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Tēnā koe Dr Large

Submission – PASE: more than a disease-based model

Thank you for the opportunity to comment on The PASE Whitepaper: Delivering Health Care from the Cloud.

The Royal New Zealand College of General Practitioners (The College) is the largest medical college in New Zealand. Our membership of 5,748 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. The Rural Division of Hospital Medicine also sits within the College's academic remit of vocational training of doctors working in rural hospitals. Our members cover both urban and rural settings, are funded through capitation and co-payment, and work in a variety of business structures. The College kāupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

Our response to questions raised:

1. Do you agree that the PASE model is one that is worth pursuing within the health reforms

The College strongly supports pursuit of the PASE model – Score 9

2. Do you have any comments on this question?

The NZ Telehealth Forum (NZTF) has correctly identified the opportunities presented by a national employer, supported by a centralised booking system, utilising information communication technology (ICT) to give patients and whanau more equal access to Secondary Health Care Specialists (Specialists).

The College recognises the potential reductions in inequities and improvements in health outcomes that the proposal seeks to achieve and supports its further development.

3. Would you be interested in contributing further to the development of this model?

The College is interested in collaborating to further development of the PASE model.

4. Do you have any comments on this question?

Specialist General Practitioners (GPs) play a prominent role in determining when a patient needs to be seen by a Specialist, as well as being part of the multidisciplinary teams to support patients throughout their health journey. The College would value the opportunity to contribute to the ongoing development of the proposed PASE model.

5. If the PASE model is implemented should it be:

Nationally delivered model to assist system integration across New Zealand.

6. Do you have any comments on this question?

A nationally delivered model would recognise that patients are not static and move around every level of the health system. For example, in Australia it is estimated that 14.4% of the patient population moves around the system at any one time¹.

A locally delivered model would offer few benefits over the previous DHB model. A regional model, given that there are only four regions, would suggest that the barriers that would preclude a national model can be overcome, so it's hard to see why this would be the preferred model

7. Should there be a location focus or a disease focus on service development?

- Other (please comment below)
(Note other options - Location focus; Disease focus; Hybrid)

8. Do you have any comments on this question?

Question 5 and 6 have covered the College's preference for a nationally implemented model which would be incompatible with a location focus.

Eventually the model should be implemented across all disease types however this may be too much to tackle in the first instance. It may be more achievable to identify the areas where the most inequity currently exists which would therefore be where the most improvements in health outcomes could be found.

The College would support this if the end goal was still a fully extended model that was available to all patients irrespective of the disease type.

9. What barriers do you see to the implementation of a PASE model?

- **Infrastructure is a barrier**
While some patients will have the necessary devices, data and network to access PASE services, some will likely need to use services based elsewhere, such as a health clinic or GP's chambers. Similarly, it is likely that GP offices will be used when a patient and their GP wants to consult with specialist services.
The College expects that hospitals will be funded by Health NZ to invest in suitable ICT fit outs to make the most of PASE should the model be adapted. However, the College is of the view that such an investment should also be matched by an appropriate level of Health NZ funding to ensure that all GP clinics can take full advantage of the new model as well.
- **Second order impacts**
The primary benefit of the PASE model is that it will enable the equitable redistribution of specialist services. While the College expects that this will improve health outcomes on a population basis, it should be acknowledged that some regions and patients will inevitably suffer from poorer health outcomes.

Given the workforce shortages it is highly unlikely that there are reserves of unused specialist services in the health system. More likely, the resources that are redistributed will be shifted from a region with a relative low need to a region with a relative high need. Taken holistically this is the right outcome as resources should follow the highest need and if this can be allocated at a national level then the best overall health outcomes will be achieved. However, whichever region the resources have been diverted from will feel the lack of those resources and suffer the consequent impacts in terms of waiting time and health outcomes. This can become a barrier to implementation because, regardless of the new national structures, there will always be people who are deeply invested in protecting the people in their region. Strong leadership at the national level will likely be needed to lead these challenging conversations.

10. What specific benefits do you think were missed by this analysis?

None

11. Do you have any additional comments?

The Division of Rural Hospital Medicine within the College represents the interests of Rural Hospital Doctors. While there is much within PASE that will be beneficial to Rural Hospitals it is essential that the model is not used as an excuse to further centralise Hospital services and strip vital health care from rural communities. Telehealth is a valuable support and supplement to in-person services, but it should not be seen as a replacement.

Conclusion

Thank you for the opportunity to comment on the PASE Whitepaper. We support the principle of increasing patient mobility through practical and pragmatic approaches outlined in the paper.

In summary, we consider a nationally led model would significantly improve the experience of people throughout their health journey. National implementation of the PASE model would support patient mobility and prevent people from being lost in the system. A system that supports patients to interact with PASE over the long term would improve their experience of care throughout the life-course and reduce the likelihood that moving from one region to another would compromise care.

If you require further information please contact Maureen Gillon, Manager Policy, Advocacy, Insights - maureen.gillon@rnzcgp.org.nz

Nāku noa, nā



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ⁱ Glenister K, Guymer J, Bourke L, Simmons D. Characteristics of patients who access zero, one or multiple general practices and reason for their choices: a study in regional Australia. [BMC Fam Pract](https://doi.org/10.1186/s12875-020-01341-4). 2021; 22: 2. Published online 2021 Jan 2. doi: [10.1186/s12875-020-01341-4](https://doi.org/10.1186/s12875-020-01341-4)