



Submission to the New Zealand  
Health and Disability System Review

May 2019

# Healthy Aotearoa. Great Primary Health Care.

## Executive Summary

The Federation of Primary Health Aotearoa New Zealand (the Federation) is the largest multi-professional primary health membership organisation in New Zealand. Our purpose is to provide national leadership on key issues affecting primary health.

The Health and Disability System Review has identified that the health and disability system could do better at delivering equitable health outcomes. Our submission highlights areas where changes could be made to improve outcomes and we hope to work with you as you develop your recommendations.

We believe that prioritising and investing in primary health, ensuring there is consumer-centric thinking and supporting an interprofessional approach will have the biggest impact on improving health and wellbeing outcomes. This in turn will improve the effectiveness of the whole health and disability sector.

### **Start with the consumer**

- Promote consumer co-design to service development and the delivery of people-centric services.

### **Governance**

- Examine the governance and structural arrangements of organisations that can help integrate national and local services and foster a multi-professional approach.

### **E-Services**

- Develop digital integration across multiple databases and systems to enable professional connectivity and consumer control of services.

### **Funding**

- Promote primary health to be the central function and main focus of New Zealand's health system and focus resources on where the need is greatest. We want to keep people well in their home and in their communities no matter where they live.

### **Innovation**

- Create multi-year funding models to enable sustainable services and manage change.

### **Workforce**

- Develop a supported and sustainable multi-professional team approach to primary health.

### **The First 1000 days**

- A focus on the first 1000 days is an opportunity to put a coordinated focus on a period of life that is critical to better life courses and health outcomes.

The Federation of Primary Health Aotearoa New Zealand (the Federation) is the largest multi-professional primary health membership organisation in New Zealand. Our purpose is to provide national leadership on key issues affecting primary health.

This submission is designed to support and build on individual Federation members' submissions by highlighting the importance of New Zealand's primary health to the overall Health and Disability system.

It highlights the importance of further developing primary health within the health and disability sector to address inequity of health outcomes. The Federation believes in the importance of consumer-centric co-design, with the consumer placed at the centre of service thinking. The Federation also believes in the value and contribution of an interprofessional approach in providing primary health. The submission notes a number of areas where more thinking needs to be done by both the Government and the primary health sector together.

We believe that prioritising and investing in primary health will have the biggest impact on improving health and wellness outcomes for all New Zealanders and address the inequities, particularly for Māori and Pacific peoples and low-income communities.

Addressing inequity of health outcomes is a key concern and the review has rightly identified that there are wide disparities in health outcomes across our society. As the review states, "Many people, particularly those on low incomes, do not access care until they are very unwell, rather than receiving services they need to stay well in the first place. Health outcomes for Māori are significantly worse than for the rest of the population and Pacific peoples also suffer from much lower than average health outcomes."

The Federation believes more work is needed to provide appropriate, effective and accessible health care and support to Māori to reduce inequity. A whānau ora approach, whānau focus and increased support for Māori communities, Māori health professionals, kaupapa Māori community health organisations and primary care across New Zealand is necessary.

## What are the most important values for our future public health and disability system?

An integrated and well-funded primary health sector will have the largest impact on addressing inequitable outcomes, improving access to appropriate services and prioritising wellness. Placing the consumer/patient at the centre of any service is critical to ensuring that the health and disability system delivers the right services, at the right time and in the right way.

Equity of health outcomes means that there will be multiple pathways to meet different ethnic, cultural, or individual needs, but everyone should have the right and expectation to be well.

Wellness, following the Te Whare Tapa Whā model, includes taha tinana – physical health, taha wairua – spiritual health, taha whānau – family health, taha hinengaro – mental health.

To address inequitable outcomes means further developing the primary health sector's ability to collaborate and integrate multi-professional teams so they can deliver equitable outcomes.

The Federation is committed to evidence-based and culturally appropriate primary health that delivers equitable health outcomes and is focused on wellness of the whole person. To do that we need an integrated sector that incorporates a broad interprofessional approach.

Early and appropriate interventions and support are best delivered in the primary health sector and will have the highest return of investment for the New Zealand health budget.

The Federation has endorsed the Declaration of Astana issued at the World Health Organisation's Global Conference on Primary Health Care in October 2018 because it speaks directly to the purposes of the Federation.

*"We are convinced that strengthening primary health care (PHC) is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being..."<sup>1</sup>*

Few would argue with the general principle of high quality and sustainable primary health care being available and accessible to all.

The Federation's principles include embracing the principles of the Te Tiriti o Waitangi - Treaty of Waitangi by working in partnership, ensuring participation, and protecting the health of Māori and acknowledging the specific needs and differences of our communities and the services required to support them.

Another of the Federation's purposes is to pursue meaningful responses to the differences in health access and outcomes between different populations in New Zealand and to tackling these inequities.

The social determinants of health are a key driver of inequity so the health sector must work with other sectors and draw on the collective resources to resolve inequities.

Consumer co-design with culturally effective solutions and quality data will allow us to effectively tackle inequity in health outcomes.

Primary health is an evolving and dynamic sector. There are numerous examples of innovation and a huge desire to place the consumer at the centre of the service and shift models of care to holistic, multi-disciplinary approaches.

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<sup>1</sup> <https://www.who.int/docs/default-source/primary-health/declaration/acphc-declaration.pdf>, page 5

To ensure that all New Zealanders can experience the primary care they deserve, the sector needs the support of the Government. There are several suggested areas where more work could be done to address inequity of health outcomes and the Federation and its members are ready to help.

## Areas where more work is needed to improve inequity

### Start with the Consumer

Equity in health starts with involving the consumer.

Primary Health professionals are very aware and focused on the wellbeing of the whole person. It is crucial that primary health services are designed with the person at the centre of the service. The Federation is committed to ensure a consumer focus is applied to primary health policy and provision and has two Consumer Representatives on its Board with full voting rights.

Consumer input and co-design is vital to ensure services are not service-centric but consumer-centric. Designing a consumer journey needs broad input and implementation of co-design principles.

#### Example of a Consumer pathway that is working

Nelson Marlborough cardiology service spans primary, secondary and community health. Through a whakakotahi process a patient presenting with cardiac related symptoms is put on a pathway that allows the patient to transition through a seamless, coordinated, integrated system where the patient is unaware they have travelled through different services. The patient is involved in the hospital service, discharge planning, primary care service (cardiac rehab), pharmacy, and back into the GP setting. The pathway is entirely seamless and no-one falls through the gaps. All service providers work as a team, have quality improvement monthly meetings as a whole team, including PHO staff. This has resulted in medication compliance being over 90% and admissions for cardiac related events have declined.

### Governance

To achieve equity in health outcomes you need to have broad representation at the Governance level.

Currently the health sector can be described as having a complex matrix of DHBs, PHOs, NGOs and service providers. The system is varied and embedded with DHBs having a wide span of control.

There are a number of different forms of governance, collaboration or alliance arrangements that have organically been created to overcome barriers, allow collaboration or make more sense to the people actually working in primary health.

There needs to be more thought placed on what sort of organisational structures and governance arrangements would best support primary health integration.

Ensuring consumer input is embedded in governance structures will enable a stronger focus on consumer co-design of services.

## E-Services

E-services are an essential enabler and can improve access, but continuity of care and personal connections between patients and health providers is essential to wellness.

One of the Federation's principles is to promote primary health as being practical, scientifically sound, socially acceptable and enabled by technology.

Technological change and innovation have transformed our lives and will continue to do so. Technology can improve access to services and so is a significant tool in the provision of health care.

A true national electronic health record is needed or at least the ability for a system to pull key information from existing databases and support referrals across different services. This would also help integrate urgent and emergency care settings and improve clinical effectiveness and continuity of care.

A national electronic health record system would enable connectivity between different professionals. They would see a consumer's history and understand what others have planned or have done. This record would become an important tool to help professionals connect and provide an integrated one-team approach.

Technology can also promote consumer control such as managing repeat prescriptions through a health portal, but not all people have access to the same levels of technology and its use.

More work needs to be done to understand constraints such as managing multiple IT platforms, privacy concerns and the digital divide.

### An example of technology improving access to primary care

On the 5th Nov 2018 PlunketLine launched its new Video Conference Breastfeeding support service. Providing Mums and their whanau one on one, personalised breastfeeding support from Plunket nurses trained as Lactation Consultants. Sessions are available every day of the week (including weekends) with most of the appointments scheduled the same day or the next day.

Any GP, Lactation Consultant, LMC or health professional can contact PlunketLine to refer a breastfeeding client to the service. PlunketLine will work alongside the mother and family as well as the referring health professional to ensure a plan of care is effectively coordinated.

The service is providing early intervention with 60% of babies under 6 weeks old.

Technology will continue to improve and could help advance consumer control over their health and information and improve access to health services. It can contribute to continuity of care and support the personal connection that is vital to wellbeing.

## Funding

*“We believe that primary health care cannot continue to be at the front-end of service delivery whilst remaining at the back-end of service funding.”<sup>2</sup>*

One of our founding principles of the Federation is to:

- **Promote primary health to be the central function and main focus of New Zealand’s health system**

To do that and enable the Government to influence and focus on primary health, the current funding methods need to be reviewed. The current funding situation is not well suited to focusing on primary health.

We do not believe that the current funding and contracting arrangements through District Health Boards support the needs of primary health. District Health Boards have large spans of control and autonomy. But they also have well documented financial pressures. Primary health funding is complex, varied and uneven. There are fragmented and inconsistent contracting arrangements. We do not agree that the current primary health funding structures, merely flow through the DHB accounts and are unaffected by current DHB financial difficulties. Even if this was the case, different DHBs have different funding mechanisms, management teams and willingness to focus on primary health.

It is well understood that early investment in health education, public health promotion, prevention and primary health interventions provide better outcomes for people as well as providing a better return for publicly funded investments. Yet the largest Government investment in health is in secondary care, with significant resources used in the last year of life, high intervention medical models and large infrastructure costs.

There is a need to realign primary and secondary care funding settings with the overall systems’ intention of keeping people well and in their home, in their communities, and out of public hospital / secondary care settings.

Funding is also one of the key components of access to appropriate services. Even low-cost barriers such as the \$5.00 for prescriptions prevents over 260,000 NZ adults from collecting their prescriptions and not receiving the care they need. This barrier is most prevalent with low income earners who are overly represented by Māori and Pacific peoples.

*“The time is right to change both the national policy settings and how various provider business models work together to truly underpin and incentivise a patient-centred, one-team environment.”<sup>3</sup>*

## Innovation

There are many examples of successful new initiatives occurring within primary health. Yet often new initiatives rely on creative, complex and short-term funding arrangements that are not sustainable.

For example, the Te Tumu Waiora - Funding for the pilot has come from a range of sources: ProCare Health, Waitemata DHB’s ‘Our Health in Mind’ primary care programme; Counties Manukau Health’s Primary Mental Health Initiative programme; and Auckland DHB’s Ministry of Health ‘Fit for the Future’ programme.

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<sup>2</sup> Primary Health Alliance 2017 One team, many businesses: Supporting delivery of the 2016 New Zealand Health Strategy, page 15

<sup>3</sup> Primary Health Alliance 2017 One team, many businesses: Supporting delivery of the 2016 New Zealand Health Strategy, page 11

There is no single innovation fund with clear pathways to manage new pilots and, possibly more importantly, expand successful pilots into national programmes. A number of successful initiatives that have 'died' due to a lack of multi-year funding.

Change takes time. There is a need for multi-year funding to see new and effective innovations embed. There also needs to be relevant expertise to create, sustain and enable change. The review is rightly concerned with how the Health and Disability system will cope with future societal, scientific and technology challenges. Innovation expertise in other sectors and by the Health Quality and Safety Commission could all be usefully explored.

### Workforce

The composition of the New Zealand health workforce is changing. One of the Federation's principles is to foster effective partnerships and collaborations. To do that we have to develop a wider understanding of how to support and sustain the current workforce, while developing more ways to integrate different professional approaches and skills.

There are also pressures on the workforce in rural areas and after hour settings. We need to recognise consumer expectations of access 24/7 and the need to provide early interventions and treatments in a timely manner to avoid acute exacerbation of minor illnesses. New ways of working in a collaborative approach can enable this to occur particularly in remote rural areas.

To have the ability to treat people closer to home will make a big difference to health economies and consumer experiences.

New initiatives in primary mental health care such as Te Tumu Waiora are starting to change the workforce. Health Improvement Practitioners (HIPs) and Health Coaches are both part of this initiative. HIPs are health professionals who undertake specific training and health coaches come from a wider background, with lower levels of training and are often connected to their communities.

#### Partnership Community Workers / Health Navigators in Canterbury.

Partnership Community Workers (PCWs) form a diverse network based in community organisations and high schools. They work in collaboration with general practice teams and their local communities to further develop pathways into primary health services. PCWs work with people who are low income, Māori, Pacific, refugees and migrants as well as those who have a physical and/or mental health issue(s). They focus on people who are not enrolled in a general practice or who are enrolled but are not visiting their general practice teams as often as they need. They focus on identifying and managing the barriers that a person/family/whānau may have in accessing health care.

- A PCW's role is short term and task focused. They can:
  - assist people to gain access to health care and social services
  - assist people to navigate the health system
  - support people to attend appointments
  - support people to identify and address needs impacting on their health
  - provide information about supports/resources available in the community and connect people with support services
  - provide cultural support and link with interpreter services.

The concept of “who is a health worker” and what they can deliver is starting to widen. However, there needs to be significant work to understand how accreditation, supervision and training will be delivered. We also need to ensure the current professional workforce is not undermined and is supported and sustained.

Any review must also consider the effects of gender inequality within the workforce as the health workforce is predominantly made up by women. Health systems and society are reliant on the caring professions but health systems themselves often fail to promote, support and appropriately reward those who do the caring.

#### The First 1000 days

*“There is substantial evidence that investment in the early years of children’s health, development and wellbeing is the most cost-effective means of tackling long-term health conditions and health inequity. Investing in the early years offers the possibility of shifting the trajectory of a person’s health over the course of their life and disrupting intergenerational cycles of disadvantage.”<sup>4</sup>*

The Global Initiative, the ‘First 1,000 days’, established in 2010 has the stated mission of making the wellbeing of women and children in the first 1,000 days a policy and funding priority. The first 1000 days, based from conception, is the time when a child goes through the most profound changes in their lives. All aspects of a child’s wellbeing from physical to emotional development undergo enormous change and will influence their likely life trajectory.

The Federation strongly supports the first 1000 days as a priority service area. It is a great opportunity to increase the focus on a life course approach. It is straight forward to build upon the already well integrated and internationally lauded New Zealand maternity services and well child care models. The Department of Internal Affairs Smart Start integration with Lead Maternity Carers, and the growing ability to manage seamless referrals with Plunket and others bodes well. We note the Well Child Tamariki Ora Review is ongoing and is looking to help the health system identify what’s working in Well Child/Tamariki Ora, as well as what can be improved.

The Federation recognises that this period of a child’s life for many parents is a challenging time. Support and resources needed are different from family to family and have a cultural, economic, and social diversity that must be acknowledged. One service does not fit all and those families with complexity need special attention if new parents and their newborns are to break the cycles of deprivation, family violence and mental health issues.

A focus on the first 1000 days is an opportunity to put a coordinated focus on a period of life that is critical to better outcomes and future health.

The further integration and sharing of information and data between services, that consumers can own and access, will reduce duplication and costs and give all those involved a better understanding of the role and potential of other providers and agencies.

A focus on sharing patient owned and consented data enables better information and access to the most appropriate health service for all mothers/parents and their babies at the start of a newborn’s life. Reliable sharing that supports more immediate diagnosis and treatment is a reassuring introduction for parents to the health system. It also fosters improved relationships between service providers.

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<sup>4</sup> Royal Australasian College of Physicians 2019 *Early childhood: the importance of the early years position statement page 4*

The Federation supports all arrangements that encourage continuity of care, relationship building and sustainable primary health and wellbeing services in the first 1000 days in particular. To ensure primary care health promotion and crisis prevention strategies are sustainable it is essential to have a reliable long-term funding cycle if these families are to trust and access the health system.

We thank you for the opportunity to provide a submission to the Health and Disability Review and look forward to working with you as you develop your recommendations.

A handwritten signature in blue ink, appearing to read 'Steve Chadwick', with a stylized flourish at the end.

Honorable Steve Chadwick

Chair of the Federation of Primary Health Aotearoa New Zealand