

Subject: Your request for information, ref: H202200054
Date: Thursday, 31 March 2022 at 5:31:51 PM New Zealand Daylight Time
From: OIA Requests
To: Wendy McGuinness
Attachments: image003.jpg, H202200054 - Response letter.pdf



Kia ora Wendy,

Please find attached a letter regarding your request for information. We appreciate your patience while we worked to respond to your request.

Ngā mihi,

*most page
to 3-13*

OIA Services
Government Services
Office of the Director-General
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31 March 2022

Wendy McGuinness

By email: wmcg@mcguinnessinstitute.org
Ref: H202200054

Tēnā koe Wendy

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 22 December 2021 for information regarding New Zealand's health care system. A response to each part of your request is outlined below.

Question 1: Cost recovery for MIQ We want to understand the extent to which the cost of a seven day stay for an individual at MIQ (\$1610) was being met by travellers or by the Government. In addition, can you clarify the current policy for cost recovery? For example to what extent is the Government aiming for 'almost full recovery' or 'partial recovery'? Could you provide an assessment of your existing financial assessment and any projections you may have? Note: We are aware of your statement that 'all stays in MIQ will be extended to 10 days', found on your website here.

Question 2: Comparison of home stay versus MIQ stay Was the self-isolation pilot for business travellers successful? Can you provide the report assessing the results of the pilot? The fee for the self-isolation pilot was \$1000 for 14 days (based on the link found here). Can you advise how the fee is being treated for accounting purposes – is it being treated as: (i) revenue or (ii) as part of a cost recovery exercise? Can you explain?

On 30 March 2022, you were advised parts 1 and 2 of your request were transferred to the Ministry of Business, Innovation and Employment under section 14(b)(ii) of the Act. You can expect a response from MBIE in due course.

Question 3: Restrictions to countries Is MOH currently reconsidering its view about restricting entry from high-risk countries (e.g. South Africa)? Note: Our view is that assessments should be on a person-by-person not a country-by-country basis, as people should all be assessed as though they have the virus (to both prevent discrimination and to manage risks). Any additional comments would be very welcome.

There are no Very High-Risk jurisdictions currently listed in the Air Border Order. Since your OIA request was received, the plans for easing restrictions on those wishing to enter New Zealand have been outlined and been brought forward. These changes reflect the changing COVID-19 risk context and New Zealand's overall response. The full outline of these changes is available here: www.covid19.govt.nz/international-travel/travel-to-new-zealand/when-new-zealand-borders-open/.

Question 4: COVID-19 National Hospital Response Framework What is the latest version of the COVID-19 National Hospital Response Framework? Who is responsible for updating this? What requirements are being placed on hospitals to implement this

framework? Note: we have found the framework poorly communicated in DHBs and hospitals.

The National Hospital Framework, or its more recent title, the National Hospital COVID-19 Escalation Framework, has now been retired. This decision was made by district health boards (DHBs) in consultation with the Ministry to be in line with the new traffic light system. Decisions on care provision are made in local contexts both in relation to infection risks and other relevant info such as staffing pressures from absences..

Question 5: Oxygen hubs for rural areas What facilities are being provided to isolated rural communities in terms of oxygen supply? Has MOH considered establishing oxygen hubs in rural communities under the management of major COVID-19 hospitals?

The Ministry's primary focus has been to increase oxygen available in hospitals around the country. Oxygen supply for rural communities is generally managed at a local level as required between the patient and oxygen suppliers. Oxygen hubs in rural communities have not been considered at this time. Omicron is considered to be a less severe variant, which will mean less instances of oxygen being required for COVID-19 cases. If oxygen for rural communities becomes an issue, then we will look to develop a model to support this.

Question 6: National reserve supply (NRS) We note that you are recording COVID-19 vaccines in other public locations but believe this figure should also be kept on the NRS and updated monthly (alongside the H5N1 pre-pandemic influenza vaccines). Given this, what is the reason for keeping H5N1 vaccines on the NRS, but not COVID-19 vaccines?

COVID-19 vaccines are not a part of the NRS and therefore not reported on as other items in the NRS are. Please note, it is not a requirement under the Act to provide an explanation in response to a request.

Question 7: Integrated health care strategy Have you created an integrated health care strategy (ideally on one A3 page)? If yes, please provide a copy of this. If not, is this something MOH thinks would be beneficial and if yes, is this something MOH is working on?

The integration of primary and secondary services is one of the objectives of the health reforms. There is more information at: www.futureofhealth.govt.nz.

Question 8: Dashboard Have you developed a dashboard to measure the efficiency and effectiveness of the health care system for (i) each hospital, (ii) DHB or (iii) the country as a whole?

On 22 February 2022, you clarified your definition of efficiency. Thank you for this additional information. We have considered the additional information that you have provided, and we have established the modelling that you have requested does not exist and is therefore refused under section 18(e) of the Act.

Question 9: Benchmarking the health care system Is the MOH collecting data (estimated or projected) on either (i) elective procedures and (ii) outpatient attendances? If yes, please advise who is responsible for collecting this data and how the Institute can access the data. (See for example, two previous graphs that we have created using UK data, being Figures 1 and 2, found at the front of the DHB survey, attached.) If not, are there any plans to collect this data in the future? Please explain who will be responsible for collecting this data and when.

The Ministry collects information about health services provided by DHBs through the national collections. More information about national collections data can be found on the Ministry's website here: www.health.govt.nz/nz-health-statistics/national-collections-and-surveys.

Specific requests for information can be requested from the Ministry's Data Services team by emailing data-enquiries@health.govt.nz. The Data Services team can work with your organisation to scope your request to ensure the data provided is fit for purpose.

Both the Ministry and the Health Quality and Safety Commission have published reports on disruption to services because of COVID-19 which may be of interest to you. These reports are available here: www.health.govt.nz/publication/covid-19-disruptions-hospital-and-general-practice-activity and www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/4403/.

Question 10: HealthPathways Is the MOH ensuring that HealthPathways for patients are the same across all DHBs? See example here. Please explain who is doing this work.

Aligned with the first iteration of the Care in the Community framework, clinical guidelines had been developed and are available on HealthPathways. There is a collaborative community of HealthPathways teams that prepares NZ collaborative clinical pathways that express nationally agreed clinical guidance. Each local Healthpathways region then localises this pathway to reflect the local service provision process and details as they become available. Because the landscape of providers varies across the country, the local processes are customised. The Care in the Community framework guides the model of care around the country.

Question 11: Review of key plans We are pleased to note that a review is being planned for the 2013 National Health Emergency Plan National Reserve Supplies Management and Usage Policies and the 2017 New Zealand Influenza Pandemic Plan. Does this review include the 2015 National Health Emergency Plan (NHEP)? Are you able to share the terms of reference for the review (including the scope, timing and who will undertake the review)? Note: We would like the opportunity to comment. Questions related to the health system reform in July 2022

The National Health Emergency Plan (NHEP) creates the strategic framework to guide the health and disability sector in its approach to planning for, responding to and recovering from health-related risks and consequences of significant hazards in New Zealand.

The NHEP will be reviewed following confirmation of the final health and disability sector post-reform structure in July 2022. The NHEP review process, including the terms of reference, scope and timing, and whether the review will be undertaken internally by the Ministry or facilitated by an external provider, are yet to be determined.

As with any significant Ministry document there will be a consultative period for the revised NHEP.

Question 12: Consultation Is there any opportunity for the public to comment on these proposals, or will they be implemented without any further public engagement? Note: We understand that the UK and others are considering moving to decentralise (rather than centralise) their health care system given their experience of COVID-19 (see wider discussion here and here). The proposed reforms were designed before COVID-19 lessons were identified and understood.

In collating the information for your request, we consulted with the Health and Disability Transition Unit within the Department of the Prime Minister and Cabinet. They have advised the following:

The design of the future health system has been, and continues to be, developed through a collaborative process. There will be more opportunities for people to tell us what they think this

year as we transition to a new structure, and in the future as the transformation of health in New Zealand takes shape. This will be a process that takes place over years, not months.

These reforms are the result of several reports and public engagements, starting with the Health and Disability System Review in 2019. That Review engaged widely with New Zealanders with 646 submissions received. The Transition Unit undertook hundreds of engagements with range of individuals and organisations across the health system and wider communities to develop advice on the future health system.

The Pae Ora Select Committee gives people another opportunity to tell us what they think needs to be considered for the future health system. A total of 4,663 submissions were received.

There will be many further opportunities for people to help shape the care that's provided in their communities; one of the goals of the reform is to give people more influence over the care they access most often, and closest to home. This will see communities helping to design services that meet their needs, moving away from a one-size-fits-all model. At the same time, the move to hospital networks and more national planning will combat the postcode lottery, meaning everyone can get equitable care regardless of where they are in the motu.

Question 13: Timing of the reform? Has the MOH advised (or are they considering advising) the Minister and others that this is an inappropriate time to implement a reform of this scale? Note: We understand the health reform is planned to take effect from 1 July 2022. This will be the biggest change in the way the health and disability system of Aotearoa New Zealand is organised since District Health Boards were established 1 January 2001. This seems a risky time to implement a new system given it is likely to be the same time that we will see major COVID-19 surges in New Zealand and the level of consultation will have been sorely hampered due to COVID-19.

The Ministry has consistently advised that care be taken in implementing the reforms, to ensure ongoing stability across the health and disability system to protect services to New Zealanders including the COVID-19 Public Health response. The Ministry has also advised that the reforms are an opportunity to continue and amplify changes that have occurred through the COVID-19 response, including in the provision of a National Public Health service and in strengthening data and digital enablers.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku nōa, nā



Jan Torres
Acting Manager, OIA Services
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