Breast Cancer Foundation NZ

Healthy Futures (Pae Ora) Amendment Bill

Breast Cancer Foundation NZ is on a mission to stop New Zealanders dying from breast cancer - a goal that is entirely achievable through shifts in health policy and delivery, and the accelerated adoption of new technology and medicines.

This requires a health system that puts people first and functions as a true ecosystem – interdependent, coordinated, outcomes-driven and future-focused. Only then will we change health outcomes for New Zealanders.

It is with this lens we reviewed the Healthy Futures (Pae Ora) Amendment Bill in terms of what it is proposed and, crucially, what is missing.

The proposed amendments solidify the current health crises and place more powers into the hands of the Minister, instead of mandating the system to improve health outcomes.

1. If sections 7 (health principles) and 16(1)(d)(ii) (duty to Te Tiriti and specific Māori approach) are repealed**, section 3 and section 13 must be strengthened so that all Health NZ action – including functions under sections 14 and 16 – demonstrably advances pae ora, improves health outcomes, and delivers equity.**

Recommendations:

- Make it explicit that Health NZ's role is to:
  - achieve the purpose of the act
  - address adverse health outcomes (measurably so)
- Expand on the proposed **addition to section 3 to "ensure that patients get timely access to quality health services *in a way that improves health outcomes nationwide, including by prioritising needs and risks".***

What this will achieve:

- This shifts Health NZ's role away from top-down service delivery – and its default prioritisation of its own services, not what it commissions or others' provide - to improving health outcomes.
- To do so, will require Health NZ to take (1) a needs- and risk-based approach to address poor outcomes; (2) to identify, adapt, and prioritise resources to improve outcomes; and (3) enable better problem solving and solutions (practical, strategic, technological & innovative) so address the gaps.
- In turn, this will improve service design, enable new approaches, leverage technology, reduce downstream costs, and ultimately deliver on the purpose of the Act. It will also

create efficiencies and clear pathways for various government departments to input into measures to achieve them.

What will happen if you don't:

- The status quo will continue – NZ will continue to invest in the 'ambulance at the bottom of the cliff' at great cost to our people, economy and future. The service delivery crisis will worsen, nationwide variations will widen, inequities will persist, and health outcomes will remain stagnated or get worse, particularly for cancer.

We oppose the proposed amendments without these changes.

2. Strengthen sections 3, 14, 16, 36 and 36A to ensure that Health NZ and its Board take an ecosystem, upstream, patient-led and future-focused approach to improving health outcomes, and refrain from making infrastructure a core function of Health NZ.

Recommendations:

- **Mandate Health NZ to shift its approach**, including through horizon scanning; closer-to-home, digital, prevention, early detection and early intervention; and integrated, whole of NZ solutions across the entire health ecosystem.
- **Do not make infrastructure a core function of Health NZ unless have clear parameters** on the best use of capital and existing assets:
    - across public, charity, community and private
    - to advance health outcomes
    - to advance the required shifts outlined in the Health NZ Strategy
    - to accelerate innovation and uptake of advanced technologies, along with the requisite workforce training.
- **To drive change, with Ministerial oversight, split Health NZ's budgets** across different focus areas e.g.
    - Hospital, emergency and acute
    - Medicines and medical devices
    - Prevention, early intervention and early detection
    - Closer-to-home, digital and integrated services
    - Innovation and uptake of advanced technologies
- **Create a patient advisory committee**, or otherwise embed patient input, along with patient-led reporting.

What this will achieve:

- Lift New Zealand out of the ongoing crises.
- Embed the New Zealand Health Strategy's requirement to partner cross-sector and cross-government to transform and future-proof our health system.
- Counter the top-down service delivery approach by resourcing and investing in networks and advisory groups that incorporate a future focused patient lens.

- Ensure Health NZ maximises the use of current capital, assets and capacity across public, charity, community and private sectors – such as by leasing, shared facilities, combining digital infrastructure, expanding technology, innovative services and public–private-charity partnerships.
- Enable all publicly funded health entities to work better together on integrated solutions. As an example, if horizon scanning and shifts in delivery are mandated, Pharmac can make quicker, future-proofed decisions of which Health NZ is better ready to implement.
- Ensures resources are provided for continual improvement, innovation and uptake of advanced technologies to improve productivity, access and health outcomes, rather than the current focus on financially stable services.

What will happen if you don't:

- **Our health system will always be extraordinarily expensive – financially, socially, economically, culturally and in lives lost – if we don't shift the focus upstream and change how we do things New Zealand wide.**
- Health NZ's budget is already stretched with competing demands (e.g. medicines, services, acute, primary, community). **Embedding infrastructure will simply divert funding away from what matters to improving health outcomes and lock the system into high cost, hospital-centric thinking, undermining pae ora. The focus will inevitably default to bricks-and-mortar hospital builds, contrary to the shift towards closer-to-home, digitally enabled, integrated care.**

We oppose the proposed amendments without these changes.

3. Ensure all targets relate to improving health outcomes, including cancer.

Recommendations:

- **Require the GPS targets (sections 36 and 36A) to be based on measurable health outcomes.**
- **Change the target for "cancer management care" to "*more cancers are prevented, diagnosed earlier and survivable*" or simply "*Cancer outcomes*".**
- **Require a new targets for accelerated adoption and rollout of new technologies, medicines and associated workforce training.**

What this will achieve:

- Ensure public money is focused on what is really needed to change health outcomes, including cancer, and drive Health NZ's shifts to more effective methods nationwide.
- Through an outcomes approach, measurable targets can include:
    - 30% reduction in square meter costs to deliver infusion services - this incentivises the shift to closer-to-home given that community infusion centres are $600 square meter, versus the $4000 per square meter cost for hospitals.
    - reduce breast cancer mortality by 2.5% per year, 100% uptake of standard of care (bar patient-led refusals), 10% down-staging per year, 75% of breast cancers diagnosed via screening (rather than the long-static 45%), 10% increase in number of patients surviving five-years.

What will happen if you don't

- Adverse health outcomes and maintaining the status quo. The focus will remain on meeting an activity's target and not doing what is needed to improve health outcomes.
- Current bottlenecks and slow – or resistance to - change will continue.

We oppose the proposed amendments without these changes.

4. If change the purpose of iwi- Māori partnership boards (section 29), the Hauora Māori Advisory Committee must be appointed by, and accountable to, the Iwi-Māori partnership boards.

Recommendations:

- **Stop Hauora Māori Advisory Committee being a political appointment and make it representative of the Iwi- Māori partnership boards.**

What this will achieve:

- Enables, drivers and accountability for Health NZ achieving equity.
- Ensures the purpose of the act can be realised and maintains the progress/success of the Iwi-Māori partnership boards.

What will happen if you don't

- **The health needs, aspirations, and health outcomes of Māori won't be represented and health outcomes for Māori won't improve.**

We oppose the Hauora Māori Advisory Committee being political appointed.

5. Mandate Pharmac's objective to improve health outcomes and ensure it is equally committed to realising the purpose of the Act.

Recommendations:

- After "to secure for eligible people in need of pharmaceuticals, the best health outcomes…" **remove "*and from within the amount of funding provided*"** from Section 68 (1) (a) and "within the amount of funding provided to it and" from Section 69 (2) of the Pae Ora Act, and **making it explicit that its role is to achieve the stated purpose in section 3.**

What this will achieve:

- Clearer directive to Pharmac.
- Shift focus from the current approach of rationing inadequate resources, towards striving to deliver benefits to patients, consumers and society through the provision of pharmaceuticals.
- Along with the proposed amendments outline above, this will ensure Pharmac is focused, including future-focused, on what is necessary to improve health outcomes.

What will happen if you don't:

- **Adverse health outcomes and maintaining the status quo.**

These amendments are essential to realising the New Zealand Health Strategy's vision of pae ora. Achieving this requires a mandated shift in thinking, and in approach, has long been recognised as necessary but has yet to occur.