



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

50
years

2 November 2023

Minister responsible for Emergency Management
Committee Secretariat
Governance and Administration Committee
Parliament Buildings
WELLINGTON

via email: ga@parliament.govt.nz

Tēnā koe Minister

Submission on Emergency Management Bill

Thank you for the opportunity to make a submission on the Emergency Management Bill.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. Our membership of over 5,700 general practitioners and rural hospital doctors comprises 40 percent of New Zealand's specialist medical workforce. Patients report high levels of trust in GPs and satisfaction with the care they provide.

The Medical Council of New Zealand accredits the College to deliver vocational training to the specialist General Practitioner and Rural Hospital Doctor workforce. Our kaupapa aspires to improve equity by upholding Te Tiriti o Waitangi principles and supporting members to be culturally safe and competent through the achievement of education and quality standards in the General Practice Education Programme.

Our members work in general practice teams and rural hospitals delivering continuity of care to patients in community-based settings. The College's Practice Quality Programme, comprised of the Foundation Standard and Cornerstone Modules, establishes safety, quality assurance and improvement benchmarks for over 1,000 general practice teams delivering safe and effective care for all patients. The Foundation Standard requires all practices to annually conduct business continuity, emergency response and epidemic/pandemic response planning.

Our submission

Submission based on experience

The College has a significant number of members who are actively involved in emergency management networks. This submission includes input from members and other primary care professionals with emergency management experience from the Christchurch earthquakes and the 2023 Te Tairāwhiti floods.

The importance of healthcare during emergencies

Ensuring continuity of health services during an emergency is critical to the purpose of the Bill set out in section 3(a). To achieve this, it is important that the emergency management system set out in the Bill works well with and complements the health emergency system administered by Te Whatua Ora. This concerns not only health and health equity outcomes but is also necessary to contain health costs incurred when timely treatment is not provided. In addition to acute health costs, we know from the experience of recent emergencies (e.g. the Christchurch earthquakes) that the costs associated with mental health issues caused by emergencies are significant.

The importance of general practice, urgent care and primary care

The importance of general practice and primary care, where 90% of health problems are dealt with under normal conditions,¹ was demonstrated during the responses to the Christchurch earthquakes, COVID-19 and Cyclone Gabrielle. In addition to providing ongoing healthcare through the coordinated and continued delivery of health services during a disaster or major incident, practices also provide acute emergency care, especially when access to secondary health services is compromised (e.g., due to flooding, slips, damaged infrastructure, extreme weather, etc.). Experience shows that under emergency conditions, healthcare is mostly provided by general practice, urgent care and community pharmacy providers rather than hospitals and this needs to be recognised in the Bill.

Health representation in coordinating structures

A key learning from recent emergency management events is that general practice, urgent care and community pharmacy providers must be represented in regional and local emergency management coordinating structures to ensure these providers have the support and resources they need to provide health services during emergency conditions.

The Bill specifies that the chief executive or a senior member of a health and disability services provider must be part of the regional Emergency Management Coordinating Executive committees. Given that most healthcare during emergency conditions is provided by general practice, urgent care and community pharmacy, this person must have a good knowledge of, and relationships with, such providers. It is not sufficient to have a health representative from the secondary health system who does not have these attributes and the Bill should be amended to ensure this. This could be accomplished by specifying in the Bill that health representatives must have these attributes or by amending the interpretation of 'emergency services' (s5) by adding the following to 'health and disability services':

health and disability services **that are directly recognised in Health Emergency Plans administered by Te Whatua Ora Health New Zealand**

Practice support and resourcing

To ensure continuity of health services during emergencies, general practice, urgent care and community pharmacy providers need to receive tailored support both in terms of capacity building for their staff and to ensure they are able to operate during emergencies. While business continuity, emergency response and epidemic/pandemic response plans prepared by practices should address these issues, the comprehensiveness of these plans is variable across the motu. This situation needs to be improved. Standardised templates and planning guidance would help achieve this.

There should be a focus on strengthening local general practice, urgent care and other primary service providers so they are better able to provide continuity of care, especially in rural areas where access to health services can be severely compromised during emergency management events. We highlight the findings of a recent survey of rural general practice staff:²

- *Twenty to thirty percent of respondents lacked confidence in their health service's capability to provide support following extreme weather*
- *Urgent resourcing and training for interagency disaster response within rural and remote communities is needed.*

Support for staff includes training through, for example, emergency simulations that, amongst other things, test integration across the health emergency and emergency management systems, and ensure provision is made to support healthcare staff who themselves will be affected by emergency events.

Consideration should also be given to upgrading practice facilities to ensure they can operate during emergencies should normal water, electricity and communications systems be unavailable. Note that maintaining access to patient medical records, the vast majority of which are electronic, is vital in healthcare provision during emergencies.

Remuneration

General practice, urgent care and community pharmacy providers are usually private sector businesses that do not receive public funding to perform emergency management functions. The Bill should therefore provide for the remuneration of private sector businesses and their employees if and when they perform duties under the emergency management system.

Community awareness and preparedness

A number of our members question whether the current emergency management system has promoted sufficient community awareness and preparedness. Therefore the Bill should aim to specifically improve this situation. The College would be happy to provide further detailed, micro-level advice on some of the key issues across the 4Rs.³

Co-benefits of connecting health emergency and emergency management systems with NZ's climate response

The World Health Organisation has stated that climate change is the most significant global health issue and has the potential to undermine every aspect of health at the global, regional, national and local levels. Furthermore, it brings the greatest threat to those least responsible for it. In addition to exacerbating existing socio-economic and ethnic health inequalities, climate change can also threaten progression in health equity.^{4,5} This is a particular concern for Aotearoa New Zealand in addressing the current negative health outcomes of Māori, Pasifika and other vulnerable groups. In terms of emergency events, people in New Zealand will be subject more often to increasingly extreme storms, wild-fires and epidemics.⁶

At a time when the huge costs of addressing climate change are dominating the discourse, there is an opportunity for a much more positive story. By developing measures that address emergency risk reduction and readiness in ways that also mitigate or adapt to climate change and address the social determinants of health, the costs of these interventions can be largely (or even completely) off-set by healthcare savings and productivity gains associated with more healthy populations.^{4,5}

The purpose of the Bill should be amended to:

- specifically include an equity dimension to the social, economic, cultural and environmental well-beings (s3(a))
- encourage not only co-ordination across Acts (s3(g)) but also the goal of realising co-benefits across the health, emergency and climate domains.

Recommendations

In summary, the College recommends that the Governance and Administration Committee should:

1. **Note** that the emergency management and health emergency management systems must work well together to ensure acute healthcare, continuity of healthcare, equity and health equity, and to contain costs.
2. **Amend** the Bill to include an equity dimension to the social, economic, cultural and environmental well-beings (s3(a)) and encourage not only co-ordination across Acts (s3(g)) but also the goal of realising co-benefits across the health, emergency and climate domains.
3. **Note** that under normal and emergency conditions, healthcare in New Zealand is mostly provided by general practice, urgent care and community pharmacy providers, rather than hospitals, and recognise this in the Bill.
4. **Amend** the Bill to explicitly recognise general practice, urgent care and community pharmacy and ensure they are represented in regional and local emergency management coordinating structures.
5. **Note** that to ensure continuity of health services during emergencies, general practice, urgent care and community pharmacy providers need to receive tailored support both in terms of capacity building for their staff and to ensure they can operate effectively during emergencies.

6. **Amend** the Bill to provide for the remuneration of people from the private sector to perform duties under the emergency management system.
7. **Ensure** the system set up by the Bill strengthens community awareness and preparedness for emergency events.

The College welcomes the opportunity to speak to its submission.

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Nāku noa, nā



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- 1 Royal New Zealand College of General Practitioners. 2022 Workforce Survey Covering Paper: Team GP is at risk: Why immediate change is needed. 2023.
 - 2 Glavinovic K, Eggleton K, Davis R, Gosman K, Macmillan A. Understanding and experience of climate change in rural general practice in Aotearoa—New Zealand. *Family Practice*. 2023 Jun 1;40(3):442-8.
 - 3 The 4Rs are risk reduction, readiness, response and recovery.
 - 4 World Health Organization. Climate Change Fact Sheet, 2023-10-12. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health> [cited 2023-10-27]
 - 5 World Health Organization. 2021 WHO health and climate change global survey report. <https://www.who.int/publications/i/item/9789240038509>
 - 6 Royal New Zealand College of General Practitioners. Position Statement: Climate change, health and general practice in Aotearoa New Zealand and the Pacific. 2016. https://www.rnzcgp.org.nz/RNZCGP/Advocacy/Position_statements/Climate_Change.aspx