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New Zealand Health Strategy Consultation  
Ministry of Health  
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To the New Zealand Health Strategy Team

### **Updated New Zealand Health Strategy**

The Royal Australasian College of Surgeons (RACS) wishes to make a submission on the above document.

#### **Introduction**

The Royal Australasian College of Surgeons is the leading advocate for surgical standards, professionalism and surgical education in New Zealand and Australia. RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. It represents nine surgical specialties in New Zealand and Australia being: Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopaedic Surgery, Otolaryngology Head-and-Neck Surgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Urology and Vascular Surgery.

RACS commends the Ministry of Health for its work so far in updating the New Zealand Health Strategy and broadly supports the direction that the Strategy is taking. We believe that the overarching vision, that *all New Zealanders live well, stay well, get well*, is a suitable goal for New Zealand moving towards the future, and that the five themes, with some revisions, will provide a sound platform for this vision to be achieved.

The guiding principles at the core of the Strategy remain largely untouched from the original New Zealand Health Strategy in 2000 and we believe that they can continue to provide a solid foundation for the health system. The addition of the eighth guiding principle - *thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing* – is an appropriate expansion to the principles, effectively conveying the Strategy's holistic approach towards health and wellbeing. Given the wide reaching nature of this principle however, it can only be meaningful if it is adopted across all relevant Government departments/ministries.

RACS considers that the 'Future Direction' outlined in Part I of the document demonstrates in general a positive direction for health in New Zealand.

#### **Strategic Themes**

##### ***People Powered***

RACS agrees with the overarching direction of this strategic theme, with the aim to ensure that each individual is in the best possible health. However, the title "people powered" suggests that the

primary focus of the theme may be to leverage the population as a resource. RACS considers that “people focused” or “people centred” may resonate better.

Individual choices regarding health are highly personal, occur in a constantly changing environment, and are influenced by a wide variety of factors. We commend the Strategy for recognising this latter point by *thinking beyond narrow definitions of health*. However, this theme takes a rather homogeneous view of the New Zealand population and fails to reflect the subjective environment in which health decisions are made.

As an example, Action 1 supports “self-management of health through a range of digital technologies”. Self-management of health is complex, and individuals have varying preferences for being proactively involved in their healthcare. A shift of responsibility to the individual may result in a shift to blame, should their health deteriorate. This is likely to be most prevalent in vulnerable populations; safe-guards need to be in place to ensure individuals are not compromised. Those people that often most need healthcare - such as the elderly or those with limited incomes - may be the least able to manage their healthcare or access digital technologies.

We support the use of digital technologies to empower individuals; and over time it is likely that the population will move to increased use of such technology. In the interim, the Strategy needs to be more receptive to the limitations of digital self-management.

### ***Closer to Home***

RACS cautiously supports the principle of role expansion as a means of delivering care “closer to home”, but believes that the Action Map needs to provide more specific guidance regarding the circumstances in which such expansion will be appropriate.

We recommend that role expansion be limited to instances where practitioners are enabled to practice at the top of their scope, and that any delegated provider has the appropriate training, skills and expertise – and the provision of the necessary resources - to safely fulfil their expanded role.

RACS believes that role expansion must be considered in the context of comprehensive care which is best provided by a collaborating multidisciplinary team of health professionals with oversight, delegation and leadership by the patient’s usual health provider.

### ***Value and High Performance***

RACS believes that existing Ministry of Health operational performance measures, without appropriate outcomes measures, serve to undermine the strategic theme of ensuring a quality and cost-effective health service.

At present, health targets are too rigid and focussed on process measures; this reflects a disconnect between the Ministry and clinicians. The inflexibility of such process-measure targets does little to promote the actual provision of quality outcomes.

RACS recommends that the Ministry redevelop health targets in closer collaboration with clinicians and DHBs, with the aim of promoting high performance in a more flexible environment for success.

### **Other Concerns**

#### ***Prevention and the wider social determinants of health***

The prevention of ill health is a strong theme running through Part I of the Strategy. A move “from treatment to prevention” is also identified as one of the markers of the Strategy’s success. This focus on prevention fits well with the proposed “investment approach” and has the potential to create a solid foundation for lifelong health. RACS strongly supports these concepts and believes that the prevention of ill health is an extremely cost-effective method of healthcare investment.

However, there is almost no reference to any of the wider social determinants of health which would enable New Zealanders to *live well*, and *stay well*.

As such, the current Actions place undue focus only on New Zealanders *getting well*, and fail to provide any focus on disease or injury prevention. RACS therefore recommends that the Action Map in Part II be reworked to better represent the prevention and investment approach promoted in Part I. For example, Tobacco use is identified as the leading preventable individual risk factor for ill health in New Zealand.<sup>1</sup> Despite the New Zealand Government's world leading commitment to a "Smokefree Aotearoa" by 2025, there is no mention of tobacco in any of the actions proposed by the strategy. Other determinants of health such as alcohol, obesity, high blood pressure and / or cholesterol, and high saturated fat intake are also absent. All of these are in the top 10 risk factors that contribute to health loss in New Zealand, yet receive no mention in the Action Map.

### ***Measure of success***

As referred to above, measuring outcomes is an important aspect of ensuring that a system is succeeding and operating cost-effectively. The Strategy provides illustrations of what successful implementation of the updated plan will look like upon completion of the actions. However, there are insufficient interim measures that can indicate whether the strategic plan is on track. We recommend that metrics are added to the Action Map as a means of measuring success.

RACS appreciates the opportunity to comment on this important document.

Yours sincerely,



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Chair, New Zealand National Board

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<sup>1</sup> Ministry of Health. 2013. *Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016*. Wellington: Ministry of Health. Pg 35.