
NATIONAL ADVISORY COMMITTEE ON HEALTH AND DISABILITY
Hunga Kaititiro i te Hauora o te Tangata

**Minutes of the 168th meeting
held on Tuesday, 22 August 2006
at Ministry of Health building, Wellington**

Present: Linda Holloway (Chair)
Geoff Fougere
Andrew Moore
Lynette Stewart
Phil Shoemack
Api Talemaitoga
Gwen Tepania-Palmer
Maaka Tibble
Riripeti Haretuku
Will Taylor (morning)

In Attendance (for all or part of meeting):
Margaret Earle, Manager
Angela Faherty, Executive Assistant
Victoria Jackson, Analyst
Barbara Langford, Senior Analyst (Public Health)
Jan Mackay, Senior Analyst
Charmaine Ross, Senior Analyst (Māori Health)
Liza Wilcox, Senior Analyst
Kathryn Haliburton, Analyst

The Chair welcomed Will Taylor to the NHC and expressed her thanks that at short notice he had made time available to join the committee for the morning.

Agenda Item 1: Identify conflicts of interest

None identified.

Agenda Item 2: Apologies

Lynette Stewart, Karleen Edwards and Neil Pearce.

Agenda Item 3: Table all papers

- Draft recommendations for Chronic Conditions paper (see item 5.1)
- Outline of details about health information privacy (see item 5.1)

Agenda Item 4: Minutes of recent meetings

The minutes of the July 2006 NHC meeting were accepted as a true and accurate record.

Under matters arising, discussion was held about how best to report to the Minister on the NHC's visit in June to the Wairarapa.

It was agreed that:

- rather than preparing a written report to the Minister on the committee's visit to the Wairarapa, the Chair would report on highlights during her meeting with the Minister later in the day
- access in rural areas for people with a disability be included in all relevant NHC work and be raised with the Minister in reporting on the Wairarapa visit.

Agenda Item 5: Work programme

Agenda Item 5:1 Chronic conditions

The project manager led discussion on finalisation of the draft report and the recommendations

It was agreed that:

- the printed report will include the summary of the case studies and an appendix containing data. The summary of initiatives will be available on the NHC website.
- chapters 1, 2 and 3 are complete, with the following minor changes:
 - o last sentence in 1st paragraph of page 17 – check facts on life expectancy
 - o bottom of page 30, note that Kaiser Permanente is an HMO
 - o in the case studies, direct readers to appropriate section for each issue raised
 - o insert more highlights from case studies in section 1.4.
- the term 'chronic conditions' be used in the report rather than changing to 'long-term conditions'. A glossary to be included that defines both of these terms.

The following decisions were reached about the recommendations:

DIRECTIONS section:

- the key recommendation is to encourage DHBs to develop and use a chronic care strategic plan as part of their 5 year strategic plans
- note upfront the tension between finite resources in DHBs and external pressures for expenditure, and that improving chronic conditions will require a redistribution of resources.

REDUCING INEQUALITIES section

- reorder the text in this section and change the headings to make them more accurate
- highlight the importance of being able to better measure inequalities

- move discussion on communication to introduction of recommendations section.

EMPHASISE PREVENTION AND MANAGEMENT section

- change title of section to emphasise management, while including prevention of other conditions and complications
- less focus on differentiating between 'primary care' and 'secondary care' settings
- the focus of co-ordinated care is the person with a chronic condition rather than providers and this to be reflected in the text
- the categories on page 5 of the draft recommendations are helpful.

WORKFORCE section

- include a high level recommendation about upskilling the current workforce
- importance of local training either face to face and/or via information technology.

The committee discussed background information the secretariat had prepared on some of the privacy implications of improved co-ordination of health information.

It was agreed to:

- include a general statement in the covering Committee Report to the Minister about patients' interests and need for ongoing review of protections alongside improvements in information collection.

Actions:

- Secretariat to consult with Karleen Edwards and Will Taylor about wording for all recommendations affecting DHBs
- Sponsors will work with the secretariat on the final draft of chapters 4 and 5 which will be circulated to the Committee for comment and sign-off
- Key messages for meeting with Minister later in the day:
 - the major theme for improving chronic care is relationship building for good chronic care management. Achieving this requires DHBs to work within an overarching chronic care model
 - person-centered approach about living with chronic conditions (rather than focus on loci of services)
 - re-orient health system to generic chronic condition approach) and make sure resources are available to do this.

Agenda Item 5:2 Hui with Maori health leaders

Item deferred.

Agenda Item 5:3 Rural communities and health

The lead project sponsor reported that the literature review has begun and an initial snapshot of DHB approaches to rural health has been prepared by the secretariat. Members made a number of suggestions about sources for gathering further information.

Actions for secretariat:

- send draft literature review to sponsors prior to teleconference on 19 September
- send letter inviting input to DHBs, Māori and Pacific rural providers
- complete the snapshot of information from DHB District Annual Plans and provide to sponsors
- set up interviews with key informants
- follow up on research suggestions.

Agenda Item 5:4 NEAC's work on elective services

Andrew Moore presented the findings of the National Ethics Advisory Committee's work on Pathways to Care.

Agenda Item 6: Correspondence

The committee noted the following outwards correspondence:

- letter to David Meates, Chief Executive of Wairarapa DHB thanking his team for organising and hosting the NHC visit in July.

Agenda Item 7: Conferences

Attendance of committee members at the following conference was approved:

- Lynette Stewart and Phil Shoemack to attend the Australian Public Health Association Conference – *Tackling the Determinants of Health from the bush to Bondi* in Sydney in October.

Presentation by Peter Moodie

Peter Moodie, Medical Director of PHARMAC, made a presentation to the Committee on the role and current work of his agency.

Next meetings

Sponsors meetings or teleconferences will be held on Tuesday 19 September, if appropriate. The next face-to-face NHC meeting will be held on Tuesday 17 October.

The meeting closed at 3.50pm.

Confirmed as a true and accurate record

.....Chair

.....Date