THE HEALTH AND DISABILITY SYSTEM REVIEW REPORT AT FIRST GLANCE

Overall, and at first glance there are many positive recommendations put forward in the final report by the Health and Disability System Review. The Government has accepted the direction of the Review, though decisions on individual changes will be mostly made under a new Government.

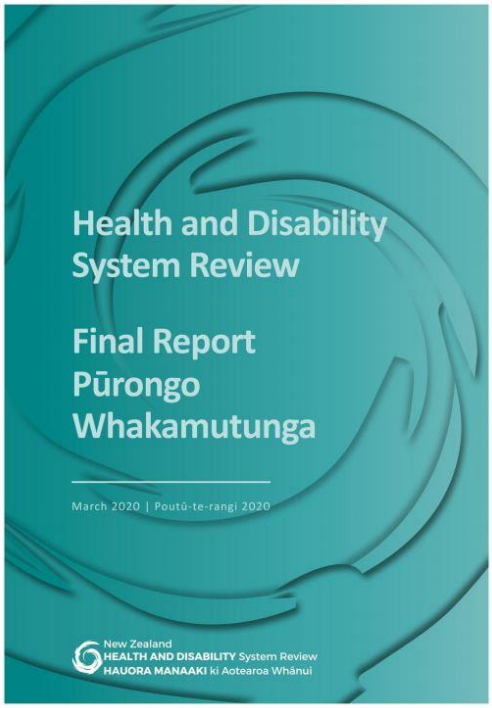
Much will depend on how these recommendations and aspirations are implemented and supported. Strong public accountability for how that happens will be critical, especially as many key proposals reflect policies that were introduced many years ago but not properly implemented.

With those caveats, the recommendations are very comprehensive and there are some sensible building blocks on which to rebuild our beleaguered health system.

The Review panel clearly thinks it is time for Aotearoa to walk the health talk around equity and sustainability. It acknowledges that the system is 'significantly underfunded' and that more investment is needed. What we need now is cross-party collaboration to ensure its underlying goals and principles are not lost.

Welcome proposals include:

- Creation of a Māori Health Authority to lead the development of the Māori workforce and growth of a wider range of kaupapa Māori services.
- A proposed new agency, Health NZ, would take over operational and funding functions, leaving policy roles to the Ministry, which on the face of it seems a sensible split (although we are not convinced a separate agency is necessary).
- Making the Public Health Advisory Committee mandatory, providing "independent advice to the Minister and a public voice on important population health issues".
- Emphasis on integrating services across primary care and hospitals, and for hospital and specialist services to operate more cohesively within a national plan.
- Strong recommendations around more inclusive, long-term workforce planning.
- Reinvigoration of the Tripartite Accord between health sector unions, employers, and the Government.
- Increase accountability for being a good employer, including a call for employers to adopt best practice staff recruitment, retention and staff development practices.
- Development of services should be clinically led and evidence based.
- A call for a change towards a more collective collaborative culture at all levels.



- Centralising expertise in asset management and planning and developing more long-term planning, prioritisation and consistency around buildings, infrastructure, and IT systems. (ASMS has recently written to the Health Minister about processes around the commissioning and delivery of new hospital builds and is encouraged to see these recommendations.)
- Clearer and stronger accountability measures. We would like to see the emphasis on public accountability.
- Much greater and urgent investment, planning and development of digital technology and in gathering better data, including workforce data.

Some concerns:

- **Merging of DHBs over the next five years:** Significantly increasing the size of DHBs seems to run counter to the recommendations for stronger community engagement and for services to be defined locally according to the specific needs of individual communities. ASMS would also be concerned about the potential for the clinical voice to get lost if executive decision makers were too far away from the clinical coalface.
- **Hospital services should be delivered for extended hours**: Firstly, serious workforce shortages would have to be addressed.
- **Access, and clinical rosters should more routinely include virtual sessions:** Telehealth services are not a simple fix. The disparate nature of clinical work and patient complexity means that each service must assess how telehealth might be implemented for patient groups within in its case mix. Read more about telehealth here
- **Funding for primary care services should be ring-fenced.** On the face of it this sounds reasonable but would depend on the adequacy of DHB funding overall. It is heartening that the review recognises "significant investment in hospital facilities would be required to address capacity issues", but ring-fencing primary care funding could potentially be at the expense of funding for hospital care. This will need close monitoring.

Some disappointments:

- No proposal to eliminate primary care user charges. This is critical for ensuring equity of access for primary care and, in turn, hospital care.
- No Public Health Commission. This may be remedied at least to some extent by a mandatory Public Health Advisory Committee, depending on how well it is resourced and supported, and the degree to which public health approaches are embedded at every level of the system, as proposed in the review, including greater emphasis on better and more accessible population health data driving DHB and regional plans.