



31 May 2019

S19.10

## **Submission to Ministry of Health Review Panel on the Health and Disability System Review**

### **Introduction**

- 0.1. The National Council of Women of New Zealand, Te Kaunihera Wāhine o Aotearoa (NCWNZ) is an umbrella group representing over 200 organisations affiliated at either national level or to one of our 15 branches. In addition, about 450 people are individual members. Collectively our reach is over 450,000, with many of our membership organisations representing all genders. NCWNZ's vision is a gender equal New Zealand, and research shows we will be better off socially and economically if we are gender equal. Through research, discussion and action, NCWNZ in partnership with others, seeks to realise its vision of gender equality because it is a basic human right. This submission has been prepared by the NCWNZ Health Acting Chair and the Parliamentary Watch Committee after consultation with the membership of NCWNZ.
- 0.2. Four questions were selected from the Phase One questions on this review to form the basis for the consultation with NCWNZ members. Their responses have focused on the community and the position of women.

### **1. Question 1.**

#### **What are the most important values for our future public health and disability system?**

- 1.1. NCWNZ members made reference to the Code of Health and Disability Services Consumers' Rights and the ten Rights in the Code; the rights to be treated with respect, to be treated fairly, to dignity and independence, to have good care and support that fits your needs, to be told things in a way you can understand, and to be told everything you need to know about your care and support, to make choices about your care and support, to have support, to decide if you want to be part of training, teaching or research, to make a complaint. All of these ten Rights were supported.
- 1.2. NCWNZ believes that equity of access to services being promptly available to people no matter which District Health Board area they lived in – with no geographic or cost barriers, was most important to women with low or no income, women with independent children and the elderly or infirm women, including those in rest-homes/retirement homes or villages, who may have limited

access to medical consultations for a variety of reasons including difficulty in getting appointments with their own or institution doctor.

- 1.3. Equity of service with transparent processes and services is considered important by NCWNZ and it is believed there should be equity for appointments at point of entry for consultations, referrals, tests, treatments and prescriptions. NCWNZ notes that access to treatments should not depend on someone's post-code. Members referred to examples of recent issues regarding differences in access to cataract surgery between DHBs.
- 1.4. Justice and equitability are believed to be important and NCWNZ members noted that everyone should be able to access good healthcare and that an inclusive community should be the only acceptable norm and that the disability system should prioritize optimum healthy future outcomes for all New Zealanders. NCWNZ notes that healthcare provision should be non-judgmental within all health and disability services.
- 1.5. Humanity and empathy from professionals towards patients and client, particularly from more senior professionals and integrity and respect from all professionals is seen by NCWNZ to be needed in the health system. In addition, NCWNZ members felt that respect for patients' confidentiality of information and personal privacy was very important.
- 1.6. NCWNZ members also raised a wide range of health issues which were of particular importance to them in their relevant communities.

## **2. Question 3. (also incorporating questions 4, 5 and 6)**

### **What changes could make our health and disability system more fair and equal for everyone?**

- 2.1. NCWNZ proposes a number of suggestions for changes to the system which are especially important to NCWNZ members in their communities. Responses made particular reference to women and those on low/no income, the aged, Māori and Pacific women and to women with disabilities.
- 2.2. NCWNZ recommends an increase in the capacity of doctors and nurses to appropriately improve equitable access to healthcare. It is believed that if the recommended actions from this review could not be implemented by health professionals, then it was unlikely to be successful.
- 2.3. NCWNZ notes that having secondary care clinics in primary care facilities to enable patients to be seen in familiar surroundings and not have to travel and wait in hospital clinics would greatly improve equity of access. This is seen as particularly important for rural and smaller urban centres.
- 2.4. Difficulty for the aged population to access healthcare services due to transport difficulties, cost of consultation is noted by NZWNZ and members recommended that more services be made available to facilitate easy access and address any cost disincentives.
- 2.5. More effective two-way communication with family/whanau of patients/clients with moderate to severe intellectual disabilities is recommended, noting that the family/whanau are the ones who

know the person the best. NCWNZ believes it is imperative to have excellent communication between patient and healthcare professionals. Of note, NCWNZ members believed there needed to be a clear pathway for communicating information to low income families who may not have a clear understanding of the health and disability systems, along with information on how to access free and subsidised services and prescriptions.

- 2.6. NCWNZ believes that hubs in the community should be staffed by the people of the community with outreach workers doing the home visits. It is also noted that these hubs could coordinate with marae, churches, mosques and other community centres.
- 2.7. NCWNZ believes that the funding of children under 13 years of age has been beneficial as low income women are more likely to seek medical assistance themselves, but that extending free visits to those under 18 years of age would greatly improve healthcare for low income families and prevent more serious health issues developing with the subsequent greater cost to all. If further services were required from such visits, such as an x-ray, NCWNZ believes these should also be free as notes that they can be unaffordable to low income and many middle-income families.
- 2.8. NCWNZ advocates for increased funding and staffing levels in the Mental Health Services which would reduce waiting times for people to access psychiatrists and psychologists and would encourage more professionals to enter this sector as a career.
- 2.9. NCWNZ supports improving access to Mental Health assessment, treatment and ongoing professional and community support and members noted that there are many areas in New Zealand where significant appalling gaps in services and support are occurring, leading to acceleration of negative health symptoms and deterioration of wellbeing. This affects not only the patients but also their family, employers and community. NCWNZ believes there are poorly serviced rural communities and that many of these are now setting up their own networks of support to ensure a commitment of service from providers.
- 2.10. NCWNZ notes the impacts of perinatal depression and anxiety and recommends increased access to mental health services for women who are suffering from these conditions, along with improved screening and recognition of the condition (see PADA – Perinatal Antenatal Depression Aotearoa<sup>1</sup>) accompanied by more mental health professionals to help in managing the symptoms. NCWNZ believes that the pressure on women to return to work for financial reasons or career dedication, without appreciating the personal costs of these goals its impact on their mental health and wellbeing is very un-recognised in society today.
- 2.11. NCWNZ believes that breast and cervical screening targets are not met by some women from some cultures and that there should be greater promotion and awareness raising to persuade wife/partner/mother to have regular checks. NCWNZ recommends consideration of vaginal smear testing as a means to improve targets for rural and culturally sensitive women and notes this can be self-administered to be more acceptable. Where needed caregivers might be able to undertake this for disabled women rather than them having to visit a medical practitioner.

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<sup>1</sup> <http://www.pada.nz/>

- 2.12. In summary, NCWNZ believes that health care at all levels needs greater funding and although there have been numerous attempts to improve service, access, treatment, rehabilitation and long-term care there still appears to be too many areas that are not sufficiently funded to deliver optimal health care New Zealanders need and deserve. Changes are recommended so as to provide everyone with prompt, accessible, efficient, professionally competent, safe medical attention, treatment and aftercare.

### 3. Question 8.

#### **What are the most important changes that would make the biggest difference to New Zealanders?**

- 3.1. NCWNZ members raised a wide range of changes which could be addressed to result in improvements in the Health and Disability System.
- 3.2. NCWNZ notes that improve relationship building between healthcare professionals and patients, and that technology can be used in ways to improve communication with patients and consolidate communication between professionals.
- 3.3. NCWNZ notes that communication is one of the most important factors along with appropriate sharing of information among all departments/providers across the health sector disciplines, and that technology in wards can be used for a number of applications such as notifying the Emergency Department (ED) of real-time bed-vacancy to move patients from the ED.
- 3.4. NCWNZ believes that achieving quality patient placement flow requires a transformational approach which needs sufficient capacity in clinical teams to enable effective engagement, a clear mandate for change and an expectation that senior leaders and clinicians can drive this. This could greatly improve the healthcare systems ability to manage patients efficiently and effectively with minimal delays as they move through stages of care.
- 3.5. NCWNZ believes that provision of realistic salaries and working hours would improve the retention of trained medical and nursing staff and mid-wives and overall staffing capacity. NCWNZ recommends a national recruitment drive managed by the Ministry of Health, to attract overseas qualified specialists where there are extreme shortages within New Zealand e.g. MRI Radiologists, Ophthalmologists, Anaesthetists.
- 3.6. In addition, NCWNZ recommends greater health awareness raising at school level would lead to the prevention of ill health at an early age resulting in overall better health outcomes. Some examples outlined include; nutritional education being reinstated in schools; all children being taught how to budget for a week's meals and being able to cook five family dinners with soups/desserts and use left-over's along with awareness of dietary needs such as modifying a meal for the elderly, very young children, peanut/dairy/gluten free. NCWNZ believes that learning can be fun and essential and that many parents today may not have appropriate food and money skills, so are unable to teach their children.

- 3.7. In order to reduce waiting times for doctors' appointments NCWNZ recommends using practice nurses more effectively for routine appointments and that newly qualified doctors could be bonded to work in areas where it is difficult to attract doctors in return for a reduction in student loans/debt.
- 3.8. A further recommendation would be provision of sufficient resources at the community level to enable more flexible and affordable evening and weekend access to GP services without being charged the high after-hours rates. NCWNZ members noted that many working people could not attend clinics that are only open only 0800-1800 Monday to Friday and that even Saturday hours are difficult for some working families.
- 3.9. NCWNZ is particularly aware of the need for appropriate support for families with family members who have disabilities and notes that stress is one of the greatest negative outcomes when trying to cope with care on a 24-hour basis.
- 3.10. NCWNZ recommends that recognising Family Violence, child abuse and neglect and elder abuse as health-related equity issues. Elder abuse in New Zealand is suffered by 1:10 over a lifetime<sup>2</sup>. It is recommended that all health service providers complete free Ministry of Health training, and that Public Health Organisations have systems which provide a practical structure to support practice teams to routinely enquire about family violence and know how to safely assess and make referrals for families suffering or at high risk of suffering family violence. This could include providing help for perpetrators who are prepared to engage in appropriate "stopping violence programmes".
- 3.11. NCWNZ further recommends implementation of recommendations made in the Ministry of Health Guidelines and the Family Violence Death Review Committee reports<sup>3</sup>. This is seen as one of the changes that could potentially make a significant difference to women's health, both physical and mental.
- 3.12. NCWNZ notes significant room for improvement and safety in the way of passing patient information from one department to another, from one hospital to another, between medical professionals/practitioners. Privacy is noted as an issue and NCWNZ recommends that only when permission is provided, can information be shared.
- 3.13. It was noted by NCWNZ members that the NHI Patients' Number system was supposed to ensure all medical and surgical records would be held safely and be accessible but that records had still been lost.
- 3.14. It is hoped that "Manage My Health", an email to access records from birth, recording immunisation, health issues, treatments and all procedures until death, will be an improvement of information sharing particularly families that are mobile.

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<sup>2</sup> <http://www.superseniors.msd.govt.nz/elder-abuse/>

<sup>3</sup> <https://www.health.govt.nz/our-work/preventative-health-wellness/family-violence>

#### 4. Question 9.

##### Is there anything else you wish to add?

- 4.1. NCWNZ believes that this review must address the whole health system and include developing a comprehensive, systematic approach to primary prevention. It is noted that a more holistic approach to align efforts around a clearly defined purpose, is mirrored in the Living Standards Framework being developed by the New Zealand Treasury for the 2019-20 year's Budget. NCWN notes the many reasons people may become unwell – genes, lifestyle, poor nutritional habits, poor, inadequate housing with too many people sharing an unhealthy environment, or not even being able to afford rental accommodation because of poverty or high cost of rental accommodation, unemployment or under-employment.
- 4.2. NCWNZ would like to see that New Zealanders were aware of the New Zealand Disability Strategy and that it be promoted along with the United Nations Convention on the Rights of Persons with Disabilities. It is believed that people with disabilities and their caregivers should know that disabled people have legislative rights that must implement both these mechanisms, along with the services of the Health and Disability Commission for medical misadventure and the New Zealand Human Rights Commission for discrimination on the grounds of human rights. In addition, District Health Boards have commitments within the Disability Strategy and must honour them, administer service delivery that complies with them and ensure facilities and services required by disabled people within medical centres, including hospitals, be made accessible.
- 4.3. NCWNZ recognises that patients need to be heard and that many problems can arise from language barriers, patients' inability to communicate symptoms/problems clearly, and difficulty understanding information provided by health professionals. NCWNZ recommends consideration of the introduction of "Navigators" who may be retired health professionals available to talk to patients, listen attentively to their symptoms, and explain the medical terms being used, tests being done, treatments ordered, expected results and ongoing care.

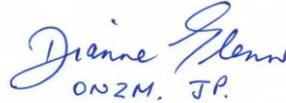
#### 5. Conclusion

- 5.1. NCWNZ believes New Zealand Health Strategy vision "All New Zealanders live well, stay well, get well" and the Disability Strategy "a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all New Zealand works together to make this happen" needs to work for all New Zealanders.
- 5.2. This Health and Disability System Review has provided NCWNZ members with the opportunity to voice their views on deficiencies in the existing system and to suggest improvements and recommendations.

- 5.3. It is hoped that the analysis from this Health and Disability System Review will provide the guidelines for the way forward to achieving this vision. However, NCWNZ notes the Review process will take time for the analysis of the feedback to be processed.



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