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New Zealand Health Strategy Team
Ministry of Health
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On behalf of College of Nurses Aotearoa (NZ) Inc we thank you for the opportunity to feedback on New Zealand Health Strategy Update Consultation.

This submission was completed by:	Professor Jenny Carryer
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Organisation (if applicable):	College of Nurses Aotearoa (NZ) Inc
Position (if applicable):	Executive Director

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

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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?

> The strategy seems very short of actual population health goals and there is almost no evidence of planned actions to address the major preventable causes of poor health and premature death. These would seem to be significant concerns if the strategy is indeed aimed to enable New Zealanders to "live well, stay well and get well".
>
> Overall there is an excessive focus on the "treatment of illness system" as a supposed means of keeping people well. This is exemplified at the very start of the strategy when the number of GP visits is listed as evidence of success.

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?

There is considerable similarity between this statement and the statements that underpinned the release of the Primary Health Care Strategy in 2001. We have no argument with the expressed goals but believe there should be much greater critical reflection as to why we are needing to repeat these goals nearly 15 years later. Such words are very easy to write but require courage and an overthrow of traditional allegiances and power bases in order to genuinely work towards such goals.

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 College most certainly agrees that these are the right principles for the New Zealand health system and that they are the appropriate goals to guide the implementation of the Strategy. However our comments above still stand. Historical funding models have tended to support a downstream and reactive focus to illness care. That is they have focused on the 'tyranny of the acute' without managing to reduce the overall long term demand. In order to re-design funding models that support new ways of operating we need the MoH and DHB's to ensure that vested interests do not continue to hold sway in consultation processes and that there is genuine and transparent consultation with those whose focus is on embedding community wellness rather than treating illness in a downstream manner.

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?

In order to actualise these important themes our comments as above apply again.

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?

The actions in themselves are appropriate but without a concerted effort to avoid old patterns and pathways they will not be successful.

As an example we note the statement on Page 21: **"It is important that we have a workforce whose size and skills match New Zealand's needs. Going forward, this will mean the development of new or stronger skills for some, especially those supporting integrated care that work in teams with a range of health specialties. There is also a need to enable flexible and full use of skills, and this will mean continuing to reduce the barriers that currently prevent this, including legislative barriers"**

We agree that workforce will be critical to the success of the strategy refresh. It will be vital to pay more than lip service to this particular goal. Every health professional should be able to use their skill set, knowledge base and expensive training to the fullest advantage. The findings of the recent Physician Assistant trial would suggest strongly that GPs in particular are being paid to do a great deal of work that could quite clearly be done by others. Accordingly we should be considering how much they could alleviate the shortages of specialist positions in areas such as dermatology and many others. At the same time it will be essential to ensure that nurses and nurse practitioners are actually free to deliver the services of which they are more than capable. GP employment of practice nurses often acts as an impediment to this as GP's business agenda places artificial and non patient centred constraints on nurses' practice.

We also note the statement on Page 22: **This Strategy places particular emphasis on integration, which is critically dependent on a team approach.**

We strongly support the focus on integration. Many of us have however observed that contracts, funding and historic processes actively work against effective integration. It will take concerted effort to remove those obstacles.

On Page 26 the document notes: **New Zealanders make regular and effective use of a patient portal to access their health information and improve their interactions with their doctor and other health care providers**

This statement exemplifies our concerns. Alongside our NPNZ colleagues we suggest this is worded "improve their interactions with their health care professional and health care providers". The Ministry has always struggled with the avoidance of medico centric language which is a powerful impediment to supporting the very changes this strategy suggests. Language is always important for creating expectations and cementing old ways of behaving.

On page 35 we note the statement: **"help people in the health workforce undertake tasks they are skilled (or can be trained) to do that have traditionally been outside their roles".**

Yet again this requires courage and focus. The words are easy to say but the Ministry of Health should consider the extensive delay that has occurred to enabling for example Nurse Practitioners to carry out the very processes for which they are legally authorised and which in many instances persist to this day. There are also examples of the creation of new barriers through failure to consider and consult outside the traditional power structures. Without careful attention to such processes we will continue to see slow progress towards the necessary changes.

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?

No comment

Any other matters

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

We think there is a general theme in our feedback which is worth summarising.

The transition from words and rhetoric to successful action will be difficult and will require courage and conviction.

Traditional power structures will not achieve the desired change.

The operational issues must directly support the vision at all levels.

People centred care begins with co-design is integral to people centred care and requires an understanding of what matters most to them as individuals, hapu, iwi and communities. Critical to effective engagement in co-design is personal capability underpinned by health literacy, social determinants and the ability to self-determine health outcomes. Co-design is about working 'with' and not 'doing to'.

Sincerely

Professor Jenny Carryer RN PhD FCNA(NZ) MNZM
Executive Director