



## LOBBY REPORT MARCH 2016

From March 29<sup>th</sup> – 31<sup>st</sup> 2016 the Grey Power advocacy team met with decision-makers in Wellington and apart from on-going issues and receiving information for members' benefit, one of the aims of the meetings with politicians was to begin a conversation on how Grey Power might engage with the main political parties when policies directly affecting older New Zealanders are being altered or formulated in the run-up to the 2017 general election.

The policy under-pinning this is the Federation constitutional clause 2.1 entitled 'Objects' which states...

*'The Federation is established ...:*

*To advance, support and protect the welfare and well-being of older persons in New Zealand, both directly or in conjunction with other organizations or bodies with similar aims or purposes.'*

*To promote, establish and maintain links with organizations, sharing the values and beliefs of the Federation. (my emphasis)*

Therefore, this was the focus of the visit - to meet with any politician or other decision-maker who may assist Grey Power to carry out the above 'objects'.

## HEALTH



**Elective surgery:** this issue is part of Grey Power's election strategy as instructed by the 2015 annual general meeting.

**Visit to Hon Annette King** – Labour health spokesperson

**Background:**

A **Grey Power policy goal** is to advocate for improved early access to elective surgery through demonstration of a positive cost/benefit ratio

Bill Rosenberg, Policy Director/Economist for the NZ Council of Trade Unions & Lyndon Keene, Director of Policy and Research, Association of Salaried Medical Specialists in their 'Working Paper on Health Number 14, 7 June 2015 point out that chronic under-funding of health services leads to reduced access to care, poorer outcomes and health inequities and it is well recognised in the sector that there is hidden unmet need across a range of health care services including surgical specialties. In fact, the National Electives Budget was short by \$16.1 million.

Consequently, it is becoming more difficult to gain enough points to meet the priority criteria to ensure surgery in the public health system and more people are living in pain than ever before. As the New Zealand Medical Association put it, the gap between the patients who meet the clinical threshold for surgery, but fall short of our hospitals' financial threshold is widening.<sup>1</sup>

And in order to keep up with the Government's elective surgery targets, DHBs will need to either take funds from other services or focus more on the less expensive procedures to make up the numbers, or both.

Given the situation described above Grey Power asked

**Q.** What is Labour's stance on elective surgery?

**A.** Labour believe that the Ministry of Health is only covering part of the unmet need and that points assigned during the criteria assessment are adjusted to fit the budget.

(Of note: subsequent to Grey Power's meeting with Hon Annette King she asked the Minister of Health during question time in the House (Sitting date, May12<sup>th</sup>) "when ... [he] meets with Grey Power, has he explained why an older person needing a hip replacement in the Canterbury District Health Board needs 90 points to qualify, while an older person in the Bay of Plenty District Health Board needs 55 points? Where is the equity he talked about?)

Two main planks are equity across New Zealand and the reduction of 'unmet need.'

To better utilise the public and private health system Labour would look at a stock-take of capacity to undertake elective surgery for public patients at an agreed price.

Hon A. King would also like to 'ring fence tax take for health.'

**Visit to Barbara Stewart** – New Zealand First Health Spokesperson.  
Background as provided above

**Q.** What is NZ First's stance on elective surgery?

**A.** If treatment is required it should be provided

- there are insufficient operations being carried out and the priority criteria system is inconsistent – health is now by post-code in some areas.

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<sup>1</sup> O Carville. "Unmet need 'a national disgrace'", *The Press*, 31 May 2014.

- Increased funding is required and staff are often not taking holidays or other leave.
- NZ First will review policy nearer to the next election but they are prepared to listen to Grey Power's views. However, their doctors' visits policy will remain as it is now
- They will consider the costs of hearing aids and she would be interested in hearing what our members think of dental care.

**Visit to Kevin Hague – Green Party Health Spokesperson –**

**Background** as above

**Q.** What is the Green Party's stance on elective surgery?

**A.** The problem is over-all lack of funding and DHBs are falling behind.

- There is more surgery being done but that is not keeping pace with the amount required
- The priority criteria need to be applied consistently
- There is a flow-on effect from delayed or no surgery
- The priority is on funding health services not on funding need
- Cataracts are a problem because there is shortage of ophthalmologists
- The funding formula works for middle-size DHBs – it is more difficult for rural DHBs or those which provide tertiary services
- There is some value in tagging health dollars – this means the money cannot be used for something else – if the Greens become Government there would be no need for tagged funds because they would provide enough funding for health
- It is difficult to change entrenched government policy
- The Green Party are unlikely to change their health policy before the next general election - to view this policy please check out <https://www.greens.org.nz/>

**Grey Power's gain from these conversations was that:**

- The political parties visited are prepared to discuss policy with the Federation
- Results of research carried out by the Federation Health National Advisory Group is corroborated
- If the above political parties become government they will effect change which will be positive for many of our members

**Visit to the Director-General of Health Chai Chuah:**

The lobby team asked him:

**Q.** Grey Power is concerned about lack of consistency across the country of the application of priority criteria for elective surgery. Why does this occur?

**A.** There is a national team working through procedures currently – some of the problems are that:

- Small centres lack equipment and surgeons to do the procedures
- Surgeons and patients may need to travel-alternatively you may live in an area which is fully equipped and staffed which can lead to regional differences.

Travel allowance to attend hospital clinics etc. - the lobby team were informed that the Director-General would need to get back to Grey Power on this issue but the Health National Advisory Group chair is to write with the details including her information that the allowance per kilometre was done by satellite map.

Dr Chauh also discussed:

- ▶ the use of Nano-technology in the future and the huge change its use may make to the health system as far as building hospitals and care of patients is concerned. There are already robots in use in at least one retirement village. Of interest was the question of how to get acceptance of new technology
- ▶ The new health strategy - he said it has a totally different perspective on health

The need to involve health consumers to raise awareness of issues

## Pharmac



The discussions with Pharmac's Kerri Osbourne & Dr Bryan Betty centred on the following questions –

**Q.** What options are available for those unable to take subsidized medication which has been changed from the original prescription?

**A.** It is most likely that there is a suitable replacement medication available and the expectation is that the doctor will be aware of any possible side effects – Med Safe is an independent body which makes the decisions on which medications are safe. If a doctor decides that a patient's circumstances are exceptional and alternative medication is required she/he must apply through the named patient pharmaceutical access (NIPPA) protocol.

**Q.** Are there steps in place to reduce medication waste?

**Background** provided by Grey Power for our member's information:

The issue of wasted medication is of interest to Grey Power because waste in the health budget means less resource to fund other much needed areas of health care including elective surgery. And although a certain amount of wastage is unavoidable it is possible to reduce this by prescribing small amounts of medication when treating conditions initially because the most reported reason for waste was that medication prescribed at time of diagnosis of a medical condition was often changed and that the patient had been prescribed a large amount of medication which was no longer required, although of course other reasons for wastage also exist (see *nzfp* Volume 35 Number 4 August 2008, <https://rnzcp.org.nz/assets/documents/Publications/Archive-NZFP/Aug-2008-NZFP-Vol-35-No-4/BraundAug08.pdf> & BPJ (Best Practice Journal, Issue 23, September 2009, [https://www.bpac.org.nz/BPJ/2009/September/docs/bpj23\\_upfront\\_pages4-7.pdf](https://www.bpac.org.nz/BPJ/2009/September/docs/bpj23_upfront_pages4-7.pdf) )

**A.** (from Pharmac) It is difficult to reduce waste – pharmacies cannot re-use returned medicines because of safety issues – over-prescribing can be a problem however

Pharmac do provide general practitioners with information regarding this – if waste is reduced more money is available for medicines

#### **Other discussion points –**

- Script collection - general practitioners can arrange for these to be collected weekly, monthly or 3 monthly
- Electronic prescribing - by the end of 2016 the intention is that all general practitioners will have this facility available
- Blood sugar meters – the re-tender for Care-Sans meters has been extended for the interim while information regarding meters is assessed – the decision (for the next 3-5 years) should be made by the end of this year.
- Grey Power Magazine article - Pharmac offered to provide this
- Zone or Association visits- Pharmac offered to address Grey Power members to provide information on their work.

**Grey Power's gain** was the provision of valuable information for members and Pharmac's offer to address Grey Power members.

#### **Pharmacy Guild**

The discussion with CEO Lee Hohaia and her team was based on the following questions:

- Q.** Can some of the difficulties older people face regarding the use of medication packaging be alleviated?
- A.** Childproof locks on medication can make medicine containers difficult to open and the Guild will inform pharmacies to ask people if they want these locks – Grey Power members also need to ask their pharmacist to change the lids on medicine bottles if the locks are problematic – this will mean patient-signed consent not to have a child-proof lock.  
Other options for ease of use of medicines includes patients purchasing their own hard containers and filling them.

The Guild's pharmacist will provide a small article regarding this for the next Grey Power magazine. The stability of medicine and the need for specific packaging such as foil packs were also discussed, as was the cost of prescription preparation. Many medicines have to be taken every day, however sometimes it can be difficult to remember to take it; Pharmaceutical staff can also give you helpful advice, such as setting an alarm or putting your medicine next to your toothbrush as a reminder – if people are having difficulty with their medication pharmacies have some funding to assist.

**Q.** The cost of medication wastage and the steps to reduce this?

**A.** It is important to understand that pharmacies are unable to reuse medicines once they have left the pharmacy due to regulations around storage and safety. They do however encourage you return any unneeded medicines into the pharmacy for safe disposal.

## Other discussion points:

- Memorandum of Understanding - The Grey Power Federation has signed this with the Pharmacy Guild who have also prepared a media release re this.
- Influenza vaccinations – these can now be administered by pharmacists however not all DHBs fund flu vaccines from pharmacies, so if you are eligible for a free vaccine you might prefer to visit your doctor.
- Consultation rooms – most pharmacies have consultation rooms which people can request to use if they require privacy when speaking to the pharmacist.
- Ear droppers – discussion occurred on the difficulty some older people have using these because of their shape. A pharmacist may be able to assist with these types of problems

**Grey Power's gain** was the information provided and the memorandum of understanding which formalises the relationship between Grey Power and the Pharmacy Guild to permit both organisations to work together on issues which affect older people.



**Visit to ACC** – The lobby team met with Mike Tully, Simon Hoar & their teams –

Grey Power asked:

**Q.** The current ACC claim forms which are received in hospital can cause difficulties especially for older people – is there a solution?

**A.** ACC will look at this but they pointed out that the booklet 'Going for Gold' and fact sheets are being improved incrementally. However, this will be a slow process because bulk buying by DHBs means there are lots of earlier editions of these documents still in stock. They also said "don't worry too much because they [ACC] will contact the client and walk them through the form."

**Q.** There is concern about lack of 24hr service for ACC clients – what are the remedies for this?

**A.** A 7am – 7pm week day service is being trialled, as are other trials monitoring vulnerable clients – ACC know who they are and have a team focussing on ACC payments for non-earners because this group has different needs.

An important point ACC made was that they are 'client focussed' and that there is more cohesion between ACC, DHBs and customer groups.

ACC are also willing to provide articles for the Grey Power magazine and to provide a contact via the Grey Power web-site

**Grey Power's gain** = the assurance that ACC are working on issues of concern raised by Grey Power and are willing to provide information for members

### Local Bodies and Housing:



lack of age-appropriate housing.

The lobby team met with the Labour Housing spokesperson Hon P. Twyford:  
The topic was how can New Zealand deliver better housing for older New Zealanders?  
The recent Salvation Army report was discussed as was the cost of rental accommodation the structure of the rental market, the difference between perceived wants and actual needs in home buyers, and

The Labour party are interested in:

- ▶ new housing
- ▶ affordability
- ▶ security of tenure – they will review the Tenancies Act re this and the potential impact of large corporate investment
- ▶ house design suitable for older people – they are keen to hear Grey Power's ideas re this
- ▶ looking at home ownership models
- ▶ reverting to councils' involvement in suitable housing stock – e.g. The Christchurch Trust model – income related rent subsidy
- ▶ using technology from retirement villages for new housing stock -e.g. tripping hazards, remote monitoring etc.
- ▶ Size of housing communities re economies of scale

### Grey Power's gain:

- ▶ Grey Power and Labour are to collaborate on the issue of housing for older people – the former to survey members to obtain their preferences on this



### SuperGold card off-peak travel concession

**Visit to New Zealand First** – the team met with NZ 1<sup>st</sup> politicians Clayton Mitchell & Fletcher Tabuteau

The topic was how the two organisations could work together to minimise any loss of service provision arising from the Governments proposed changes to the SuperGold card transport concession scheme.

New Zealand First offered to provide support through information exchange, to coordinate publicity, and to provide publicity material for demonstrations and for the Federation annual general meeting.

They are also interested in the number of older people who have to surrender their licences

### **Grey Power's gains:**

- ▶ Grey Power Federation and New Zealand First to mount joint publicity event in Wellington on the Hutt Valley line.
- ▶ New Zealand First provided publicity material for the 2016 Federation annual general meeting
- ▶ Both organisations to share any research on the adverse social and economic effects of any loss of availability or access to Gold Card funded travel.
- ▶ Improved relationships at a policy development level between NZ First and the Federation

Grey Power team is working on the changes to SuperGold Card travel funding and associations have received memorandums regarding this.

### **KIWIBANK** – the lobby team spoke with Matt Macpherson & Amanda Jenkins

- a) KiwiBank's deposit/investment insurance
  - ▶ KiwiBank will send the wording regarding their guaranteed deposit scheme to Grey Power
- b) The provision of cards promoting the KiwiBank/Grey Power relationship to Grey Power Associations
  - ▶ It was explained that this was Grey Power's responsibility – R. Reid to provide wording
- c) L. Hine's (Wairoa association) issue re KiwiBank's flagging of accounts – possibilities here were to:
  - ▶ Provide an on-line form – KiwiBank would like to be involved in any electronic strategy
  - ▶ Consider using the Grey Power magazine to publish a form to up-date the information to ensure that all members' eligible KiwiBank accounts had been flagged
  - ▶ Provide a hard copy form perhaps with membership forms

The lobby team also met with the Office of Senior Citizens director Sarah Clarke and other Ministry of Social Development staff – the report of this meeting is not to hand at this time because of Sarah's resignation subsequent to the visit however the acting director will provide this information shortly. This will be published in the next Grey Power magazine.

Report compiled, on behalf of the Federation Board by Jan Pentecost – Co-leader of the Advocacy Standing Committee

*Disclaimer: Although every effort has been made to provide accurate information in this report the compiler takes no responsibility for unintended inaccuracies*