



29 July 2016

Our Ref: MT16-122

Health Research Strategy  
Ministry of Health  
PO Box 5013  
WELLINGTON 6140

Email: [healthresearchstrategy@mbie.govt.nz](mailto:healthresearchstrategy@mbie.govt.nz)

Dear Sir/Madam,

### **New Zealand Health Research Strategy: Public Discussion Document**

Thank you for providing the Royal New Zealand College of General Practitioners (the College) the opportunity to comment on the *New Zealand Health Research Strategy: Public Discussion Document*.

#### ***Introduction to general practice and the College***

General practice is the specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical College in the country. The College provides training and ongoing professional development for general GPs and rural hospital generalists, and sets standards for general practice. The College is committed to achieving health equity in New Zealand. To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education and housing).
- A greater focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Health services that are better integrated with other community services.
- A review of the funding model for primary care to ensure that funding is targeted towards the most disadvantaged.
- Free primary health care for low-income families, because health inequities begin early and compound over the life course.

#### ***Submission***

The College welcomes the development of a New Zealand Health Research Strategy and generally supports its proposed direction. Whilst international health research provides important learnings for the New Zealand health system and health professionals, it is essential that local research is conducted that takes into account New Zealand's unique conditions. For example, our multicultural society, the Treaty of Waitangi, the distribution of our relatively small population between rural and urban areas, specific health needs, our complex healthcare funding structures, and many other factors that are not seen overseas.

We also have considerably different incidences of disease such as our shockingly high rates of Rheumatic Fever which is near non-existent in most developed countries. New Zealand centric research allows planners

and funders to evidence-based decisions, tailored policies and legislation to enable all New Zealanders to live well, stay well, and get well.

The College would like to see more emphasis on the following areas of health:

### **Primary Care**

Research on and in the context of primary care has not received sufficient attention, funding and support in New Zealand in recent years while remaining a core component of the health care system. There is an emerging body of research revealing that a greater breadth of services provided in primary care is associated with lower costs and fewer hospitalisations<sup>1</sup>, and also improved health outcomes<sup>2</sup>. Evidence also demonstrates that care for illnesses common in the population (e.g. community-acquired pneumonia) is more expensive if provided by specialists rather than generalists, with no difference in outcomes<sup>3</sup>. Opportunities to build on this research is important to understanding where efficiencies and quality improvements can be gained.

One particular area of primary care that would benefit from funded research is exploring the significant potential of electronic medical records. Practice based research networks have proved useful in this regard in the past.<sup>4</sup>

The New Zealand health system, and in particular our funding structures differ markedly from that seen in other countries. PHARMAC, ACC, capitated funding, and other core funding streams have a large impact on the cost of primary care and healthcare costs in general. Hence international research, particularly around general practice, can sometimes have limited applicability to the New Zealand situation.

Whilst secondary and tertiary care research is important, it is often expensive and limited in its relevance. Conversely research into how we deliver primary care, what works, what should be funded, the size of health needs in NZ, and other primary care-based questions affect whole populations and can aid decision making at a much higher level.

### **Public Health**

The funding of public health research must not be overlooked. By relying on the commercial sector or on private-public partnerships, New Zealand risks having insufficient or biased understanding of important population health issues. There is a tendency for the commercial sector to focus on projects that have the potential for good financial returns. One example is the tendency for the international pharmaceutical industry to undertake research into developing iterations of their medications for chronic conditions, while neglecting research in to medications such as antibiotics that are only taken for a few days at a time and hence generate less revenue. Consequently, the College advocates that the New Zealand Health Strategy should prioritise funding for research that is unlikely to be funded by commercial companies.

Finally, The College does note, from a practical perspective, that the Strategy is rather verbose and that some considered editing may be worthwhile to reduce its length.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at [policy@rnzcgp.org.nz](mailto:policy@rnzcgp.org.nz).

Yours sincerely,



Michael Thorn  
Manager Strategic Policy

## References

1. Bazemore A, Petterson S, Peterson L *et al.* More comprehensive care among family physicians is associated with lower costs and fewer hospitalizations. *Ann Fam Med.* May/June 2015;13(3):206-13.
2. Hansen J, Groenewegen P *et al.* Living in a country with a strong primary care system is beneficial to people with chronic conditions. *Health Affairs,* September 2015;34(9)
3. Starfield B. The Primary Solution. *Boston Review.* 1 November 2005.  
(<http://www.bostonreview.net/barbara-starfield-the-primary-solution-doctors>)
4. Leitch S. New Zealand Needs a Practice Based Research Network. *J. Primary Health Care.* 2016;8(1):9-12