New Zealand Health and Disability System Review

Presentation by Lloyd McCann

Private Surgical Hospitals Association
4 April 2019
Terms of Reference

The Health and Disability System Review was established by the Minister of Health to "identify opportunities to improve the performance, structure and sustainability of the system, with a goal of achieving equity of outcomes and contributing to wellness for all, particularly Māori and Pacific peoples".

It will provide a report to the Government, including recommendations, on:

• A sustainable and forward-looking Health and Disability System that is well placed to respond to future needs of all New Zealanders and which:
  • Is designed to achieve better health and wellness outcomes for all New Zealanders
  • Ensures improvements in health outcomes of Māori and other population groups
  • Has reduced barriers to access to both health and disability services to achieve equitable outcomes for all parts of the population
  • Improves the quality, effectiveness and efficiency of the Health and Disability System, including institutional, funding and governance arrangements.

• How the recommendations could be implemented.
Panel members
https://systemreview.health.govt.nz/about/expert-review-panel/

Heather Simpson – Chair
Shelley Campbell
Professor Peter Crampton
Dr Margaret Southwick
Dr Lloyd McCann
Dr Winfield Bennett
Sir Brian Roche
The Māori Expert Advisory Group
https://systemreview.health.govt.nz/about/maori-expert-advisory-group-profiles/

Sharon Shea (Chair)
Dr Terryann Clark
Takutai Moana Natasha Kemp
Dr Dale Bramley
Linda Ngata
Assoc. Professor Sue Crengle
# Timetable

<table>
<thead>
<tr>
<th>Phase I: Delivery of interim report</th>
<th>Starts</th>
<th>Ends</th>
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<td>1A Mobilisation and preliminary assessment</td>
<td>October 2018</td>
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<td>1B Formative analysis and direction setting</td>
<td>December 2018</td>
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<td>1C Shape and assess key directions</td>
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*Interim report submitted* 31 August 2019

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<th>Phase II: Delivery of final report</th>
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<td>2A Sustainable health &amp; disability system proposals</td>
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<td>2B Recommendations and reporting</td>
<td>December 2019</td>
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*Final report submitted* 31 March 2020
New Zealand Health and Disability System Review
In New Zealand, there are inequities in access and outcomes across many areas, including:

- Gender
- Age
- Ethnicity – particularly Māori and Pacific peoples
- Disability
- Socioeconomic status
- Geographic location
Life expectancy and health expectancy at birth

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Life expectancy gap
Health care is just one of the factors that influences health and wellbeing.

Socioeconomic factors:
- Education
- Job status
- Family/social support
- Income
- Community safety

Physical environment:
- Tobacco use
- Diet & exercise
- Alcohol use
- Sexual activity

Health behaviours:
- Access to care
- Quality of care

40% 10% 30% 20%
The New Zealand Health Strategy was refreshed in 2016 following extensive consultation about what a better, more ‘fit for the future’ system could look like.

The Health Strategy outlined a vision that ‘All New Zealanders live well, stay well, get well’ This statement:

- reflects New Zealand’s distinctive health context and population needs
- reflects the need for a fair and responsible system that improves health outcomes for groups including Māori, Pacific peoples and disabled people
- highlights wellness as a goal.
Current system
Wellness and wellbeing go beyond the health and disability system...
Tier 1

The layer of the system embracing a broad range of services and other activities taking place in homes and local communities. This includes:

- **self-care** (maintaining well-being and self-management of chronic conditions within whanau);
- **population and public health services** (including health promotion and preventative initiatives such as screening programmes);
- **other health and disability services delivered in the community** (including but not limited to general practice, disability supports, maternity care, oral health and allied health that take place out-side of hospital settings)
Although Tier 1 has the greater breadth of service delivery from in-home care right through to public health, Tier 2-4 represents specialisation with high demand, concentrated services and constrained capacity.

Tier 2-4

- Secondary Specialist Care (tier 2)
- Tertiary Specialist Care (Tier 3)
- Quaternary specialist care: advanced, highly specialised levels care that is not widely accessed, including costly diagnostic or surgical/medical procedures (Tier 4)
Other workstreams

- Equity
- Disability Sector
- Governance and Finance
- Workforce
- Digital and Data
- Facilities and equipment
- Māori health

Māori Expert Advisory Group

Online submissions and engagement
What do we mean by Tier 2 - 4

- Tier 2 – 4 covers secondary, tertiary and quaternary services
- Tertiary care is broadly defined as specialised consultative health care, referred on from a primary or secondary health professional to a facility that has personnel and facilities for advanced medical and surgical interventions (e.g. neurosurgery).
- Quaternary care has been defined as an extension of tertiary care in reference to advanced levels of medicine and surgery typically only provided in a limited number of regional or national health care centres.
Tier 2- 4: Issues and Challenges
Demand is outstripping capacity
Northern Region Population Growth & Impact on Hospital Demand

[Graph showing population growth projections for different regions, including Waitemata, Auckland, Counties Manukau, and Northland, with lines indicating growth over time from 2019 to 2057.]
DHB outsourcing to private facilities by %

Elective & arranged surgical discharges by provider type, 2017/18

DHB of service

Northland  Waitemata  Auckland  Counties Manukau  Waikato  Bay of Plenty  Tairawhiti  Taranaki  Hawke’s Bay  Mid Central  Whanganui  Capital & Coast  Hutt Valley  Wairarapa  Nelson Marlborough  West Coast  Canterbury  South Canterbury  Southern
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Patients waiting >4 months for treatment

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<tr>
<td>Hawkes Bay</td>
<td>1.8%</td>
<td>3.4%</td>
<td>3.3%</td>
<td>0.5%</td>
<td>2.3%</td>
<td>3.4%</td>
<td>0.8%</td>
<td>2.8%</td>
<td>0.7%</td>
<td>3.5%</td>
<td>6.9%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Hutt Valley</td>
<td>0.4%</td>
<td>1.2%</td>
<td>0.4%</td>
<td>0.8%</td>
<td>3.2%</td>
<td>4.7%</td>
<td>2.4%</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.5%</td>
<td>0.9%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Lakes</td>
<td>0.9%</td>
<td>0.7%</td>
<td>0.4%</td>
<td>0.9%</td>
<td>1.3%</td>
<td>1.0%</td>
<td>1.6%</td>
<td>0.9%</td>
<td>0.9%</td>
<td>1.5%</td>
<td>1.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Mid Central</td>
<td>0.9%</td>
<td>4.7%</td>
<td>1.9%</td>
<td>1.6%</td>
<td>1.1%</td>
<td>0.8%</td>
<td>2.5%</td>
<td>5.0%</td>
<td>3.6%</td>
<td>12.1%</td>
<td>30.7%</td>
<td>48.3%</td>
</tr>
<tr>
<td>Nelson Marlborough</td>
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<td>2.5%</td>
<td>2.1%</td>
<td>0.9%</td>
<td>2.9%</td>
<td>2.2%</td>
<td>0.9%</td>
<td>3.0%</td>
<td>0.8%</td>
<td>0.9%</td>
<td>3.5%</td>
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</tr>
<tr>
<td>Northland</td>
<td>0.4%</td>
<td>6.5%</td>
<td>5.0%</td>
<td>0.2%</td>
<td>2.7%</td>
<td>0.5%</td>
<td>5.0%</td>
<td>9.2%</td>
<td>9.3%</td>
<td>15.7%</td>
<td>22.6%</td>
<td>24.3%</td>
</tr>
<tr>
<td>South Canterbury</td>
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<td>2.1%</td>
<td>4.1%</td>
<td>3.1%</td>
<td>2.1%</td>
<td>1.6%</td>
<td>1.8%</td>
<td>7.1%</td>
<td>4.9%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Southern</td>
<td>7.8%</td>
<td>8.9%</td>
<td>8.1%</td>
<td>7.3%</td>
<td>10%</td>
<td>9.9%</td>
<td>9.7%</td>
<td>8.0%</td>
<td>8.2%</td>
<td>10.8%</td>
<td>13.6%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Tairawhititi</td>
<td>0.8%</td>
<td>0.7%</td>
<td>0.7%</td>
<td>1.6%</td>
<td>1.7%</td>
<td>1.1%</td>
<td>1.8%</td>
<td>1.5%</td>
<td>19%</td>
<td>3.8%</td>
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<td>6.8%</td>
</tr>
<tr>
<td>Taranaki</td>
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<td>0.8%</td>
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<td>0.5%</td>
<td>1.1%</td>
<td>1.0%</td>
<td>1.2%</td>
<td>0.9%</td>
<td>1.9%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Waikato</td>
<td>1.0%</td>
<td>3.3%</td>
<td>1.9%</td>
<td>0.9%</td>
<td>1.3%</td>
<td>0.8%</td>
<td>0.9%</td>
<td>1.3%</td>
<td>1.0%</td>
<td>1.6%</td>
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<td>1.7%</td>
</tr>
<tr>
<td>Wairarapa</td>
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<td>4.5%</td>
<td>0.6%</td>
<td>6.1%</td>
<td>9.0%</td>
<td>6.6%</td>
<td>15%</td>
<td>5.4%</td>
<td>7.1%</td>
<td>15.1%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Waitemata</td>
<td>0.4%</td>
<td>0.4%</td>
<td>0.2%</td>
<td>0.6%</td>
<td>1.2%</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>West Coast</td>
<td>0.6%</td>
<td>0.9%</td>
<td>2.3%</td>
<td>1.7%</td>
<td>5.2%</td>
<td>1.0%</td>
<td>1.4%</td>
<td>2.1%</td>
<td>2.1%</td>
<td>0.5%</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>Whanganui</td>
<td>0.4%</td>
<td>12%</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.7%</td>
<td>0.6%</td>
<td>0.6%</td>
<td>0.8%</td>
<td>0.3%</td>
<td>0.5%</td>
<td>3.0%</td>
<td>12.0%</td>
</tr>
</tbody>
</table>
Elective intervention rates – general surgery

General Surgery Intervention Rates (Discharges with an Operating Room Procedure) - Elective Admissions Only

Year Ended 30 Sep 2018

Discharges per 10,000 Population

Standardised Discharge Rate per 10,000
Raw Discharge Rate per 10,000
National Discharge Rate per 10,000
Elective intervention rates – orthopaedics

Orthopaedics Intervention Rates (Discharges with an Operating Room Procedure) - Elective Admissions Only

Year Ended 30 Sep 2018

DHB of Domicile

- Standardised Discharge Rate per 10,000
- Raw Discharge Rate per 10,000
- National Discharge Rate per 10,000
Elective intervention rates – major joints

Major Joint (Hip and Knee Replacement) Surgery Intervention Rates - All Admission Types

Year Ended 30 Sep 2018

Discharges per 10,000 Population

DHB of Domicile

- Standardised Discharge Rate per 10,000
- 2018/19 National Target Intervention Rate per 10,000
- Raw Discharge Rate per 10,000
- National Discharge Rate per 10,000
Elective intervention rates – gynaecology

Gynaecology Intervention Rates (Discharges with an Operating Room Procedure) - Elective Admissions Only
Year Ended 30 Sep 2018

Discharges per 10,000 Population

DHB of Domicile

- Standardised Discharge Rate per 10,000
- Raw Discharge Rate per 10,000
- National Discharge Rate per 10,000
Elective intervention rates – plastics

Plastics Intervention Rates (Discharges with an Operating Room Procedure) - Elective Admissions Only

Year Ended 30 Sep 2018

Discharges per 10,000 Population

DHB of Domicile

- Standardised Discharge Rate per 10,000
- Raw Discharge Rate per 10,000
- National Discharge Rate per 10,000
Elective intervention rates – ENT

ENT Intervention Rates (Discharges with an Operating Room Procedure) - Elective Admissions Only

Year Ended 30 Sep 2018

Discharges per 10,000 Population

DHB of Domicile

- Standardised Discharge Rate per 10,000
- Raw Discharge Rate per 10,000
- National Discharge Rate per 10,000
Elective intervention rates – cardiac surgery

Cardiac Surgery Intervention Rates for Patients Aged 15 Years and Over - All Admission Types

Year Ended 30 Sep 2018

[Bar chart showing the standardized discharge rate per 10,000 population for different regions, along with raw discharge rate per 10,000, 2018/19 national target intervention rate per 10,000, and national discharge rate per 10,000.]
Elective intervention rates – cataracts

Cataract Surgery Intervention Rates - All Admission Types

Year Ended 30 Sep 2018

[Graph showing elective intervention rates per 10,000 population for different DHB regions, including standardised discharge rates, 2018/19 national target intervention rates, and raw discharge rates.]
Elective intervention rates – colonoscopy

Colonoscopy Intervention Rates - All Admission Types. Includes Volumes from NNPAC and NMDS

Year Ended 30 Sep 2018

Discharges per 10,000 Population

DHB of Domicile

- Standardised Discharge Rate per 10,000
- Raw Discharge Rate per 10,000
- National Discharge Rate per 10,000
Elective intervention rates – urology

Urology Intervention Rates (Discharges with an Operating Room Procedure) - Elective Admissions Only

Year Ended 30 Sep 2018
Elective intervention rates – vascular surgery

Vascular Surgery Intervention Rates (Discharges with an Operating Room Procedure) - Elective Admissions Only

Year Ended 30 Sep 2018

[Graph showing discharge rates per 10,000 population for different regions, with standardised, raw, and national discharge rates indicated.]
The unmet demand for Elective Surgery is large, with more than 170,000 who aren’t yet on a waiting list...

Annual demand for Elective Surgery amongst the New Zealand population (000s aged 18 plus, Jan 16)\(^{(1)}\)

- New Zealanders aged 18+: 3,467
- Didn’t require Elective Surgery in the last year: 2,910
- Required Elective Surgery: 557
- Had Elective Surgery: 356
- Placed on a waiting list: 110
- Told they require Elective Surgery, but not on a waiting list: 174
- Removed from a waiting list: 18

Proportion of population:
- 100%: 3,467
- 84%: 2,910
- 16%: 557
- 10%: 356
- 3%: 110
- 5%: 174
- 1%: 18

NOTES:
1. Sample size n = 1,800
Most of the 110,000 on a waiting list are awaiting publicly funded surgery

Elective Surgeries by probable funding method (% aged 18 plus and on waiting list, Jan 16)\(^{(1)(2)}\)

<table>
<thead>
<tr>
<th>Funding Method</th>
<th>%</th>
<th>Number (000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>63</td>
<td>71</td>
</tr>
<tr>
<td>ACC</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Health insurance</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Personal payment</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

NOTES:
1. Sample size n = 59 [too low for comparison to 2013]
2. Question asked of those on a waiting list
3. Q. Who will be paying for the surgery?
For the other 174,000, lack of urgency / severity or applying a ‘wait and see’ approach are the key reasons for not being placed on a waiting list.

Reasons for not being placed on a waiting list
(% aged 18 plus and not on waiting list for Elective Surgery, Jan 16)\(^{(1)(2)}\)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Feb 2013</th>
<th>Sep 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity of the condition / urgency</td>
<td>27%</td>
<td>23%</td>
</tr>
<tr>
<td>Waiting to see</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>No reason</td>
<td>23%</td>
<td>15%</td>
</tr>
<tr>
<td>Other initial treatments</td>
<td>5%</td>
<td>11%</td>
</tr>
<tr>
<td>Waiting list too long</td>
<td>4%</td>
<td>3%</td>
</tr>
</tbody>
</table>

All other reasons mentioned by less than 3% of the respondents

Notes:
1. Sample size n = 98
2. Q. What reasons have been given for you not being placed on a waiting list? [CODED RESPONSES]

Significantly higher than Sep 13
Significantly lower than Sep 13
Private sector non-allocated theatre and procedure room capacity

• Based on NZPSHA data, of the 168 theatres surveyed in 2017, standardised non-allocated time representing excess capacity was 39 per cent.

• In 2015 there were 155 private theatres surveyed, excess capacity was recorded as 32 percent.

• For the 21 procedure rooms surveyed in 2017 standardised non-allocated time representing excess capacity was 61 per cent.

• In 2015 there were 23 private procedure rooms surveyed, excess capacity was recorded as 74 percent.

• Source: New Zealand Private Surgical Hospitals Association
Topics we will explore and key questions

• Future demand for tier 2 – 4 services
  • What impact will our aging population, increasing cancer rates and other chronic diseases, pressures on primary and community care, advances in technologies and consumer expectations etc have on demand for national services?

• The National Services Programme & regional service configuration
  • How are our national specialist services prioritised, funded, managed and monitored?
  • How are our regional services prioritised, funded, managed and monitored?
Topics we will explore and key questions continued

• What do hospitals of the future look like?
  • What secondary, tertiary and quaternary services could be delivered outside traditional hospital walls?
  • What might be the role of a rural hospital, district hospital, and a metropolitan hospital?
  • How should we manage our acute/urgent and our elective services split?

• How should the public and private sectors work together to deliver a sustainable and equitable health and disability service for all New Zealanders?
Topics we will explore and key questions continued

• Transport
  • How is our current transport service organised?
  • What are some of the challenges and the implications for the health system, providers and patients?

• Quality & performance
  • Is there variation in access to national and regional services, and outcomes from those services across New Zealand and if so how is this monitored and managed?
  • Clinical governance – what is the range of existing arrangements?
Our approach and next steps

- Interviews with key stakeholders (e.g. PHARMAC, ACC, HQSC, DHBs, private hospitals)
- Attend existing forums (e.g. national Chief Medical Officers and Chief Operating Officers forum)
- A review of readily available literature and reports
- Quantitative analysis (e.g. national service demand forecasts using NMDS data)
- Health and Disability System Review submission process
  - https://systemreview.health.govt.nz/overview/contribute-to-the-review/
- Workshops – dates to be confirmed (provisionally mid May)
Discussion