

**Statement: Federation of Primary Health Aotearoa New Zealand**

**30/06/2020**

**Health and Disability System Review Recommendations:**

The Federation Board has had the opportunity to discuss the Health and Disability System Review findings whose overarching messages aligns closely with the Federation model. In advance of the review publication, the Federation published a discussion document calling for the development of Community Health and Wellbeing Networks (The discussion document can be accessed [here](#)).

During the process of developing the Federation model, members agreed a set of characteristics and principles upon which to base Community Health and Wellbeing Networks which have now been fully reflected in the Review's proposal to implement local networks of services to keep people well. The alignment between these two documents is clear. Attachment 1 provides a summary of the recommendations of both documents in the networked locality space.

The Review particularly aligns with our publication on the priorities of: engaging with local communities; Māori health and equity; protocols and application program interfaces to support transfer of information and interoperability between provider systems; informatics to support population health improvement; and the need to strengthen rural services.

"The diverse makeup of the Federation board and its members has enabled us to identify inequalities in access and provision of care that cuts across organisational and professional boundaries," says Steve Chadwick - Federation Chair. The Federation also welcomes the Review's focus on the issue of equitable outcomes for Māori and the need to meaningfully deliver on the Principles of Te Tiriti o Waitangi.

"A number of districts within Aotearoa have already begun implementing this approach, within existing resource, cultural and structural constraints. Our members who have been involved in these programmes tell us how difficult it is to build collaboration between independent organisations without the enabling policy and support frameworks being in place. We are hopeful that as implementation plans become clearer the appropriate environment to overcome these constraints will be fostered as part of a structured change management programme. We are looking to influence the implementation to ensure this as a priority," says Chadwick.

## Attachment 1

The following table presents the alignment between the Federation’s ‘Health and Wellbeing Networks’ with the Localities proposed by the Health and Disability System Review:

Health and Disability System Review	Federation Community Health and Wellbeing Networks Approach
Applying a population health approach to developing the health and disability system and being committed to improving the equity of health outcomes requires a greater focus on improving the accessibility and effectiveness of Tier 1 services.	The Federation identified the purpose of Health and Wellbeing Networks as to improve equity of health and wellbeing outcomes through better local services. The Federation believes that placing consumers of health services front and centre will support improved outcomes accessibility and effectiveness of Tier 1 services.
The provision of Tier 1 services should be planned on a locality basis, from a population health perspective with a focus on addressing identified need and achieving equitable outcomes.	The Federation identified that networks should be designed around the needs and capabilities of the community and established around natural communities of interest for the benefit of individuals and their whānau; the local community; and, the health system. Putting patients at the heart of the decision making is a fundamental principle that binds Federation members.
The population-based funding available for tier 1 services should be better weighted according to need and relevant ethnicity weightings should be included.	People with complex health and social needs who require regular access to multiple providers; and for Māori, Pacific, underserved, rural, marginalised, elderly, and people with long-term conditions the Community Network approach will deliver most value. Use of telehealth and more outreach services will enable reduced transportation costs and deliver care closer to home.
DHB funding for tier 1 services should be ringfenced to ensure it is not diverted to other services. It supports longer term contracts.	The Federation advocated for investment to be separated from the provision of Hospital Services. The Review does not agree with this but proposes the ring fence (in the medium term) to mitigate the associated risks. The Federation would like to see strengthening of this ring-fencing. For networks to succeed, their constituent primary and community care providers need committed and sustainable funding, which supports their development and delivery of services through Networks. We recommend a move to longer-term three-year funding agreements which better support continuity of care and rely less on fee for service frameworks.
It should no longer be mandatory for DHBs to contract primary health organisations (PHOs) for primary health care services. Similarly, alliance arrangements required by the PHO Services Agreement and the DHB Operating Policy Framework should no longer be mandatory.	The Federation acknowledges the need for some specific functions to be in place that support the networks in: relationship management; information sharing; communication; and. continuity of care, without specifically identifying the structure to manage these functions. Change management; Workforce support; Service Design Support; and Informatics support and analysis need to be supported. The Alliancing approach is supported by the Federation.
There should be a wider range of services (from maternity, general practice and nursing services, through mental health and behavioural, medicines optimisation, home based support and outreach) managed as part of the locality network and there should be a requirement that patient information can, with their permission, be shared within the network.	The point of Community Health and Wellbeing Networks is to: <ol style="list-style-type: none"><li>1. Support collaboration between clinical providers for the benefit of consumers /people who use health services.</li><li>2. Support collaboration between providers and local iwi, hapū and community organisations that increases accessibility and suitability for the benefit of shared populations in an area. This is particularly important for urgent and out of hours care when access is variable and inconsistent.</li><li>3. Improve service quality from the person and clinician perspective.</li><li>4. Use the strengths of each provider to improve health outcomes and spread the workload for providers.</li></ol>
Priority should be given to incorporating the commissioning of Well Child / Tamariki Ora and maternity services into local networks, along with increasing home care services and expanding outreach.	The Federation acknowledges the need to focus on the first 1000 days.

More information: <https://fph.org.nz/>

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