

Questions from stakeholder hui 6 March 2024

How will Health NZ | Te Whatu Ora ensure the voices of whānau, particularly those most marginalised, are heard and acted upon?

Health NZ | Te Whatu Ora will use multiple mechanisms to hear the voices whānau, existing consumer councils, Health Quality & Safety Commission (HQSC) Aotearoa Consumer Forum, Iwi Māori Partnership Boards (IMPB) alongside Consumer Engagement and Whānau Voice functions within Health NZ and the newly merged Te Aka Whai Ora Whānau Voice team. In addition to these Health NZ also have a national lead for Disability and Rainbow and a Pacific Directorate to ensure these populations are heard in our system.

Prudence Stone from Presbyterian Support NZ: I was disappointed by the lack of attention on Aged Care and the health of older people, in the latest review of Health NZ. It needs more special focus, given the ageing population.

Thank you for your feedback. The review of Aged Care Services is very much front and centre of our work programme.

Health NZ has initiated a review of the funding and service models for aged care services. A key aim of the review is to, over time, stabilise the system of care for older people and drive consistency and equitable access to services. The review is a commitment under Te Pae Tata.

Sapere Research Group are supporting the programme and have provided a strategic assessment of the current state for aged residential care (ARC) and home and community support services (HCSS).

This report is the main output from phase one of the two-phase review, and included stakeholder engagement with key sector leaders, in particular the programme advisory group, which included providers, non-government organisations, unions, funders, needs assessors, and community and whānau members. The report, *A review of aged care funding and service models: A strategic assessment of aged residential care and home and community support services*, has been published on Health NZ website: [*Aged Care Funding and Service Models Review*](#).

We have commenced phase two of the review and will be initiating national workshops in the coming months to work through the report findings and collectively design a model of care that best meets the needs of our older people.

Thank you again for your considered request for information. We have a complex health system, and sometimes the short periods of time we have in these forums do not allow for us to focus on all components directly.

Is there an interim Pharmacy Action Plan? The one I can find was 2016-2020 only.

The Pharmacy Action Plan no longer exists and is not being renewed. The programme ceased last year. The lived experience engagement section of refreshing the action plan was concluded (see [Pharmacy-whakamahere](#)).

Health NZ did not want to take it further: 'with the health system reforms introduced on 1 July 2022, the project was paused and the completed work will now support the actions identified in Te Pae Tata, the interim New Zealand Health Plan'.

Whilst a medicines strategy (Ministry of Health) is now on the cards, it is unlikely to cover the same areas as the Pharmacy Action Plan did.

What was the % of care and support worker increase please? Is there any specific plans for increasing this workforce as a vital part of the health sector especially keeping care closer to home?

The 8% increase in the year ended 31 December 2023 referred to the increase in the Health NZ employed care and support workforce. Our service delivery contracts with Home and Community Support providers are outcome focussed and the providers are responsible for employing the workforce required to deliver a high quality service.

We are in the process of reviewing funding models across aged care services to ensure funding levels continue to support high quality service delivery models.

Is there any progress on closing the gap in pay between hospital/Health NZ employed nurses and general practice employed nurses? Without that we will see the vacancies in primary care continue to grow.

The primary care workforce in rural areas is in real trouble. Understaffed and stressed. Nurse parity/equity issues have only accentuated this. What are your immediate actions to provide relief to clinical and other staff in rural primary care?

Answer to both questions above: Health NZ has an aspirational goal to achieve parity between comparable funded and employed workforces overtime. This requires significant investment across the funded sector and cannot be immediately achieved within current funding levels.

In 2023/24 Health NZ provided the largest funding uplift in several years across the funded sector including general practice and urgent care services at 5% of contract value. This was above the Sapere recommended ARSFI funding increase.

In addition general practice and urgent care services received pay disparity funding to support increases in nursing pay rates. A further funding uplift will be made in 2023/24 to support cost pressure increases, including wage cost pressures.

Health NZ is also in the process of reviewing the funding model for general practices. It is also supporting general practice owners to progress through the process to settle the two pay equity claims covering their nursing and administration employees.

What is the date we will see the GPS?

The Ministry of Health is supporting the Health Minister to develop and finalise the Government Position Statement on Health (GPS). We understand it will be available in June.

There was supposed to be something happening around bowel screening aligned with flu vaccine this year but nothing further heard recently. Has that been considered for breast screening information?

Currently there are no plans to align flu vaccines and breast screening promotion. However, within the implementation of the BreastScreen Aotearoa (BSA) Quality Review Implementation, there are plans to work with pharmacies to scope the potential for breast screening information to be available in pharmacies.

Why is the extension of breast screening age to 70 -74 years ? Why did it originally cut off at 69 when they were more or less vulnerable past 69 especially with Māori?

BreastScreen Aotearoa regularly reviews evidence to ensure we are providing a clinically safe programme. Although breast screening is a useful tool to find cancers early, it does not come without harm (such as overdiagnosis). Age is a key factor in determining those individuals who are more likely to benefit from taking part in breast cancer screening. In recent years, evidence has emerged showing that women aged 70-74 can benefit from screening. Evidence does not currently support screening women aged above 74 as the benefits do not outweigh the harms.

BreastScreen Aotearoa acknowledge the importance of reaching equity for wāhine Māori and Pacific women and therefore actively prioritises these groups. As age extension is rolled out the programme will continue to prioritise these groups to ensure equity is not negatively impacted.

I received a query from someone from Australia who wanted to sign up as a former employee, but they couldn't register with the portal. Do you have any suggestions?

It should be fine for people to register from Australia. There's a help link from the home page of the portal, so people can use that if they have any problem registering or logging in.

Please can we have a link for the portal or its full name so we can easily find it?

You can find the portal link on our websites, along with summary information about Holidays Act remediation. The portal is at www.remediate.tewhatauora.govt.nz.