



Te ORA Scientific Meeting 2009

Plenary discussion

Ministerial Review Group

aka the Horn Report

aka MRG

Meeting the Challenge

Enhancing Sustainability and the Patient and
Consumer Experience within the Current
Legislative Framework for Health and
Disability Services in New Zealand

Report of the Ministerial Review Group



Horn Report, Executive Summary

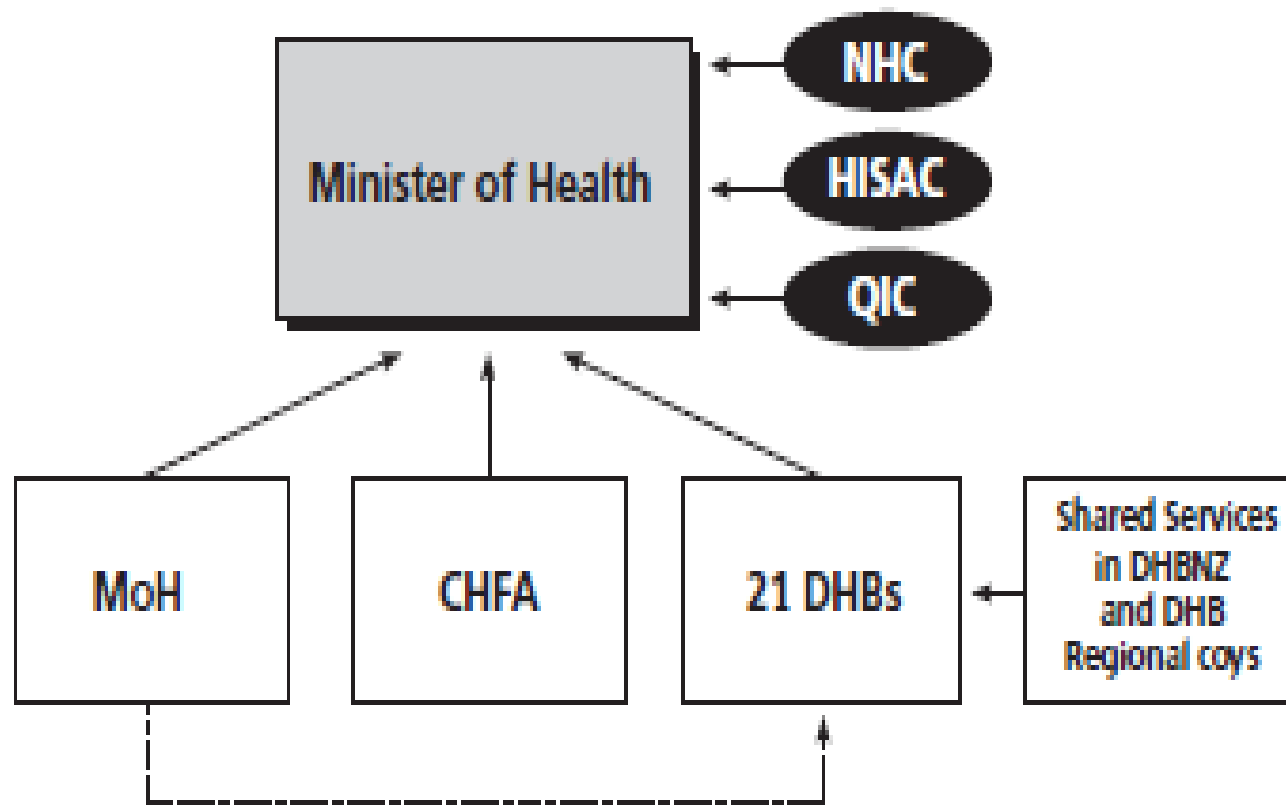
Affordable access to strong public health & disability system, & world class quality care

- Sustainability of health system is under serious threat:
 - ageing population, more long-term health problems require more care in the future
 - growing burden of paying for health care falls on smaller no. of workers and taxpayers.
 - health workforce, high dependence on overseas born/trained staff
 - global health workforce shortages, internationally competitive salaries
 - Hospital services already vulnerable to staff shortages, smaller DHBs are likely to become more vulnerable (workforce ages/populations shrink).
- issues around quality of care (HDC cases, potentially preventable errors)
- we want public health system of same standard as other OECD countries yet we earn less, so our system needs to be more effective/productive
- public system still struggles despite the substantial increase in funding
- cost of providing public health services is increasing greater than growth in GDP

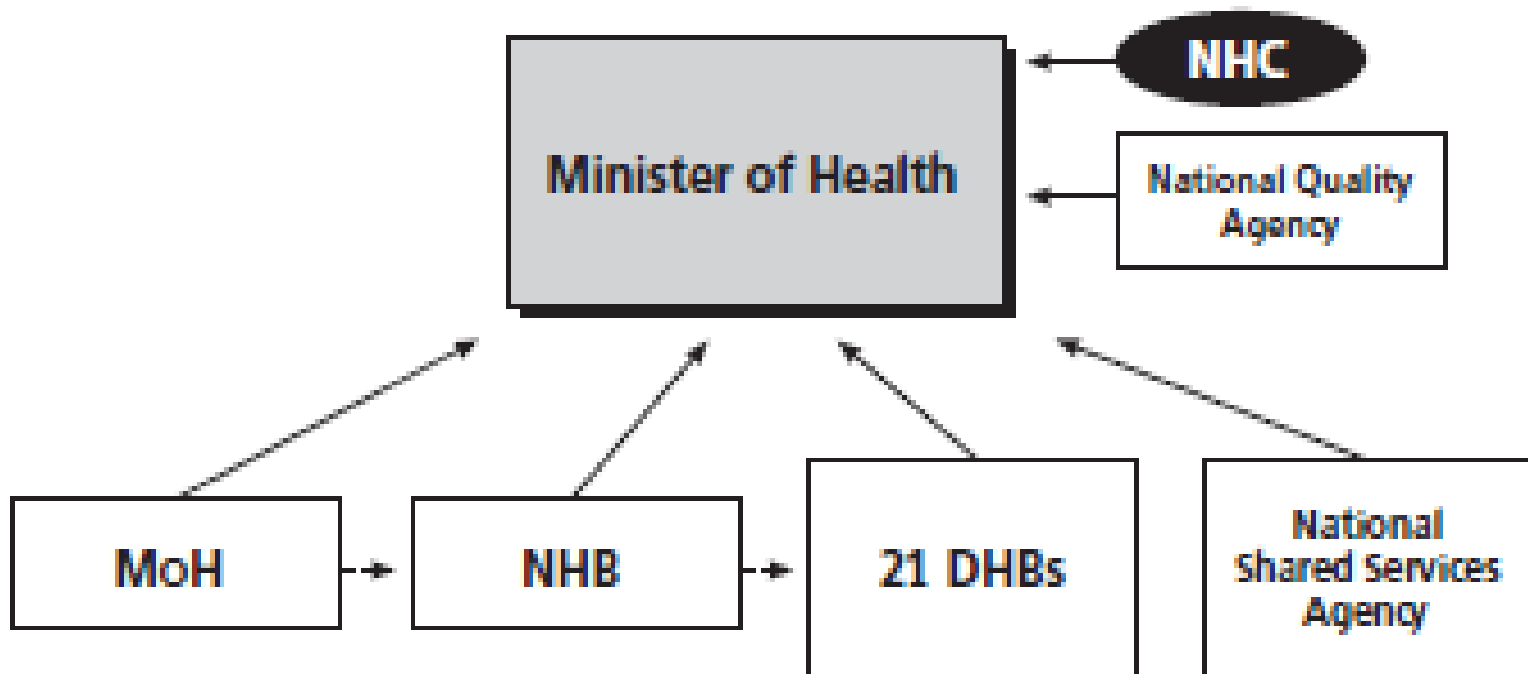
Horn report, recommendations

- New models of care, patient centred, seamless, closer
- Stronger clinical and management partnerships
- Focus on patient safety and quality of care
- Identify services needed, more uniform approach to new med technology/procedures
- Right services, right place, right capacity
- Building a sustainable workforce
- Shifting resources to the front-line

Current structure

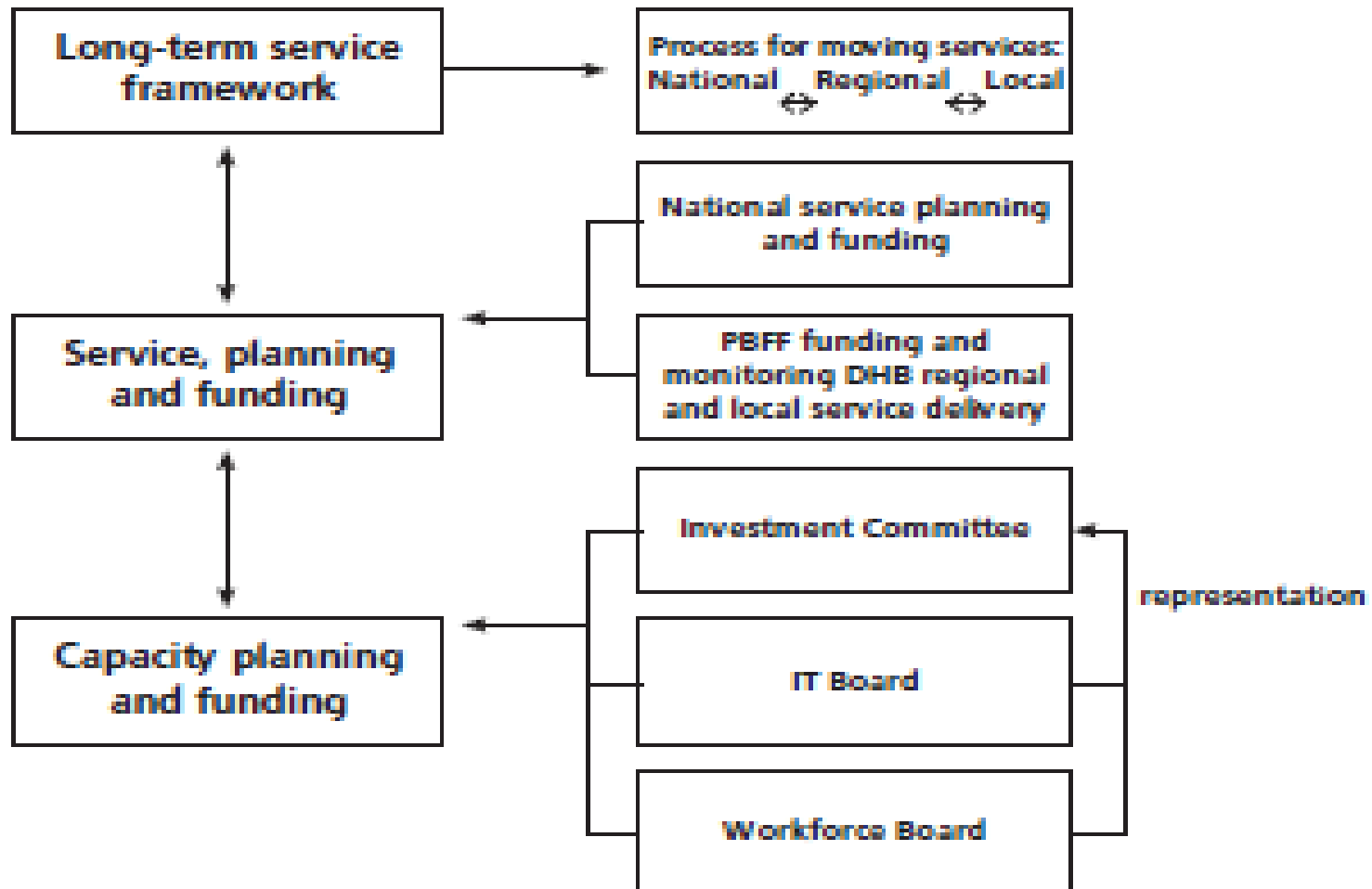


Proposed structure

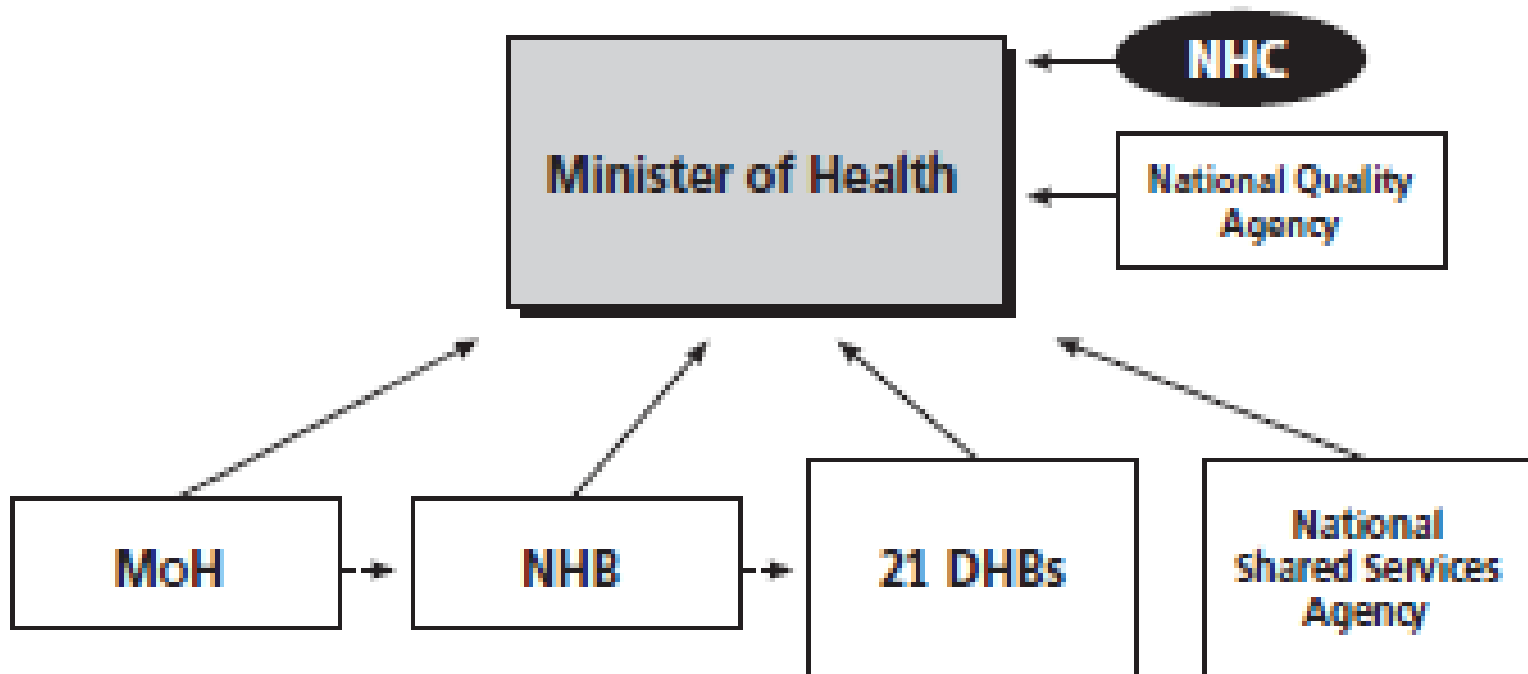


National Health Board

Information Flows and Functions



Proposed structure



National Shared Services Agency

Governance and administrative support
to subsidiaries

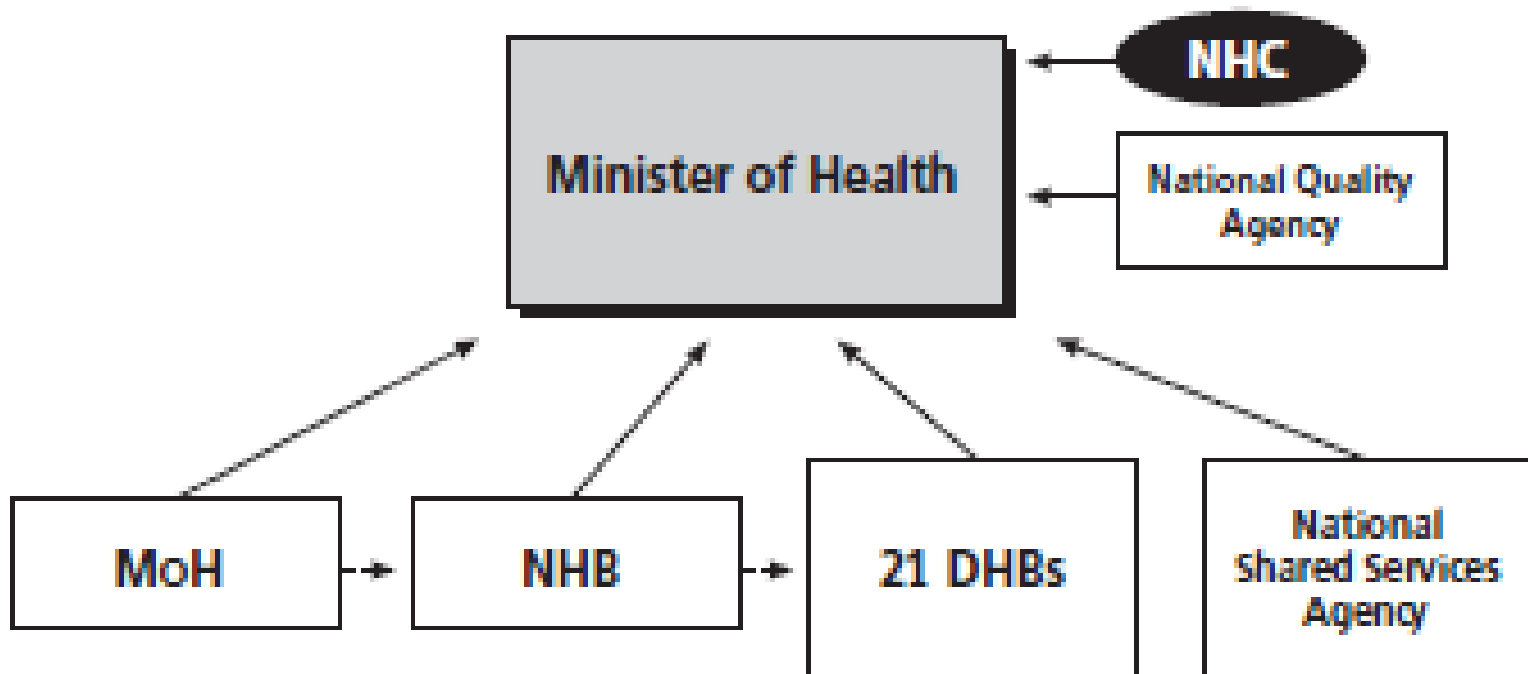
Subsidiary A: Healthpac (inc. Audit and Compliance)

Subsidiary B: Procuremac

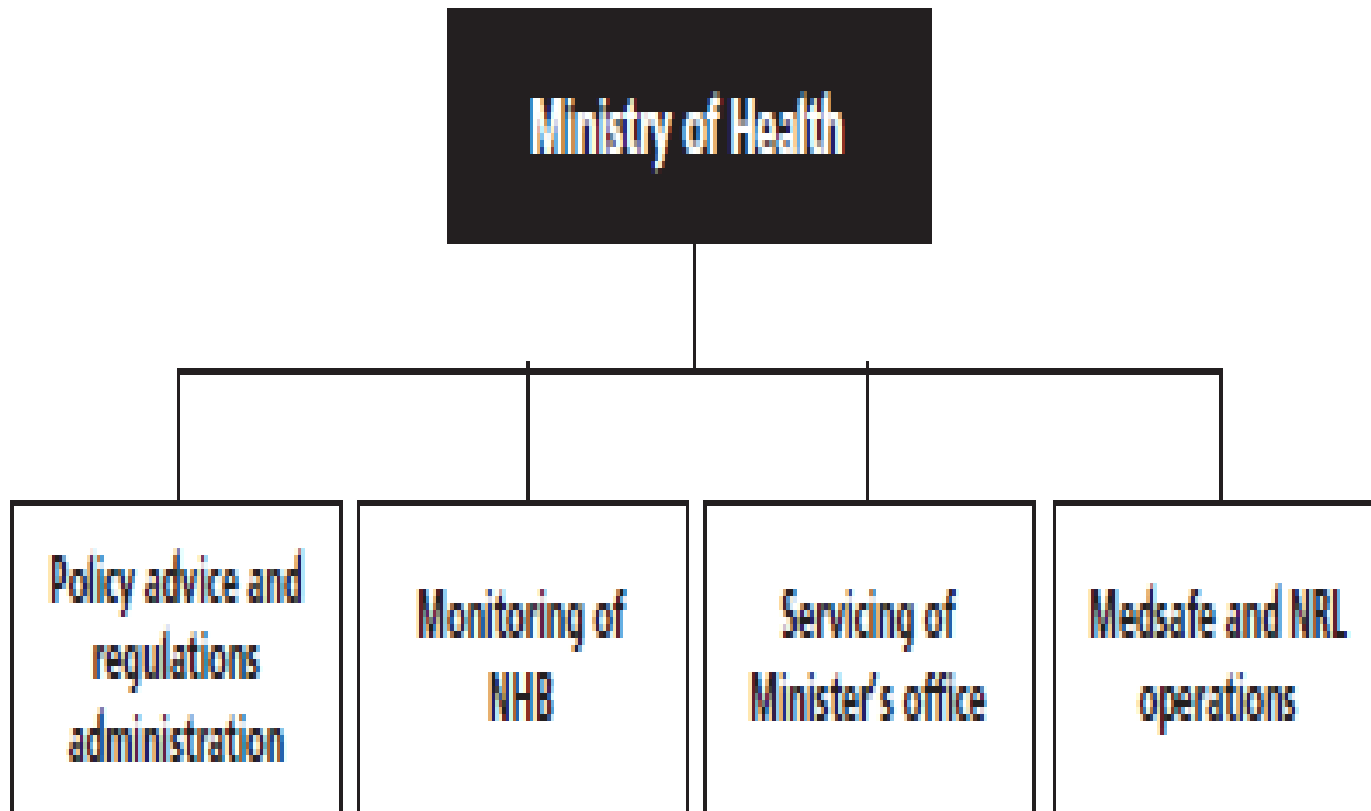
Subsidiary C: NZ Information (Databases)

New subsidiaries added over time
(as directed by Minister)

Proposed structure



Future roles



National Quality Agency

- Independent
- Across whole sector
- International linkages
- 'Provider' that develops/sells certified programmes (international → local need)
- Reducing error, reducing cost



MRG – issues, challenges



- Sector wide
 - Māori and Inequalities, Universalism, one size fits all (“Ineq an area for consideration”)
 - Founded on what? Evidence based, values, purpose
 - Reduction of committees, expert panels and guideline development
 - NHC ‘refocussed’ to core services, PHARMAC model
 - Increase clinical input, reduce perceived layers
 - Some already in ‘pole’ position



MRG – issues, challenges



- Public health
 - PHAC focus on services
 - \$\$\$ focus
 - Shift to “greater personal responsibility”
- Primary care
 - Services with more than 50,000 enrolled pop
 - Incentives to reduce ASH (non high needs populations), devolution, IFHC’s
 - “People managing their own care”



MRG – possible responses



- Quality
 - Equity is a component of quality (access, pt satisfaction, clinical outcomes, etc)
 - “To address inequalities in quality of care”
- Clinical leadership and governance
- “Prevention versus cure” requires balance
- Inconsistent with Whānau ora

