

Submission to the Health and Disability System Review

1. Introduction

- 1.1 This submission is made on behalf of the Kapiti Coast Grey Power Association. (KCGP)
- 1.2 The contact is Kevin Burrows 0210771917 kburrows2017@outlook.com
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- 1.3 The KCGP is an organisation dedicated to advance, support and protect the welfare and well-being of mature citizens.
- 1.4 The KCGP is made up of more than 4,000members.
- 1.5 The objects of the Association are:
- a) To advance, support and protect the welfare and well-being of the aged, both directly and in conjunction with other organisations or bodies with similar aims and purposes,
 - b) To affirm and protect the statutory entitlement of every aged New Zealander to a sufficient Government-provided pension.
 - c) To meet the special needs and interests of all aged New Zealanders by taking appropriate actions on their behalf. The Association will oppose all discriminatory and disadvantageous legislation affecting the rights, security and dignity of aged citizens and will represent their concerns to Government.
 - d) To better the lives of all aged people through service, advocacy, education and investigation of problems affecting their well-being.
 - e) To provide and achieve the widest possible identification of The Federation in New Zealand as the most appropriate and effective representative of the aged and their special concerns.
 - f) To maintain membership of and to support The Federation.

One of KCGP's roles is to reflect and take action on its members concerns by advocating for and participating in activities that will promote and improve health and social services for its members.

- 1.6 This includes helping to organise the recent petition for a hospital in Kapiti. This attracted 22,500 signatures and was recently presented to Parliament. (https://www.radionz.co.nz/audio/player?audio_id=2018649352)
- 1.7 KCGP is also an active part of the health advocacy group in Kapiti. We are also a member of Capital and Coast DHB Homecare Governance group. Was a member of the Regional Consumer Forum and a member of the committee that established the central region's framework for Advanced Care Planning

2. Kapiti District

- 2.1 The population (Estimated Residents Population) of the District in 2013 is 53,200.
- 2.2 60-69 year olds represented the largest group of new arrivals to the district in 2013.

2.3 Almost 32% of the Kapiti population is now aged over 60. This is a 13% increase since 2013.

2.4 Kāpiti Coast's annual median household income in 2013 was \$53,300, below the New Zealand median of \$63,800.

3. Scope of the Review

3.1 The review is timely as the health system is under considerable strain at present.

3.2 KCGP supports the terms of reference, in particular improving accessibility and outcomes, meeting environmental challenges and creating a fairer, more equitable and effective health system.

3.3 KCGP has a special interest in contributing to the review in regard to the demographic trends in this district, contributing to the dialogue on international trends (for example, see Home Care below), the priority of the role of primary care and community-based prevention and institutional arrangements.

3.4 Consequently we wish to have the opportunity to meet with the expert panel.

4. Primary Care

4.1 A striking feature of the health system is that New Zealand is almost alone among modern welfare states in that patients pay a lot for primary care. The ones that stand out where patients do pay substantially are Ireland and America. Australians enjoy almost completely free primary care. The Australian Medicare system is funded by a 1% levy on incomes.

4.2 We have the model for a comprehensive health cover in ACC. It was always envisaged as a social insurance scheme covering accidents and illness. If a 1% levy is applied in New Zealand it would cover most primary care as well as dentistry.

4.3 The cost of going to a dentist is prohibitive, low income people have problems finding funding for a dentist's appointment and in many cases do not go when it is necessary. Bad teeth lead on to other health problems which can be avoided by free or cheap dental appointments.

4.4 Free visits to the Doctor however, do not solve the issue of access, particularly in rural areas and from those from disadvantages groups. GPs need to be paid by capitation, that is payment by head not by service. This will encourage GPs to take on and care for a manageable list of patients rather than rely on servicing. This would also help in encouraging new doctors to move to areas of need.

4.5 However free visits and having a GP near buy does not solve the problem of access to health services after hours. After hours services need to be included in any contract with a practice that has any patients on a capitation list.

4.6 Patients being discharged from hospital after a medical procedure are often told that they need to see their GP for follow up visits. However, many low-income families cannot afford a visit to their GP so don't go. The end result of this is that may end up back in hospital for further treatment. The hospital treatment may well cost many hundreds or thousands of dollars. Providing free GP visits would create a seamless pathway to recovery.

5. Home Care

- 5.1 The Home Care and Rest Homes sector seems to be to one side of the health system but in reality, an integral part of it.
- 5.2 Through interviews with our members KCGP has gathered considerable intelligence on the quality of home-based care provided by the provider of these services in the Kapiti District.
- 5.3 In particular cases we have advocated to the DHB and to the media on behalf of individuals and families who have not been able to speak for themselves.
- 5.4 These cases include both patients and their families
- 5.5 The World Health Organisation (WHO) *Global strategy and action plan on ageing and health* calls for action on aligning health systems to the needs of older populations.
- 5.6 The programme on Integrated Care for Older People (ICOP) provides direction on how to initiate such system changes.
- 5.7 WHO, with support from 30 experts in geriatric medicine, has initiated the development of evidence-based guidelines on ICOP. Targeted at non-specialist health workers, they will guide home-based interventions for older people that can prevent, reverse or slow declines in intrinsic capacity. This approach will reduce hospital admissions and extend quality life.
- 5.8 Home Care systems have been described as “a failing system, rather than the failure of those within it...” (it reflects) the isolation of the in-home carer and the ‘care-for’, hidden away from the wider public eye and understanding. The answers, or some of them, lie in completely different and creative thinking, so that appropriate, adequate standards are set, and appropriate, quality home and residential carer and community support are available.” (Peter and Me – Helene Ritchie, Fraser Books 2014, pp 156.158)
- 5.9 At present there is a monopoly of one home care provider in Kapiti via a joint contract with Capital and Coast DHB and Hutt Valley DHB. The two DHBs intend to move towards a dual or multi provider service provision for home and community support services for the over-65. Having two or more providers will give people choice, however, it not will solve the issues. At present we have one monopoly provider in a flawed system. We will be moving to a duopoly provider in a flawed system. The system needs to change. The awarding and funding of contracts for Home Care should be done by a national body independent of DHBs so that there is consistency across the country. DHBs can do the assessments of clients and the Ministry of Health provide a transparent auditing of the providers.

6. Health Commissioner

- 6.1 The sector is complex and in constant need of adjustment and funding. No one is in central control of the system and in a position to advocate for the sector and help steer it. There needs to be an independent Parliamentary Commissioner of the health sector with protected independence that reports to Parliament. Their job would be to steer the sector and look ahead in strategic direction while advocating for

the sector and ensuring it is sufficiently funded. The Commissioner would oversee all the sector including health agencies such as Pharmac and rest homes.

- 6.2 They would also be responsible for collating and publishing health data to monitor how the system is performing, in order to encourage the raising of standards and accountability.
- 6.3 Health systems around the world have developed effective measures of service quality and efficiency which they have used to monitor and improve the performance of their providers

6. Information Technology

- 6.1 The health system has got a number of IT packages competing with each other, this is inefficient and potentially harmful. A country of 5 million people should be able to have a health IT system that covers the entire health sector.

7. Delivery arrangements in Kapiti across 2 DHB's

- 7.1 The community group who organised the Hospital petition have worked with the mayor and other members of the Kapiti District Council.
- 7.2 The Council's boundary reaches into the boundaries of Capital Coast District Health Board and Mid-Central District Health Board.
- 7.3 The fact that Kapiti residents may have relationships with either DHB does create problems with the delivery arrangements of good health services in the District.

8. District Health Boards

- 8.1 There are too many DHBs with for a population of 5 million. There should be a reduction of DHBs however, in order to retain community input, there needs to be local input by the Community. This can be done by the formation of local Advisory Boards, something akin to the Local Authority Community Boards.
- 8.2 These Boards can be instrumental in developing community plans with the DHBs. These community plans would see the delivery of health services to the community they represent. For example, the needs of Kapiti are different for Central Wellington and they are serviced by one DHB. There needs to be a local plan that caters for the particular needs of the area, particularly if we have larger DHBs.

9. Transport

- 9.1 An issue for many is what is known as "post code care". The availability, the immediacy and the cost of medical attention is determined by what your post code is. While it is understandable that the same level of service cannot be provided everywhere, there is a concern that low income people cannot afford the cost of travel to obtain that enjoyed by others living in reasonably populated areas.
- 9.2 Transport is a major barrier for people attending appointments in the Kapiti coast.

If you have a 15-minute appointment you could spend most of the day travelling to a Wellington and back. If you are employed in is a major problem for employees and employers in productivity loss.

10. Conclusion:

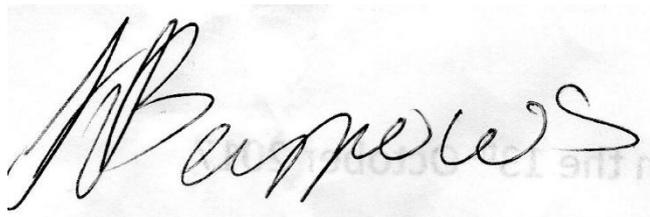
- 10.1 The health system is under considerable stress and the review of the system is timely and we welcome the opportunity to have an input into the review by way of a submission.
- 10.2 New Zealand is one a few countries that boasts it has a modern health system that charges patients for primary care. A system funded by a levy on incomes in order to provide free GP and dentists visits would go a long way to provide access to GPs.
- 10.3 Low income people have problems finding funding for a dentist's appointment. Bad teeth lead to other health problems which can be avoided by free or cheap dental appointments.
- 10.4 The Home Care systems have been described as "a failing system". The system needs to change. The awarding and funding of contracts for Home Care should be done a by a national body independent of DHBs so that there is consistency across the country. DHBs can do the assessments of clients and the Ministry of Health provide a transparent auditing of the providers.
- 10.5 There needs to be a reduction of DHBs however, in order to retain community input, there needs to be local input by the Community. This can be done by the formation of local Advisory Boards which develop a local plan for the community in partnership with the DHBs.
- 10.6 Transport is a major barrier for people attending appointments in the Kapiti coast. Many Low-income people cannot afford the cost of travel for hospital visits.

Thank you for the opportunity to make this submission and we look forward to meeting with the review panel and making an oral submission.

Kevin Burrows

President

Kapiti Coast Grey Power

A handwritten signature in black ink, appearing to read 'Kevin Burrows', is written over a faint, light-colored background that looks like a watermark or a very light stamp. The signature is fluid and cursive.

