

Aide-Mémoire

Updated Government Policy Statement on Health on a page

Date due to MO:	15 February 2024	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	H2024036137
To:	Hon Dr Shane Reti, Minister of Health		
Consulted:	Health New Zealand: <input type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

Contact for telephone discussion

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Date due: 15 February 2024

To: Hon Dr Shane Reti, Minister of Health

Security level: IN CONFIDENCE **Health Report number:** H2024036137

Purpose: This paper attaches an updated A3 setting out the 'Government Policy Statement on Health (GPS) on a page' which reflects further feedback received from your Office. It describes the changes we have made and next steps for developing a full draft GPS.

Comment: **Background**

- On 5 February 2024, we provided you with a draft GPS on a page which reflected your previous feedback, including:
 - a stronger emphasis on prevention and population health
 - more emphasis within the strategic narrative on the role of communicable and non-communicable diseases (and the five associated modifiable risk behaviours)
 - a focus upfront on achieving financial sustainability
 - emphasis on monitoring and accountability and the role of the GPS
 - inclusion of artificial intelligence
 - inclusion of aged care
- On 13 February 2024, we received further feedback from your Office and have incorporated this into the updated draft GPS on a page attached to this paper.

Summary of changes made to the draft GPS on a page

- The attached draft GPS on a page includes the changes set out below.

Long-term vision

- Updated to reflect that the long-term vision for the health system is to achieve longer life expectancy and improved quality of life.

Strategic context

- Updated to add content identifying workforce, health targets, infrastructure, Pharmac and funding as key enablers.

Objectives across priority areas

- Changes to objectives in each priority area are set out in the below table, reflecting your feedback.

Priority area	Description of changes made
Access	<ul style="list-style-type: none">• Updated to emphasise access to primary and community health care services, models of care closer to home, and virtual care such as telehealth.• Removed specific objectives relating to mental health, preventative and public health services.
Timeliness	<ul style="list-style-type: none">• Updated to emphasise reduced wait times for operations, planned care and urgent care, and faster access to general practice services (further advice on general practice access is provided below).• Removed a specific objective relating to mental health and addiction services.
Quality	<ul style="list-style-type: none">• Updated to emphasise benchmarking quality care through the use of monitoring, evidence, and evaluation.
Workforce	<ul style="list-style-type: none">• Updated to emphasise more culturally competent and domestically trained staff, and valuing and recognising the workforce.
Infrastructure	<ul style="list-style-type: none">• Updated to emphasise long-term national planning, committed funding with competent delivery, and enabling evidence-based technological and innovative solutions.

Examples of specific expectations

- Many of the changes made to the example expectations are minor wording changes.
- The most notable changes are the addition of specified improvements to:
 - screening for human papillomavirus (HPV), lung screening, and lowering the bowel screening age

- retention and recruitment of general practitioners (GPs).

New section on targets

- We have added a section to capture the five health targets and related accountability measures. We have presented this as underpinning your five priority areas, with targets playing a prominent role in setting direction for the health system.

Reflecting mental health and addiction, prevention and public health

- We note that the changes mean that mental health and addiction is not featured as prominently in the GPS at the objective level, however it is still reflected at the level of specific expectations across priority areas.
- We will ensure that improvements in mental health and addiction services and outcomes are reflected in the draft GPS that we will provide to you at the end of February 2024. In the interim, we would welcome any thoughts that you may have about how the GPS should balance its focus across physical and mental health.
- We also note that prevention and public health are less prominent in the potential objectives, but also note these areas are well-reflected in the examples of expectations, including immunisation and screening.

We expect that some of your feedback may be built into the New Zealand Health Plan

- As the GPS is intended to set priorities for the publicly funded health sector, and set clear parameters for the development on the New Zealand Health Plan (NZHP), we are preparing the GPS as a relatively high-level and strategic document, with specific service-level activities being included in the NZHP.
- Some of the feedback that you have provided may ultimately prove to be best-suited for inclusion in the NZHP. For example, rather than the GPS specifying a need for more radiotherapy machines, it may be desirable to set a more strategic expectation, such as 'improvements in radiotherapy services'. As the NZHP is required to give effect to the GPS, the NZHP would then specify how Health New Zealand intends to achieve that objective, which could include more radiotherapy machines as well as other improvements such as workforce development.
- Under the Pae Ora (Healthy Futures) Act 2022, you issue the GPS and approve the NZHP. We will provide advice to you on the draft NZHP including whether we consider that it adequately gives effect to the GPS.

- We will work with Health New Zealand and the Māori Health Authority to ensure that the matters you have raised are captured in the most appropriate direction-setting document, be it the GPS, the health system monitoring framework, or the NZHP.

We will provide further advice on faster access to general practice services

- You have indicated your intention to set an expectation through the GPS that people can access a GP within seven days.
- We will need to work with Health New Zealand to understand current baseline performance against this goal, what activities are already in place to increase timely access to GPs, and what further activities may be required to reach the seven-day access goal. We will then provide you with further advice on implementation feasibility.
- In the meantime, the attached draft GPS on a page includes an objective which states: faster access to general practice services.
- Pending further work and advice on implementation feasibility of the seven-day access goal, you may wish to incorporate this as a measure in the GPS monitoring framework which would then be monitored and reported on.
- We note that we do not recommend limiting this objective to seeing a GP, as we move towards a multi-professional approach in which people may receive care from a nurse, pharmacist, or health improvement practitioner in place of a GP.

Work is underway to develop the full draft GPS

- We are currently developing the first full draft written GPS which expands on the content included in the attached draft GPS on a page.
- You will receive the full written draft GPS by the end of February 2024, for your feedback and approval to commence targeted engagement.

This aide-mémoire discloses all relevant information.



Maree Roberts

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PROACTIVELY RELEASED

1 LONG-TERM VISION


The long-term vision for the health system is **to achieve longer life expectancy and improved quality of life.**

2 THREE-YEAR FOCUS

The overarching focus for the GPS 2024–2027 is **to ensure timely access to quality health care for all.**

3 STRATEGIC CONTEXT

Like other health systems around the world, the New Zealand health system is under pressure. As our population grows and changes, there are significant implications for both the health system and for people’s health outcomes. Increases in life expectancy come with increases in both healthy and unhealthy years and disability rates rise steadily with age.

 New Zealand’s causes of death and disability are dominated by non-communicable diseases (NCDs) such as heart disease, diabetes, respiratory disease, cancer and poor mental health. The number of NCDs is expected to grow due in part to modifiable risk behaviours such as smoking, alcohol use, poor nutrition, lack of exercise and social interaction




Trends such as lower rates of key childhood immunisation milestones are also cause for concern. Increasing immunisation uptake is one way we can prevent the spread of communicable diseases

 There are unacceptable disparities in how the impacts of these health conditions are distributed



The pressure to increase spending on publicly funded healthcare will continue over time due to several cost drivers, including to meet increasing and more complex demand for health services, changes in technology and the needs of an ageing population

 Many of these health conditions and their impacts are preventable, and reducing pressure on the health system will be vital to deliver ongoing quality care while maintaining a sustainable health system



Solving these challenges requires the system to focus on key enablers: workforce, targets, infrastructure, access to medicines through Pharmac, and funding

4 GPS CONTENT



Over the next three years the health system must prioritise interventions that will **slow down and stop the growth of non-communicable (NCDs) and communicable diseases (CDs) in New Zealand.** This includes addressing modifiable behavioural factors that cause or exacerbate NCDs, including **smoking, alcohol consumption, nutrition, exercise, and social interaction.** It also includes **intervening early through immunisation** in the first 1000 days of a child’s life and building on the lessons learnt from the COVID-19 pandemic to **improve pandemic preparedness**



A key enabler that sits across each priority area is **achieving long-term financial sustainability.** This will involve ensuring that the health system delivers commitments within budget and on time, including by identifying and releasing cost savings, efficiency gains, and improvements in financial management and capability across the system

Priority areas

for the next three years

Examples of potential objectives

Focusing on key enablers and levers available

Examples of expectations

These give the most detailed direction appropriate for the GPS. These include the Government’s 100-day commitments and coalition agreements

Monitoring and accountability

The GPS will include a framework for regular monitoring and reporting on progress against the GPS priorities and health targets

While these measures will naturally have a three-year focus, they will sit within an overarching monitoring framework

This will include a wider comprehensive suite of measures that reflect our long-term strategic direction and that will help us understand the full picture of system performance

Over the course of the GPS, we expect to see results such as:

- Improved coverage of childhood immunisations: 95% of New Zealand children fully immunised at 24 months of age

- improved wait-list times to access treatment within EDs, cancer services, elective surgeries and specialist assessments

- health entities delivering commitments within budget and on time

- increased efforts to build the capacity and capability of the health workforce.

- regular monitoring of targets

In the long term, we expect to see results such as:

- improved trends in heart disease, respiratory disease, diabetes, poor mental health and cancer

- a financially resilient and sustainable health system

- a right size and skilled workforce

- ultimately, improved health outcomes, and quality and length of life.



Access

- Improve access to primary and community health care services
- Develop new models of care to better meet people’s needs closer to home
- Increase access to virtual health services, including telehealth
- Improve access to transport and accommodation assistance

- Deliver immunisation services that meet the needs of communities, especially for those with the poorest rates including children
- Make improvements to the transport and accommodation assistance programme particularly for people living in rural areas
- Review service and funding models for aged care
- Improve the acute continuum for mental health and addiction including community-based alternatives
- Work in partnership with local communities and Iwi Māori Partnership Boards to ensure local primary and community care services are tailored to better respond to their needs

This will include a wider comprehensive suite of measures that reflect our long-term strategic direction and that will help us understand the full picture of system performance



Timeliness

- Reduce waiting times for operations and urgent care
- Faster access to general practice services
- Faster access to medicines and pharmaceuticals

- Improve cancer management with:
 - Screening: extend breast cancer screening age to 74, ramp up HPV screening, and increase lung and bowel screening age
 - Surgery: more timely access to surgery through waitlist management and targets
 - Radiotherapy: more radiotherapy machines
 - Cancer drugs: access to more cancer drugs

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Quality

- Benchmark and monitor the quality of care with the use of evidence, information, research and evaluation across the health system
- Strengthen the handling of quality concerns and improve processes for quality improvement

- Strengthen evidence, research, evaluation and surveillance to maintain and effective understanding of population health status and potential improvements

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Workforce

- Train more culturally competent health professionals domestically
- Strengthen health system leadership locally, regionally and nationally
- Retain, value and recognise the health workforce

- Ensure Pharmac takes patient voice and wider-ranging consequences into account
- Put in place clinical networks in key service areas to support national and regional leadership and quality improvement

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Infrastructure

- Ensure long-term national planning is in place
- Committed funding with competent delivery
- Enable evidence-based digital solutions

- Increase training places for doctors, nurses, midwives, clinical psychologists and psychiatrists
- Improve the retention and recruitment of General Practitioners and nurses

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Health targets

The Government’s **five health targets** will play a prominent role in setting direction for the health system.

Targets will be included in measures for the GPS to be monitored and reported on, to provide greater accountability and drive system performance in these areas.