

Consumer Engagement & The Women's Health Strategy

13 December 2022



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Consumer Advocacy Alliance

The Consumer Advocacy Alliance is an independent consumer alliance that ensures scrutiny of the health system at all levels – including all government, public and private health entities – for the benefit of all New Zealanders, to protect people from harm and to ensure quality consumer-focused health care and services.

Being independent allows us to be intentionally consumer-focused; independence enables us to evaluate health issues objectively and work constructively with the sector to find solutions.

We are a collective of experienced health care advocates who share a common passion for creating positive, effective and lasting change. Our founders have a common standpoint; that health care, as it is now, is not working; that the experience of New Zealanders in the health system is not what it should be. By working together and pooling our experience we identify areas and opportunities where we can facilitate change within the health system and ensure that our voice, the consumer voice, is heard.

Vision

A people-centred health system in which health consumers/patients work in true partnership with health care providers for health and well-being, and in which health consumer/patient rights and safety are paramount.

Goal

To contribute to creating a patient-centred health system that encourages transparency and shared decision making; to ensure that the consumer voice is not only heard but that co-design with lived experience consumers is at the heart of all legislation/regulation, policy, development, design, implementation, research and service provision within the health system.

<http://consumeradvocacyalliance.co.nz/>

Concerns

The Consumer Advocacy Alliance have a number of concerns about consumer engagement with health entities:

Why are Manatū Hauora, the HDC and ACC not parties to the Code of Expectations for consumer engagement?

The Code of Expectations for health entities' engagement with consumers and whānau (the Code) sets the expectations for how health entities must work with consumers, whānau and communities in the planning, design, delivery and evaluation of health services.

The Pae Ora (Healthy Futures) At 2022 states that “Health entities must act in accordance with code” (Subpart 6, Section 60).

A health entity is defined as Health New Zealand, HQSC, the Māori Health Authority, Pharmac, or NZBOS (Part 1, Section 4) and does not include Manatū Hauora, the HDC and ACC.

It is important that all health agencies, including Manatū Hauora, the HDC and ACC, are parties to the Code of Expectations. This would demonstrate commitment to consumer engagement at all levels of the health system.

There is no formal and agreed definition of Co-Design.

A formal definition of CO-DESIGN should be created in collaboration with consumers, health entities, Manatū Hauora, HDC and ACC. Protection is necessary for co-design work and development; co-design decisions must be binding.

If the co-design process is not followed or adhered to by health entities, what happens next? An independent mediation authority or body is needed to ensure consumers are supported and their voices are heard.

What does a consumer-centred, co-designed health system look like?

The women's health strategy is an opportunity to rethink the way that we deliver health services, to create a truly consumer-centred, co-designed health system. To achieve a health system that does not disadvantage women, and that addresses women's often complex health needs, we must address gender bias by considering all aspects of health care through a gendered lens.

The Consumer Advocacy Alliance believes that the ideal provision of health care services to women, especially those that live with complex health needs and multiple and often interrelated conditions, is through women's health clinics that provide “wrap-around” and interdisciplinary health services.

We envisage a new vocational group – women's health physicians. Inspired by the development of the breast physician vocational group in the late 1990s and early 2000s in the UK, Australia and Aotearoa New Zealand, a typical women's health physician would be a female GP who has undertaken further, more specialised training in a range of women's health disciplines. Women's health clinics would employ a range of different practitioners (this may depend on size and demographics of the population it was serving), and as well as the women's health physician/s include physiotherapists, midwives, nutritionists, acupuncturists and/or pain specialists, endocrinologists or hormonal/menopause specialists, etc.

Women's health clinics would adopt the Five 'I's Framework (page 5), an holistic and integrated approach to health care with ethics at its heart. The women's health physician would refer women to specialists as required, and the women's health clinic might co-ordinate health treatment and care services to ensure an interdisciplinary approach (page 5 and 6).

The Five 'I's Framework

an holistic and integrated approach to health care with ethics at its heart.

Interdisciplinary

Medical professionals from a range of disciplines working together with the aim of organising and co-ordinating health treatments and care services. Providing an environment that supports co-operation, respect and collaboration between colleagues and health practitioners to provide seamless, continuous care.

Integrated

A healthcare approach that takes account of the whole person, including the social determinants of health, their past, present and future. Holistic practice that considers the interconnectedness and interrelationship of the different parts of the body as well as mental, spiritual and physical wellbeing, while utilising all appropriate therapies.

Interrelated

Building and fostering relationships with team members. Valuing and validating personal and individual strengths to achieve desirable patient outcomes, effective communication and provision of quality care. Information sharing across the team and with consumers/patients.



Intergenerational

Actively promoting, valuing, fostering and encouraging intergenerational communication with patients/consumers and whānau. Understanding the impact of intergenerational trauma, adopting a trauma informed approach to health care.

Inclusive

Validating identity, diversity and culture. Being aware of unconscious bias. Ensuring accessibility for all to a range of community services that support mental health and wellbeing. Meeting the needs of individual consumers/patients and whānau, providing patient centered care.

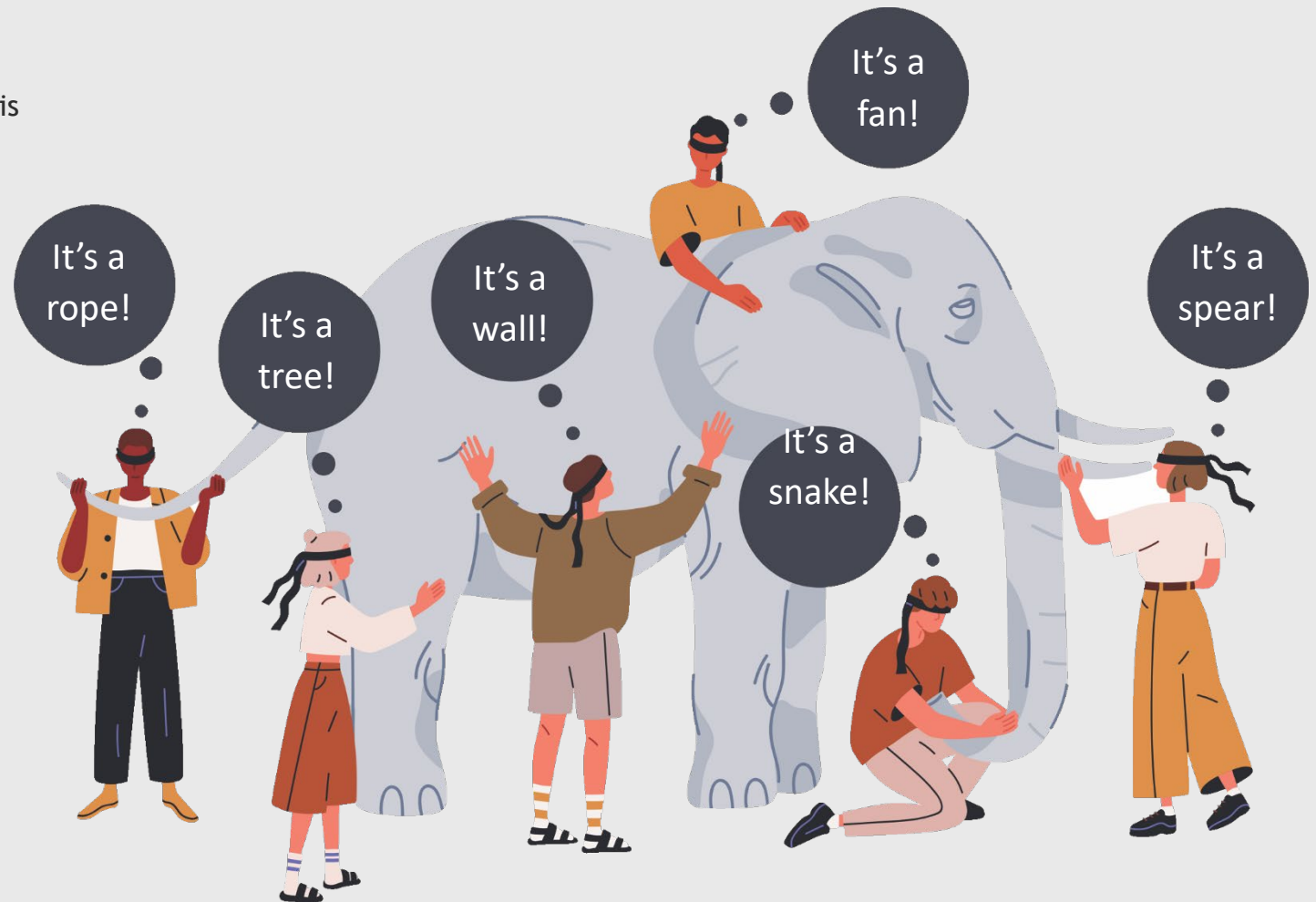
Charlotte Korte, Kat Gibbons, Denise Astill and Sue Claridge: "The Five 'I's Framework", Consumer Advocacy Alliance, Copyright © 2022

The Interdisciplinary Approach

The evidence is clear that “interdisciplinary care”, in which all clinicians work together in a synthesised and harmonised manner, is much better than “multidisciplinary care” in which many clinicians are dealing with their own small bit of the “elephant”.

Many women present with complex health needs, sometimes with both systemic and localised symptoms. They are often pushed from one practitioner or specialist to another, repeatedly having to tell their ‘story’ and finding no answers and no resolution to the health conditions that can dramatically reduce their quality of life.

An interdisciplinary approach, in which health professionals work together to organise and co-ordinate health treatments and care services, offers women with complex needs faster diagnosis and treatment, better outcomes and significantly improved quality of life.



Consumer Advocacy Alliance

We want solution focused, constructive opportunities to effect lasting change from the consumer perspective.

While the Consumer Advocacy Alliance is a voice for all New Zealanders and users of our health system, work on the women's health strategy has already begun, and this is a primary focus for us right now. It is vital that women health consumers are involved at ground level in the development of the women's health strategy. We believe that setting key priorities to address current inequities that would improve healthcare for women must be done in co-design with consumers. Women and experienced health consumer advocates deserve more than just being 'consulted'; they need to be part of the solution.

We want a seat at the table!

Kat Gibbons, Sue Claridge, Denise Astill & Charlotte Korte: Consumer Engagement & The Women's Health Strategy, Consumer Advocacy Alliance, December 2022.

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