



Arthritis NZ
Mateponapona
Aotearoa

Submission to the Health Select Committee from Arthritis NZ on Healthy Futures Bill

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Overview and background information

Arthritis NZ has been in operation providing services and support to people affected by Arthritis since 1966. Today our services include provision of our helpline Arthritis Assist which deals with a range of issues affecting people with arthritis. We also run webinars led by experts on arthritis management, work with health professionals and organisations such as Pharmac, Health NZ and New Zealand Rheumatology Association and advocate on behalf of people affected by arthritis.

Over 750,000 people in this country have arthritis and Arthritis NZ is the community organisation that supports them. The most common forms of arthritis are

- Osteoarthritis- over 450,000 people diagnosed
- Gout arthritis- over 200,000 people diagnosed
- Rheumatoid arthritis- over 100,000 people diagnosed

In addition, there are a number of other less well-known forms of arthritis and more than 45,000 people who have more than one form of arthritis.

It is important to note that gout is often not recognised as a form of arthritis, when it is in fact the second most common form of arthritis in New Zealand and disproportionately affects Māori and Pacific due to a genetic predisposition.

This submission will focus on specific topics that have arisen in consumer consultation and our work with other health agencies. These topics are

- Clarification that a function of Health New Zealand is to work with private health care providers
- Clarification of the roles and responsibilities of the Hauora Māori Advisory Committee and the role of iwi-Māori partnership boards
- The addition of a new target to be included in the Government Policy Statement (GPS) specifying the addition of access to primary care

Our recommendations

We recommend that the Committee expresses strong support for:

- **Recognising that Health New Zealand has a function of working with private providers, while acknowledging that a flourishing and well-funded public sector is essential for healthcare in this country**
- **Recognising the significant role of iwi-Māori Partnership Boards in evaluating local Māori health services and monitoring the performance of local services and ensure their current status is preserved in the legislation.**
- **The addition of a new purpose in the Government Policy Statement to ensure timely access to primary care.**

Arthritis New Zealand wishes to speak to this submission.

1. Working with private providers

- 1.1.** Arthritis New Zealand is very aware of the need to utilise private providers. Currently our consumers who require joint surgery replacement are benefitting from the utilisation of the private sector in reducing surgical waiting lists.
- 1.2.** Consumers who are accessing this care are less concerned with who is providing their surgery than with the fact that they are finally getting the surgery they need.
- 1.3.** However, they are also patients who rely on a well performing public health system and see the private sector as a fall back rather than a first port of call. In particular, patients who have had complications arising from their surgery and had to be subsequently treated in a public setting noted support for a well-funded public system.
- 1.4.** We note the development of a nonsurgical pathway has huge potential to reduce waiting lists by utilising Advanced Physiotherapy but is a good example of a public health system not funding this innovative care.

Recommendation

The Committee strongly supports recognising that Health New Zealand has a function of working with private providers, while acknowledging that a flourishing and well-funded public sector is essential for healthcare in this country.

2. Consultation with Māori

- 2.1.** Arthritis New Zealand has seen the development of iwi-Māori Partnership Boards as an excellent initiative and are disappointed to see the legislation proposes their role be changed. The loss of their role in evaluating local Māori health and monitoring the role of local services is not one we support.
- 2.2.** As noted in the introduction to this submission, gout is a form of arthritis and a major health issue for Māori. Arthritis New Zealand has been at the forefront of moving to make gout treatment a health priority and is keen to involve partnership boards in the shaping and evaluation of gout management as is currently the case. They are ideally placed to know their local area and how to best manage local services to ensure they reach Māori populations.
- 2.3.** Arthritis New Zealand sees the change in role as undermining partnerships and advocates for the retention of the iwi-Māori partnership boards role in developing Māori services rather than simply passing on information to the Hauora Māori Advisory Committee as proposed.
- 2.4.** Ideally, we see the local iwi-Māori Partnership Boards having access to the Board of Health NZ and the Minister if they feel it necessary. This will provide different perspectives and ensure an active Māori network is not shunted aside but ideally will work with the Hauora Māori Advisory Committee, rather than act as advisory committees only.
- 2.5.** The Hauora Māori Committee will have a statutory function and will be made up of members appointed by the Minister. As such it may have a less independent voice and will not have the community partnerships and knowledge that the Boards have. Blending of the two can only benefit the development of good policy focussed on Māori health.

Recommendation

The Committee express strong support for recognising the significant role of iwi-Māori Partnership Boards in evaluating local Māori health services and monitoring the performance of local services and ensure their current status is preserved in the legislation.

3. The addition of a new purpose in the Government Policy Statement to ensure timely access to primary care.

- 3.1** Arthritis New Zealand applauds this addition as recognition of the importance of timely access to primary care services. We know from our Arthritis Assist helpline that access to primary care can be difficult and include a wait of up to 6 weeks for example to see a GP. Some groups that have emerged as experiencing particular difficulties include: people in rural and provincial areas, people on low incomes, those who have shifted and cannot access a GP in their new location, and people who are not registered with a GP.
- 3.2** However there is little detail about how this new purpose will be met and Arthritis New Zealand awaits more detail and information to show how this new purpose will not just be an aspirational statement. There is significant cynicism about the likelihood of meaningful improvement and achieving this goal this would a major achievement.
- 3.3** We also note that primary services include more than GP access and express support for ensuring other services such as access to community physiotherapy and rehabilitation.

Recommendation

The Committee strongly support the addition of a new purpose in the Government Policy Statement to ensure timely access to primary care.

4. Recommendations

We recommend that the Committee expresses strong support for:

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