

16 June 2020

RESPONSE TO THE HEALTH AND DISABILITY SYSTEM REVIEW

GPNZ supports the broad direction of the Health and Disability System Review and its focus on population health and wellbeing. However, we have a number of significant concerns – not least the review’s focus on structures, rather than how future organisations will deliver better outcomes for their local populations.

GPNZ welcomes the plan to establish Health NZ as an independent agency with a strong and integrated population health remit, and the proposal to develop a wider range of networked ‘Tier 1’ services designed around population health needs, with ringfenced funding.

GPNZ CEO Liz Stockley said: ‘The critical question is how that future Tier 1 will operate. If reimagined DHBs are to be solely accountable for local health outcomes and provision of primary and community services, that will require a huge shift in culture and behaviour to ensure they focus on communities, not just hospitals.

‘DHBs have been accountable for primary care for the past two decades, but it is PHOs that have taken the lead in primary care development, and it is a major disappointment that the review failed to recognise the significant role PHOs play in delivering health services and better population health outcomes. The leadership, innovation and insights of PHOs need to be built on, instead of being allowed to wither over the next five years.’

In particular, funding arrangements through PHOs should not be disrupted until DHBs are in a position to prioritise primary care and take over management functions effectively.

While GPNZ wholly endorses the principle of ringfenced funding for Tier 1 services, that funding needs to be adequate in the first place.

GPNZ Chair and Karori GP, Jeff Lowe said: ‘The record of DHBs in ringfencing funds for services such as mental health has been poor, with money consistently diverted to prop up hospital services. Robust mechanisms need to be introduced that prevent hospital projects or deficits swallowing up funds earmarked for services that keep people from needing hospital care in the first place.’

As well as ensuring funding for Tier 1 is weighted to include ethnicity and deprivation, GPNZ wants to see funding mechanisms that also prioritise health promotion and addressing health inequities.

In particular, GPNZ will be seeking more details on how discussions on general practice funding will be progressed in the near future.

Dr Lowe said: ‘It is positive to see acknowledgement of the funding issues general practice has faced for a very long time and in fact spawned the idea of the review, two years later we are no further ahead with a clear plan for general practice funding.’

GPNZ welcomes many of the review's recommendations, but believes it is how those recommendations are progressed that will determine whether the review is a success:

- A targeted focus on improving Māori health is vital, but it will be equally vital to ensure the work of the new Māori health agency is fully integrated with the work of Health NZ.
- A long-term planning approach based on a 20-year health strategy with five-year local health plans plans, based on sound population health needs analysis and local understanding is a positive step. Basing these will be constructive. It is encouraging that the review recognises the extensive knowledge and skills of PHOs in this area. We need to explore how to capitalise on that knowledge rather than simply transplanting them into DHBs. These responsibilities should not move until DHBs are in a strong position to support delivery of primary care services.
- It is encouraging that the review includes a focus on health data and technology. National standardised datasets and interoperability standards should be agreed and implemented so that data flows across the system and supports better clinical outcomes, empowered consumers, and data-driven decision-making.
- GPNZ is pleased to see the focus on training and commissioning a workforce based on service needs, though it is unclear how the general practice workforce is going to be supported to grow to meet the needs of the population. We cannot wait for five years for an effective plan for primary care workforce when the sector is already deflated. Encouraging growth in the general practice workforce is going to require a huge positive and immediate effort.
- Attention to facilities and equipment planning and development is overdue and must also include tier 1 infrastructure and recognise the significant investment that individual general practices and PHOs have made in sustaining and developing facilities and services.

In progressing the recommendations, GPNZ wants to see strong primary care representation on the Section 11 Committee and in the proposed implementation unit, which has been notably absent in the review itself. Analysis, planning and strategy skills need to be developed with an understanding of primary care, potentially sitting within the State Services Commission.

GPNZ is concerned that implementation led through DPMC is likely to introduce political influences. While population health needs a cross-government approach, it is the Ministry of Health that should take the leadership role in making changes to the health system.

Dr Lowe added: 'As with any major review, we mustn't lose the experience and insights held in our existing organisations or create instability and insecurity through a protracted period of upheaval.

'After more than two years in the making we are all ready to get on and implement improvements to the system that will lead to improvements in the health of our population.



The Heart of Integrated Care

GPNZ will be writing to the Prime Minister and seeking a meeting with the Minister to discuss next steps and ensure that we play our part in the codesign process.'

ENDS

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Note for editors:

General Practice New Zealand (GPNZ) is the representative body for general practice in Aotearoa New Zealand, through Primary Health Organisations. We provide a strong national voice, advocating for primary care and the health and wellbeing of New Zealanders by supporting the delivery of high quality general practice services.

Our 20 member networks represent the majority of New Zealand general practices and cover an enrolled population of more than 4 million New Zealanders, including 80% of the enrolled Māori population.

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