~~[IN CONFIDENCE]~~

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

COVER PAGE: COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: ADVICE NOTE TO THE COVID-19 RESPONSE MINISTER

Meeting Date	01 March 2022
Agenda	The agenda covered: • preparing primary care and emergency medicine for the coming months.

Assurance on key issues and risks raised

The attached advice note sets out the issues, risks and observations raised by the COVID-19 Independent Continuous Review, Improvement and Advice Group (the Group) during its meeting.

From those issues, risks and observations the Group has identified areas where you may wish to seek further assurance:

There are three options you may wish to consider for each of the areas where further assurance may be needed:

1. You are already assured that the necessary work has been or is being undertaken to address the issue or risk. No further action is required.
2. You believe there is value in further assurance work being undertaken and you either:
   a. Direct relevant parts of the system to address the matter and provide assurance; or
   b. Direct the Group to undertake further assurance work and report back on the matter

Areas you may wish to seek further assurance	**Assurance option**		
	1	**2a**	**2b**
1. That steps are being taken to ensure people have timely access to acute primary care and diagnostic services in the community, that messaging occurs around how to best use Emergency Department services, and that a system solution to patient flow issues is being urgently sought.	Refer Hon Little		
2. That there is a clear recovery pathway out of the strained health system and back log which leverages existing and other potential opportunities for innovation.	Refer Hon Little		
3. That lessons from Australia are being analysed, rapidly disseminated and applied as appropriate to reduce the risk of deaths in the community.		✓	

4. That lessons learned in Auckland on effective support and transition between Public Health and Primary Care, are shared with other regions.		✓	
5. That the Health System reform is not placing unnecessary pressure on the healthcare workforce when responding to COVID-19 healthcare demands is the priority.	Refer Hon Little		
6. That central system engagement with practitioners on the ground is a core and valued mechanism of feedback for COVID-19 and health system improvements, and that where decision rights sit in the systems are made clear to the workforce.	s9(2)(g)(i)		

s9(2)(g)(i)

COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: ADVICE NOTE TO THE COVID-19 RESPONSE MINISTER

Meeting date: 01 March 2022

This note sets out the key issues, matters and observations raised by us, the COVID-19 Independent Continuous Review, Improvement and Advice Group during and subsequent to our weekly meeting. Unless specified otherwise, the points below are our opinions.

Discussions with members of the Primary Care sector and the Australasian College for Emergency Medicine (ACEM) have informed this note. Please also note that any responses to our enquiries are made during the meeting and may not provide a fulsome picture of all activities and plans to address risks and issues raised.

CAVEAT: The below comments are a reflection of our views as at 01 March 2022. Events are moving at a dynamic pace and some views may subsequently shift.

Primary Care and Emergency Medicine: what needs to be done now for tomorrow?

It is clear that the health system is under significant strain. From our discussions there seems to be a number of issues contributing to this including legacy funding, workforce capacity issues, a lack of innovation, and the impact of the COVID-19 pandemic response over the last two years. General Practitioners (GPs) have had to change the way that they function, such as moving to online consultations. Reduced access to diagnostic testing has seen increased numbers of people presenting to seek these tests directly from Emergency Departments (EDs). EDs are facing increasing pressure. There is a backlog of care that needs a clear and deliberate strategy and interventions to remedy.

- *Access blocks in emergency departments are leading to delays in treatment*

  EDs are seeing large numbers of patients arrive who, from a clinician's perspective, should have their needs addressed through other parts of the health system. We have heard that EDs are under sustained and severe pressure from the overall volume of really sick and injured patients who need admission. COVID-19 has exacerbated this with people presenting at EDs because they cannot access health services in other ways, in part because of COVID-19 related protocols (e.g. restricted access to services including diagnostics) or COVID-related fears across the system. These people often come to EDs as their only or last option. As a result, access block occurs with care potentially delayed to those who need it. The ED targets of six hours had not been consistently met for some time prior to COVID-19. The impact of COVID-19 has seen wait times increase significantly and this will have an overall effect on the quality of care delivered to patients. We were told of patients waiting in corridors for beds as well as delays of up to 24 hours having occurred before beds could be found.

  At the other end of the spectrum, delays and other issues with accessing diagnostic testing is translating into people arriving at hospital when they become really unwell. As has been a consistent theme with our previous communication with you, we believe that the impact of this situation is being experienced inequitably, with Māori and Pacific population likely to be experiencing the most negative outcomes.

We have also heard that there are some doctors who are not working from fear of contracting COVID-19. We suggest that assurance is sought that all services not being delivered at present are justifiably on hold.

As an immediate response, we recommend that you seek assurance that steps are being taken to ensure people have timely access to acute primary care and diagnostic services in the community and that messaging occurs around how best to use ED services. An urgent system solution is needed, with leadership from specialist practitioners, to fix the patient flow issues that are impacting on EDs.

- *We need to innovate and do things differently to forge a pathway into a more sustainable future state*

  While acknowledging that the health system is under immense strain, we note that there are examples of how COVID-19 has forced the system to do things differently that we can learn from and apply beyond the COVID-19 context. For example, new models of care in the community have been stood up as has been necessary to roll out the vaccination programme, to find alternative ways to deliver care and to cope with the rapidly increasing numbers of cases we have started to see. Furthermore, community infrastructure and in particular the strength and responsiveness of Māori and Pacific providers that already existed pre-COVID-19 has proven to be a critical component of New Zealand's successful response. There are likely to be opportunities to apply and adapt such models to innovate and relieve pressure points on the existing system as we move to recover. Harnessing technology to deliver care has also seen significant successes. It will be important that these gains are not lost moving forward and if anything should be accelerated.

  We are concerned that such opportunities for innovation within the current health system may not be taken up. The purposeful design, leadership and implementation from the new structures that are being developed in Health New Zealand and the Māori Health Authority will be important in achieving this.

  We would encourage you to seek assurance that there are strong connections and consultation between those making decisions across the system and the practitioners on the ground. It is important that practitioners have an opportunity to provide input into solutions and have a voice in decision-making and thereby help ensure that decisions are based on the reality of what is actually happening 'on the ground'. Assurance from the practitioners themselves that consultation is adequate is imperative.

  Furthermore, given the significant and ongoing impacts of COVID-19 across the health system, we recommend you seek assurance that there is a clear recovery pathway out of the strained system and back-log, which leverages existing and other potential opportunities for innovation.

- *There is a key and urgent risk that cases are not visible to the system*

  As we have raised in our advice to you dated 10 February 2022, it is critical that there are systems in place to pick up cases initially assessed as low risk who deteriorate rapidly. With the shift to widespread availability of Rapid Antigen Tests (RATs) and the shift to RAT use to prioritise PCR test capacity, we have seen a shift to a model that heavily relies on self-reporting. It can be assumed that there will be people who fail to self-report positive results from a RAT to avoid self-isolation and its potential consequences such as loss of income.

  Any view of Omicron as mild is a misperception for many. The intrinsic severity of Omicron has the potential to cause serious disease in the unvaccinated. That intrinsic severity, coupled with the prevalence of the view that Omicron is mild and the shift to greater reliance on self-reporting, means that there is a very high risk that cases self-test positive but do not enter the system resulting in reduced access to care and increased deaths in the community.

We understand there have been cases of community deaths in New South Wales and other Australian jurisdictions. It is likely there will be lessons to learn from the Australian experience. It is our view that an analysis of what has happened in Australia including the systems they have put in place to monitor and intervene is needed and rapidly disseminated and applied as appropriate to New Zealand's context.

- *The Primary Care workforce needs support and acknowledgement*

  Capacity in general practice continues to be a key issue. We have heard from rural practitioners that border closures are compounding a serious workforce crisis. We suggest you seek assurance that current and any proposed immigration settings enable New Zealand to attract and secure the health workforce it needs and that healthcare workers are not facing unnecessary barriers to entry.

  The shift through the Phases to Phase 3 has also seen a transposition of responsibilities from Public Health Units to Primary Care. The Northern Region Health Coordination Centre have developed a wealth of experience and proficiency and this public health experience and work effectively with Primary Care to deliver the best support to patients. We heard there are significant differences between Auckland and other regions in terms of this ability. Ongoing input and expertise from Auckland are important to support other regions as they deal with the Omicron wave.

We were advised of the following during our 01 March 2022 discussion on these matters.

- Some DHBs enable staff the space to deliver innovations. This is not consistent across the motu however and some DHBs do not prioritise giving their staff as much freedom or ability to grow and change. It is important that innovation is prioritised, and the clinicians can network and draw on the experience from other DHBs that may have more capacity in this area.

Following the discussions at our 01 March meeting, we would like to bring the following matters to your attention.

- It appears that the Health System reforms are placing additional pressure on practitioners at this time, when their priority must be responding to COVID-19 and providing care to patients. For example, DHBs have recently been asked to consult with practitioners on the Health Charter, which demonstrates that there is a lack of awareness of the reality that practitioners are currently facing. We would suggest that consideration is carefully given to what matters are appropriate to engage with practitioners on over the next few weeks of intense pressure from the Omicron wave.

- It is our view that there is a morale issue welling up within the practitioner cohort. We have heard that there is an increasing lack of good will within primary care practitioners particularly, and we believe there needs to be a cultural reset in regard to practitioners being and feeling valued. As we raised in our advice to you dated 24 February 2022, messages must be grounded in the reality of the people and this extends to the reality of the healthcare workers at the frontline. Yet there appears to be a disconnect with these realities and what is portrayed at the centre. Continued opacity with where decisions are being made with inadequate consultation, only serves to restrict people's engagement with the right part of the system, and these critical feedback loops are being lost. Similarly, there appears to be ongoing confusion as to who and where in the system decisions are being made.

Sir Brian Roche (Chair), on behalf of the members of the COVID-19 Independent Continuous Review, Improvement and Advice Group

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