

Briefing

Responding to the Petitions Committee's recommendations on the petition of Eye Health Aotearoa

Date due to MO: 31 January 2024 **Action required by:** 5 February 2024

Security level: IN CONFIDENCE **Health Report number:** H2023033385

To: Hon Dr Shane Reti, Minister of Health

Consulted: Health New Zealand: Māori Health Authority:

Contact for telephone discussion

Name	Position	Telephone
Dean Rutherford	Deputy Director-General, Evidence, Research and Innovation	s 9(2)(a)
Peter Dolan	Group Manager, Evidence, Research and Analytics	s 9(2)(a)

Minister's office to complete:

- Approved Decline Noted
 Needs change Seen Overtaken by events
 See Minister's Notes Withdrawn

Comment:

Responding to the Petitions Committee's recommendations on the petition of Eye Health Aotearoa

Security level: IN CONFIDENCE **Date:** 25 January 2024

To: Hon Dr Shane Reti, Minister of Health

Purpose

1. This briefing provides a recommended Government response to the Petitions Committee's recommendation on the petition of Eye Health Aotearoa. It seeks your agreement to the response and associated next steps, including a Cabinet paper.

Recommendations

We recommend you:

- | | |
|--|--------------|
| a) Note that you, on behalf of the Government, are required to respond to the Petitions Committee's recommendation on the petition of Eye Health Aotearoa by 23 February 2024 | Noted |
| b) Agree to the Ministry of Health drafting a Cabinet paper that seeks approval of the recommended response | Yes/No |
| c) Indicate whether you wish to meet with Ministry of Health officials to discuss the recommended response and corresponding Cabinet paper | Yes/No |
| d) Note Ministry of Health will update you on the timeframes associated with the Cabinet paper process as soon as these are released | Noted |
| e) Note that to support the Government's response to the petition, the Ministry of Health will provide advice on health information gaps in February 2024 | Noted |



Dean Rutherford
Deputy Director-General
Evidence, Research and Innovation
Date: 26 January 2024

Hon Dr Shane Reti
Minister of Health
Date:


11/2/2024

Responding to the Petitions Committee's recommendations on the petition of Eye Health Aotearoa

Background

1. In September 2022, Eye Health Aotearoa submitted a [petition](#) calling on the Government to fund the first ever Aotearoa New Zealand Eye Health Survey. Eye Health Aotearoa submitted that an eye health survey would provide essential data about New Zealanders' eye health and that this data could be used to identify ways to reduce the incidence of avoidable blindness and low vision and reduce eye health inequity.
2. The petition was considered by the Petitions Select Committee (the Committee) between November 2022 and August 2023. In its final report on the petition, delivered in August 2023, the Committee recommended that: *the Government consider expanding the University of Auckland survey or the New Zealand Health Survey to ensure more comprehensive data can be gathered.*
3. Under Standing Orders 256, the Government (via the Minister of Health) is required to present a paper to the House of Representatives responding to the Committee's recommendation within 60 working days of presentation of the Committee's report. The response must be approved by the Cabinet Legislation Committee, prior to presentation to the House.
4. The 60 working day period paused upon the dissolution of the 53rd Parliament and upon recommencement of business under the 54th Parliament, the Committee set a due date of 23 February 2024 for the Government's response.

Eye Health Aotearoa's petition

5. Eye Health Aotearoa is a multi-sector collective of representatives from across the eye health sector. Their vision is accessible, comprehensive eye health services for all New Zealanders. The group's mission is to partner with the Government to reform the New Zealand eye health system.
6. Eye Health Aotearoa has Board representation from the following organisations:
 - Blind Low Vision NZ
 - Glaucoma NZ
 - Kāpō Māori Aotearoa
 - Macular Degeneration New Zealand
 - New Zealand Association of Optometrists
 - Sight Support Trust
 - The University of Auckland School of Optometry and Vision Science
 - The Royal Australian New Zealand College of Ophthalmologists

- Visual Impairment Charitable Trust Aotearoa
7. Three important points drove Eye Health Aotearoa to [submit their petition](#). To summarise, there were, that New Zealand:
- a. currently does not have data to support understanding of the prevalence and severity of eye health conditions and current estimates rely on international research
 - b. does not have adequate evidence to support efficient and effective eye health services and prevent avoidable vision loss
 - c. has a unique context and population makeup that is not appropriately represented in international data or research.
8. In February 2023, the Ministry of Health | Manatū Hauora (the Ministry) was invited to prepare a written submission on the petition. Key points of the [Ministry's submission](#) included:
- a. recognition of the importance of good, timely eye health care for all New Zealanders and Eye Health Aotearoa's advocacy to collect data to support this.
 - b. agreement that a national population eye health survey has potential to quantify unmet need for access and care, and to provide insight on opportunities for system improvement.
 - c. highlighting that in August 2022, the University of Auckland has received funding from the Health Research Council to conduct New Zealand's first population-based eye, ear and foot health survey to plug the evidence gap and improve equitable access to health services. Co-funding for the survey has come from Eye Health Aotearoa representatives, including Blind Low Vision NZ and the Association of Optometrists.
 - d. the 2024/25 New Zealand Health Survey is scheduled to include a module about long-term conditions and that questions related to eye health could be considered for the module's content.
9. Responding to the Ministry's submission on the petition, Eye Health Aotearoa outlined that it did not believe the Auckland University's Survey of the New Zealand Health Survey are sufficient to meet the information needs. Specifically, they noted that:
- a. the University of Auckland survey was not specific to eye health and is being undertaken in specific geographic areas (selected for their higher concentration of Māori and Pacific populations), which do not reflect the national population
 - b. the New Zealand Health Survey would not provide the same level of detail as a national eye health survey as it would not include a comprehensive eye exam
 - c. surveys without eye exams are not sufficient to fill the information gap, as they cannot identify asymptomatic disease.

Recommendation of the Petitions Committee and proposed response

10. Following consideration of the petition, in its [final report](#), delivered in August 2023, the Committee recommended that: *the Government consider expanding the University of Auckland survey or the New Zealand Health Survey to ensure more comprehensive data can be gathered.*
11. Under Standing Orders 256, the Government (via the Minister of Health) is required to present a paper to the House of Representatives responding to the Committee's recommendation within 60 working days of presentation of the Committee's report. The Government's response to the recommendations is due by 23 February 2024.

Proposed response to the Committee's recommendation

12. Up to date data, evidence, and insights are critical underpinnings of policy that delivers timely, effective, and cost-effective interventions targeted towards those with the highest needs and greatest capacity to benefit.
13. The Ministry maintains that both the Auckland University survey and New Zealand Health Survey long-term conditions module will provide useful information and strengthen the evidence base available to support the design and implementation of policies that improve eye health across New Zealand.
14. However, the Ministry (alongside Eye Health Aotearoa) acknowledges that the breadth, specificity, and technical elements of eye health information needs mean that current administrative data sources, existing surveys (including Auckland University's Survey and the New Zealand Health Survey) or survey modules are unable to meet the full extent of the information need. A specific and targeted survey that reflects the complex nature of eye health, and that is not constrained by interview length or content limits of existing surveys, would be required.
15. Although there are options for how an eye health survey might be executed (e.g., target populations at higher risk of poorer eye health outcomes, sample pooling over several years), any new survey would require reprioritisation of funding or new investment.
16. Considering current fiscal conditions, and other longstanding health information needs (including mental health and addiction, nutrition, and unmet secondary elective healthcare needs), the Ministry does not recommend the Government accepts the Committee's recommendation.
17. Rather, the Ministry recommends that work is commenced to move towards a more strategic approach to meeting health information needs. This would include prioritisation of a broader range of information needs and gaps, exploration of alternative approaches to meeting these needs, and forward planning for coordinated, and sustained investment.
18. Given the breadth of health information needs, and the relative urgency to prevent out of date data limiting robust policy development, the Ministry will provide you with advice on health information needs, and will be keen to discuss this advice, and your priorities related to data, evidence and insights with you.

Equity

19. A strategic approach to meeting health information needs and investment to meet these will support increased and long-term understanding of inequities across the health system (including across the provision and experience of services, health outcomes, and access) and the factors that contribute to these. This, in turn, supports evidence informed investment for services and policies that address these inequities and support positive health outcomes.
20. Alongside the opportunity to meet information needs sustainably, there is an opportunity to develop more inclusive approaches for meeting information needs that will result in more robust and relevant data and evidence for underserved population groups. In some cases, this may include co-design of approaches with communities in particular Māori, Pacific, and disabled people.

Next steps

21. The Ministry of Health is available to discuss the recommended response to the Committee's recommendation with you, should you wish to.
22. Subject to your agreement, the Ministry will provide a draft Cabinet paper that seeks agreement to the Government's response.
23. As the Cabinet Committee timetable for February 2024 is yet to be confirmed, the Ministry is unable to advise on the timeframes associated with the Cabinet paper process (e.g., consultation and lodgement) at this stage. The Ministry will provide your Office with advice on timeframes once these become clear.
24. However, based on information currently to hand, to be compliant with Standing Orders 256, Cabinet will need to agree to the Government's response by 19 February 2024, and the response will need to be presented to the House by 22 February 2024 (last sitting day before the due date). The Ministry will support you and your Office to meet these timeframes or negotiate an extension, if required (e.g., if the timing of Cabinet Committee meetings do not support meeting these timeframes).
25. To support the Government's response to the petition, the Ministry of Health will provide advice on health information gaps in February 2024. This will include advice on key health system information needs and a moving towards a strategic approach to meeting these. The Ministry will be keen to discuss this advice, and your priorities related to data, evidence and insights with you.

ENDS.

Minister's Notes

PROACTIVELY RELEASED

Briefing

Cabinet paper: Responding to the Petitions Committee's Recommendations on the Petition of Eye Health Aotearoa

Date due to MO: 6 March 2024 **Action required by:** 11 March 2024

Security level: IN CONFIDENCE **Health Report number:** H2024036854

To: Hon Dr Shane Reti, Minister of Health

Consulted: Health New Zealand: Māori Health Authority:

Contact for telephone discussion

Name	Position	Telephone
Dean Rutherford	Deputy Director-General, Evidence, Research and Innovation	s 9(2)(a)
Peter Dolan	Group Manager, Evidence, Research and Analytics	s 9(2)(a)

Minister's office to complete:

- Approved Decline Noted
- Needs change Seen Overtaken by events
- See Minister's Notes Withdrawn

Comment:

Cabinet paper: Responding to the Petitions Committee's Recommendations on the Petition of Eye Health Aotearoa

Security level: IN CONFIDENCE **Date:** 5 March 2024

To: Hon Dr Shane Reti, Minister of Health

Purpose of report

1. This briefing presents a draft Government response to the Petitions Committee's recommendations on the petition of Eye Health Aotearoa and supporting Cabinet paper. It seeks your approval of these and agreement to undertake Ministerial consultation, and sets out a timeline for next steps.

Recommendations

We recommend you:

- a) **Note** the Ministry of Health has drafted the Government's response to the Petitions Committee's recommendations on the petition of Eye Health Aotearoa, and a Cabinet paper seeking approval of this **Yes/No**
- b) **Approve** the draft Government Response and supporting Cabinet paper for Ministerial consultation **Yes/No**
- c) **Agree** to undertake Ministerial consultation for a period of 5 working days **Yes/No**
- d) **Agree** subject to approval of any required changes to lodge the Government response and supporting Cabinet paper by 21 March for consideration by the Cabinet Legislation Committee at their meeting on 28 March **Yes/No**



Robyn Shearer
Acting Director-General of Health
Te Tumu Whakarae mō te Hauora
Date:

Hon Dr Shane Reti
Minister of Health
Date:

Cabinet paper: Responding to the Petitions Committee's Recommendations on the Petition of Eye Health Aotearoa

Background

1. In September 2022, Eye Health Aotearoa submitted a [petition](#) calling on the Government to fund the first ever Aotearoa New Zealand Eye Health Survey. The petition was considered by the Petitions Select Committee (the Committee) between November 2022 and August 2023.
2. In its final report on the petition, delivered in August 2023, the Committee recommended that: *the Government consider expanding the University of Auckland survey or the New Zealand Health Survey to ensure more comprehensive data can be gathered.*
3. Under Standing Orders, the Government (via the Minister of Health) is required to present a paper to the House of Representatives responding to the Committee's recommendation. The response must be approved by the Cabinet Legislation Committee, prior to presentation to the House.
4. In February 2024, the Ministry of Health (the Ministry) briefed you on a proposed response to the Committee's recommendation [H2023033385 refers].

Draft Government Response and supporting Cabinet paper

5. The Ministry has drafted the Government response and Cabinet paper following your agreement to the proposed direction of these [H2023033385 refers]. In summary, the draft Government response:
 - a. outlines that current administrative data sources and existing surveys are unable to meet the full extent of eye health information needs, and that a specific and targeted survey may be required
 - b. indicates that although there are options for how an eye health survey may be executed, any new survey would require reprioritisation of funding or new investment
 - c. presents that, given current fiscal conditions and other longstanding information needs, the Government will consider eye health information needs as part of work to address health information needs more broadly.
6. The draft Government response and Cabinet paper are attached to this briefing for your consideration and approval.

Agency consultation has been completed

7. There are no financial implications associated with the Government response, and policy implications are contained within the health portfolio. Given this, agency consultation was limited to the Department of the Prime Minister and Cabinet.

Progressing the paper through to Cabinet

8. The Government response must be approved by the Cabinet Legislation Committee, prior to being presented to the House of Representatives.
9. If you are comfortable with the draft Government response and Cabinet paper, the Ministry recommends you share the paper with your Ministerial colleagues for consultation. Following consultation, and subject to any required changes, the paper can be lodged for consideration by the Cabinet Legislation Committee and Cabinet.
10. Following Cabinet's approval of the Government response, the Ministry will support you to present it to the House of Representatives and write to Eye Health Aotearoa to inform them of the presented response.
11. The below table sets out a proposed timeline for progressing the paper through to Cabinet.

Action	Proposed dates
Ministerial consultation	5 working days
Approval of final Cabinet paper	By Wednesday 20 March
Cabinet paper lodged	By Thursday 21 March
Cabinet paper considered by Cabinet Legislation Committee	Thursday 28 March
Cabinet paper considered by Cabinet	Monday 1 April
Government Response presented to the House of Representatives	Week of 9 April

Next steps

12. The Ministry is available to discuss the attached papers with you and respond to any feedback or questions you have.
13. Following Ministerial consultation, and approval of any required changes, the paper will be lodged for consideration at the Cabinet Legislation Committee meeting on 28 March. The Ministry will provide talking points to support you at this meeting.

ENDS.

Minister's Notes

PROACTIVELY RELEASED

Aide-Mémoire

Responding to the Petitions Committee's Recommendations on the Petition of Eye Health Aotearoa

Date due to MO:	26 March 2024	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	H2024038256
To:	Hon Dr Shane Reti, Minister of Health		
Consulted:	Health New Zealand: <input type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

Contact for telephone discussion

Name	Position	Telephone
Dean Rutherford	Deputy Director-General, Evidence, Research and Innovation	s 9(2)(a)
Peter Dolan	Group Manager, Evidence, Research and Analytics	s 9(2)(a)

Aide-Mémoire

Responding to the Petitions Committee's Recommendations on the Petition of Eye Health Aotearoa

Date due: 26 March 2024

To: Hon Dr Shane Reti, Minister of Health

Security level: IN CONFIDENCE **Health Report number:** H2024038256

Details of meeting: Thursday 28 March 2024, 9.30-10.00am

Cabinet Committee: Cabinet Legislation Committee

Purpose of meeting/proposal: At this meeting, the Cabinet Legislation Committee will consider your paper *Government Response to the Report of the Petitions Committee on the petition of Eye Health Aotearoa: Fund the Aotearoa New Zealand Eye Health Survey*.

This aide-mémoire discloses all relevant information.

Summary of Cabinet paper

Petition and the Petition Committee's recommendation

- 1 In September 2022, Eye Health Aotearoa submitted a petition calling on the Government to fund the first ever Aotearoa New Zealand Eye Health Survey. Eye Health Aotearoa submitted that an eye health survey would provide essential data about New Zealanders' eye health and that this data could be used to identify ways to reduce avoidable blindness and low vision and reduce eye health inequity.
- 2 The petition was considered by the Petitions Committee (the Committee) between November 2022 and August 2023. In its final report, delivered in August 2023, the Committee recommended that: *the Government consider expanding the University of Auckland survey or the New Zealand Health Survey to ensure more comprehensive data can be gathered.*

Comment on the Petitions Committee findings and recommendations

- 3 Increasing the availability of data and evidence to underpin policy will require prioritisation of resources to meet information needs, exploration of alternative approaches to meeting these needs, and planned, coordinated, and sustained investment.
- 4 Alongside eye health, there are other longstanding health information needs not currently being met, including mental health and addiction, nutrition, unmet secondary elective healthcare needs, and seroprevalence.

- 5 Meeting any of these needs would likely require reprioritisation of funding or new investment. Recognising current fiscal conditions, and the need to address information needs strategically and sustainably, eye health information needs should be considered as part of work to address health information needs more broadly.

Summary of Government Response

- 6 Up to date data, evidence, and insights are critical underpinnings of policy that delivers timely, effective, and cost-effective interventions targeted towards those with the highest needs and greatest capacity to benefit.
- 7 The Government considers that the need for eye health information should be assessed alongside other key, long-standing health information needs to support a systematic, strategic, and sustainable approach to addressing these needs over time.
- 8 Given the breadth of information needs, the Ministry of Health | Manatū Hauora (the Ministry) intends to develop and present options for how information needs might be met. In this work, different methods and sources will be explored, as well as how investment might be timed.

Supporting information and responses to key questions

- 9 No comments were received on the Cabinet paper or Government response through agency and Ministerial consultation.

Estimated cost of an eye health survey

- 10 You asked about the estimated cost of a survey like the one proposed by Eye Health Aotearoa. The Ministry provided the following points in response:
- a. costs are dependent on design and implementation choices, including:
 - sample size – driven by the nature of information needs (e.g., prevalence of conditions)
 - workforce requirements – specialists/health care professionals would be needed to conduct eye exams if these were included in the survey design
 - frequency and timeliness – how often the survey is conducted, over what period collection is undertaken and for what population cohorts
 - questionnaire design and testing – higher costs upfront with reduced costs over time as baseline design is available
 - infrastructure – to support survey collection, processing, and analysis (e.g., analytical tools and data storage).
 - b. Eye Health Aotearoa presented a cost of approximately \$5m (assumed to be for a one-off survey with a sample size of 3,000-5,000 households)
 - c. **s 9(2)(g)(i)** [REDACTED] Costs would likely be higher if the survey was not conducted annually given costs associated with redesign and retraining of workforce
 - d. For comparison, the New Zealand Health Survey (NZHS) costs approximately \$4m per annum. However, the NZHS does not have the same specialised/technical

requirements that an eye health survey would have – e.g., the specialist workforce required for eye exams and availability of this workforce.

Timing of the Government response

- 11 You may receive questions related to the timing of the Government response as in accordance with Standing Orders, the Government response to the Committee's recommendation was due by 23 February 2024.
- 12 Following delivery of the Committee's report in August 2023, the Ministry advised the previous Minister of Health was that it would not be practical to progress a Government response through the pre-election period.
- 13 In December 2023, following the reinstatement of business from the 53rd Parliament, a revised due date of 23 February 2024 was confirmed.
- 14 In the months immediately following the 2023 General Election and the formation of Government, the Ministry prioritised the delivery of advice that related to Government priorities and 100-day plans.
- 15 As a result, the Ministry's advice on the Government response and the processes associated with presenting a response to the Committee's recommendation were delayed. The Ministry advised Cabinet Office of the delay and the intention for a paper for be considered by the Cabinet Legislation Committee in late March. The Ministry considers there to be little risk associated with the delay.

Officials will be available to support you at Cabinet Committee

- 16 Ministry Officials will be present and available to support you present the Cabinet paper, Government response and respond to any questions at the Cabinet Legislation Committee meeting on 28 March.



Dean Rutherford
Deputy Director-General

Evidence, Research and Innovation – Te Pou Whakamārama

PROACTIVELY RELEASED