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Mr Chai Chuah
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Ministry of Health
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By email: nzhs_strategy@moh.govt.nz

Dear Mr Chuah

**Update of the New Zealand Health Strategy: consultation draft**

Thank you for the opportunity to provide feedback on the draft update of the New Zealand Health Strategy. The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine, is the education and training body responsible for the postgraduate medical training programs and continuing professional development in anaesthesia and pain medicine for New Zealand and Australia. ANZCA’s mission is to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine. The New Zealand National Committee (NZNC) of ANZCA has considered the update of the New Zealand Health Strategy, as well as the Capability and Capacity Review that informed the update of the Health Strategy.

Overall, the revised Health Strategy sets a positive aspirational direction for the health sector. The NZNC supports and commends a number of the espoused themes embedded in the strategy, in particular: collaboration and team work; fostering a culture of quality improvement; developing stronger clinical leadership in the health sector; people-centred healthcare; prevention of chronic conditions such as obesity; investment in information and communication technology to improve electronic health records and foster better health data collection and analysis; and an investment approach to healthcare.

Specific comment and feedback to improve the revised strategy further is set out below. This feedback also takes the Capability and Capacity Review into account.

### 1. Health equity

Inequity of health outcomes is still a major issue in New Zealand. In the 2013/14 New Zealand Health Survey, it was clear that priority populations including Māori, Pacific peoples, and those living in the most socioeconomically deprived areas in New Zealand had higher rates of unmet need in terms of access to primary care. Similarly, these populations had higher rates of long-term conditions such as obesity, diabetes and hypertension. Māori and people living in more deprived areas were also more likely to experience chronic pain, and inequitable access to specialist services (such as Pain Medicine) is a real issue, due to a shortage of specialists.
The revised Health Strategy refers to health equity and access issues, and the NZNC commends the Ministry for retaining equity issues as a component of the strategy. However, there is an apparent decrement in equity emphasis from that expressed in the 2000 Health Strategy despite little apparent resolution of equity issues. The NZNC recommends strengthening the equity components of the revised strategy and including more explicit acknowledgement of the social determinants of health and the need to achieve equity in health outcomes. The Health Strategy is an important document for guiding the health sector, offering an opportunity to keep equity of health outcomes front and foremost as the sector develops over the next ten years.

2. End of life care

The title of the revised Health Strategy includes the phrase “All New Zealanders live well, stay well, get well,” referring to health care and quality of life across the whole life course. This concept is commendable, however, end of life care is an important part of health and well-being across the life course, and is missing from the strategy. The NZNC recommends that end of life care should be included as a key component of the health strategy, particularly the right of terminally ill patients to dignity and comfort at the end of life, and access to expert palliative care. There is a great deal of public interest in end of life care issues currently, as demonstrated by the petition to parliament for the health select committee to investigate public attitudes towards medically assisted dying. ANZCA’s professional document *PS38 Statement Relating to the Relief of Pain and Suffering and End of Life Decisions* outlines ANZCA’s position on end of life care, and is available here:


3. Choosing wisely

The “people powered” theme of the revised Health Strategy talks about understanding people’s needs, empowering people to be more involved in their health, and building health literacy. The NZNC recommends including another component to this theme about clinicians and patients having conversations to facilitate wise decision making about the most appropriate care for the individual, including questioning whether or not various tests, treatments and procedures are necessary. This is a key aspect of the “Choosing Wisely” campaign that has gained traction internationally, and that the medical profession in New Zealand is beginning to consider.

4. Developing leadership within the health sector

The NZNC commends the focus in the revised Health Strategy of developing pathways to foster clinical leadership and talent development in the health sector. To develop better clinical leadership within the health system, pathways will need to be created to make leadership a viable career option for clinicians.

5. Collaboration between District Health Boards

“One team” is a theme of the revised Health Strategy, with the vision of having a health system that “is more than the sum of its parts.” Better collaboration and sharing of best practice between District Health Boards would fit under this theme, and would have major benefit to the health sector. However, the Capability and Capacity Review identified that currently District Health Boards are fragmented and siloed, and work in a divisive and competitive system that limits collaboration and cooperation.

The Capability and Capacity Review states that new incentives and capabilities are needed to work across the arbitrary boundaries of District Health Boards. Incentivising collaboration may have some success, and should be explored. However, a key factor that fragments the health sector is the absolute number of District Health Boards with respect to the size of the New Zealand population.
With the revision of the New Zealand Health Strategy, and reviews into funding arrangements and capability and capacity gaps in the health sector, it would be timely to consider reducing the number of District Health Boards to facilitate the healthcare sector to collaborate as a New Zealand-wide system. Indeed, in the absence of such a review we suspect that the proposed incentivisation will be of limited penetrance and is likely to be largely ineffective.

6. Information Technology

The draft Health Strategy and the Capability and Capacity Review both have a strong focus on information and communication technologies. The NZNC sees huge value in a nationalised information technology system that can reduce both fragmented care and duplication by facilitating health practitioners to have better access to patient records and medical data across primary, secondary and tertiary care, and across District Health Board boundaries. The current approach to acquisition and management of these technologies would appear to be hampered by the aforementioned siloed nature of the multiple DHB model of healthcare delivery.

7. Data collection

The “smart system” theme of the revised Health Strategy discusses better collection and utilisation of data to improve evidence-based decision making and clinical audit. The NZNC strongly supports collecting and analysing health outcome data at the team level to benchmark practice; drive continuous improvements in safety and quality; improve transparency; and enable clinicians to better discuss the risks of interventions with their patients. Isolated areas where this has already been done (such as the Australasian Vascular Audit Program and the New Zealand Joint Registry) have great potential.

However, overall, existing data is of poor quality and cannot meaningfully be used to assess outcome variation or the performance of teams. As such, the NZNC considers that significant investment is likely to be necessary if useful data is to be gathered, analysed and used to direct policy and practice.

8. Uptake of new technologies

Action 20 in the roadmap refers to developing capability for effective identification, development, prioritisation, regulation and uptake of knowledge and technologies, as well as developing a regulatory scheme to support the assessment and uptake of medical devices and therapeutic products.

The NZNC strongly supports implementing a standardised and efficient way of evaluating new technologies that takes into account evidence of efficacy as well as safety/lack of harm. Currently, new technologies may enter the country at substantial cost not necessarily supported by robust evidence. Loose governance of this domain may foster unwise spending of the healthcare dollar and offers potential for substantial harm. As such, the NZNC would welcome improved capability and regulation for evaluation and uptake of medical devices and therapeutic products.

We also suggest that processes for the evaluation of new knowledge and technologies should define those terms in a broad sense to include not only medical devices and therapeutic products but also to encompass novel techniques and models of care.

9. Clinician-led research

Action 20a of the roadmap outlines that the Ministry of Health, the Ministry of Business, Innovation and Employment and the Health Research Council will work together to better align and strengthen the impact of health research in New Zealand.
It is unclear what “better aligning” the impact of health research in New Zealand means, and we recommend clarifying this action further. If the intention of this action is to direct research funds to align with government priorities, the NZNC urges some caution. Although such an approach is not without merit, insofar as there is a place for research that aligns directly with government priorities (for example, recent research around rheumatic fever), the NZNC would like to emphasise that this should not be to the exclusion of independent clinician-led research. To drive dynamic innovative healthcare research that will benefit the sector, it is essential that contestable funds are available for original ideas not yet conceived by policy makers. Individual clinician-led research offers dynamism difficult to emulate even by well aligned Ministries.

The NZNC would, however, welcome government involvement in strengthening the impact of clinician-led research in the New Zealand health sector, in terms of disseminating results and helping to implement practice change as a result of research. A good example of this is the support the Health Quality and Safety Commission has provided to promote surgical safety checklists, as a result of clinician-led research across multiple countries (including New Zealand) into a surgical safety checklist to reduce complications and mortality following surgery.2-4

10. Shifting focus to primary care

The revised Health Strategy includes the theme “closer to home” encompassing a focus on preventing long-term conditions, taking an investment approach to health, and better access to primary care and community services. The Capability and Capacity Review supports this, suggesting that a significant amount of activity provided in the secondary and tertiary sector needs to be redistributed to non-hospital based settings.

The NZNC commends the focus of preventing long-term conditions, and agrees that more investment in the primary care sector is needed. However, increasing investment in the primary care sector should not be at the immediate expense of investment in the secondary and tertiary sectors. Certainly increased focused primary care has potential to delay the onset, or prevent the development of a variety of serious conditions and increase quality adjusted longevity, which is of significant value to the population. However, an inevitable time lag will exist between the implementation of preventative strategies and realisation of their benefits. During that interval full support to secondary and tertiary services will need to be maintained if a decrement in quality is to be averted. Longer term funding balance between hospital-based and primary care will require good data to inform the efficacy of preventative interventions.

Thank you once again for the opportunity to provide feedback, and we look forward to seeing the revised health strategy evolve further following the consultation period. You are welcome to contact us if you would like to discuss any aspects of our submission. If you have any questions, please contact Virginia Lintott (Senior Policy Adviser) in the first instance, at policy@anzca.org.nz.

Yours sincerely

Dr Gary Hopgood
Chair, New Zealand National Committee
References


