! – in multiple directions
- Opportunity to build on the conference presentations – the “so what?”
- System & future focused
- Today's output will:
 - Feed into the closing session
 - Feed into the Long Terms Systems framework
 - Disseminated to other interested parties
 - Be posted on the conference website

The Hypothesis ...



Houston, we have a problem!

**Primary
Health Care**



**What
Leadership
to get there?**

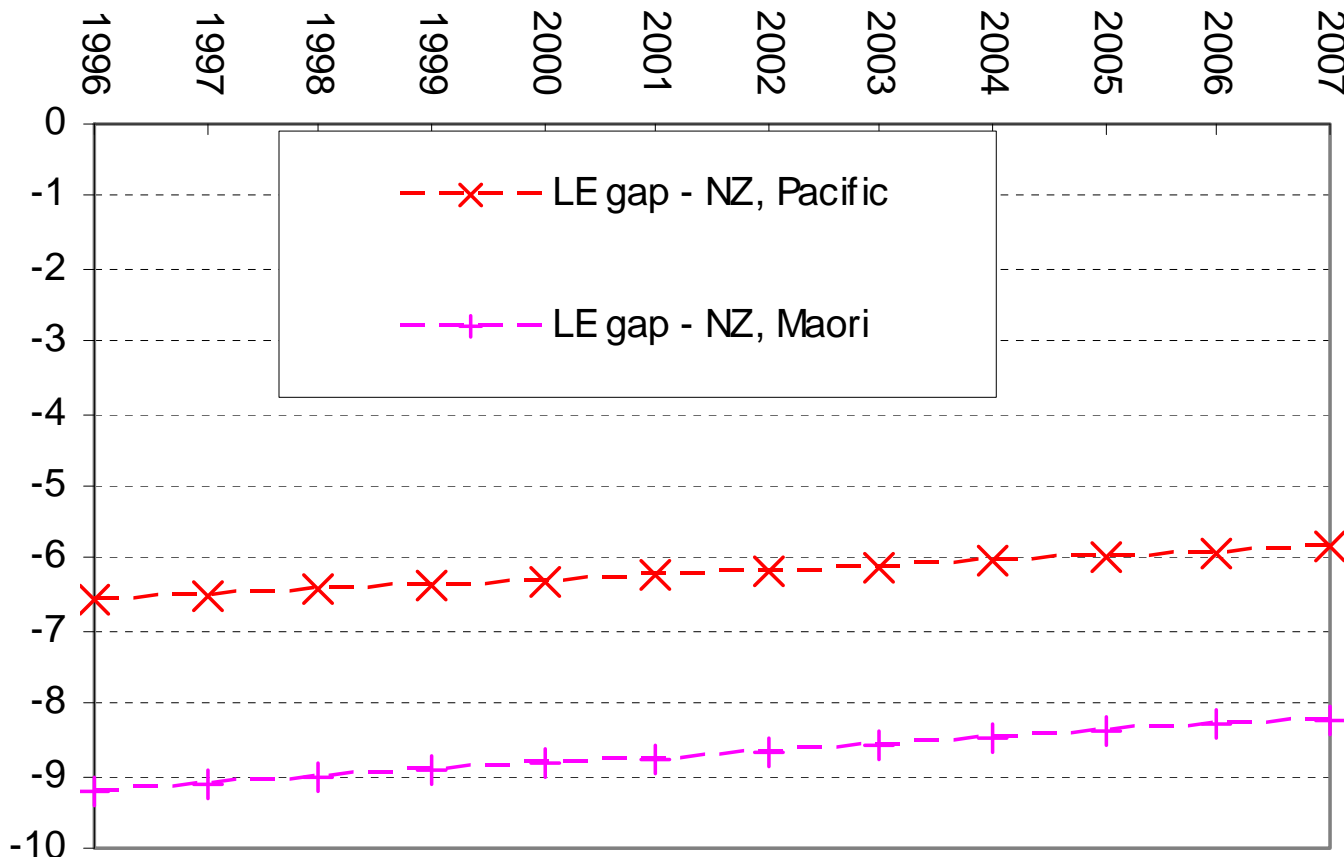
Why a leadership focus?

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**“Either lead, follow, or get out of the way.
But never try to do all three at the same time!”**

1. Inequalities

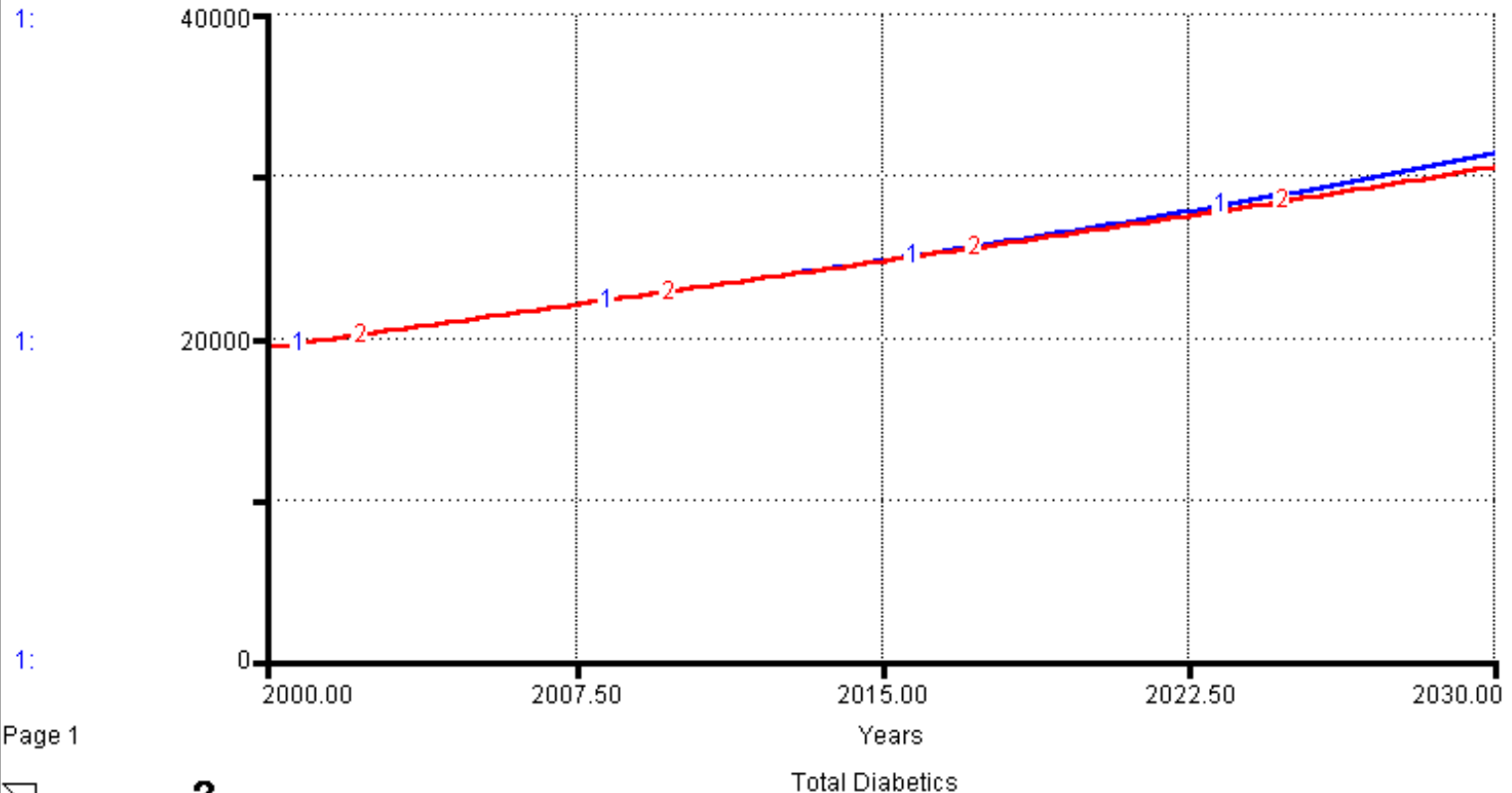


2. Changing Need

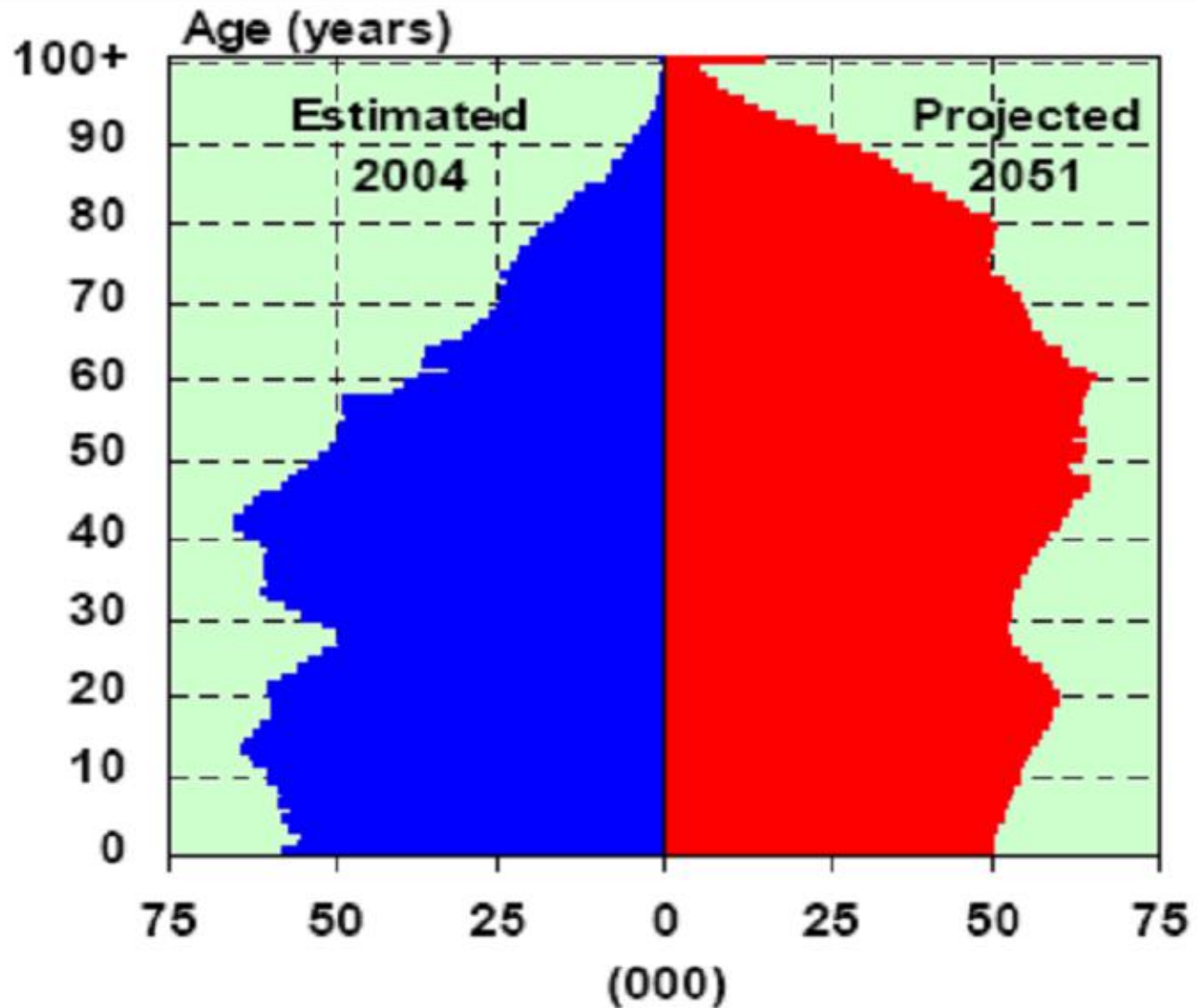
- Two major drivers:
- Age:
 - Rapid growth in the older population and associated complexity and disability
- Lifestyle – and its impact on chronic conditions - especially from obesity
 - Chronic Disease – 70% of all deaths and growing
 - Over 50% are either obese or overweight but as many are young - many are “diabetics in waiting” particularly amongst Maori and Pacific
- In combination - Chronic disease increases with age
 - Diabetes 65-74 is 12x that of <45
 - Every decade the number of people >65 years with chronic conditions doubles

2. Changing Need

● total diabetics: 1 - 2 -



Changing Need & Workforce



System Response

Case Study: General Practice in CMDHB

- To keep pace with population growth using current models we would need to open a new GP practice once every 6 months
- If we moved to the NZ average we would need to open a new practice once every 3 months
- There have been two new practices open in the last 5 years!
- If we keep our current pattern of no net increase in the number of GPs, we will have an average list sizes of 1 GP to ~2,500 patients by 2026

Change is inevitable ... who leads?

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**“Great leaders are not born, they are made.
Which explains why so many have a screw loose.”**

Defining Leadership

- Not Management!
- Vision
- Influence
- Change
- Integrity

Primary Health Care

- Alma Ata Perspective
 - Health and community development
 - Population focus and emphasis on linkage to the community
- Starfield Perspective
 - Comprehensive, continuous first contact care with coordination across the health sector (including allied health, community and secondary care)
 - More a patient perspective

Primary Health Care Leadership to date

- We've come a long way from Dr Finlay
- IPAs in the 90s – eg IT and referred services quality agenda
- Community providers - intersectoral, multidisciplinary, culturally competent and broader PHC agenda
- Colleges – Accreditation and quality
- ACC – guidelines and feedback
- Patients and communities
- MoH – PHCS
- Nursing – nurse led initiatives, Care Plus etc

The Interactive Bit

- Two parts:
 1. Where is Leadership needed the most
 2. Who leads what?