

4th December 2015

New Zealand Health Strategy Consultation
Ministry of Health
PO Box 5013
Wellington

RE: Submission on NZ Health Strategy and Roadmap of Actions

Introduction

Allied Health Aotearoa New Zealand (AHANZ) is the incorporated society of 24 professional associations which work together to promote, advocate for and support allied health professionals. AHANZ is the connected voice of approximately 30,000 allied health professionals across New Zealand.

Thank you for the opportunity to provide feedback on the proposed NZ Health Strategy and Roadmap of Actions. We acknowledge what has been a considerable amount of work to get it ready for consultation.

We have opted not to answer your specific questions but provide you with over-arching feedback and specific feedback relating to the Allied Health Science and Technical workforce.

Some Overarching Concerns

The Ministry of Health (MOH) has acknowledged in the document that many of the recommended actions do not deviate far from the existing strategy. Whilst we acknowledge the difficulty in proposing solutions that are overly prescriptive, we would argue that there is a fundamental lack of detail in how the strategy is going to be resourced and implemented and we may well find that in five years' time we are no better off.

Furthermore, until there are significant changes made to the way in which capitated primary care services are purchased and funded, the type and location of services delivered and the health outcome measures expected we will not realise any effective change from what we currently have.

There are a number of examples where the Roadmap of Actions document refers to solutions being delivered 'over time.' This is not a measurable outcome, does not provide healthcare providers with a blue print for expectations around timely outcomes, what it is expected they deliver or how they should interface with other providers and this lack of connectivity we believe will once again result in siloed and inefficient health care delivery.

Furthermore, 'Promoting to service users and clinicians the benefit of having access to a patient portal' we would argue is not sufficiently robust if we are going to realise the health outcomes that we aspire to. Such an initiative needs to be more than promoted, but mandated by the MOH, sufficiently resourced and uptake regularly measured as General Practitioners become more IT savvy.

We wholeheartedly agree that the obligations under the Treaty of Waitangi should be a fundamental principle in guiding the general direction of the strategy. However where the document refers to the Treaty of Waitangi underpinning the design of training for health workers and 'board members', it is not clear who these board members are, whether they be District Health Boards, Regulatory Authorities, or both.

We totally support self-management of healthcare through the use of digital technologies and the use of social media particularly in the area of Type 2 Diabetes Mellitus (T2DM). However, it has been raised with the MOH before that many of the high needs populations that are most at risk of chronic long term diseases, such as T2DM do not have access to smartphones or know how to use social media apps.

Closer to Home

The members of AHANZ are concerned that there is a fundamental lack of reference to Allied Health professionals in the Roadmap of Actions document who we believe are pivotal to the MOH fulfilling the principle of services being delivered 'Closer to Home'. The Roadmap of Actions talks about health professionals [namely nurses] being trained in tasks that they have not traditionally performed and altering their scope of work. Whilst we agree in principle to this happening, particularly in rural areas where there is a definite need; there is currently already a 30,000 strong allied health workforce who are skilled and qualified to carry out a lot of these tasks but to date have not been utilised even close to their full potential.

The Roadmap of Actions document also refers to the need to 'fully utilise health skills and training by removing legislative barriers to allow health practitioners such as 'pharmacists and nurses' to prescribe. It is disappointing that the MOH has not considered utilising the many other professional groups such as optometrists, dietitians and psychologists who already have or who are in the process of working towards prescribing scopes of practice.

There is no doubt that an integrated 'wrap around' approach to dealing with chronic health conditions such as diabetes could significantly benefit from the expertise of a number of health practitioners other than Doctors many of whom have not just prescribing rights but are highly skilled in their particular field of expertise.

Tackle Long Term Conditions and Obesity

The Roadmap of Actions document refers to the need for health professionals to reorient planning guidance and performance management to either diabetes or mental health or cardiovascular disease. Allied health professionals would strongly assert that these conditions are connected, multi-factional and driven by social factors that cannot be siloed.

The document also refers to health providers implementing a package of initiatives to prevent and manage obesity in children and young people up to the age of 18 years. There is, however, no reference to how these programmes will be resourced, supported and managed and as there are currently a number of initiatives that are working very successfully around the country, how existing programmes that have been evaluated and have international credibility could be compulsorily rolled out across the country to prevent reinvention of the wheel.

Value and High Performance

The 50 different allied health professional groupings could bring a myriad of services and professional, regulated skills to primary care services teams who want to increase the value they bring to their community. Allied Health professionals are able to deliver a wider range of core services, develop more integrated care plans, better co-ordinate with specialists and hospitals, increase access and work in a raft of different community environments.

We are pleased that the MOH has acknowledged the need to ensure funding and information systems support providers to improve their services and it is encouraging that a health investment approach is being considered. However, we are concerned that the document does not provide enough of a mandate for providers to invest in systems that are for the good of the nation and will assist health delivery services to be joined up across both care sectors and professional groupings.

We would also argue that purchasing from non-government organisations (NGOs) and commissioning services at a local level requires sound contract management to ensure deliverables are clear and outcomes are met.

Improve Performance and Outcomes

We are pleased to see referenced in the document that a health outcome focused framework will be developed that will link to the Integrated Performance and Incentive Framework (IPIF) work already carried out. Unfortunately, despite trying on several occasions, AHANZ was unable to have any input into the IPIF measures agreed to date which we believe remain medically focussed and not particularly patient centred.

AHANZ is keen to reinforce that if the MOH want to increase and improve equity of health outcomes, quality and value, allied health services must be incorporated into the primary care delivery model and for this to work there needs to be a health investment approach that is supported by a complete overhaul of the funding model. As long as Doctors remain the financial gatekeepers to the way services are devolved, we will continue to get the same outcomes for patients.

One team

The Roadmap of Actions document references the need to develop an established, integrated, advisory framework that supports the shared future direction. To date, the MOH has not provided a formal avenue for the allied health sector to provide feedback and policy

advice and to develop such an advisory framework without the allied health voice would be a retrograde step.

Summary of Interventions where allied health service would be well utilised

Allied Health professions are pivotal to the delivery of a number of the actions outlined in the Roadmap of Actions Document. We urge the MOH to consider how allied health services may be better utilised in the development of future primary care models and future funding arrangements.

Thank you for the opportunity to provide feedback, we ask that our comments be given due consideration as part of the consultation process. AHANZ is happy to be consulted further.

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Chair

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