**NEW ZEALAND HEALTH STRATEGY 2015**

**CONSULTATION SUBMISSIONS**

**1 – 54**

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| **1** | Submitter name | [redacted] |
| Submitter organisation |  |

Hi

Some feedback regarding the draft New Zealand Health Strategy.

I think you have the order of the statement ‘All New Zealanders live well, stay well, get well’ in the wrong order.

I believe the order of what the strategy is aiming to achieve would be better reflected by changing to order of wording to; ‘All New Zealanders live well, get well, stay well’.

The current order of words suggests people need to ‘get well’ last. Surely the aim of good health is prevention of disease, in which case ‘stay well’ is key.

Many thanks & regards

[redacted]

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| **2** | Submitter name | [redacted] |
| Submitter organisation |  |

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Kia ora Chai

I am an elected member of Hauora Tairawhiti Health Board.
I have lived and worked as a farmer and consultant in the East Coast
community of Uawa / Tolaga Bay for the last 35 yrs.
During that time I have been heavily involved as a project manager /
fundraiser for community projects worth in excess of $15 million.
I have also gained a detailed knowledge and appreciation of the life
issues that are important to the unique group of people who live, work
and raise families in this beautiful part of the country.
Consequently, I believe I am well qualified to answer your call for
new ideas, having observed and been part of the health delivery
systems on the coast for a long time.
I reckon that I have a pretty good handle on what works and the
factors that could either limit or enhance the implementation of new
systems.

It is important to note that any ideas expressed in this paper are
entirely my own and not those of Hauora Tairawhiti - at least, not
yet!

Your call for new ideas is timely for us here on the Coast because our
board is currently part of a 3 way review of the East Coast Health
Services
that involves 2 other boards with interest in the outcome ie. Ngati
Porou Runanganui and Ngati Porou Hauora. You may be aware of these
proceedings.
The recommendations of this review will undoubtedly have wide
implications for the way health care services are delivered in the
future both here and the greater Tairawhiti district.
In my humble opinion, there are good reasons why the new systems
proposed could form the basis for a whole new way of thinking about
health care delivery throughout the entire country.
It doesn't take a rocket scientist to discover why I can make that claim.

The main reasons are these:
1) The cost of providing healthcare in a way that adequately meets
current public demand is becoming prohibitive and it is obvious that,
as a nation, we will quickly fall behind the developed world in this
important task if we persist with the current model. It is
unsustainable.
2) Having examined in depth New Zealand society in order to identify
the parts of the system that are working well, we can see there are
cultural influences that could be used to not only form the base for
more efficient systems but also go a long way in changing the
appalling indigenous statistics for the better.
3) The Whanau Ora project has been operating very successfully here in
Uawa for some time now. As a long time resident, it is not hard to
understand why. This system for providing health care is culturally
based and it takes a holistic view of both the patient and the
environment in which he or she lives.
For Maori, particularly those who suffer from chronic illnesses like
diabetes, obesity, heart and lung diseases etc, the key to better
health is in an education process that results in an individual change
of diet, recreational habits like smoking and a recognition that
issues like poor housing are major factors in determining better
health outcomes.
It is clear that the reason why Whanau Ora is a system that is
delivering better outcomes is because this holistic model enables the
patient to identify with his or her individual responsibilities for
improvement in an environment where the messenger ( nurse, caregiver )
is on equal terms with the patient.A retention of one's dignity when
discussing very personal matters is important to most of us.
4) It would appear that we have outlived this current healthcare model
where the delivery of the nations health services are the
responsibility of only one ministry - the MoH.
If we were to look at the nation as a whole, it would not be hard to
make a case for better housing as a major factor in improving health
statistics so wouldn't it be a sensible idea to transfer some of the
cost for improving statistics for illnesses like rheumatic fever to
the Housing Ministry through the provision of better homes.
This idea has the advantage of being a much more acceptable way
politically for dealing with the problem of social housing.
The State's responsibility to build more homes for poorer families is
an easier sell to the public when packaged as part of a better health
campaign than if it remains as another benefit for those who are
regarded as bludgers. When designing new systems, we must try to make
it easy for the politicians to adopt.
5) I believe that the responsibility for the future model for
healthcare delivery will be spread over a number of ministries and
each new development will be the result of co operation between them
all. The days of going it alone
will soon be over.

Come and visit us some time. We are fast building a reputation as a
region that punches above our weight.
The ideas I have presented are only some of the exciting new plans for
our people that will be unveiled shortly through Hauora Tairawhiti's
executive.You will be impressed

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| **3** | Submitter name | [redacted] |
| Submitter organisation |  |

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Hi,

I'm not quite sure where this fits, but based on my own recent experience I think that there should be a focus on earlier/faster intervention for diagnosing unknown medical problems.

My partner has an yet-to-be-diagnosed problem with her digestive system which \*might\* be gallbladder related (in addition to her existing Crohn's/IBS) which has left her unable to eat most foods and multiple trips to the emergency department (somewhere in the 30+ range) in the last year and a half. So far she has had an inconclusive HIDA scan, and is still waiting on appointments for two different endoscope exams to try to identify what her problem is.

If these tests were conducted a lot sooner, and hopefully result in a diagnosis and care plan, a large number of the ED trips would not have been required, reducing valuable time taken up by both St John & ED staff.

In addition to this, ED staff seem to be unable to handle anything that is not easily identifiable, and seem to have a severe shortage of doctors available. We've had many 2-3 hour waits, and most of the time nothing is done because of fears my partner is either a drug seeker or could become addicted to stronger painkillers. More communication between her GP, the specialists she has been referred to, and the ED could reduce the wait time for us as well as the time required from ED staff rather than going through the same process of attempting to re-diagnose her on every visit.

Cheers,

[redacted]

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| **4** | Submitter name | [redacted] |
| Submitter organisation | Polio New Zealand Inc. |

1. **SUBMISSION**

Update of the New Zealand Health Strategy

All New Zealanders live well, stay well, get well

Consultation draft

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| This submission was completed by:  | [redacted] |
| Address: | [redacted] |
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| Organisation (if applicable): | [redacted] |
| Position (if applicable): | [redacted] |

Are you submitting this

[x]  as an individual

Life-Stage Matters – The Late Effects of Long-Term Disability

The population segment with long-term congenital or acquired neuromuscular and skeletal disability are overlooked in the current Strategy. The Late Effects of Polio (LEoP) affects between 5000 and 10000 New Zealanders. It is only one of several conditions that are a missed opportunity for improving public health outcomes. The LEoP symptoms range from pain in muscles and joints, lack of strength and endurance with increased muscle weakness and fatigue, respiratory and swallowing difficulties, problems relating to sleep, a severe intolerance of cold and a decline in ability to carry out customary daily activities such as walking. Many with LEOP need specialised orthotic services not provided satisfactorily by many DHBs. Expertise in LEoP and modern clinical practise appropriate to the LEoP is rare in New Zealand as there has been no specific training in medical or health profession training institutions for many decades.

Responding to the five themes of the draft Strategy:

People Powered

Polio survivors are retiring early and prematurely depending on the public health and social system due to the lack of access to specialists and equipment needed for timely management of the late effects of polio that age a person at twice the normal rate. (Peters & Lynch 2001)

Closer to Home

It is well documented that long-term requirements for people with disabilities including Post Poliomyelitis, Adult Cerebral Palsy, Adult Spina Bifida, Adult Muscular Dystrophy, Guillian Barre Syndrome, previous Head Injury and Stroke are poorly catered for. The demand for tertiary services for these client groups is expected to increase as this population ages, as the majority are seeking to prevent admission into long term residential care such as hostels and nursing homes. (Buchanan 2008)

Value and High Performance

1. Current international research in the management of the late effects of polio must be embedded in training for general practitioners, physiotherapists, orthotists, orthopaedic specialists, occupational therapists/community assessors, specialists in breathing, sleep, circulatory and digestive systems include bladder and bowel, anaesthetists.
2. Development of a long term viability and funding plan for a centre of excellence in late effects of all congenital and acquired neuromuscular disabilities.
	* + - 1. Access to this centre of excellence must be easily available to patients in all DHB areas regardless of its geographical location.
				2. Situate a Late Effects of Disability Clinic at a Rehabilitation Centre of Excellence to allow postgraduate research and training.

One Team

There are no specialist services accessible by all people with long-term neuromuscular conditions such as the late effects of polio.

1. Streamline and aggregate referrals into one Rehabilitation Specialist Clinic
2. Methodically review and screen outpatients from each of the above referring categories. Gauge level of demand, clinical needs, and appropriateness of referrals
3. Provide a problem solving consultancy service that refers the patient back into the community for ongoing management (Buchanan 2008)

Smart System

The records of people with life-long disabilities must not be removed from the public health records until death.

The historic failure of the public health system to keep relevant patient records makes accurate diagnosis of current conditions extremely difficult if not impossible for those with life-long disability.

References:

Peters C, Lynch M. (2001) The Late Effects of Polio: Information for GPs. Queensland Health; *The Late Effects of Polio Introduction to Clinical Practice* Polio Australia Incorporated 2012 page 3

Buchanan, J (2008) *The Late Effects of Disability Clinic* Revised June 2008, from document written by Associate Professor John Buchanan Superintendent Physiotherapist Royal Perth Hospital [Initial document 28.02.01. Revised 3rd April 2001, Revised September 2006].

2020 Plan, Statewide Rehabilitation Plans 1999 & 2004 - unpublished

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| Submitter organisation |  |

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| Position (if applicable): | patient |

Are you submitting this *(tick one box only in this section)*:

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[ ]  on behalf of a group or organisation(s)

If you are an individual or individuals, the Ministry of Health will remove your personal details from your submission, and your name(s) will not be listed in the published summary of submissions, if you check the following box:

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Please indicate which sector(s) your submission represents
*(you may tick more than one box in this section)*:

[ ]  Māori [ ]  Regulatory authority

[ ]  Pacific x[ ]  Consumer

[ ]  Asian [ ]  District health board

[ ]  Education/training [ ]  Local government

[ ]  Service provider [ ]  Government

[ ]  Non-governmental organisation [ ]  Pharmacy professional association

[ ]  Primary health organisation [ ]  Other professional association

[ ]  Professional association

[ ]  Academic/research [ ]  Other *(please specify)*:

## Consultation questions

These questions might help you to focus your submission and provide an option to guide your written feedback. They relate to both parts of the Strategy: I. Future Direction and II. Roadmap of Actions.

### Challenges and opportunities

The Strategy reflects a range of challenges and opportunities that are relevant to New Zealand’s health system. Some of these are outlined in I. Future Direction on pages 5–7.

1. Are there any additional or different challenges or opportunities that should be part of the background for the Strategy?

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| The strategy does not address the fundamental problem that the surgeons are a cartel. They operate their profession to impose high barriers to entry and consequently the prices of their services are higher than they should be. The profession should no longer be self-regulating because the surgeons are now business people. They should be made to work fulltime for their high salaries in the public system. They should be stopped from “playing” both systems. |

### The future we want

The statement on page 8 of I. Future Direction seeks to capture the future we want for our health system:

So that **all** New Zealanders **live well, stay well, get well**, we will be **people-powered**, providing services **closer to home**, designed for **value and high performance**, and working as **one team** in a **smart system**.

2. Does the statement capture what you want from New Zealand’s health system? What would you change or suggest instead?

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| No. I want a public health system that treats all people with cancer promptly and equally. At the moment it feels like you go into Dragon’s Den and if they like you you might get the nice-to-have stuff. It’s a battle to get the basics. |

A set of eight principles is proposed to guide the New Zealand health system. These principles are listed on page 9 of I. Future Direction and page 31 of II. Roadmap of Actions.

3 Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy?

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### Five strategic themes

The Strategy proposes five strategic themes to focus action – people-powered, closer to home, value and high performance, one team and smart system (I. Future Direction, from page 10).

4 Do these five themes provide the right focus for action? Do the sections ‘What great might look like in 10 years’ provide enough clarity and stretch to guide us?

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| These themes could be used as a mandate for anything. They are a nice basis for a workshop at a management retreat but patients just want to feel confident there will be care provided. It’s that simple.  |

### Roadmap of Actions

II. Roadmap of Actions has 20 areas for action over the next five years.

5 Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future?

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| Sort the greedy surgeons out and you’d save a lot of money. |

### Turning strategy into action

6 What sort of approaches do you think will best support the ongoing development of the Roadmap of Actions? Do you have ideas for tracking and reporting of progress?

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| Data on surgeon’s performance should be reported.I want financial information published for all health businesses. This is not available currently if they are NZ-owned.I want disclosure of all outsourcing contracts by DHBs especially to businesses run by surgeons and staff the DHBs already employ.I want more disclosure by cancer charities and investigations of why the amounts going to a charitable purpose are so low. |

### Any other matters

7 Are there any other comments you want to make as part of your submission?

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| I resent the emergence of the breast cancer millionaires and I think the MOH needs to take an interest in how they’ve come about in the last two decades.  |

Thank you for taking the time to provide feedback.

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| **6** | Submitter name | [redacted] |
| Submitter organisation |  |

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| This submission was completed by: *(name)* | [redacted] |
| Address: *(street/box number)* | [redacted] |
|  *(town/city)* | [redacted] |
| Email: | [redacted] |
| Position (if applicable): | Independent self-employed Private General Practitioner and Practice Manager/Legal Executive |

**1. Are there any additional or different challenges or opportunities that should be part of the background for the Strategy?**

 Yes, there seems to be a lack of understanding that:

(a) most health services in New Zealand are provided in General Practice

(b) there is a crisis in numbers (which will get worse as older GPs retire and Vocational Registration isn’t recognised as a specialty)

(c) retention and recruitment of GPs has been largely ignored and

(d) there is a subsequent frustration and anger in General Practice that Government and the MoH listen to PHO managers who do NOT represent GPs

(e) There is a frustration by GPs that funding for low socio-economic groups continues to be via VLCA practices (which include many patients not needing extra funding but happy to receive it) and those low socio-economic patients attending non-VLCA practices are denied that support. This is an even greater inequality (really an inequity) for those attending non-PHO practices and Urgent Care Clinics.

(f) Not all General Practice in NZ is within the PHO system. The “Nz-health-strategy-consultation-draft-part-i-future-direction” paper does note that 95% of New Zealanders are enrolled in a PHO but the strategy then ignores that 5% outside the PHOs.

The questions that should be addressed include:

“How to make General Practice a desirable option for NZ graduates”

“How to support General Practice teams (the GP/Practice Nurse/Receptionist) to provide integrated care”. General Practice has demonstrated its ability to successfully integrate with other health providers, pharmacy, laboratory, imaging and secondary services yet these documents seem to inflict more DHB control on services and promote “integration by fragmentation” of services by other groups independent of and/or separate from General Practice.

“How can funding for primary services be better targeted? Should funding be based on Community Service Card holding patients instead of the type of practice?”

So that **all** New Zealanders **live well, stay well, get well**, we will be **people-powered**, providing services **closer to home**, designed for **value and high performance**, and working as **one team** in a **smart system**.

**2. Does the statement capture what you want from New Zealand’s health system? What would you change or suggest instead?**

There are some excellent aspects and some not so.

 [1] “**all** New Zealanders” must mean ALL, not “those enrolled in a PHO” or “those attending a VLCA practice” or “those in a particular DHB, Territorial Authority or Area Code” or some other discrimination based on age, gender, race, access to computers. Currently non-PHO enrolled patients are discriminated against both financially and in access to services exclusively provided by PHO funding which comes from population based funding for ALL New Zealanders, not just those in PHOs. It is interesting to see that men (Maori and non-Maori) have a markedly lower life expectancy than women but are generally not seen as a high risk group!

 [2] “people powered” is not the best way to run a health service. People do not always appreciate what the scientific evidence is telling us. Each DHB, PHO, etc re-inventing the wheel and pushing their idea of health promotion, disease prevention, running pilots etc is fraught with danger and inefficiency when a central health policy group of health experts (not managers) researching the evidence and promoting health messages nationally (eg on TV) would be more cost-effective.

 [3] “closer to home” should mean empowering General Practice and supporting Community Hospitals not closing or downgrading them. It is not always the best option, for instance having one national Neurosurgical Unit instead of the current 3 or 4 units may not be “closer to home”, but would be more efficient and allow experienced people to do the “hi tech” stuff. However the on-going physio, rehab etc should be decentralised to the Community hospitals.

 Home support to enable people to remain independent in their own homes for as long as possible should not be limited to cities.

[4] “Value and high performance” might sound fine but more audits and DHB / PHO interference in General Practice will not achieve this. Recognition of the value of Fellowship of the Royal New Zealand College of General Practitioners should be the prime gold standard.

[5] “One Team” is what we had, it was called the General Practice Team and was the gatekeeper, referral centre and co-ordinator of primary and secondary services. The introduction of other “teams” bypassing General Practice has led to fragmentation of care and increasing costs without any demonstrated benefit. General Practice should be brought back as the “patient home” and other services involved with patient care should be linked to that home and involve the GP team more effectively.

**3 Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy?**

Some of it. It depends on the interpretation. We have addressed some of our concerns above.

The basic principle left out was how to fix the inequities and failures of the 2000 Strategy. The huge cost of the PHOs may have reduced cost access for some (but not necessarily those most in need) and people still report cost barriers to medications and access to the GP of their choice. There is no evidence that the PHOs have done anything positive and in the opinion of many GPs may well have reduced retention and recruitment of NZ trained GPs. Had I not stayed independent and not been bothered by a lower income, I probably would have left New Zealand General Practice a long time ago and I remain the only New Zealand trained GP in South Taranaki who didn’t leave.

Allowing GPs to practice independently without their low socio-economic patients missing out on Government subsidies is a major correction needed.

There is little point in promoting policies that are not supported by small or solo practice and/or rural GPs.

**4 Do these five themes provide the right focus for action?**

 Not entirely (see 2 & 3)

Roadmap of Actions

5 Are these the most important action areas to guide change in each strategic theme?

 Not really. There are a number of half-baked and unproven themes here.

 For instance Patient Portals are promoted without any consideration of cost, privacy, access to computers/internet, interpretation and prioritisation (for appropriate bookings). This should not be a cost to General Practice if the GP doesn’t find it useful or efficient, or to the state or other patients not using the system. Most GPs are waiting for these issues to be settled and for some competition to bring down the cost.

 Integration does not mean having all services under the same roof. How this would be anything other than a bunch of health professionals in a big clinic hardly aware of each other is not addressed. Modern electronic systems (starting with the phone) far outweigh co-location. I can discuss pharmacy issues with the non-co-located pharmacist or psychological issues with the non-co-located psychologist better than if they were in the same building. Specialists make appointments, they don’t have patients wandering over from the GP to be seen. Integration is returning to having the GP home as the co-ordinator and gatekeeper to other services including imaging.

 Pharmacy prescribing is fragmentation at its worst. Perhaps GPs should start dispensing.

 The continuation of VLCA funding needs to end and have funding follow the individual need whichever practice the patient attends. This was the one of the worst problems with the population based capitation based funding model which this Health Strategy should have addressed.

**6 What sort of approaches do you think will best support the ongoing development of the Roadmap of Actions?**

 Actions should be evidence based and we see very little of this.

 There should be a move aware from the failed population based model towards individual need models. At the very least there should be more General Practice options to stimulate enthusiasm for doctors to train for General practice and for patients to have better continuity of care with a trusted GP instead of the failed idea that people are happy with big clinics and no continuity of care.

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| **7** | Submitter name | [redacted] |
| Submitter organisation |  |

Thanks for the chance to send down some feedback on the strategy.

I am collating feedback from members of staff. I’ll send down what I have over the next 2 days,

[redacted]

**What you like:**

Focus on co-design

Inter-sectorial collaboration with health and other aspects of life

From service- centred to people-centred services

System thinking

Concise – based on the 5 themes and associated high level actions

Good to see a review and overall the messages are positive

**What needs clarifying:**

Different numbers in page 6 – spend as a % GDP. Found the different numbers confusing

How funding models will be changed to allow cross service integration and less competition across the health system

Monitoring – how to move from compliance to improvement monitoring

Targets create inequity and do not focus on patient experience, how will this be changed

**What’s missing:**

A summary version – simple

Timelines are not clear in the roadmap of actions

Some data to back up the need for the strategic themes – how do we know this is really important / the size of the opportunity

Evidence of consumer input into the development of this strategy

Evidence of learning from other systems

Evidence of how government agencies will collaborate to deliver this

Benchmarks from other countries

**Other comments / suggestions:**

More pictures – less words.

Burning platform for change doesn’t come across strongly. Don’t really get a sense of what will happen / consequences if we don’t change.

Some patient stories to emphasis some of the statements to make this document more ‘real’

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| **8** | Submitter name | Natalie Bell and Brenda McKenzie |
| Submitter organisation |  |

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| This submission was completed by: *(name)* | Natalie Bell and Brenda McKenzie |
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| Organisation (if applicable): | HOD Health Paraparaumu College; Senior Health Teacher WHS |
| Position (if applicable): | As above |

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[ ]  Pacific [ ]  Consumer

[ ]  Asian [ ]  District health board

√[ ]  Education/training [ ]  Local government

[ ]  Service provider [ ]  Government

[ ]  Non-governmental organisation [ ]  Pharmacy professional association

[ ]  Primary health organisation [ ]  Other professional association

[ ]  Professional association

[ ]  Academic/research [ ]  Other *(please specify)*:

Interconnection of aspects above.

We feel that the first diagram needs to show more interconnection between the aspects. At the moment it looks insular and isolated. To increase understanding, it is important for people to know that each of these dimensions affect each other. Using a star type diagram would more clearly show these connections and how they affect more areas than one. It is important that people understand that making a change in ONE aspect has flow on effects to other areas.

We feel that there is no true order. One would want all New Zealanders to **stay well**. In order to **stay well** the individual needs to make the choice to **live well**, (pass onto others their learning), and then have the ability to get well (access to help, knowledge and understanding).



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| **9** | Submitter name | [redacted] |
| Submitter organisation |  |

**Feedback for New Zealand Health Strategy**

**Comments from** [redacted]

**10th November 2015**

Thanks for the opportunity to comment.

This is clearly a high level strategy and I like the way it is written and presented.

My comments are below:

1. **Employee satisfaction**: there is a lack of focus on core business of health which is providing primary, secondary and specialist services to prevent and manage health conditions and therefore on those who work in these services. I note in the graphic it is Fig 10 those people who do the most work in the core business of health are very small in terms of the picture. Primary care is hardly to be seen and hospitals are subsumed under DHBs. I think that there is not enough emphasis on employee empowerment. If your employees are happy then I think they will do the best for their patients. The majority of clinicians seem to feel completely powerless, services they have built up and kept going for years are changed around without clear evidence that this will be any better, they don’t feel represented by their clinical leaders, they don’t have a voice. Until this changes then we cannot have a great system.
2. Policies from overseas that have not been proven to work abroad are often imposed without thought. Until we try to strive for **evidence based policy decisions** as well as evidenced based medicine we won’t move forward. Ok, its hard to get evidence based policy but its madness to implement approaches that are causing a disaster somewhere else. The reality is there is not a perfect health system out there to follow and NZ ers may well be in the best position to lead the way. Originally from the UK I am dismayed that in New Zealand this is seen as a system to emulate for this country, sure there are some good things but it has many problems and is a very autocratic and bureaucratic system and employees are very unhappy
3. **Being committed to prevention means reducing cost barriers** – which makes sense in terms of reducing costs in the future to the health system. It doesn’t make sense to charge people for cervical screening, blister packs, preventative GP visits (primary and secondary prevention). The reality is poorer people get sick more often and will understandably cut back on prevention and early intervention.
4. Access to Gp services – information is very high level that is provided in the table here, are those who cant afford to access the GP also the same people who cannot afford to pick up a script or are these different people (therefore we need to add this to get the real picture). What age group are these people? I am particularly concerned about people under 18 and those over 65 who cannot access care. Working in GP the numbers seem much higher that the figures you show perhaps this is because you need to ask people who are sick not the general population. Is it possible to **fund higher level capitation at the individual level** as this would avoid assisting those who can afford it at the expense of those who cannot. I have experienced a man who couldn’t afford to take his daughter to hospital with a severe groin abscess as he had no gas, palliative care patients who cannot afford the medication, mothers who present the child who will be free when the older one is sicker with the same problem.
5. Closer to home – I wonder if this would be best renamed it feels like the wrong aim …we want to give the best care – does close to home mean better? Is it more about providing as much as we can in the least intensive environment possible – I cannot find the right words now but I am concerned about the politics of this approach.
6. I am interested in the term **vertical integration** but think for me this means we need to integrate specialist and primary care services within the DHB much more. This is the key to reducing complications , learning, and a better service for patients. This is the aspect of integration they can see and touch and is core business which I think we need to get right before we move on to integration across sectors.
7. I am not sure that Maori , Pacific, Other is going to be adequate for identifying inequalities in the future with the increasing diversity of populations. We probably need to think about this and the future may need to be more inclusive of other large populations.
8. I think at present we have **too many bureaucracies** who are getting involved in the same things and fighting over the direction. We probably need to reduce this if we are going to have a system that is more enabling for its employees. I am still astounded that in Fig 10 it is so hard to find primary care and a hospital. It is however an exact interpretation of how it feels to work in this health system.
9. I don’t know why but putting live well, stay well, get well seems in the wrong order, does get well, live well stay well make more sense? Should we add die well?

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| **10** | Submitter name | [redacted] |
| Submitter organisation |  |

You do not have to answer all the questions or provide personal information if you do not want to.

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| --- | --- |
| This submission was completed by: *(name)* | [redacted] |
| Address: *(street/box number)* | [redacted] |
|  *(town/city)* | [redacted] |
| Email: | [redacted] |
| Organisation (if applicable): | [redacted] |
| Position (if applicable): | [redacted] |

Are you submitting this *(tick one box only in this section)*:

**X**[ ]  as an individual or individuals (not on behalf of an organisation)

If you are an individual or individuals, the Ministry of Health will remove your personal details from your submission, and your name(s) will not be listed in the published summary of submissions, if you check the following box:

**X**[ ]  I do not give permission for my personal details to be released.

(The above information will be taken into consideration if your submission is requested under the Official Information Act 1982.)

Please indicate which sector(s) your submission represents
*(you may tick more than one box in this section)*:

[ ]  Māori [ ]  Regulatory authority

[ ]  Pacific [ ]  Consumer

[ ]  Asian [ ]  District health board

[ ]  Education/training [ ]  Local government

[ ]  Service provider [ ]  Government

[ ]  Non-governmental organisation [ ]  Pharmacy professional association

[ ]  Primary health organisation [ ]  Other professional association

[ ]  Professional association

[ ]  Academic/research [ ]  Other *(please specify)*:

## Consultation questions

These questions might help you to focus your submission and provide an option to guide your written feedback. They relate to both parts of the Strategy: I. Future Direction and II. Roadmap of Actions.

### Challenges and opportunities

The Strategy reflects a range of challenges and opportunities that are relevant to New Zealand’s health system. Some of these are outlined in I. Future Direction on pages 5–7.

1. Are there any additional or different challenges or opportunities that should be part of the background for the Strategy?

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| Health should be addressed across the lifespan, not solely when concerns occur.Health and social services should be collaborating better. People should be able to be in charge of their own health, with support from health professionals. |

### The future we want

The statement on page 8 of I. Future Direction seeks to capture the future we want for our health system:

So that **all** New Zealanders **live well, stay well, get well**, we will be **people-powered**, providing services **closesssssr to home**, designed for **value and high performance**, and working as **one team** in a **smart system**.

2. Does the statement capture what you want from New Zealand’s health system? What would you change or suggest instead?

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| Work with people not for people. General emphasis on health literacy for all people, including health professionals |

A set of eight principles is proposed to guide the New Zealand health system. These principles are listed on page 9 of I. Future Direction and page 31 of II. Roadmap of Actions.

3 Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy?

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| Innovation should be encouraged and funding should come out of silos. Currently we work with many new ideas and concepts but with historical funding patterns and are challenged by medical historical hierarchy. |

### Five strategic themes

The Strategy proposes five strategic themes to focus action – people-powered, closer to home, value and high performance, one team and smart system (I. Future Direction, from page 10).

4 Do these five themes provide the right focus for action? Do the sections ‘What great might look like in 10 years’ provide enough clarity and stretch to guide us?

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| Funding patterns and actual support from leaders ( not just lip service) |

### Roadmap of Actions

II. Roadmap of Actions has 20 areas for action over the next five years.

5 Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future?

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| health for all is a good concept, however some clarity about health of older people may come out of the HOP strategyThere appears to be the general understanding that long term conditions are the same as what is required for health for older people. However, as people get older, health is more complex than just a long term condition.  |

### Turning strategy into action

6 What sort of approaches do you think will best support the ongoing development of the Roadmap of Actions? Do you have ideas for tracking and reporting of progress?

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| Shift services. Create awareness among other health professionals of the skills of others so that we move from an entirely medical approach |

### Any other matters

7 Are there any other comments you want to make as part of your submission?

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Thank you for taking the time to provide feedback.

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| **11** | Submitter name | [redacted] |
| Submitter organisation |  |

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| RespondentID | 4285009221 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | It is very frustrating that we still stubbornly cling on to the need for everything to be evidence based. By definition this inhibits innovation. One of the key challenges for the health service is to recognise that "flow", such as how information or indeed a patient flows through the system. IF we focus on flow we will improve the patient experience exponentially whilst reducing cost. Unfortunately, classic organisation design or improvement methods don't recognise this - although there is more than sufficient evidence to demonstrate this this is actually the case.  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | No - it is meaningless waffle designed to appeal to bureaucrats and old school organisation design consultants. As a recipient or potential recipient of services provided by the health system beyond "So that all New Zealanders live well, stay well, get well" it means nothing. So that all New Zealanders live well, stay well, get well, with service provided efficiently and closer to home... is better BUT not quite there.  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Not convinced some of these actually are principles. I.e. is high-performing system in which people have confidence really a principle? It would be great if citizens were put at the heart of these. Unfortunately these still suggest the govt and health service doing to citizens rather than working with citizens  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | In short NO. It is very superficial and focused on maintaining the way in which we have thought about the health service and maintaining the status quo rather than to set a distinct step change by recognising that it is a complex system that provide a series of interrelated services which NEEDs desperately to integrate the individual (and family and Whanau were appropriate) into the service. It is a missed opportunity, which I could expand greatly on, however for example "People-powered" allows those in positions of leadership to abdicate their responsibility. This is best achieved by understanding the patient journey and determining the optimum flow of information through the journey. Separately, but not in isolation, the flow and experience of the patient needs to be understood. Only then can WE provide the necessary improvements required to truly allow all people to make informed decisions. Smart Systems - is focused on IT systems and data. This is far too limiting. the Health Service is a complex series of systems which provide services to people by people, supported by appropriate processes and technology. It is about FLOW. This section is too focused on technology and data and appears to ignore the fact that these are simply tools to support clinicians to provide a service to their patients and for citizens to manage their own health pathways. VERY Disappointing  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Whilst at a superficial level these all look very credible. It does appear to be more of the same. There is nothing here which leads me to believe that we will see and difference over the next 5 years than we have now. It appears designed to maintain the status quo. We need to signal a step change i.e. IF patient portals are truly the way to enlightenment then WHERE is the strategy and roadmap to get us to where we think we need to be going. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? |  |
| Are there any other comments you wish to make as part of your submission? | Overall VERY disappointing. Nothing new and nothing to indicate that the citizen is truly at the heart of the health system. |
| Name | [redacted] |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address | [redacted] |
| Address 2 | [redacted] |
| Town/City | [redacted] |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Consumer |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **12** | Submitter name | 4285075335 |
| Submitter organisation |  |
| Respondent ID | 4285075335 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | - |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | - |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Feedback on principle two: An improvement in health status of those currently disadvantaged. The grave inequities that exist between certain segments of the NZ population are unacceptable and avoidable. For example, life expectancy between Maori and non-Maori. Smoking rates between people with mental health unwellness and those who are well This principle does not define what an 'improvement' looks like. Would a minimal improvement be acceptable/indicative of success? The principle needs to be reframed. The system's goal (recognising that it will take intersectoral effort) should be to achieve equitable outcomes across all groups. Anything less than this is unacceptable, and will unintentionally hinder effort and belief in what is possible. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | - |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | - |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | - |
| Are there any other comments you wish to make as part of your submission? | - |
| Name |  |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City |  |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Consumer |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **13** | Submitter name | 4285769497 |
| Submitter organisation |  |
| Respondent ID | 4285769497 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | rural areas have a harder time achieving the stated aims |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | yes in theory |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | yes they are provided we can address the maldistribution of these resources amongst lower socioeconomic communities |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | yes |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | yes - comprehensive. trick will be supporting organisations as we change in this direction |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | establish an independent group to evaluate changes  |
| Are there any other comments you wish to make as part of your submission? | it would be important to look carefully at poor and geographically isolated communities in any redesign and perhaps chose some of these sites to road test any changes considered |
| Name |  |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City |  |
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| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Service provider |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **14** | Submitter name | 4288030541 |
| Submitter organisation |  |
| Respondent ID | 4288030541 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | consolidation of DHBs is an absolute essential. Colossal waste of tax payer money paying for 20 boards, 20 management teams, special committees etc. My estimate is this is costing us nearly 100m a year. Even a large coporate like Fonterra (20B turnover, roughly 1.4 times health spend) spends probably 40-50m on their governance and management. Most DHBs are unwilling to change as these sinecure jobs paying 100s of thousands to worthless execs will go.  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | One system and Whanu Ora is possible only when you get rid of feuding DHBs lead by self serving execs and incompetent boards. Even a large country like UK does exceptionally well with a single NHS. What is the point in having DHBs that range in a scale of 1 to 20 (1 being smallest and 20 being largest) The top 7 DHBs account for 70% of funding. Rest are unviable rats and mice kind of operations. Consolidate for efficiencies. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Agree. High performing system is possible only when there is collaboration and execs are willing to put upto 50% of their salaries on the block. The 20 DHB CEs salaries add up to close to 9M. In the corporate sector, these salaries will have upto 50% at risk component. These are just sinecure positions which these execs cling on like limpets. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | Yes, great intent but will be derailed by the bureaucracy in the DHBs |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | agree |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Unfortunately the track record of the past does not indicate the Minister (no matter what political ideology they subscribe to) has the political will to make these changes happen. Cynically, all this strategy will remain on paper and will get watered down in doing what is politically expedient rather than what is essential. Medical inflation runs at over 6%/year, people are living longer. Demographics are changing at both the upper end and lower end of life. We WILL run out of money. |
| Are there any other comments you wish to make as part of your submission? | DHBs are dysfunctional as there is no risk-reward for execs. consolidate, get rid of several overpaid managers. Look at the corporate world to see how efficiencies are garnered. May be a lesson or two in terms of accountability. How many Boards have been sacked for incompetence in the last several years - less than one hand full! |
| Name |  |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City | Auckland |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Asian |
|  | Consumer |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **15** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4290707843 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? |  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | "live well, stay well, get well" does not resonate with my 32 year old brain. Although 'get well, live well, stay well' may imply that one was unwell from the start, it still follows a timeline progression for me.  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Where does health promotion and the (needed) consistent messaging for health and well being in the public arena fit in?  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | Again Health Promotion is important in my opinion. I think we as health professionals (that i am) make the ultimate counter productive mistake of assuming the rest of NZ (non health pros) know what we are talking about.  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Yes  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? |  |
| Are there any other comments you wish to make as part of your submission? |  |
| Name | Harley Rogers |
| Position (if applicable) | Programme Facilitator  |
| Organisation (if applicable) | Te Awakairangi Health Network |
| Address | 4th Floor Levin House. 330 High Street |
| Address 2 |  |
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| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Māori |
|  | Pacific |
|  | Primary health organisation |
| Release of personal details? |  |

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| **16** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4293626088 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | We need more skilled doctors and nurses. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | yes we need more skilled staff in hospitals. we are getting a lot of emigrants in this country and not enough skilled workers to help NZers. The mothers on DPB get benefits to help with their kids so the parents don't have to work. and the sick cant get enough free help while they are dying. Very sick. the government are letting in emigrants with money and not bringing in skilled doctors and nurses. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Yes these would help but we need more skills in this country. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | yes that is a good start. but we need more skilled workers not emigrants with money. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Make hospitals more user friendly not charging for parking when visitingthe sick |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | make hospitals more accessable! |
| Are there any other comments you wish to make as part of your submission? | I have said all I need to say as part of the comminty. |
| Name | [redacted] |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City |  |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | English |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **17** | Submitter name | Colette Ryan |
| Submitter organisation |  |
| Respondent ID | 4293819772 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | Poverty, vulnerable families, child abuse statistics, suicide statistics and the fact that here in NZ we incarcerate more people per head of population than any other country in the developed world other than the USA. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | I agree with the statement - would like to see a hierarchical shift in how health services are designed and delivered. There should be models of care implemented to ensure we have a partnership relationship for clients/patients/families - more collaboration, more autonomy - if we really want to be patient centered.  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | I agree with the eight principles, but would like to see more emphasis on prevention and early intervention. If people are going to live well and live with good health, we need to invest at the beginning, invest in vulnerable families - pre-conception, during pregnancy and especially during the first three years of a child's life. We need to look at poverty and how that relates to poor - health, social, educational outcomes - often intergenerationally. We need to invest in families and in children - they are the future and if we want a physical and psychologically well society we need to reprioritise. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | I believe what 'great' might look like in five years time will hinge on what we prioritise (as above, question 3). If you look at the USA based study on Adverse Childhood Experiences (Anda and Felliti 1998) and subsequent studies (including from the WHO 2013), there is more and more evidence that suggests if our poor statistics on poverty and child abuse/family violence continues, it will cost society - poorer health - physiological & psychological; poorer educational outcomes; increased use of corrections/prison; higher rates of suicide.it will cost society dearly in terms of $$$, it will also cause deep emotional scars on our society - the cost of human suffering and what it will cost us if we do nothing.  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Investment at the beginning of life, investment in all areas of society, particularly early childhood. As a society we need to promote children's well-being to ensure they go onto lead productive healthy life's for themselves, for society, now and in the future. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Public awareness campaigns - if we truly want to work in collaboration with society when delivering health services we need to help educate the public - that way we can all share in being proactive and working to support the health of our society. How many non health professionals are aware of the neurobiological, psychological and physical impacts of adverse childhood experiences across the life trajectory - and how much this then costs society on all levels?  |
| Are there any other comments you wish to make as part of your submission? |  |
| Name | Colette Ryan |
| Position (if applicable) | Nurse Educator (Mental Health, Addiction and ID) |
| Organisation (if applicable) | Southern DHB |
| Address | Wakari Hospital, Taeiri Road |
| Address 2 |  |
| Town/City | Dunedin 9010 |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Education/training |
| Release of personal details? | I do give permission for my personal details to be released. |

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| **18** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4294301399 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | Please make it a priority that patients who are in the public health system have a dedicated team looking after them, and have 1 Specialist overall in charge of their care. It's hard when you're always seeing someone different, and as someone with Endometriosis and other associated long term health conditions, continuity of care is paramount. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Yes, but I'm not sure what you mean by 'value and high performance'. Healthcare is a large cost to our country I know, but I wouldn't like to see services cut in order to provide better 'value' to those who add up all the costs at the end of the day. People come first, and that also goes for staff working in the health sector. They are over-worked enough as it is, so I would hope that you would look at hiring more staff and improving facilities, rather than giving current staff a larger workload which they might be unable to manage. The smart system part sounds promising, as communication between hospital, GP and other services does need to be improved. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Collaborative health promotion - I hope that means more awareness and more cohesive treatment of conditions like Endometriosis. Endo is not well publicised, and many women are going undiagnosed or being lost in the public health system, living in pain and not knowing where to turn. Timely access to services is also important, as I know young women who are unable to work due to Endo and have been on a waiting list for over 5 months and still heard nothing. I know there are lots of people to see and lots of juggling to do, but if the waiting times could be improved (without compromising workload of current staff), it would benefit all New Zealanders who need healthcare, especially those who can't afford private health insurance, partly due to the steeply rising cost of living and rates. All other points are valid. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | I already feel like I have to fight and advocate for myself to get anywhere in the health system, so I think shifting the responsibility onto the patient is a bit of an unfair statement, considering it is already something I (and many others with a long term health condition) have to do the majority of the leg work ourselves. GPs and hospital specialists don't share the same information, and when info does get sent to my GP, it often never arrives or turns up in the wrong place! Some procedures need to be improved, so that communication between different branches of the healthcare system are more efficient, and also easier and less time consuming for doctors to have to work with. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Communication is a big one. Make it easier for everyone to communicate accurate and relevant patient information, and I think that will be a big step in the right direction. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Cut the red tape and don't make staff on the ground have to fill out mounds of unnecessary paperwork, when they can spend that time better caring for patients.  |
| Are there any other comments you wish to make as part of your submission? | Please help the many thousands of women throughout New Zealand who suffer from Endometriosis. Help them to get better care by improving Gynaecology Services, provide continuing education for Gynaecologists and other staff so they are more aware and more compassionate when it comes to treating it and consider making Endometriosis a separate sub-specialty under the wider Gynaecology Service umbrella. Educate GPs and Primary Healthcare staff so that they can spot signs and symptoms and help us all to get a timely referral to a Gynaecologist, so that we can get the care we need in order to live more fulfilled and normal lives and give the contribution to our community that we would like to. Fund more NZ based research into Endometriosis, so that more effective treatments can be available to us. We will happily participate in research, in the hope that one day it will lead to a cure. We don't choose to live in pain, so please help us so that we don't have to. Dr Jonathan Coleman - we recently held a petition to ask you to help all those with Endometriosis. In case it didn't make it to your desk, please take a moment to read a few of the comments on the petition page. It is a cry for help that the Government needs to hear. https://www.change.org/p/prime-minister-john-key-health-minister-jonathan-coleman-nz-government-endometriosis-needs-faster-diagnosis-greater-education-amongst-the-medical-profession-greater-awareness-for-employers-and-the-community-in-general Thank you for your time, and I hope that my comments have given you some insight into what it is like to be a patient with a long term health condition who is trying to navigate the Public Health System. Yours sincerely, [redacted] Auckland, New Zealand |
| Name | [redacted] |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City |  |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Education/training |
|  | Consumer |
|  | Support group for Endometriosis sufferers |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **19** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4296258116 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | Smoking cessation and reaching the smokefree 2025 goal |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? |  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | They are good. I think there needs to be more reflection about the impact of the environment and ensuring up to date and appropriate technology |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | The 'one team' is a point I find interesting. There seems to be a vast number of contracts and NGOs and people involved in different means and ways. I think there needs to be more concentration on one person coordinating individuals care |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? |  |
| Are there any other comments you wish to make as part of your submission? |  |
| Name | [redacted] |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
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| Address 2 | [redacted] |
| Town/City | [redacted] |
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| Email Address  |  |
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| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Consumer |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **20** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4298360821 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? |  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Take charge of your own health eat well exercise sleep. If you see any areas that can be improved talk to your front line providers. We will ensure they are properly funded to be able to spend time with you |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | ONE principle for ALL New Zealanders REGARDLESS of ethnicity. The Treaty is not relevent COMMUNICATION is the key between provider and patient but more particularly between providers  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | Given that government funding is reducing the number of medical centres and also the number of pharmacies it is hard to have faith in these ideaologies |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | They are important and if feedback from the coal face providers is sought out and listened to then there is a greater likelihood of success  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | As above. Ask the coal face people listen to them, pay them fairly |
| Are there any other comments you wish to make as part of your submission? | Too much money and time is spent on meetings and administration . Just ask the people that do the job and the patients. You will get far more realistic results. The past is filled with forced change not consultative change  |
| Name | [redacted] |
| Position (if applicable) | [redacted] |
| Organisation (if applicable) | [redacted] |
| Address | [redacted] |
| Address 2 |  |
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| Please indicate what sector(s) your submission represents.  |  |
| Release of personal details? |  |

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| **21** | Submitter name | 4298731557 |
| Submitter organisation |  |
| Respondent ID | 4298731557 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | The political system that we have. A series of governments have mislead the public about health funding. Your own figures show that it has decreased as a percentage of GNP over the last several years. Our system encourages this behaviour from governments. We need an independent commission to control health and pull it away from interference by political parties. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | People-powered is a meaningless phrase. Closer to home is ridiculous. The reason we have amalgamated hospitals and make them bigger is for financial reasons. To put care closer to home will cost a great deal and the main motivation you have described is excessive cost. This gross blunder exposes this study for the shallow political exercise it appears to be. Smart system is also a meaningless jargon phrase. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | No I do not. This is a multicultural country. There is nothing in the Treaty of Waitangi about the health system. So stop going on about it. Everyone deserves health care equally. These are not eight principles. These are 8 meaningless jargon phrases. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | No they do not. They provide 5 focuses for wasting money on useless management. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | These are hopelessly subjective, filled full of ridiculous superficial politically attractive but empty notions. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Get some data about where you are spending in NZ versus other countries. Get some data about outcomes here versus other places. Derive some facts about where spending would be most efficient. And get on with spending money. Reduce management as quickly as you. Managers do not make anyone well. They only manage changes. Stop making changes and get rid of the managers. You will immediately save 10-20% of the health budget. |
| Are there any other comments you wish to make as part of your submission? | This is an appalling set of documents. It is entirely superficial. You are going to set strategy on a multibillion operation using word maps!?! |
| Name |  |
| Position (if applicable) | Consultant |
| Organisation (if applicable) |  |
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| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | District health board |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **22** | Submitter name | 4300768158 |
| Submitter organisation |  |
| Respondent ID | 4300768158 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | No. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Yes, needs to include choice in health services, and particularly be responsive to Maori and Pacifica as well as minority ethnic groups. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Great principles, needs to be followed through with actions. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | Yes |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? |  |
| Are there any other comments you wish to make as part of your submission? |  |
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| Please indicate what sector(s) your submission represents.  |  |
| Release of personal details? |  |

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| **23** | Submitter name | 4304537874 |
| Submitter organisation |  |
| Respondent ID | 4304537874 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | If we targeted waste due to compliance and then worked on how to resolve that I think we could reduce costs significantly . Will only be possible with a joint GP Pharmacist approach  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Yes sounds good |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Need a single funder to be able to get the communication level that you are aiming for Too many agencies means multiple layers and breakdowns in transmitting ideas and services across all professions.  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | They do but If you continue to constrain payment on front line staff and yet increase their responsibilities you will be working against this model as what you get is less but bigger centres as has been seen with med centres and pharmacies. Also fee for service allowes you to respond to changes quickly which capitation does not |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Single funder not multiple agencies Fee for service Need to consult end user and front line staff and work back from there, not the other way around as is currently being done |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Progress can be easily measured in hospital admissions and normal medical centre reporting Pilots could be done in one centre and measured against results in a similar 'Sister" sized practice |
| Are there any other comments you wish to make as part of your submission? | The system isn't broken it just needs streamlining It is important that there is some competition between providers as that will always result in the higher level of service. We need to avoid monopolies like green cross. Single funder, simple systems, fee for service, less administration, focus on staying healthy  |
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| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Service provider |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **24** | Submitter name | Mrs Joan Davidson |
| Submitter organisation |  |
| Respondent ID | 4304581997 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? |  I feel very ly about the foods people are eating. This being the start to good health, not the ambulance at the bottom o f the cliff. I speak with experience on this matter as I work in an Auckland Citizens advise bureau and see the people coming in. If these folk are 2nd or 3rd generation of beneficiaries, they follow the only way they know of family food types and cooking, also never have been taught budgeting. These comments may need to be worked in with other departments. I would like to see everyone receiving a benefit from work and income, as part of that privilege not a right as some think it is. To attend a budgeter and be accountable for how money is spent, also compulsory cooking classes in groups of their ethnicity, eg Indian etc. These people for generations have never been taught on the basics of life and how we spend our money, and priorities, at CAB we do not judge we give advise, however hearing the stories I feel very ly on this subject. I am willing to be interviewed if required.  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Yes, as I have wrieen on the previuos page is how we can achieve this. Also living in HNZ is a privilege not a right. I feel people in state housing be given a time frame and savings be compulsory through deductions to save for a deposit on there own home, This was done many years ago in the Mt Roskill Borough Council. In Melrose rd there were town houses built for young marrieds to pay min rent and savings compulsory accountable to The Council. This was an amazing success. I suggest this be looked at. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Yes , as mentioned above some suggestions. Bring back the plunket nurse a very vital person to have in the community, she sees what is happening in the homes as she visits. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | Yes with good constructive organisations put in place. NZ never had this problem 40 yrs ago I have looked at comparisons. I'm 74 very active in community now and back in the 60,s 70, where we where aware what was happening in the community and got help where needed. This is missing now. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Refer to previous comments |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Again refer to previous suggestions and comments |
| Are there any other comments you wish to make as part of your submission? | All of the previous comments |
| Name | Mrs Joan Davidson |
| Position (if applicable) | retired |
| Organisation (if applicable) | Plunket, Police, Cab |
| Address | [redacted] |
| Address 2 | [redacted] |
| Town/City | [redacted] |
| Postal Code |  |
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| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Māori |
|  | Pacific |
|  | Education/training |
|  | Non-governmental organisation |
|  | Being aware of happenings in Community |
| Release of personal details? | I do give permission for my personal details to be released. |

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| **25** | Submitter name | 4304933190 |
| Submitter organisation |  |
| Respondent ID | 4304933190 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | There is not enough discussion about the disparity and inequity in NZs population, particularly Maori. There needs to be more of a clear and honest description of this huge challenge and linked to the goals |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | yes |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Yes but please include improvement of socioeconomical status as well as health |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | yes |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Action 5: “agreeing the outcomes framework /judging success”- does this mean re-iterate the IPIF work? Perhaps add in “building on previous completed work” ACTION 6: Need to collaborate with other agencies including MSD/Justice to improve socioeconomic status of high risk populations and improve rehabilitative programmes to support reintegration into whanau/communities for people at risk of reoffending  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | This will be a complex activity.If we are going to chose measurements that matter to people as stated in this action plan then current measures like the IPIF will need to be revised AGAIN.  |
| Are there any other comments you wish to make as part of your submission? | we must engage the consumer at every step of this process- from planning to implementation and measuring. This is not done well yet and DHBs and more especially PHOs much be more than just "encouraged" to engage their population in future planning- nothing about me without me shoudl aslo be a guiding principle  |
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| Please indicate what sector(s) your submission represents.  | Service provider |
| Release of personal details? |  |

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| **26** | Submitter name | 4307547895 |
| Submitter organisation |  |
| Respondent ID | 4307547895 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | Shrinking middle class leading to shrinking tax base and a shrinking budget (relative to inflation) at the same time that expectations from the public increase with new drugs, new procedures, and new therapies that patients feel the government should be able to provide. DHBs with debt and constant pressure from the ministry of health to cut costs which may result in a decreased service. Low numbers of primary care doctors (GPs) which puts more pressure on secondary care (hospitals). |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Being realistic about what a country of only 4 million can provide to a severly decentralised population. Can we, should we, really be trying to achieve the same level of service as larger countries with higher population density such as Japan, the UK, Australia, the USA, or Canada? Are Kiwis "living beyond out means"? How many MRIs are located in a city of 4 million people compared to how many are required for our decentralised population? Can the government afford to pay for expensive cancer treatment therapies, drugs, and machines given our low population density? We need to be realistic about what a small country (population wise) can afford to provide. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | As with question #2, does "best health possible" take into account what the government can afford? if not, we'll be forever in debt paying for expensive treatments, procedure, etc. We need to be realistic. There needs to be a greater responsibility on the shoulders of patients for their own well being. Patients need to understand how to take care of their own teeth using simple floss and toothpaste rather than costing the people for expensive treatments to correct teeth problems that can be avoided. Same goes for cancer (e.g. lung cancer), obesity-related diseases, and others. We can't pay for the negligence of patients, it's too expensive. They need to look after their own health rather than ruin it and expect the governemnt to "fix them" wtih their modern medicine. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | No. Kiwis need to understand that they either need to increase their population density or have the health system go more mobile to better deliver services to a very spread out population. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? |  |
| Are there any other comments you wish to make as part of your submission? | New Zealand is small. We need to be realistic or else you're setting us up for disappointment and failure. We can't afford what you propose, we need to cut back. |
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| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  |  |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **27** | Submitter name | 4312654011 |
| Submitter organisation |  |
| Respondent ID | 4312654011 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | funding in primary care needs to be readdressed so it targets low income individuals properly, as capitation is too blunt; it gives free or discounted care to many people who are well off( wasting resources) The time has come for the CSC to return as the access care to free GP care, all the rest have to pay NORMAL FEES ( and primary care needs to be able to charge what they need to to be financially viable ). It can be said that all those students in the education sector could have discounted care, including preschoolers. However we cannot afford to offer free care to all those families that are well off- those who own their own homes, have regular overseas holidays , good jobs, privates schooling for their children. In the current system primary care is paying for these families to attend as they come very often with the under 13s as it is free ( they are the worried well) . But the poor, who have lots of other issues - travel, language, housing, illegal status,overcrowding, drug, alcohol, low education,disorganisation ) do not seem to attend as often as the well informed/ educated. WE NEED THE MEDICARE CARD TYPE SYSTEM LIKE IN AUSTRALIA where the money follows the patient. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | good health costs money. Please stop pretending that primary care should be free. The govt does not anywhere near support primary care, Current funding streams are a nightmare to administer. We are going lots of free or cheap visits that cost the practice !! GPs are subsidising the system, because we are nice! We are struggling to fund our staff, and costs e.g. IT with NO GOVT FUNDING for these!!! We are paid poorly cf the DHB staff. We get no holiday pay, education funding, drug company junkets to overseas conferences( what a joke- we get free pens and a few sandwiches to find out about new drugs, only - it is a complete myth that we are getting luxuries !!) We are very far behind other countries in access to good treatments in primary care- drugs , vaccines( no universal chicken pox, pneumonia, boys gardasil, meningitis C), access to mental health counselling services, radiology such as CT, MRI and other high resolution technology( unlike GPs in Australia). It is clear that the DHBS are broke. There is really reduced care available in secondary health- a good example is the reduced access to FSA- esp orthopaedics, ENT, psychiatrists,respiratory etc etc where patients are actually rejected by the system, and primary care is left feeling rather embarrassed and inadequate. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | sounds like what we are already have or are moving to |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | smart IT does not fix everything, who funds it ??? Can patients pay for this ? What about who provides mythical 24 hr care- this is not possible without team care and proper funding. I am concerned that patient portal info will be put up on social media by the many disgruntled patients we have in NZ who feel entitled to complain,encouraging the clinician to refrain from writing the truth, and leaving out important details e.g. psychiatric, personality issues , poor treatment of the staff by the patients, addictions ..... I am not sure why primary care has to offer 24 hr IT access where the specialists do not offer this service. They are not on call 24 hrs a day , but if they are on call they get a salary with extra payments for this. Primary care gets nothing, so we are a bargain for the state!!! |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | dont change for changes sake, we are weary of change , it means people burn out, managers dominate and the real health workers get left out in the so called patient - centred system |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | share info at conferences, but do not think you can reinvent the wheel. There is no country that has a perfect system , but the best ones are where there is very good govt funding of the health system and reduced bureaucracy |
| Are there any other comments you wish to make as part of your submission? | get rid of capitation- it is failing already and does not get to those who need it always plus assumes that costs in NZ health care situations are the same whether you are in a rich city suburb or a poor village, and patients use their CSC each time at point of care to claim their discount / free primary care treatment - also include physios, counsellors/ psychologists, nurses etc in this system. Have an education card for this who are in the system who don't have a cdc so they get reduced fees but not free, Allow primary care to charge what is needs to. IT has to survive as a business. WE need young Drs to buy practices ... currently it is very unattractive to do so, and primary care may soon fail as the baby boomer owners retire, and this will encourage ED attendances to soar.... |
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| Email Address  |  |
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| You are submitting this: | as an individual  |
| Please indicate what sector(s) your submission represents.  | Primary care medical |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **28** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4313391356 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | We must above all ensure that the patient is the centre of our health system,whether that be ,primary health ,Secondary or retirement. sector.it is so obvious that the pedulum has swung wide of this target. The centre is on finance.How to save it ,how to make more even at the patient expense.Giving rise to patient neglect,in many ,if not most, cases.  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Yes, this is on track. Education is essential ,so people can own their responsibility towards themselves.Be in control.The "Let's Plan our Health " series ,is proceeding in the right direction. Continuous dedicated supervision is also important to keep on track in the right manner and ensure services are well provided for.Then we can enable responsibility and feed back .Very essential to progress.  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Yes, they are well on track. We must however sum it all up in the one word"RESPECT" Then all else will proceed well. Keep patient /consumer centered..Ensure the support is there for needy. Education is most important to foster independence and wise responsibility.Support groups that work to help other survive and succeed. . Supervise constantly that all is on track. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | Yes it does. But I would reiterate that patient centered , attitude is vital. That will last ten yrs and beyond. Simple but essential.. We don't want to hear how over worked our health staff are ,because if the organisation is tuned well this simply shouldn't occur. Something is wrong.. so they need to look hard at the system they employ. No trade offs. that is cheating.for the lack of poor scheduling. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | I believe this is an splendid approach. As for diabetes why do we not do the advertisements as for cigarettes.On the bottles or cabinets place a advert on diabetes. On line input by consumers is also a good strategy, gives a venue to become part of the system. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Yes the on =line responses are accessible and encouraging for us all to be part of. Encourage locals to assist locals with the messages. i.e all communities have groups of sorts. We have an Older person's Consumer Mtg. made up of many local grps. We despatch the latest and most urgent messages in health to these grps..Works well and involves much community discussion also. Maori grps do similar. Works well.  |
| Are there any other comments you wish to make as part of your submission? | Yes. The primary health is way out on a limb of financial gain centered attitude. patients save up to attend an appt. only to be given 15 mins to lay ONE item an appt. before being hurries off. Costs rise every year. scripts cost $15, faxed more. No other contact is available with the G.P. These super service rip offs need to get back to patient centered status. This is the opposite with the pharmacist who give much time and devotion to the pt. G.P fees need capping!!!!!  |
| Name | [redacted] |
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| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Consumer |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **29** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4313482748 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | We must be patient centered at all times within the whole system. The pendulum has swung way off target and become money centered. Whilst a certain attitude needs to consider money, the patient is the sole reason for the system and cannot become the end issue. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Yes ,I would stress Education as an essential provision to aid the self responsibility and confidence towards better self health. Continuous system checking for good accoutability within the various sectors. especially primary and Retirement sectors.  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Yes. it is right. "Respect ",is the key for keeping on track within sectors. An practice which will bring about the Pt.first attitude and ensure better care & service. Assistance for those many support grps in the community who try to assist and educate certain carers of pts with illnesses such as Alzheimers,CVA,diabetes, parkinsons diseases. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | "great" will become such only with continuous systemand sector checking to ensure they are on track. The five themes look good to me. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Check out the primary Care sector . The reitrement and primary health are way out of line with attitude only centered on money. The pharmacist needs to become part of the primary care with the G.P practice as many G.P don't prescribe well and little or no info" is provided to the patient. 15 mins appt .with one issue only is unjust .Fees need capping.  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | The road maps appear very good and exacting. To meet the needs of the future with such a high age rise and low work force, i would suggest the voluntary use of all those retired professionals who would like to be part of the future system, as they still are effective communicators and supervisors ..etc. Why not involve such people . Use of the Support person could be one area of use.  |
| Are there any other comments you wish to make as part of your submission? | I would like to see spot audits of Rest Homes and Retirement set ups. Perhaps use of retired nurses on a voluntary basis even could bring some assistance for these establishments to raise their status in the eyes of the Community. More Telephoning systems for health issues or the depressed and lonely. Older people assiting in transports.  |
| Name | [redacted] |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address | [redacted] |
| Address 2 |  |
| Town/City | [redacted] |
| Postal Code |  |
| Country |  |
| Email Address  | [redacted] |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Consumer |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **30** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4314745279 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | Antibiotic resistance is a huge problem and likely to only get worse unless more money is invested in this area for drug/alternative therapy to combat resistant bacteria and I feel it should be clearly outlined what the New Zealands strategy is on this (as the worlds population is getting more and more fluid) |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Mainly but youth and growing children should have more of a focus (and consulted) as they are the future generation. Maybe targeting schools/universities on what they view and want for the future |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Generally but they are very generic but some more specific than others. yes in general but a healthy diet is a key to helping people maintain health there must be a focus on this or a tax set by the government for example on sugary drinks at very least or better commen sense education for parents. Why is it cheaper to buy soda than water!?!? No Dr or system will fix this unless water is cheap and healthy foods are the same price or cheaper than soft drinks and fast food.  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | yes agree people-power and closer to home will probably have a great impact taking responsibility for themselves more - but it may mean more people end up seeing doctors and specialists in the long term so the system needs to be ready |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Antibacterial resistance is a growing problem and with the world having a very fluid population due to air travel NZ needs to be ready for a drug resistant outbreak (or new diseases that are not currently in or a problem to New Zealand) Glad to see no mention of economic impacts and just a main focus on health in general Generally yes but all the education in the world will not stop obesity if sift drinks and cheap food are readily available. Tax ratios/percentages set by the government need to change for specific food groups/restaurants. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Similar to a census do a specific health survey in X years time relating back to the strategy Measuring impact is difficult unless you ask the people on which this will have an impact on - the end users of these systems that will be put in place and people of NZ  |
| Are there any other comments you wish to make as part of your submission? | Other European/Scandinavian countries invest highly in health research and medical care and New Zealand ranks almost like a 3rd world country in comparison. Glad to see an increase in government spending forecast. More media/marketing to get public engaged and wanting to be involved and look after themselves (and read the draft strategy documents and complete the survey). I work for a crown agency however my partner would not even know there was a health strategy draft under discussion... |
| Name | [redacted] |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City |  |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Academic/research |
|  | A Parent |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **31** | Submitter name | 4316617240 |
| Submitter organisation |  |
| Respondent ID | 4316617240 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | It sounds good in theory, mostly. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | That the whole approach to teaching the medical Drs and Nurses alters to having so so so much more information on people staying well...and their bedside manners/consulting ability to get a major overhaul. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | yes...body/mind issues for people are huge....instead of people being given labels...eg depressed, then popped on medication for this...for those people to REALLY be assisted with the offering of different modalites, EFT, Acupuncture, body-work..Reiki, massage, group work etc. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | they seem to provide a good focus...fingers crossed! |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | to have complimentary modalities much more widely accepted...expansion of peoples beliefs. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Ideal would be needing less and less medical hospitals. |
| Are there any other comments you wish to make as part of your submission? | Would really like to see more coordination of care...eg if a person has cancer on Waiheke, they have to go to Auck City Hospital..maybe to see their oncologist for a 5-10 minute appointment...they have spent probably 2 hours getting there...trip to the ferry, ferry trip, bus/taxi to appt, then have to go back the next day for another dept. check up for again, 5-10 minutes...be best to as much as possible for the diff dept to liase with each other, for this to happen on the one day..save the exhaustion involved a little more for the patient and their families...and the cost involved. |
| Name |  |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
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| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals  |
| Please indicate what sector(s) your submission represents.  | Education/training |
|  | Non-governmental organisation |
|  | Other professional association |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **32** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4317443430 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | smokefree Aotearoa 2020- the national Government needs to be more committed to this plege- especially SMOKEFREE pregnancies- this is of upmost importance |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | ambiguous especially a smart system? smart sytem= quicker? more effiecient? more money spent to slash waiting lists, treatment options,more community funding to support breastfeeding, violence programmes, suicide and mental health, smokefree pregnancies, safe sleep devices, warmer homes and safer homes???  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | yes agreed |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | i think closer to home- but addressing ethnic and cultural needs- appropriately might be added. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | focus on pregnancy and birthing outcomes, child health and rangatahi- youth education and development- prevention rather thatn the ambulance at the bottom of the hill |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | real partnerships with community stakeholders/ DHB's, more relationship building- policy makers and funders REALLY working with grassroots people who deliver the programmes- make the difference- LISTEN to where NEEDS are and how they are being met successfully |
| Are there any other comments you wish to make as part of your submission? |  |
| Name | [redacted] |
| Position (if applicable) | [redacted] |
| Organisation (if applicable) | [redacted] |
| Address | [redacted] |
| Address 2 |  |
| Town/City | [redacted] |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals  |
| Please indicate what sector(s) your submission represents.  | Māori |
|  | District health board |
|  | Education/training |
|  | Service provider |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **33** | Submitter name | 4317880349 |
| Submitter organisation |  |
| Respondent ID | 4317880349 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | Costs of health is expensive - for us poorer, we cant afford it  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Any form of subsidies |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | need to be owned by the local community |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | Do not know |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | some are  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Need to be own by the local community and driven by them |
| Are there any other comments you wish to make as part of your submission? | all these consultations are last minute |
| Name |  |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City |  |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Pacific |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **34** | Submitter name | 4318028458 |
| Submitter organisation |  |
| Respondent ID | 4318028458 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | To involve some great people like [redacted] who organizes Iron Maori every year.  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | I would increase the opportunities for life style changes and find leaders who can encourage real change in peoples lives.  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Yes  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | To have more awareness of life style changes, provide people with more opportunities to participate in sports,,,eg Iron Maori |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | to include the wonderful leaders that are in New Zealand to increase exercise and diet changes. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Look at the increased numbers of participants in sports.  |
| Are there any other comments you wish to make as part of your submission? |  |
| Name |  |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City |  |
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| You are submitting this: |  |
| Please indicate what sector(s) your submission represents.  |  |
| Release of personal details? |  |

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| **35** | Submitter name | Fionna Winter |
| Submitter organisation |  |
| Respondent ID | 4318036915 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | I would consider involving people like [redacted] who organizes Iron Maori in the Health Strategy. There has been a huge change of interest in sport since these competitions were started.  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | I think Live well and stay well,,,,,leave the get well out of the statement. this implies that people can get ill and then get well! |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | These are all good principles |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | Great would include participation in sports, improved diet in the Health Stratagy,,,,,not just picking up people from the bottom of the cliff |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | For the next 5 years it will be important to focus on the children, so that in 10 years time they will have a better start. |
| Are there any other comments you wish to make as part of your submission? | I would like to reiterate how important sport inclusion in the Health Strategy is!!!! |
| Name | Fionna Winter |
| Position (if applicable) | Nurse |
| Organisation (if applicable) | CMDHB |
| Address |  |
| Address 2 |  |
| Town/City |  |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals  |
| Please indicate what sector(s) your submission represents.  | Māori |
|  | Pacific |
|  | Asian |
|  | Education/training |
|  | Non-governmental organisation |
| Release of personal details? | I do give permission for my personal details to be released. |

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| **36** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4323965430 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? |  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Being affordable is something important. Yes we need high levels of healthcare across the board but at what cost does that come at financially for taxpayers. Most families are struggeling to make ends meet and throw a sick child or children into that mix and something has to give - parents dont go to work, no leave, a viscious cycle  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Definetly a step in the right direction. I agree that these will help guide and implement the Strategy. Its a huge task but I think you have covered all the bases |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | Yes, it does. It gives you a realistic goal to work towards |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | I think you've covered the biggest ones so far. I think once these are achieved, or even set in motion, you set the prescedence and smaller strategies for the future will become easier |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | A monthly or quarterly update that says what goals or actions have been achieved, what is yet to be done and what just isn't achievable and why - most importantly why |
| Are there any other comments you wish to make as part of your submission? | As a patient who spent 316 days in one year suffering through what Drs called a bloody medical miracle, I know what its like to be on the receiving end and I also know what its like to be within the industry. I'm a bussiness analyst for the business intelligence team for ADHB so I've seen both side of the coin and for me, I see that as an absolute blessing and advantage. You know what works, what matters, what you want as a patient, what to expect from healthcare in NZ, what goes on behind the scenes etc. I'm fairly proud of the advanced work our health system does for the people but I also see the shortcomings and have seen the pitfalls both personally with my own care, but also with close friends and family who have suffered across the board in different situations. I think as a whole, we have a healthcare system that is envied across the world and we have some of the best medical teams anyone could ask for but there is still work to be done across the board in improving virtually every aspect of care. No one point or aspect of improvement is more important than the other, they are each interlinked and can't be addressed in isolation - its a systematic problem that needs a systematic change cohessively and I think this Strategy is a step in the right direction with acknowldging how things are now and a possible solution of how to make it better, easier, realistic and affordable to some extent |
| Name | [redacted] |
| Position (if applicable) | [redacted] |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City | [redacted] |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | District health board |
|  | Pacific |
|  | Education/training |
|  | Service provider |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **37** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4324043062 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | Those folk with Head and Neck cancer have long term health challenges, including disability, and rehabilitative needs. They want to be working and productive however, the current system does not support return to work. The health system needs the same focus as ACC, not just treatment and care, but rehabilitation for work. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | No. They look good. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Yes. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | The need for people centred services is critical. At present there is too much focus on the bricks and mortar, and the medical professionals. The people who need treatment and care need to come first. African proverb: Unitl the lion learns to write, the stories will always glorify the hunter. Please help us, the lions learn to write and tell out stories. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Ther e is need for personalised care plans. Immediate and future needs should be included so that everyone can make good decisions including individuals. I would really like to see consistency in quality of service across the whole country. I would like to see sharing of best practice there are some great people in the health system with good ideas that need to be shared. I agree with patient portals and greater transparency. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Each strategy needs key reporting data that can be tracked over time, and reported to the public. Surveys are a great way of gathering data on perspectives on those who use the health system.  |
| Are there any other comments you wish to make as part of your submission? | Yes, Head and Neck cancer folk are so desperate for better more coordinated services, we would volunteer to be a pilot project for personalised car plans. Please consider us. |
| Name | [redacted] |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address | [redacted] |
| Address 2 |  |
| Town/City | [redacted] |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals  |
| Please indicate what sector(s) your submission represents.  | Consumer |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **38** | Submitter name | 4326051084 |
| Submitter organisation |  |
| Respondent ID | 4326051084 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | DHB need active involvement in community planning with regional and district councils that can help address transport, safe and affordable recreation, limitations to smoking areas, cheap alcohol and gambling liscencing that contribute to poor social and health outcomes for children and families.  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | sustainable environmentally as well as economically, preparing for a changing world where infection control, mass migration, climate change and water quality are global issues NZ will not be buffered from forever.  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | as previously, I think you need sustainability as a fundamental principle, otherwise what will happen to all this effort. Politically economically enviromentally sustainable health system is needed. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Action 4 does not have many ideas under it. Provision of essential equipment both in hospitals and int the community suitable housing environments that allow for care to be provided in the community, support for managing personal health issues like diabetes medication regimes even when people are cognitively impaired and live alone need to be addressed. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Look at the complex cases, the failures, the complaints, and see what were the resourcing issues that led to these outcomes being less than successful. Getting the patient portal system as an option within public hospitals and GP practices will be good as will technology options. |
| Are there any other comments you wish to make as part of your submission? | Increasing health literacy is a major issue. So getting the electronic health portals will be a great way of linking individual information with apps relevant to someones health goals... |
| Name |  |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
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| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Consumer |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **39** | Submitter name | 4328877722 |
| Submitter organisation |  |
| Respondent ID | 4328877722 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | continue withchioldrens obesity |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | it is upto date  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | I am in agreement withtheabovewording |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? |  |
| Are there any other comments you wish to make as part of your submission? |  |
| Name | amorris984 |
| Position (if applicable) | caregiver |
| Organisation (if applicable) | manawanuiincharge  |
| Address | Auckland |
| Address 2 |  |
| Town/City |  |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Consumer |
| Release of personal details? | I do give permission for my personal details to be released. |

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| **40** | Submitter name | 4332255125 |
| Submitter organisation |  |
| Respondent ID | 4332255125 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | We need to vocalise the fact that we have limited resources and this may mean that some services are rationed. We need to be clear transparent and consistent in applying the criteria that rations services. We need to target those limited resources at those with the most need, so there may be a need to look at whether co-payments may be required from people especially for elective surgery, |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | we need to add "die well". Some patients may wish not to have treatment if they feel that treatment may just prolong the agony or be even more debilitating than the disease itself. People want to die with as much dignity as they can. In order to achieve this we need to encourage and develop the ability to have courageous conversations. Tell the truth about the disease course and what the side effects of medication or other treatment might be and proved the patients with genuine choice |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | In order to get those principles working on a day to day basis there will need to be a lot of trust developed amongst clinicians, services, providers and consumers. Despite decades of discussion about patient centric services and ethos, most services are still clinician or service centred and would run a lot smoother without the patients they are supposedly there to serve. There is still a "what's in it for me?" mentality in the way many services are delivered. If services were truly patient focused |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | There is not enough there on those with intellectual disabilities or mental health issues who age, or those who are in prison - we need a plan for those marginalised groups too |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? |  |
| Are there any other comments you wish to make as part of your submission? |  |
| Name |  |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City |  |
| Postal Code |  |
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| You are submitting this: |  |
| Please indicate what sector(s) your submission represents.  |  |
| Release of personal details? |  |

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| **41** | Submitter name | 4332270358 |
| Submitter organisation |  |
| Respondent ID | 4332270358 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | Services in hospitals should be delivered weekly throughout the year - without closedowns for xmas/new year (My mother entered hospital on xmas eve and died 3 weeks later - with no physio, dietician nor regular doctor care thorugh most of that period). Policy changes have not been made as per recommendations to the Govt in respect of the promotion of alcohol and subsequent alcohol-related harm. In our area - the use of alcohol by pregnant women is prevalent and requires much more work to prevent this at a community and whanau level.  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Yes it does - but this seems to fall apart when the system interfaces between ACC and the public health system. Integration between these services is quite poor from personal experience.  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | The principles are great - but likely to be weakened subtsantially by a Govt who has nto cimmitted to good health public policy in a number of areas.  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | I question the ability to deliver "Closer to home" when DHB funding contraints have seen a centralisation of services with outlying rural areas suffering from the lack of public transport and ability to attend services futher awa.  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Action 6 is vital in trying to break the cycle of inequalities facing many whanau. Without true and accurate data on the extent of FASD througout NZ - local anecdotal evidence is that the rates of mothers consuming alcohol toughout pregnancy are much higher for our local area than those for National figures. Preventing mums from drinking while pregnant would have a very significant effect on the future lives of those children born with FASD - and their children who follow.  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Increasing the opportunities for brief and early alcohol intervention across the workforce. Ensuring that advice offered by health professionals is consistent. In respect of alcohol and pregnancy, many professionals still display much variance in the advice they offer regarding the safety of consuming alcohol despite the MOH gudielines.  |
| Are there any other comments you wish to make as part of your submission? |  A strategy is only as good as the legislation and poilicy that it is founded on. Current Govt policy leaves much to be desired in respect of preventing conditions in the first place. Health promotion needs to be boosted across the country - as the workforce has been in steady decline for a number of years. This needs to be a loong term investment - as annual funding sees kaimahi changing roles and often not employed in such for long enough to make a real difference to the local communities they work with.  |
| Name |  |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City |  |
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| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Māori |
|  | Academic/research |
|  | Consumer |
|  | District health board |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| --- | --- | --- |
| **42** | Submitter name | 4332670481 |
| Submitter organisation |  |
| Respondent ID | 4332670481 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | There is no mention of a restructure of the Ministry of Health and the incompetence of leadership and the culture of bullying that emanates from the very top. Without making the Ministry fit for purpose, bringing in new blood or talent that can align policy to health needs rather than personal agendas, this strategy document is yet another failure waiting to happen. I would add that in a country of 4 million or so, 20 DHBs is a luxury. Some of the smallest DHBs are an absurdity - no more than cottage hospitals in size - Tairawhiti, Whanganui, Wairarapa, West Coast, South Canterbury to name but five. Local Boards, yes, but without the duplicative management structures that add cost and add very little. It's an extravagance. You need to drive more national consistency with more of a mandate from, and less political cowardice at, the centre. The personal fiefdoms and pet projects of DHB Chairs and CEOs are a disgrace. Nothing of a capital nature should be spent unless it satisfies the needs of a region and fits into a national health requirement. More specialism, more rationalisation less vanity. Why HBL was wound up is beyond me. You needed an agency like this but gave it no teeth - it needed pharmac powers but you failed it a birth and it was destined to die through ministry incompetence at the highest echelons.  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | This fits with my view of thinking national acting local. Not allowing DHBs to compete. Auckland DHBs should be integrated across the management tiers while retaining accountability to local boards. This would keep the service focused on specific local needs while trying to achieve national targets.  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Yes  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | The ministry cannot be overlooked and it must be reformed and led by people who are capable, competent and align to values of decency, honesty and integrity without driving a culture of bullying.  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | Change the ministry and the delivery vehicles.  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Reform of the health sector delivery models by overhauling the ministry and making it fit for purpose; and reducing the numbers of DHBs, integrating the management of as many as possible.  |
| Are there any other comments you wish to make as part of your submission? | Overhaul the Ministry. Allocate a % of tex revenues to health. Work more closely with Social Services and Education, integrating wholistic approaches to care in the community. Restructure the vehicles delivering Health. There is considerable work to do to make them comply with national initiatives to save them money, but they have tremendous room for great efficiencies starting with a surplus of management  |
| Name | Anonymous.  |
| Position (if applicable) | Anonymous.  |
| Organisation (if applicable) |  |
| Address |  |
| Address 2 |  |
| Town/City | Auckland  |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Consumer |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **43** | Submitter name | 4334428105 |
| Submitter organisation |  |
| Respondent ID | 4334428105 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | To address the health disparities in Maori |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Yes and to close the inequality gap between Maori and the general population |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Yes but to really make the relationship between Maori and the Crown under the Treaty of Waitangi to work not just to pay lip service.  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | High performance would have to include Maori leadership in health as well |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? |  |
| Are there any other comments you wish to make as part of your submission? |  |
| Name |  |
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| Organisation (if applicable) |  |
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| Please indicate what sector(s) your submission represents.  |  |
| Release of personal details? |  |

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| **44** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4334839260 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? |  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Yes, agree. Can we put some Maori wording in there as well? |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | I celebrate this new strategy, as it's vision and future state is underpinned by the Treaty and it is focused on equity, it is innovative, and it embraces the whānau ora strategy, embraces collaboration and it is open to technology. It recognises that health outcomes are not the primary domain of the health sector. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? |  |
| Are there any other comments you wish to make as part of your submission? | I would like to see brave, innovative changes that happen at a local level and which are supported to be successful. • I work as a registered nurse within Māori health at the Dunedin Hospital. Essentially I navigate and assist whānau with their engagement with the hospital system to ensure they get equity of care. I know I am working at the “bottom of the cliff” with people who are already well along their journey with chronic disease, and who are often quite acutely unwell as a result of either not engaging within primary health early enough, or who have cancer and have been diagnosed so late, that they are effectively end of life by the time we are engaging with them. • Actually, most of the people I work with are end of life, be it, days, weeks, months or only a couple of years. My role is such that I find I am partaking not in helping people to stay well but that I am helping people to die well, or just a little bit better, than had we not engaged. I don’t need to tell you how important death, and tangihanga are within te ao Māori ….but I feel the health system needs to acknowledge this, and be part of a solution to ensure those last days, weeks and months of someone’s life is not traumaed by lack of supports, barriers to dying at home, barriers to dying with whānau present, barriers in dying without pain and discomfort. – simply put - barriers to dying well. If we can do this well in partnership with whānau, then I believe this will path the way to whānau engaging more positively with the health system, and hopefully, sooner. • I really believe that if we acknowledge that – then we can work in the present to assist whānau to have a better engagement with the health system than what they are currently having. Cancer care, whānau supports, palliative care, technology, information sharing, community support, cancer navigators, Māori providers, and hospice - are all important aspects of this picture. The way in which these aspects all interact collaboratively can help that journey to be a “good one” versus a traumatic one. • I see people pass in a hospital bed, when all they wanted was to pass at home AND< I have seen people die too quickly for the wonderful services of the hospice to have been engaged. I would like to see a solid collaborative approach to working quickly to support whānau to die at home. I see whānau who miss out on the moment of passing because the hospital environment their loved one passes in is not conducive to whānau being able to be with them, the way they would like too. • I believe in fast tracking Māori for whom there is a high suspicion of cancer. I would like to see systems, processes and criteria in place which mean that people are not only triaged by clinical symptoms, but by ethnicity, and social context (deprivation). I would like to see faster diagnostics for Māori. And for this to be extended if possible and financially feasible to dep 9 10 and pacific people. Epidemiological data provides plenty of evidence, but ….there’s a barrier to implementing systems that can support this fast tracking, as the main stream MEDICAL system is challenged by this, and as a result challenges such ideas as preferential or too costly. And, as such….we don’t go there. If this idea was supported top down from the Ministry, then we wouldn’t have to rely on well intentioned, educated and motivated people sprinkled within the system to assist. We calculated that there are probably around 70 Māori in the south diagnosed with cancer a year in the south. Surely these small numbers aren’t too financially overwhelming for a local imitative to be considered. I would like to see a “virtual bed” allowing outpatients who require fast diagnostics to be seen in time frames similar to that of inpatients, within days versus weeks, or months. SO – having an inpatient bed or even ward on the inpatient computer system – but the patients are in their home environment. I see a health system full of wonderful people with the best of intentions, but within a system rife with barriers, which are yet to be challenged. I see working groups, teleconferences, hui, consultations, strategies being published, actions plans slowly chunking away, changes happening so slow that at the coal face they are not even detectable.  |
| Name | [redacted] |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address | [redacted] |
| Address 2 | [redacted] |
| Town/City | [redacted] |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Māori |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **45** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4335756121 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | we have indentified clear ethnic disparities in care processes and outcomes - and these perssist despite our stated committement to better health for ALL populations. perhaps it is time to SET A DATE for EQUITY |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | yes - it needs to be about ALL NZers and ALL populations these are not the same  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | No - 1) you can't Acknowledge the special relationship between Māori and the Crown but accpet persistent inequity 2) not can we accept just An improvement in health status of those currently disadvantaged we need to state when Maori will get a fair share - the date by which this will occur  |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | the themes are good - the progress map is apalling and envisages that maori and other groups with disadvanatge will continue to GET LESS  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | EQUITY - where is it? |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | set a roadmap for the following issues - ie a plan to achieve equitable refferals to secondary servcies equity in cancer treatments and times to treatment elimination of rheumatic fever  |
| Are there any other comments you wish to make as part of your submission? |  |
| Name | [redacted] |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address |  |
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| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Māori |
|  | Service provider |
|  | Consumer |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **46** | Submitter name | 4335758999 |
| Submitter organisation |  |
| Respondent ID | 4335758999 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | With increased immigration, we will be needing to deal with conditions that are specific to certain ethnic groups e.g. diabetes and heart disease in the Indian population, higher rates of lung and other cancers from those in countries with rapid industrialisation and exposure to toxic soil and air pollution and those from war torn countries suffering from the emotional and physical traumas of those experiences.  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | "So that each New Zealander will have the personal motivation to maximise every opportunity to live well, stay well and get well being empowered and supported by a high performance and quality health system that they are able to understand, interact with and embrace"  |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | Need to include ' a system that with personal responsibility and commitment to individual and community well being, will empower New Zealanders to achieve optimum health outcomes' |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? |  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? |  |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? |  |
| Are there any other comments you wish to make as part of your submission? |  |
| Name |  |
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| Organisation (if applicable) |  |
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| Please indicate what sector(s) your submission represents.  |  |
| Release of personal details? |  |

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| **47** | Submitter name | Sarah Bedford |
| Submitter organisation |  |
| Respondent ID | 4336345897 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | ENSURING that medical staff from overseas have EXCELLENT English language skills, both written and oral. Having worked with patients who regularly see GP’s they cannot understand properly makes understanding a diagnoses all the more difficult. While these overseas-trained practitioners are an asset to our medical community, there does need to be more incentive for NZ-trained practitioners to stay in the country.  |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Possibly should state “Get Well, Stay Well, Live Well” – if you’re needing to access health services, you need to “Get Well”, if those services are on-point then you have a better chance of “Stay[ing] Well”, and proper education can enable consumers to “Live Well”. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | YES! A very well-tabled set of principles. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | There needs to be a LOT more education of what an ‘emergency’ or ‘urgent case’ is – too many consumers are accessing hospital facilities due to finances or simply not being aware that a common cold is not a reason to visit the emergency department. A lot of resources could be freed up if more people were educated in this way. There already seem to be plenty of community-based initiatives for schools and church groups, catering for specific ethnic populations in NZ, and in order to reach ‘before-X-age’ DHB targets (e.g. imms). It would be helpful to investigate how many people these programmes actually reach before putting further funds towards them. It’s all well and good wanting people to take more control of their health and wellbeing and engage more with health practitioners, but many consumers simply aren’t educated in health and wellbeing practices, or are not educated to the point where their engagement can truly make a difference to statistics and target ranges. You have the “Dr Google” generation to deal with also – medical practitioners MUST still be the point of access for medical advice and treatment if we are to accurately engage with health consumers. Being able to interact with well-advised, highly-trained, medical staff or journals etc. would be of assistance to those wanting a web-based ‘second opinion’. Perhaps funding a New Zealand based medical portal, accessible through a website/code obtained from your GP, could be one way of accessing credible medical information in your own time. ‘Closer To Home’ is a good description of those needing medical treatment currently unable to access it due to distance, cost, etc. I would be incredibly interested in working closely with rural and isolated community groups in the interests of public health promotion, health-needs facilitation, and chronic illness reduction. ‘Value and High Performance’ – need to be careful it does not become an “us versus them” style of financial approach. ‘One Team’ – get rid of unnecessary levels of management within District Health Boards. Free up the salary funds for more productive outlets such as community clinics and practitioner training. “Too many cooks…” is destroying the integrity of the health system. ‘Smart System’ – the strictest of access controls needs to be implemented to ensure patient safety and confidentiality is upheld. Consumers will not agree to standardised access to their medical records if they have no faith in inter/tranet security. Also, almost everyone has a smartphone or access to a computer these days so why are personal health trackers (e.g. FitBit) so expensive? They can really help some people. Is there room to publicly fund some PHT devices for certain consumers if they meet a set of criteria (i.e. morbidly obese and prescribed a weight loss/fitness programme; diabetics; those with CHF).  |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | These appear to address the issues well. |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | Regular monitoring of health and hospital-related targets to ensure funding is accurate. Increasing the number of details analysed for statistical purposes to gain a greater understanding of the current health climate in New Zealand. |
| Are there any other comments you wish to make as part of your submission? | n/a |
| Name | Sarah Bedford |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address | [redacted] |
| Address 2 | [redacted] |
| Town/City | Hamilton |
| Postal Code |  |
| Country |  |
| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Consumer |
| Release of personal details? | I do give permission for my personal details to be released. |

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| **48** | Submitter name | [redacted] |
| Submitter organisation |  |
| Respondent ID | 4339429817 |
| IP Address | 125.239.70.110 |
| Are there any additional or different challenges or opportunities that should be part of the background for the Strategy? | More auditing of Maori & Pacific health indicators. e.g. Hb A1c, BP, Gout - uric acid levels, asthma management e.g.number of Maori who are offered a preventer inhaler compared to non Maori. At present what I see is the government is not seeking enough accountability from the health system in the areas that really matter. |
| Does the above statement capture what you want from New Zealand's health system? What would you change or suggest instead? | Better communication for elderly - elder care institutions must have (and demonstrate this) all health records, including specialist DHB notes/letters/GP records. My mother was subjected to some of the worst domestic violence in her life when in elderly care, because the staff did not have or seek the information from her GP & the DHB regarding safety, welfare and neglect concerns. If government money is being spent on elderly care, more auditing of abuse/prevention must occur. Family violence does not stop and often increases in the elderly and disabled. |
| Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy? | I would like to see a principle on accountability to the government for money spent and actual health outcomes for consumers especially Maori, Pacific, children & elderly. |
| Do these five themes provide the right focus for action? Do the sections "What great might look like in 10 years" provide enough clarity and stretch to guide us? | More focus/clarity is required on providing for disadvantaged groups. |
| Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future? | please refer to my earlier comments |
| What approaches might best support ongoing updates to the Roadmap of Actions? Do you have ideas to track and/or report on progress? | n/a |
| Are there any other comments you wish to make as part of your submission? | the 'screening scene' (breast, bowel etc) seems disjointed in NZ, The flow of information from one group to another is questionable. I was an interviewer for a Breast Cancer study 5-6 years ago and the results still havent been released to the women who partcipated. Things like this are symptoms of dysfunction in the health system. How can the health system better monitor and manage itself?  |
| Name | [redacted] |
| Position (if applicable) |  |
| Organisation (if applicable) |  |
| Address | [redacted] |
| Address 2 | [redacted] |
| Town/City | [redacted] |
| Postal Code |  |
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| Email Address  |  |
| Phone Number |  |
| You are submitting this: | as an individual or individuals (not on behalf of an organisation) |
| Please indicate what sector(s) your submission represents.  | Māori |
|  | Pacific |
|  | Service provider |
|  | Primary health organisation |
|  | Consumer |
|  | District health board |
|  | Government |
| Release of personal details? | I do not give permission for my personal details to be released. |

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| **49** | Submitter name | [redacted] |
| Submitter organisation | Leecare Solutions |

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**NZ Health Strategy and Roadmap of Actions**

**Leecare Solutions Submission**

**Introduction**

Leecare Solutions [LS] is pleased to have the opportunity to make comment on the proposed New Zealand Health Strategy and Roadmap of Actions. LS is an international management services and software solution company for the aged care industry based in Australia and we have implemented our software programme across more than 500 facilities in Australia, Singapore and New Zealand. Our submission is focussed on providing feedback on the strategy and roadmap of actions as it relates to information technology. We have highlighted our concerns with the strategy’s lack of detail around Government support, procurement, accessibility and useability of software services available to and for the aged care industry in New Zealand.

The Ministry of Health [MOH] has acknowledged in the health strategy document that many of the recommended actions do not deviate far from the existing health strategy. Whilst we acknowledge the difficulty in proposing solutions that are overly prescriptive, we would argue that the Roadmap of Actions [ROA] document lacks fundamental principles of leadership and mandate. These principles need to be driven by the MOH if Information Technology [IT] services are to be effectively tendered, aligned, accessed and supported through sound infrastructure.

**People Powered**

The strategy document acknowledges that ‘Keeping an older person healthy and independent usually takes more health and social services than are needed for younger people’ and that ‘older people are also more vulnerable to disability and to having more than one health condition.’

LS believes that an integrated clinical and management software solution to assist with the assessment and care planning needs of residents in both aged residential care facilities and those based in their own home is pivotal if the Government is going to adequately address the health outcomes of older adults and their vulnerabilities.

An electronic resident management system enables all healthcare providers caring for a resident to access real time information at the push of a button rather than trawling through paper based files. Such a system also enables residents and their families to easily access, read and decipher health information as well as allowing them the opportunity to readily provide feedback on their experiences which can then be stored on the resident’s electronic file. Auditors are also able to see quality issues addressed in a systematic way with improvements documented electronically in line with Health and Disability Certification standards.

Whilst the ROA describes the importance of supporting self-management of health through a range of digital technologies, there is no detail in the document about how this will be mandated or providers will be financially supported to provide this.

The ROA also refers to the MOH’s desire to ‘promote to service users and clinicians the benefit of having access to a patient portal’ [Action 1di]. It is not clear in the document if access to this portal would be extended to include residential care and home support services as we are not sure what is meant in the document by a ‘certified health application’.

It is worth noting that currently it is a time consuming process for providers without an electronic resident management system to download assessment and care plan information prior to a resident being transferred to a District Health Board [DHB]. There is also no guarantee or clarification provided about whether the health information is read or acted on when the resident arrives. Enabling an interface between existing aged care software solutions and a patient portal such as that being promoted by the MOH would be extremely beneficial to health professionals in reducing duplication and improving productivity and resident health outcomes. Nearly all residential care providers would take little persuasion in accessing such a portal and would understand the huge benefits that access would bring. LS urges the MOH to give due consideration to the interface between existing resident management systems currently in operation in the aged care sector and the patient portal technology being proposed.

The ROA also notes that in the next 5 years one of the MOH’s success criteria is to continuously improve services to better meet needs and improve quality, safety, experience and equity of health outcomes. Aged residential care providers spend a lot of time listening to their residents and families and would argue that an electronic resident management system that is well supported by Government infrastructure would go a long way towards meeting this aim.

**Value and High Performance**

We agree wholeheartedly with the MOH that ‘smarter and more transparent use of information’ is where we will make the most achievable gains. However if this outcome is going to be realised we need to have a whole health sector approach to the alignment and accessibility of IT both vertically across primary and secondary care and horizontally across all professions including allied health. The system will only encourage transparency if healthcare practitioners are skilled and IT savvy enough to use it effectively and there needs to be a willingness on the part of all parties [including General Practitioners] to embrace the changes that will be required. If we are going to realise the improved health outcomes of the general population that we aspire to, the development of an integrated IT system that interfaces across all validated IT health programmes and all parts of the health sector needs to be mandated and adequately funded and supported by the MOH.

**One Team**

The ROA has acknowledged the need to develop an ‘established, integrated central advisory framework’ that supports the shared future direction. There are a number of private sector health IT providers such as LS who are currently meeting the technological needs of a variety of health agencies in NZ. If offered the opportunity they can provide valuable input into decisions made by the MOH that will shape the technological future of the healthcare sector.

**Smart Systems**

There is a sense in the aged care sector [which is generally supported by facility owners] that many of the IT decisions made within the MOH are made without due consideration for what is best for the aged care business owner and therefore ultimately the resident. Decisions around IT procurement appear to be made almost unilaterally with unclear tender processes and input from only some parts of the private sector.

If the MOH wish to improve and simplify processes and systems for prioritisation and procurement of technologies to deliver the best health outcomes in an equitable and clinically and financially sustainable way then IT project funding needs to be prioritised with input from the *‘whole sector’* and a significant change to the way services are currently commissioned and supported needs to happen.

**General Concerns**

There are a number of examples where the ROA refers to solutions being delivered ‘over time’ or those that will ‘continue to improve’. These are not measurable outcomes, do not provide healthcare providers with a blueprint for what it is expected to be delivered and / or how they should interface with the MOH or other providers. We believe the lack of detail in the ROA around the measurement of actions will hamper progress and continue to reinforce siloed and inefficient health care delivery.

It is suggested in the ROA that funding and information systems will change sufficiently to support providers to improve their services. We are keen to understand how the MOH will mandate a health investment approach and how services currently focussing on improving health equity outcomes will be changed in the future.

If the MOH wishes to purchase a wider range of services from NGOs and commission services at a local level there needs to be significantly more robust contract management undertaken by the MOH.

[redacted]

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| **50** | Submitter name | [redacted] |
| Submitter organisation | Te Whanau o Waipareira |

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Te

Whanau o Waipareira Feedback

NZ Health Strategy 2016

**Challenges and opportunities**

The Strategy reflects a range of challenges and opportunities that are relevant to New Zealand’s health system. Some of these are outlined in I. Future Direction on pages 5–7.

1. Are there any additional or different challenges or opportunities that should be part of the background for the Strategy?

|  |
| --- |
| 2016 strategy does not reflect the growing migration of Maori from their urban homes to international and then a more recently a growing trend of urban Maori from overseas. The opportunity will be to build stronger relationships with Trans Tasman Maori whanau and organisations  |

**The future we want**

The statement on page 8 of I. Future Direction seeks to capture the future we want for our health system:

So that **all** New Zealanders **live well, stay well, get well**, we will be **people-powered**, providing services **closer to home**, designed for **value and high performance**, and working as **one team** in a **smart system**.

2. Does the statement capture what you want from New Zealand’s health system? What would you change or suggest instead?

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| --- |
| Te Whanau o Waipareira have reported challenges to the MOH and Auckland City Council we face with growing population of Homeless or Freedom Sleepers. The opportunity for the health strategy 2016 should provide reference to future and growing challenge to this situation. As we currently have 33-43 persons that is not reflected in this strategy. Maori aspirations upheld the philosophy of Mori being ‘Global Cthe itizens’ |

A set of eight principles is proposed to guide the New Zealand health system. These principles are listed on page 9 of I. Future Direction and page 31 of II. Roadmap of Actions.

3 Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy?

|  |
| --- |
| The principles are right however it is the practical application of the principles that we guide and implement the Strategy.  |

**Five strategic themes**

The Strategy proposes five strategic themes to focus action – people-powered, closer to home, value and high performance, one team and smart system (I. Future Direction, from page 10).

4 Do these five themes provide the right focus for action? Do the sections ‘What great might look like in 10 years’ provide enough clarity and stretch to guide us?

|  |
| --- |
| Five themes are the right focus however as noted above the question what great might look like in 10 years needs to take into consideration housing some areas in mental health to assist the strategy |

**Roadmap of Actions**

II. Roadmap of Actions has 20 areas for action over the next five years.

5 Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future?

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| Road map of actions are clear over the next five years – the ‘people powered’ will need to be more in line with Maori terminology that is familiar to them like whanau centric |

**Turning strategy into action**

6 What sort of approaches do you think will best support the ongoing development of the Roadmap of Actions? Do you have ideas for tracking and reporting of progress?

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| For tracking and reporting actions maori providers should have their own unique systems, that report on progress in their familiar domains, and a system NZ owned to support that reporting framework  |

**Any other matters**

7 Are there any other comments you want to make as part of your submission?

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| Nil  |

Thank you for taking the time to provide feedback.

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| **51** | Submitter name | [redacted] |
| Submitter organisation |  |

Hi,

Thank you for giving me the opportunity to review and comment on the draft New Zealand health strategy.

To be brutally frank I am rather disappointed in it.  It seems like an unambitious strategy, limited in scope, and lacking a coherent structure.   I would like to have seen a strategy that articulates a vision for a future NZ society in which:

* the population has shifted from a diet dominated by high energy density, processed foods to one largely plant-based, unprocessed low energy density food
* people have good access to the huge range of highly cost-effective medicines and treatments for diseases that have hitherto been mostly incurable (e.g. hepatitis C, melanoma etc)
* the population has abandoned smoking, and the access, affordability and acceptability of tobacco products has declined very greatly
* the physical environment makes it easy, affordable and safe to use public transport, walk and cycle to work, school or to places of recreation
* cost-effective programmes for screening are operating effectively and equitably throughout hte country (including bowel screening and aortic aneurysm screening)
* older people have treatment and support services that make it possible for them to remain able to lead fulfilling and independent lives for longer
* alcohol is consumed in moderation, mainly in association with meals, and even less or not at all by those most susceptible to the harm that it can cause (e.g. the young, pregnant women etc)
* policy is no longer dictated by lobbyists from the alcohol, food and tobacco industries
* technology is used, not just to make it easier for people to use health services and understand how to maximise their health (things that the draft strategy does focus on), but also to produce real gains in productivity and effectiveness of diagnosis and treatment
* expenditure on health (especially public expenditure) is seen as an investment in quality of life and well-being rather than as an economic burden.

I do not think the strategy encapsulates this vision.  It certainly ignores part of the 'big picture' which is that if NZ wants to achieve the highest levels of health outcomes it is not sufficient to continue to just try to 'achieve more within existing resources'.  It needs to reverse the trend of recent years of declining public expenditure on health as a proportion of GDP. Modern developed countries achieve better health outcomes by spending more on health, not by spending less.  Indeed, the amount of GDP that a country dedicates to health, particularly if it comes from public funds, is a good indicator of how developed that country is.  By spending less and less, we are showing that we are a less and less developed country.  The prediction that GDP spend on health might have to rise to 11% of GDP is seens as something 'unaffordable' rather than an indication that the government is serious about investing in people's health.  It does not make a convincing case that such a rise would have disastrous effects on the economy or people's social welfare in other domains.  It says that our expenditure on health at 9.5% is above OECD average but fails to note that public expenditure on health (vote health) as a proportion of GDP is only 5.9%, leaving a large sum funded either through private health insurance or out of pocket expenses.  Indeed, the OECD comparison is rather misleading since it includes countries such as Mexico and Chile that we might not consider as our peers.  The Commonwealth Fund compares NZ with 10 other countries and finds that our expenditure on health is right at the bottom.

Spending relatively little on health would not be a bad thing if it merely reflected higher efficiency and lower costs.  However, we also lag in many of the outputs that might be expected from investment in health including rates of elective surgery and rates of medical consultation.  The claim that "New Zealand's health systems performs well" is not entirely wrong, but the data presented are cherry-picked and ignore many other less attractive facts:  that our infant mortality rate is one of the highest in the OECD, that we have shocking ethnic inequalities in health, that our population is one of the most obese in the world, that our cancer survival is well behind that of Australia and other European countries, that our population has no subsidised access to some of the highly effective (but expensive) new treatments for diseases such as hepatitis C and malignant melanoma, that we have no national screening programme for bowel cancer, that we have very high rates of alcohol-related harm and domestic violence, inadequate housing etc etc.  A more objective assessment of NZ's health system performance by the Commonwealth Fund puts us very much in the middle of the pack.  'Cheap and cheerful' might be an appropriate description.

The strategy does not give sufficient emphasis to the need to tackle health 'upstream' through measures such as taxes and legislation (I don't think these are mentioned at all are they?).  The Strategy waxes lyrical about interagency collaboration, but fails to mention the huge role that policy initiatives such as 'sin taxes' and legislation can have on healthy lifestyles, that go well beyond just alcohol and tobacco.

The style of the guiding principles of the strategy gives the impression that is has been cobbled together from feedback from earlier drafts but I would feel more comfortable if it provide a clear reasoning for choosing these principles rather than giving the impression that these we 'just a bunch of good ideas' that we have received from some clever and well-intentioned people. Many of them are hard to argue with as guiding principles for any health system, but they don't sound particularly 'strategic' to me, in the sense of saying, this is where we are but this is where we want to go and how we are going to get there.

Hence the five chosen principles sound a bit superficial and platitudinous to me.  For example what is so special about healthcare being close to home.  Would I rather have an emergency department round the corner from my home or would I rather have access to advanced immunotherapy cancer drugs.  I'll take that latter.

So as not to appear entirely negative, I do agree with the theme that the health system needs to make a big transformation to using technology more effectively to drive better health outcomes (and great patient satisfaction).  I still quite like the triple aim framework, oversimplified though it is.

Finally, I think the smart system vision should include something about applying technology to create intelligent systems that make diagnosis and treatment more efficient, faster, safer and more accurate. As it stands, it just seems to be about enabling people to make their own appointments and get their results online.  We could do that next year if we wanted to.

If NZ wanted to, it could move to be one of the world's truly high-performing health systems.  To get there will require more money and more courage to tackle the broader causes of our ill health.  That's what the strategy needs to demonstrate a commitment to.

Kind regards,

[redacted]

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| **52** | Submitter name | Gordon Jackman |
| Submitter organisation | Polio NZ Inc |

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| --- | --- |
| This submission was completed by: *(name)* | Gordon Jackman |
| Address: *(street/box number)* | [redacted]  |
|  *(town/city)* | [redacted] |
| Email: | [redacted] |
| Organisation (if applicable): | Polio NZ Inc |
| Position (if applicable): | Programme Manager |

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[ ]  as an individual or individuals (not on behalf of an organisation)

✓ on behalf of a group or organisation(s)

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*(you may tick more than one box in this section)*:

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[ ]  Pacific [ ]  Consumer

[ ]  Asian [ ]  District health board

[ ]  Education/training [ ]  Local government

[ ]  Service provider [ ]  Government

✓ Non-governmental organisation [ ]  Pharmacy professional association

[ ]  Primary health organisation [ ]  Other professional association

[ ]  Professional association

[ ]  Academic/research [ ]  Other *(please specify)*:

## Consultation questions

These questions might help you to focus your submission and provide an option to guide your written feedback. They relate to both parts of the Strategy: I. Future Direction and II. Roadmap of Actions.

### Challenges and opportunities

The Strategy reflects a range of challenges and opportunities that are relevant to New Zealand’s health system. Some of these are outlined in I. Future Direction on pages 5–7.

1. Are there any additional or different challenges or opportunities that should be part of the background for the Strategy?

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| Polio New Zealand considers that polio survivors are overlooked in the current Strategy along with others who have congenital or acquired neuromuscular or skeletal disabilities which last a lifetime. Polio NZ has initiated an epidemiological study by AUT on the number of polio survivors in New Zealand. Current knowledge suggest there may be between 5000 and 10000 New Zealanders who have the potential to experience “The Late Effects of Polio” (LEoP) or Post Polio Syndrome as it is sometimes know. The LEoP symptoms range from pain in muscles and joints, lack of strength and endurance with increased muscle weakness and fatigue, respiratory and swallowing difficulties, problems relating to sleep, a severe intolerance of cold and a decline in ability to carry out customary daily activities such as walking. Many with LEOP need specialised orthotic services not provided satisfactorily by many DHBs. Expeience from specialised clinics overseas has demonstrated that with proper assessment and appropriate clinical practice, polio survivors can slow the progression of symptoms, reduce pain, prevent falls, increase mobility and independence, live at home longer and reduce costs for the health care system.Expertise in LEoP and modern clinical practise appropriate to the LEoP is rare in New Zealand as there has been no specific training in medical or health profession training institutions for many decades.Polio NZ believes there is a real need for cooperation between all DHBs, the MoH, and clinicians and other health practitioners to gain the skills required and offer specialist assessment, clinical practice and follow up to support polio survivors to live as well as possible.  |

### The future we want

The statement on page 8 of I. Future Direction seeks to capture the future we want for our health system:

So that **all** New Zealanders **live well, stay well, get well**, we will be **people-powered**, providing services **closer to home**, designed for **value and high performance**, and working as **one team** in a **smart system**.

2. Does the statement capture what you want from New Zealand’s health system? What would you change or suggest instead?

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| Polio NZ agrees with the sentiment but sees the need for major changes for the health system to work well for polio survivors. The emphasis on living, staying and getting well tends to marginalise people who have permanent conditions because the health system wants to fix people and if it can’t do that then those people tend to fall off the radar. Polio can’t be cured or fixed, but people can be supported to live well and have fulfilling lives. This requires an attitude where people are listened to, where there is shared information across sectors, flexibility in providing services to each person as no two polio survivors are the same. Sometime the services best suited to people are outside the DHB area, such as the QE health centre in Rotorua, which has New Zealand’s only polio residential rehabilitation programme for polio survivors, and DHB,s need to recognise and use this service. |

A set of eight principles is proposed to guide the New Zealand health system. These principles are listed on page 9 of I. Future Direction and page 31 of II. Roadmap of Actions.

3 Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy?

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| These principles are good in and of themselves. One thing missing is a commitment to getting the data necessary to deliver the outcomes that would follow from these principles. Polio survivors have been virtually invisible to the health system because of a widely held believe that polio had disappeared. The census doesn’t pick us up, and GPs and hospital admissions often fail to register polio survivors.  |

### Five strategic themes

The Strategy proposes five strategic themes to focus action – people-powered, closer to home, value and high performance, one team and smart system (I. Future Direction, from page 10).

4 Do these five themes provide the right focus for action? Do the sections ‘What great might look like in 10 years’ provide enough clarity and stretch to guide us?

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| People Powered. A good concept if you have entry points into the system, but for polo survivors we often find there are no entry points because there is no specialist assessments available, the clinical knowledge is often lacking or in some cases actually dangerous and there are no appropriate support programmes that are available. ACC is not applicable, medical insurance can be impossible to get if you have had polio and complications of other conditions are not understood. For example a person with a left leg paralysed because of polio gets a hip replacement of the right hip, (this is a real example) but finds nurses and others have little understanding of the complications that arise from having both legs not functioning and how polio survivors develop unique mobility strategies with both legs that are not apparent to the untrained eye. This means that appropriate help is not available both in hospital and in the home after surgery. Closer to home.More integrated health services, including better connections with wider public services and care closer to where people live, learn, work and play, especially for management of long-term conditions are admirable goalsthat would help polio survivors. We see this as key to keeping people in their homes leading independent and fulfilling lives and preventing premature entry into care facilities.Value and High Performance1. Current international research in the management of the late effects of polio must be embedded in training for general practitioners, physiotherapists, orthotists, orthopaedic specialists, occupational therapists/community assessors, specialists in breathing, sleep, circulatory and digestive systems include bladder and bowel, anaesthetists.

Development of a centre of excellence in late effects of all congenital and acquired neuromuscular disabilities. Access to this centre of excellence must be easily available to patients in all DHB areas regardless of its geographical location. Situate a Late Effects of Disability Clinic at a Rehabilitation Centre of Excellence to allow postgraduate research and training research and training. |

One Team

There are no specialist services accessible by all people with long-term neuromuscular conditions such as the late effects of polio. Streamline and aggregate referrals into one virtual Specialist Clinic with hubs in three centres in the North Island and two in the South island where assessment can be made and clinical programmes developed, with referral to support services in people’s locality

Smart System

The records of people with life-long disabilities must not be removed from the public health records until death.

The historic failure of the public health system to keep relevant patient records makes accurate diagnosis of current conditions extremely difficult if not impossible for those with life-long disability.

Create an online resource that enable professional skill to be deveopled and inform practitioners of best practice.

Orthotics services diverge greatly in quality and levels of service. The resources need to be made available to provide proper gait analysis, orthosis design that meets the need of individuals and delivery of orthosis that fit, are functions and appropriate to the work and social situations that people need to attend to have an inclusive life. Orthoses are being developed overseas using modern material such as carbon fibre that are delivering a functionality that no orthosis offer at the moment in New Zealand. We need to get into the 21st century in orthotics.

### Roadmap of Actions

II. Roadmap of Actions has 20 areas for action over the next five years.

5 Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future?

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| All Polio New Zealand would ask is that in developing the details of the roadmap of action we were consulted in included in the decision making process. We have no problem with the roadmap itself |

### Turning strategy into action

6 What sort of approaches do you think will best support the ongoing development of the Roadmap of Actions? Do you have ideas for tracking and reporting of progress?

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| Polio New Zealand would like to see the MoH develop a specific programme with us , (and other organisations representing neuromuscular and skeletal long term conditions) to meet the needs of assessment, clinical practice and support in the home for people with the Late effects of Polio and similar conditions. |

### Any other matters

7 Are there any other comments you want to make as part of your submission?

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| Although most polio survivors who caught the disease in New Zealand are now in or approaching old age, there are a significant number of younger immigrants who are also polio survivors. They often face extra barriers to institutional and medical help because of language fluency and cultural differences. The onset of the Late effects of Polio can be greatly delayed , diminished or avoided by appropriate behavioural changes in younger people. Outreach to these people is most important even though they may have observed no change in symptoms. |

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| **53** | Submitter name | Heather Button |
| Submitter organisation | The National Emergency Departments Advisory Group |
| This submission was completed by: *(name)* | The National Emergency Departments Advisory Group |
| Address: *(street/box number)* | N/A |
|  *(town/city)* | N/A |
| Email: | heather\_button@moh.govt.nz (secretariat) |
| Organisation (if applicable): | N/A |
| Position (if applicable): | N/A |

Are you submitting this *(tick one box only in this section)*:

[ ]  as an individual or individuals (not on behalf of an organisation)

[x]  on behalf of a group or organisation(s)

If you are an individual or individuals, the Ministry of Health will remove your personal details from your submission, and your name(s) will not be listed in the published summary of submissions, if you check the following box:

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[x]  Service provider [ ]  Government

[ ]  Non-governmental organisation [ ]  Pharmacy professional association

[ ]  Primary health organisation [ ]  Other professional association

[ ]  Professional association

[ ]  Academic/research [x]  Other *(please specify)*: Emergency Medicine

## Consultation questions

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1. Are there any additional or different challenges or opportunities that should be part of the background for the Strategy?

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### The future we want

The statement on page 8 of I. Future Direction seeks to capture the future we want for our health system:

So that **all** New Zealanders **live well, stay well, get well**, we will be **people-powered**, providing services **closer to home**, designed for **value and high performance**, and working as **one team** in a **smart system**.

2. Does the statement capture what you want from New Zealand’s health system? What would you change or suggest instead?

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A set of eight principles is proposed to guide the New Zealand health system. These principles are listed on page 9 of I. Future Direction and page 31 of II. Roadmap of Actions.

3 Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy?

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### Five strategic themes

The Strategy proposes five strategic themes to focus action – people-powered, closer to home, value and high performance, one team and smart system (I. Future Direction, from page 10).

4 Do these five themes provide the right focus for action? Do the sections ‘What great might look like in 10 years’ provide enough clarity and stretch to guide us?

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| * Most of the themes and actions in the Strategy are highly laudable, but there needs to be a balance. *Care closer to home*, for example, is a good goal, but we need to be conscious that there are some highly specialised services that will not be appropriate to provide in the community and some that may be more expensive to provide in the community. The Group cautioned that as people’s use of primary care increases and their need for specialist, secondary care services decreases, we don’t just want all of the specialist services to be moved to Auckland - this will not result in care being closer to home. Overall, it will be important to get the balance right. There are some very clear examples of where care could be delivered better in the community, but there are some exceptions as well.
* It is interesting that the focus on *Care closer to home* comes straight after the focus on what people want and being *People-powered*. The Group have found that people don’t mind travelling to receive care, so long as the care they receive at the end of that journey is excellent. As noted above, *Care closer to home* can sometimes be more expensive and it can carry an opportunity cost. It sounds great in principle, but there may be additional costs downstream if the care people receive in the community is not of the same quality.
 |

### Roadmap of Actions

II. Roadmap of Actions has 20 areas for action over the next five years.

5 Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future?

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### Turning strategy into action

6 What sort of approaches do you think will best support the ongoing development of the Roadmap of Actions? Do you have ideas for tracking and reporting of progress?

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### Any other matters

7 Are there any other comments you want to make as part of your submission?

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| * It would be good to see something in the Strategy about the rational use of health resources. This is the focus of the Choosing Wisely campaign (<http://www.choosingwisely.org.au/recommendations/acem>) which is being led by the Council of Medical Colleges. This campaign is about reshaping thepublic’s expectations of what they should and shouldn’t get from their health care provider.
* It would be good to see a more explicit description of what health is in the Strategy and what health is not. There seems to be a strong focus on preventative health care now and clinicians are being asked to do more and more work that intersects with the work of housing and social development. Health staff get asked to do a lot because they have access to people, which means the scope of health is getting wider and wider. Health is having to do more, but for the same amount of funding. At what point do we stop and say ‘is this really within the purview of health’ and ‘is this the best thing for this patient’? Clinicians are not trained social workers, so some interventions may actually be detrimental to people.
* It would be good to see a comment on workforce in the Strategy. The Strategy infers that we will need more general physicians and general practitioners in future, but training in medical specialties has been going in the opposite direction with a very narrow, super-specialisation focus. We need to train the future workforce in the right way to meet our future needs.
* The Strategy identifies the needs in the health system very nicely, but the health of older people seems to be missing. The health of older people should be our first priority, as this group is growing and they have the most complex health needs. If we get the care for this group right, then it will free up a lot of resource/capacity.
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| **54** | Submitter name | Ann Weaver |
| Submitter organisation | Safekids Aotearoa |

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**Submission from Safekids Aotearoa**

**Update of the New Zealand Health Strategy – All New Zealanders live well, stay well, get well**

20 November 2015

To whom it may concern

Thank you for the opportunity to submit on the Update of the New Zealand Health Strategy. Please find attached Safekids Aotearoa’s submission. Safekids Aotearoa is the national child unintentional injury prevention service, a service of Starship Children’s Health and a member of Safe Kids Worldwide. Safekids Aotearoa raises public awareness of child injury issues nationally and works to facilitate the adoption of policies and programmes that will improve child safety.

Safekids Aotearoa welcomes the intention of the draft strategy to ensure that all New Zealanders ‘Live well, stay well, get well’ and its acknowledgement of the crucial importance of prevention to ensure health and wellbeing for all New Zealanders.

The burden of unintentional injury on New Zealand children is a significant and often under-recognized health issue. Unintentional injury is a leading cause of both death and hospitalization for children aged 0-14 years. Children of Māori or Pacific descent, and children living in low decile communities are frequently found to be more at risk of either being hospitalised or dying as a result of an unintentional injury.

Safekids Aotearoa would like to see the profile of child unintentional injury prevention elevated within the NZ Health Strategy. This would both illustrate the government’s commitment to this crucial area of children’s health and wellbeing and foster expectations that key stakeholders need to address unintentional injuries to children within both their strategic planning and service delivery. Such investments ultimately allow children to play, learn and to live their life free of the potentially devastating and long term consequences of trauma and injuries resulting in disabilities.

If you have any questions of comments, or would like any further information regarding this submission, please do not hesitate to contact us.

Yours faithfully

 

Ann Weaver

Director

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| --- | --- |
| This submission was completed by: *(name)* |      Ann Weaver |
| Address: *(street/box number)* |      [redacted] |
|  *(town/city)* |      [redacted] |
| Email: | [redacted] |
| Organisation (if applicable): | Safekids Aotearoa |
| Position (if applicable): | Director |

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[ ]  Non-governmental organisation [ ]  Pharmacy professional association

[ ]  Primary health organisation [ ]  Other professional association

[ ]  Professional association

[ ]  Academic/research [ ] √ Other *(please specify)*:      Child Injury Prevention Sector

1. In the time period 2002-2012 a total of 868 children aged 0-14 years died as a result of an unintentional injury. Of these children those aged 0-4 years accounted for 61 percent of deaths. The top four child unintentional injury causes that resulted in a death included suffocation (including SUDI), occupant in a motor vehicle traffic crash, drowning, and pedestrian in a motor vehicle traffic crash [1].
2. Between 2004-2014 a total of 86,061 children aged 0-14 years were hospitalised due to an unintentional injury. The four most common reasons for an unintentional injury admission were falls, injuries due to being crushed or being caught between objects, being struck by or against and cut/piercing injuries. However variances across specific age groups are also found. For example the leading four causes for children aged 0-4 years included falls, being crushed or caught between objects, poisoning and injuries due to a hot object/substance [1].
3. Safekids Aotearoa notes and supports that “the *commissioning of services and payment approaches focus on equity of health outcomes” [2, pg. 39].* Addressing equity issues that contribute to the high unintentional injury rates for Māori tamariki is imperative. The 2015 Tatua Kahukura: Māori Health Chart book identifies that “*Māori children aged 0–14 years had an unintentional injury mortality rate three-and-a-half times that of non-Māori children in the same age group in 2010–12 (RR 3.53, CI 2.66–4.70). Māori children had a significantly higher unintentional injury hospitalisation rate than that of non-Māori children* in 2012–14 (RR 1.12, CI 1.10–1.15)” [3].Likewise Pacific children and children from low decile communities are also over represented in both child unintentional injury deaths and hospitalisations [4]. Safekids supports all efforts to address such disparities and notes acknowledgement of the wider factors that impact on health included in the strategy. This is recognized as crucial to address such inequalities internationally [4, 5, 6].
4. The social, psychological and financial effects of unintentional injuries to a child, their immediate and extended family and the wider community can be devastating, long lasting and cannot be underestimated. Likewise the financial implications to society are large. Overall the total ACC cost of all child injuries in New Zealand from 2014 to 2015 was $194 million. Per year ACC processed 300,000 new claims and continued to have 340,000 active claims resulting from child injuries [7].
5. Safekids Aotearoa welcomes the potential focus on ensuring “*people are safe, well and healthy in their own homes and communities*” [2, pg.17]. New Zealanders of all ages are more frequently injured at home than in any other location, and children feature highly in home injury statistics. Between 2009-2013 a total of 13,877 children aged 0-14 years were admitted to hospital due to unintentional injuries that occurred in a home environment, with the highest burden falling on children aged 0-4 years (58 percent). Home based unintentional injuries resulted in 239 deaths between 2007 to 2011, further revealing the extent of burden of unintentional injuries that occur in home environments. Of note 88 percent of these deaths occurred in children aged 0-4 years [8]. Preventing injuries in the home will contribute significantly to reducing the burden of injury experiences by children, family/whanau in New Zealand, improve health outcomes for children and reduce the social and economic costs of injury.
6. Action Area 6 ‘A great start for children, families and whanau’ defines ‘healthy housing’ as ‘that which is ‘*warm, dry and smoke free’* and notes the inclusion of the need to address ‘crowding’ to reduce the *transmission of infectious diseases and family stress’* [2, pg. 38]. Safekids Aotearoa commends the inclusion of the need to ensure homes are ‘healthy’ and ‘household crowding levels’ are addressed. However Safekids recommends an extension to what constitutes a healthy home as one where families also live in a safe home where the risk of injuries are reduced by the provision of working smoke alarms, appropriate railing and banisters on decks to prevent falls, safe hot tap water temperatures that will not burn a child’s skin in seconds, and adequate separation of both driveways and a child’s fenced play area.
7. Safekids Aotearoa notes the proposed focus on ‘long term conditions’ within the closer to home action area. Given the prominence of child unintentional injuries, Safekids recommends this focus to be expanded to include injury prevention and recommends that ‘disabilities’ resulting from injuries should also be a focus within this action area as well.
8. Safekids Aotearoa welcomes the inclusion of “*thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing*” as an additional principle to guide the new health strategy [2, pg. 9]. This is of crucial importance in unintentional child injury prevention as mechanisms causing injury can result from hazards within an environment which may lie outside of the ability of both children and their parents/caregivers to anticipate or predict and they may be unable to subsequently ‘*make healthy choices’* [2, pg.11]. For example in relation to product safety Safekids Aotearoa works collaboratively with key agencies such as the Ministry of Business and Innovation (MBIE), Standards NZ and Standards Australia, industry representatives (including professional bodies) and other injury prevention stakeholders to address the risk of injury to children from either faulty or poorly designed products. Such relationships provide cross fertilization of knowledge, experience and create a wider appreciation of perspectives and expertise to facilitate creative ideas to address such hazards. Such collaborative partnerships have long been recognised as necessary and undertaken within the injury prevention sector [6, 9].
9. Safekids Aotearoa agrees with the premise that a smart system action should be able to transform individual data to accurately and effectively target services to meet people’s needs. However Safekids notes the inclusion of such work assisting agencies to deliver on priority social service outcomes such as employment. Whilst Safekids recognises this is an example, we also would like to highlight that children may not have such immediately tangible outcomes. There is strong evidence that the foundations for many of the components of human development are laid in early childhood, and that the effects of health and social impacts in the early years has lifelong effects on many aspects of health and wellbeing [5]. International evidence demonstrates that investing in the early years results in the greatest long term benefit for health, educational and social outcomes for each dollar invested [10].
10. Safekids commends the stated vision to ensure data gathered is more specific in nature and shared to inform evidence based decisions. Barriers to obtaining data currently exist, such as the need for agencies to pay for more in-depth data that would inform more robust planning and focusing of child unintentional injury prevention initiatives. Safekids would like to see a reduction in such barriers.
11. Safekids notes the partnership between the Ministry of Health, the Health Research Council and the Ministry of Business and Innovation to strengthen the impact of health research in New Zealand. Safekids would like to see increased investment in health research pertaining to unintentional injury prevention initiatives for New Zealand children.

*References*

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