Notes of the 71st meeting of the Health Quality & Safety Commission Board held on 9 May 2019 in Wellington

Members: Professor Alan Merry (Chair), Dr Dale Bramley, Dr Bev O'Keefe, Dame Alison Paterson, Gwen Tepania-Palmer, Dr Gloria Johnson.

Staff: *In attendance:* Dr Janice Wilson, Karen Orsborn, Bevan Sloan, Richard Hamblin, Dr Chris Walsh, Gillian Bohm, Dr Iwona Stolarek, Kiri Rikihana, Paula Farrand (EA), Tina Simcock (minutes), Lizzie Price.

Invited advisors: Ria Earp - Chair, Te Rōpū Māori; Rowena Lewis - Consumer Advisory Group.

Guests: Hon. Steve Maharey (Chair PHARMAC), Sarah Fitt (CE PHARMAC), Darrin Sykes - CE Crown Forestry Rental Trust, Karen Poutasi – CE NZQA and Teresa Wall, Dr Roz Sorenson – Manager, Mental Health and Addiction team and Dr Clive Bensemann – Clinical lead Integrated Care Mental Health & Addictions, Counties Manukau DHB, Dr Carlene McLean, Senior Policy Advisor – SuMRC, Shelley Hanifan, Principle Advisor, Policy.

Apologies: Mr Andrew Connolly, Bob Henderson.

Key points and decisions are summarised below.

- The minutes of the previous meeting were **approved**.
- The actions of the previous meeting were **updated** and **noted**.
- The interests register, and special register of interests were **updated**.
- Members Board related activities were **noted**.
- The financial report and risk register were **noted**.
- The CE Report was **noted**.
- A **patient story** was provided by way of a video.

Key decisions – the Board:

a. **action** Commission to look into the feasibility of quantifying the extent of publicly unfunded cancer drug usage and whether information is available through national, local and international supply
b. **accepted** the minutes as a true reflection of the meeting held on 21/22 February 2019
c. **agreed** the Board will receive the final four-year horizon at the next meeting in July
d. **action** Highlight key messages and a covering letter to the Minister and partners
e. **action** A further peer review to be sought by Professor Papārangi Reid, Auckland University
f. **action** a covering letter to be sent to the Minister and partners highlighting key points and recommendations
g. **accepted** Response letter accepted on the proviso that the Board's feedback has been incorporated into the letter to the Health and Disability System Review and submitted by 31 May 2019
h. **action** Appendix of Health and Disability System Review to be re-shaped

i. **action** The CFO to present a paper to the Board with an assessment of the optimal level of equity
j. **accepted** the finance report
k. **agreed** Te Tāhū Oranga l Health Quality and Safety Commission as the Commission's public-facing name
l. **agreed** to review re-branding of the Commission at a later date
m. **action** items to be included into an agenda for a future board session
n. **action** management asked to explore the issue of variation in thresholds for elective treatment and provide advice to the Board.

PHARMAC
The board Chair welcomed Hon. Steve Mahary – Chair of PHARMAC board and Sarah Fitt – Chief Executive for PHARMAC.

The Chair of the PHARMAC board, outlined a more collaborative approach that PHARMAC wishes to explore with the Commission and across the public sector with regards to their work. The aim is for PHARMAC to:

- share what is new and available in medicines, pharmaceuticals and medical devices for doctors, clinicians and health professionals
- manage the process of funding medicines and those medicines that are non-funded but available as an option for treatment
- identify emerging issues such as rare disorders that are affecting more people.

Discussion
The Commission was supportive of growing the collaboration between the two organisations. There is strong alignment between the Commission and PHARMACs strategic priorities. In particular the priorities of improving health equity and advancing Māori health are well demonstrated in the recent release of PHARMAC's publication (17.3b) entitled '*Achieving Medicine Access Equity in Aotearoa New Zealand'…'Towards a theory of change*'.

The Board acknowledged that health funding constraints has unfortunately created an inequity between those that can afford privately funded access to medicines and those that cannot. This will increase the disparity for Māori and Pacific health consumers. There is also a noted increase of demand for medicines from Asian[1] health consumers that have made New Zealand their home.

There was acknowledgement about the challenges of access to medicines publicly available and ensuring medicines prescribed have been through a robust process of testing, research and value-for-money, prior to being available in the New Zealand market. This process can be lengthy in time and has raised issues with patients and the media. Cost is a factor similar to other areas in the public arena, PHARMAC has to work within its allocated budget, with medications prioritised on evidence of effectiveness and cost effectiveness.

There was discussion on non-publicly funded cancer treatments, prescribed by medical practitioners. The prescribing of non-publicly funded medicines by haematologists was noted as 'high' in one district health board (DHB). It was suggested that it would be useful to understand the extent of prescribing of non-funded medicines. It would also be useful to

[1] Asian definition as relayed in this context includes all people from the Asian continent such as China, Philippines, India, Pakistan etc

understand what contribution to differences in survival was medication-related, as this may contribute to inequity between those who have cancer and cannot access non-publicly funded medicines and those who can through the ability to pay for these drugs independently.

The Board agreed that greater transparency with the public about the funding of cancer (and other) medications would be desirable.

PHARMAC have drawn on the Commission's data and intelligence. The findings from the Atlas of healthcare variation and equity explorer, relating to medicine equity access, gout, diabetes and asthma have been used by PHARMAC.

Opportunities – cross-agency policy advice and new Atlas topic
There was particular interest in exploring how the Commission and PHARMAC could better collaborate in sharing data held by both agencies. The Chair of PHARMAC board asked how, as Crown Entities, we can work collectively to provide policy advice to the Crown on health signals and trends that we are seeing from our work.

Data could flag early warning signals and provide evidence-based support to highlight emerging health policy-issues for cross-agency policy advice intended to improve health outcomes for people in New Zealand. The alignment of this work would fit nicely as an Atlas topic.

Performance Review Framework (PIF) update
Dr Karen Poutasi, Darrin Sykes and Theresa Wall, external reviewers, joined the meeting.

Themes emerging include:

- **System leadership** - the Commission is a respected system leader and part of the health eco-system, is a valued expert in the health sector most notably, in the reduction in harm and mortality work such as the infection control programme and the Atlas of healthcare variation.

- **The Treaty of Waitangi** – there were varying views on how the Commission meets its obligations under the Treaty and its underpinning values such as 'tino rangatiratanga, wairuatanga, tikanga, manākitanga and kaitiakitanga'. Questions were framed around equity and then more deeply explored on the Commission's treaty obligations in terms of reducing inequity in health.

- **Equity** - Many stakeholders particularly non-Māori, focused on equity of outcomes and responses. Many questioned the difference between equity of access and equity of outcomes. A strengths-based approach was preferred to a deficit focus. Equity should be viewed not through the lens of a Pākehā world-view on health quality and safety, but through the lens of a Māori world-view on what good health quality and safety look like for them – this would be an important factor in balancing a treaty/policy perspective versus an equity/policy perspective in future projects.

- **Systemic and systematic drivers –** there are questions around the strategy and operating model of those charged with the power of setting the direction to improve the health of New Zealanders who need it. Māori stakeholders questioned whether the status quo works. Māori stakeholders cited systemic issues in the healthcare system such as institutional racism, lack of cultural protocols and limited involvement of whānau in the decision-making process of their treatment. Many wanted a system of wellbeing that supported a strength-based approach and partnership i.e. co-creating treatment with consumers.

- **Shining the light:** Greater cultural-competency and cultural safety should be a requirement of the job when surmising and relaying health issues.

The board discussed the emerging themes and noted the team's high level of commitment to the PIF programme of work.

Mental health and addiction
The Programme for the Commission's mental health and addiction work spans over five years and is DHB funded. Dr Clive Bensemann and Dr Roz Sorensen presented on the Mental Health and Addiction National Quality Improvement programme.

The Māori Advisory Group and their involvement in co-design and the way we use data, engaging with the sector with unconscious bias. There is a strong commitment to consumer engagement through a Consumer Advisory Group and supporting co-design.
The team is working with DHBs on co-design and consumers. The co-design project with Waitemata DHB won the recent engagement with consumers and co-design award at a learning event.

The importance of having a strong consumer voice is a vital component of how we build sector capability and system thinking. Our investment in quality improvement includes building capability by working with and through other experts, within the Commission such as leveraging off our intelligence team through shared data. The team have also engaged sector experts in the national work through secondments.
An 'equity lens' is applied over all work with the use of research and co-design.

Suicide Mortality Review Committee update
Dr Carlene McLean, Senior Specialist Advisor for the SuMRC joined the discussion.

The SuMRC is building the first national database for registering all deaths by suicide. It is expected to take up to a year to develop the appropriate database capacity and structure.

The pace of analysis and policy recommendation work is also enabled by the ability of the committee to acquire data from external organisations. This is proving time consuming because acquiring personal-level data from central government agencies requires relationships to be developed and data exchange mechanisms with each agency. To date; data has been acquired from ACC, Ministry of Education, Ministry of Health and the coroner's office.

Discussion included:
- inequity and its determinants
- the need to incorporate some positive attributes in the report such as Mātauranga Māori and the major shift going on in the system.

2019 Window Report
The Principle Advisor (Policy) Shelley Hanifan, joined the meeting.

An edited version of '*A Window on the Quality of New Zealand's health care 2019: A View on Māori Health Equity' (Window 2019)* was presented to the Board.

The board agreed that the document provokes thinking. There was discussion on Williams and Mohammed's model of societal level determinants of health' which shows how 'basic causes', such as biology, geography, social institutions and racism provide upstream effects on health outcomes. It was positive to see a New Zealand context presented which showed 'basic causes' include the historical taking of land, resources and culture and present day monocultural health system and service delivery.

There was a positive view on the preface with the health component, Māori advancement and the use of 'upholding te Tiriti o Waitangi' in our practice. It was agreed to seek further Māori academic peer review of the report.

CYMRC data record
Dr Felicity Dumble, Chair CYMRC joined the meeting.

The Child & Youth Mortality Review Committee's (CYMRC) report is publishing the 14th Data Report 2013-17 on the Commission's website on 28 June 2019.

The board agreed the report was a valuable resource and that the information can have a positive impact on those charged to reduce fatalities such as transport in the road toll reduction; Whānau Ora & Tamariki Ora in the reduction of mortality rates for Māori, Pacific and all New Zealand children and youth.

Submission to Health and Disability System Review
The paper was submitted to the Board, outlining a draft response to the Health and Disability System Review phase 1 consultation, to be submitted to the Health and Disability System Review by 31 May 2019.

The terms of reference for the New Zealand Health and Disability System Review (the Review) outlines an opportunity to improve the performance, structure and sustainability of the system with a goal of achieving equity of outcomes, and contributing to wellness for all, particularly Māori and Pacific peoples.

The Review will provide a report to the Government, including recommendations, on a sustainable and forward-looking health and Disability System that is well placed to respond to future needs of all New Zealanders.

The Commission submission includes the underpinning focus for the health system of the New Zealand Triple Aim, with the important themes of improving the quality, safety and experience of care for people and their whanau, improving population health status and equity, and addressing both of these within the context of ensuring best value for the public health resource. An additional fourth theme was mentioned, that of supporting and improving the workforce which is considered essential for all health system improvement.

Change to Commission public-facing name
The Director for Communications outlined the work to date in changing the Commission's public-facing name.

The name 'Te Tāhū Oranga' was agreed as the Māori name for the Commission in November 2018. Further options were agreed to test the English name with several stakeholders and

staff. This name does not replace the Commission's legal name but proposes to use it as a simpler 'public facing' name.

The Board agreed re-branding is probably worth-while but given the pressures on our finances at present it believed the process should be deferred.

Agreed to Te Tāhū Oranga I Health Quality and Safety Commission as the preferred name.

The Board:

- **agreed:** Te Tāhū Oranga I Health Quality and Safety Commission
- **agreed:** Review re-branding the Commission at a later date.