



*Nurse Practitioners  
New Zealand*

***Nurse Practitioners New Zealand***

*A division of the College of Nurses Aotearoa (NZ) Inc*

PO Box 1258

Palmerston North 4440

+64 6 358 6000

admin@nurse.org.nz

www.nurse.org.nz/npnz

7 September 2016

**Submission on:**

**Draft Health Of Older People Strategy**

Submission To: Health of Older People Strategy Consultation  
Ministry of Health  
PO Box 5013  
Wellington

[HOPStrategy@moh.govt.nz](mailto:HOPStrategy@moh.govt.nz)

Prepared on behalf of NPNZ by:

Denise Thatcher  
Nurse Practitioner Older Adult

## Information about the person/organisation providing feedback

We encourage you to fill in this section. The information you provide will be helpful for our analysis. However, your submission will also be accepted if you don't fill in this section.

This submission was completed by: (name) Denise Thatcher

Address: (street/box number) Private Bag 92189

(town/city) Victoria St West, Auckland

Email: [dthatcher@adhb.govt.nz](mailto:dthatcher@adhb.govt.nz)

Organisation (if applicable): NPNZ – PO Box 1258 Palmerston North

Position (if applicable): Nurse Practitioner – Older Adult

This submission (*tick one box only in this section*):

- comes from an individual or individuals (not on behalf of an organisation nor in their professional capacity)
- is made on behalf of a group or organisation(s)

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| <input type="checkbox"/> Academic/researcher           | <input type="checkbox"/> Other ( <i>please specify</i> ):    |

## Consultation questions

The following questions focus on what the Strategy is trying to achieve, expressed as vision statements, and on the actions we propose could bring about the desired changes. (*Note: a vision statement is a short description of the state of the world that we want to bring about*).

You don't have to answer all the questions below. We also welcome feedback on any other matters relating to the Strategy or more generally to the health of older people.

You are welcome to include or cite supporting evidence in your submission.

### Healthy ageing

- 1a. The draft Strategy sets out a vision for the goal of healthy ageing: see page 14 in the draft document. Do you have any comments or suggestions regarding this vision?

See below

- 1b. The draft Strategy includes actions that are intended to achieve the goal of healthy ageing: see page 31 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an \* are the right actions to begin with?

See below

### Acute and restorative care

- 2a. The draft Strategy sets out a vision for the goal of high-quality acute and restorative care: see page 17 in the draft document. Do you have any comments or suggestions regarding this vision?

See below

- 2b. The draft Strategy includes actions that are intended to achieve the goal of high-quality acute and restorative care – see page 33 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an \* are the right actions to begin with?

See below

## Living well with long-term conditions

- 3a. The draft Strategy sets out a vision for the goal of living well with long-term conditions: see page 20 in the draft document. Do you have any comments or suggestions regarding this vision?

See below

- 3b. The draft Strategy includes actions that are intended to achieve the goal of living well with long-term conditions: see page 34 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an \* are the right actions to begin with?

See below

## Support for people with high and complex needs

- 4a. The draft Strategy sets out a vision for the goal of better support for people with high and complex needs: see page 24 in the draft document. Do you have any comments or suggestions regarding this vision?

See below

- 4b. The draft Strategy includes actions that are intended to achieve the goal of better support for people with high and complex needs: see page 37 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an \* are the right actions to begin with?

See below

## Respectful end of life

- 5a. The draft Strategy sets out a vision for the goal of a respectful end of life: see page 27 in the draft document. Do you have any comments or suggestions regarding this vision?

- 5b. The draft Strategy includes actions that are intended to achieve the goal of a respectful end of life: see page 40 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an \* are the right actions to begin with?

All very good points. In practice as a community based gerontology NP one of the difficulties that will hopefully be addressed is that of allowing funding for dying at home for older people with non-malignant illnesses with an extended and unknown trajectory who are often moved to residential care due to funding and social issues. In the United Kingdom there are several programs that allow more opportunity to spend the end of life at home, for this group.

## **Implementation, measurement and review**

- 6 The draft Strategy includes proposals for implementing, measuring and reviewing the proposed actions: see page 41 in the draft document. Do you have any comments or suggestions regarding these proposals?

NPNZ support ongoing reviews of measures and goals outlined in this document. Inclusion of a variety of participants and health professionals would enhance the reviews and provide direction for further development across the cultural, ethnic, geographical areas and professions.

## Other comments

Below is the documented feedback from NPNZ membership for the draft HOP strategy.

**We appreciate the opportunity to provide feedback on the draft Health of Older People Strategy on behalf of Nurse Practitioners New Zealand.**

**We sent the draft documents to all members of NPNZ (whose membership includes 77% of all currently practicing NPs). We received feedback from several NPs who work in aged care in both rural and urban areas.**

**All NPs who responded realised that Health of Older People Strategy provides guidance and direction for services both in rural and urban areas addressing both the cultural aspects older people and families experience and the general person- centred approach for all sections of older people's health from preventative to palliative care.**

**The overall feedback was very positive about the guidelines and the documentation form. Generally, all agreed that the document is readily understood**

*Regarding the question whether the document includes all the information needed and if not what else would be helpful, . We note as follows:*

- 1) *The addition of End of Life into the strategy is a welcome addition, acknowledging much of the work that is done with older adults in healthcare*
- 2) *Complex needs*
  - *Maybe here or maybe in living well (not sure)*
  - *PPPR – older people should be encouraged to appoint EPOA while they can however the current legal system cannot manage PPPR applications which are costly, time consuming and stressful for the older person. Recommendation that this is reviewed in the future to improve effectiveness of assessment for capacity, guardianship etc*
  - *As far as we can see there is no mention of capacity/PPPR etc*
- 3) *Supporting older people*
  - *Good to see acknowledgment of the fragility and inadequacy of home care supports (low wages, poor work conditions etc)*
  - *Good to see emphasis on some preventative programs in community eg falls etc that have been lost over recent years*
- 4) *Acknowledge the importance of developing skilled MDT community teams*
  - *Model of care in primary care needs to be continued to be reviewed as older people with complex needs struggle within current GP models of care and there should be much greater funding opportunity to utilise Nurse Practitioners who can work across the boundaries of General Practice, home and residential care to provide and integrated and seamless service for older people*

*Recognition of the wider team of health professionals around the older person/family/whanau is important. The older person, family to navigate the circle of support and care requires knowledge and skills. Developing a really integrated MDT service was part of the previous Health of Older People's Strategy and growth in this area should continue to reduce acute admission thus reducing other risk factors. Investment in funding models nationally is imperative in allowing health professionals to work alongside older people to achieve the strategy recommendations.*

*All respondents were very positive that the document will help in professional development, organisational policy development and to guide practice.*