ASMS
ASSOCIATION OF SALARIED MEDICAL SPECIALISTS
TOI MATA HAUORA

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Sam Uffindell
Chair
Health Committee
Parliament Buildings
Wellington

he@parliament.govt.nz

Tēnā koe Mr Uffindell,

Toi Mata Hauora feedback on the Healthy Futures (Pae Ora) Amendment Bill

1. Introduction

Toi Mata Hauora (the Association of Salaried Medical Specialists) is the union for senior salaried doctors and dentists, representing over 6,000 members. We promote, protect and support the interests of our members in all aspects of their working lives. Toi Mata Hauora's constitution also includes objectives to support the right of all New Zealanders to equal access to comprehensive quality public healthcare services, and to promote the availability and delivery of the highest possible standards of publicly funded healthcare services.

In 2023, Toi Mata Hauora's membership voted to amend its constitution to include an objective to advance and affirm a commitment to Te Tiriti o Waitangi and its principles, and the values and practices of Mātauranga Māori. This amendment arose in recognition that Te Tiriti o Waitangi provides a foundation to address the unethical, unjust and unacceptable inequities in health outcomes that exist between Māori and non-Māori in Aotearoa New Zealand.

Toi Mata Hauora has a strong interest in the Healthy Futures (Pae Ora) Amendment Bill, as it has implications for the professional practice of medicine and dentistry that could lead to patient harm. The Bill also seeks to repeal or amend clauses that require the health system to have reciprocal, meaningful relationships with Māori and enabled Māori input into local service design. The health system has never delivered equitable outcomes for Māori, and rolling back these provisions will entrench a system that fails to deliver for Māori.

The health system is under severe pressure, and any legislative change should be seen as an opportunity to improve the system to deliver for patients. However, we are concerned that the proposed changes appear to be primarily driven by an anti-Māori agenda, rather than any attempt to make meaningful legislative change to enhance the health system and deliver better care for New Zealanders.

In summary:

- The process for developing the Bill has been poor
- The Bill may have a chilling effect that will prevent doctors from speaking up for patients
- The Bill will entrench a system that fails to deliver for Māori
- Including health targets in legislation will create perverse outcomes
- The Bill undermines the role of public health in the health system
- The Bill removes the need for the New Zealand Health Plan to be independently audited.

Toi Mata Hauora's detailed feedback is provided below.

1. The process for developing the Bill has been poor

The Regulatory Impact Statement (RIS) indicates a poor process was used for developing the Bill. In particular, no consultation was undertaken with the public or Iwi-Māori Partnership Boards (IMPBs), and there has been negligible engagement with the Ministry of Health or Health New Zealand.

The RIS explains the lack of consultation was due to "the sensitivity of this work" and "the need to hold information closely" and the "the speed of the work."

On reviewing the Bill, it is not clear which parts of the Bill could be considered so sensitive that speed and secrecy was required. This suggests the rationale for bypassing good process, public consultation, and engagement with the organisations impacted by the legislation, was concern that the public and officials may not support the changes to the Pae Ora (Healthy Futures) Act 2020. If this is the rationale for secrecy and speed, then it runs counter to healthy democracy.

The RIS also notes that the success of the Bill depends on how changes are given effect by Health New Zealand. The ASMS is concerned that there has been "negligible engagement" with the organisation charged with implementing the changes.

The case for change put forward in the RIS is also weak. The RIS notes that the benefits are assessed as low, and any improvement is likely to be "marginal."

2. The Bill could prevent doctors from speaking up for patients

The Bill inserts clause 11a, that all employees of Health New Zealand must uphold the public service principles, political neutrality, and minimum standards of integrity in relation to those principles. Such standards and codes are designed for public servants who directly advise Ministers and are involved in the political process as part of their day-to-day work. Public service standards of integrity and conduct are already covered in the Public Service Act 2020, so it is unclear why clause 11a would need to be inserted into the Pae Ora Act at all.

Toi Mata Hauora considers it would be a significant overreach to apply the same principles to doctors, dentists and health practitioners who are not involved in advising Ministers or in the political process in their day-to-day clinical work. The Bill would likely have a chilling effect, on the right to freedom of expression enshrined in the Bill of Rights Act 1990 (s14) preventing doctors, dentists and other health workers speaking up for patient safety. This would be in direct conflict with long-held professional and ethical standards that govern the medical and dental professions and require doctors and dentists to make the care of patients their first concern (1).

Centrality of professional standards and open disclosure

Professional standards and the requirement to put patients first are a critical safeguard for the public, and central to the trust that patients have in the medical and dental professions (1). Clause 11a runs the risk of doctors being disciplined by their employer for speaking up for patients, if the employer considers speaking up is not in the organisation's interest or could be interpreted as a political rather than clinical comment.

For example, doctors and dentists have professional standards for open disclosure, which means when a patient is harmed during care, the doctor or dentist must inform the patient about what went wrong. Often, resourcing and short staffing are implicated in cases of patient harm, which may mean disclosing information that brings Health New Zealand into disrepute. An agenda-driven HR department or manager could use clause 11a of the Act to argue that a doctor or dentist should not have disclosed such information as it breaches the public service principles. Issues like staffing and resourcing can be seen as highly political, so a doctor's clinical opinion of what went wrong, could easily risk being interpreted as a political opinion, leading to discipline due to a lack of political neutrality. This would be not only damaging for the doctor but would remove a critical safeguard for patients.

Open disclosure is a critical component of accountability and continuous quality improvement in the health system, and organisations are expected to have policies and practices that "enable a culture of compassion and avoid consumers, whānau, and health care workers being punished, marginalised or humiliated for reporting harm."(2) Open disclosure and review of adverse events is critical for identifying opportunities to improve systems and reduce the likelihood of repeated harm.

The amendment Bill comes at a time when Health New Zealand has neglected to provide public reporting on serious adverse events since 2021, requiring a direction from the Ombudsman to restart these reports (3). This not only reflects deteriorating transparency and accountability from leadership within the organisation, but also a failure to pay attention to the quality of health services being delivered, and a failure to understand the role of open disclosure in making systems safer for patients.

The Mid-Staffordshire experience and risks for Health New Zealand

Lessons internationally from the Mid-Staffordshire NHS Foundation Trust (Mid-Staff) Public Inquiry demonstrate that when organisations focus on financial issues and achieving targets and pay inadequate attention to the quality-of-service delivery, the consequences for patients can be catastrophic(4). These factors contributed to significant failures of care at Mid-Staff, alongside an institutional culture that gave more weight to positive information about the service than to information implying cause for concern; compliance measures that did not focus on the effect of a service on patients; tolerance of poor standards and patient risk; a lack of transparency regarding problems; and loss of institutional knowledge from repeated multi-level reorganisation (4).

Many of the risks identified at Mid-Staff are also evident at Health New Zealand. Health New Zealand's severe financial constraints have been well-documented, and its decision making driven by cost-containment and health targets. It has also undergone multiple reorganisations in a short period. In this context, the ability for health practitioners to speak honestly about the impact on patient care is a particularly important safeguard for patients, and for Health New Zealand as an organisation.

As well as introducing confusion, and possible disciplinary action, for health practitioners who speak up, Clause 11a may also discourage doctors and dentists from sharing their clinical and professional expertise in the media, or at select committees, in fear of their opinions being interpreted as political rather than based on expertise. This would further reduce the level of transparency and accountability in the health system.

At a time when the system is under so much pressure, reducing the ability of health practitioners to speak up is dangerous for the public, and for the system.

As members of a profession, medical and dental practitioners are already held to high standards of account. Doctors and dentists are professionally accountable to their medical colleges, the Medical Council of New Zealand, the Dental Council of New Zealand, and the Health and Disability Commissioner. Should a doctor speak or act in a way that is unwise, clinically unsound, or malevolent, they will be held to account by their profession; the Health and Disability Commissioner; and can face prosecution before the Health Practitioners Disciplinary Tribunal. This level of accountability and scrutiny does not apply to non-clinical staff employed within Te Whatu Ora Health New Zealand.

Recommendations:

- Toi Mata Hauora recommends that new section 11A is not inserted into the Act. Standards of integrity and conduct for the public sector are already covered by the Public Service Act 2020.
- If the government proceeds with inserting section 11A into the Pae Ora (Healthy Futures) Act Toi Mata Hauora recommends specifying in the Act that where an employee of Health New Zealand is on the register of a profession, the public service principles are subject to the ethical duties held by members of that profession.

The Bill will entrench a system that fails to deliver for Māori

Māori have been poorly served by Aotearoa New Zealand's health care system, and experience stark inequities in health outcomes throughout the life course that are unacceptable and avoidable. Māori experience poorer access to health services; poorer quality services and treatments when healthcare is accessed; inequitable treatment delays; and receive less monitoring for chronic diseases such as diabetes, compared to non-Māori (5).Inequitable access to treatment begins early, with barriers to care during pregnancy, and inequitable care in childhood.

The Health and Disability System Review documented evidence that Māori experience racism and discrimination within the health system that impacts health outcomes (6). The Review identified the health system needed:

- strong commitment to address institutional racism
- increased Māori participation and decision-making in service design
- to embed Māori world views and mātauranga Māori throughout the system
- to recognise and respond appropriately to Māori health needs.

The Review also recommended the establishment of a Māori Health Authority, and legislation to be updated to reflect Te Tiriti principles and equity. These recommendations for system change were

informed by substantial, credible, in-depth reviews conducted by both the Health and Disability System review group, and the Waitangi Tribunal (7).

Toi Mata Hauora opposed the disestablishment of the Māori Health Authority in 2024. We are now deeply concerned by the proposed changes to the Pae Ora (Healthy Futures) Act 2022 that reverse a number of aspects of the legislation that were intended to transform the health system into one that delivered on health equity for Māori.

Toi Mata Hauora considers the proposed changes would further breach the Crown's obligations to Te Tiriti o Waitangi and the rights of Māori and entrench negative health outcomes for Māori.

Our specific feedback on the changes is summarised below.

Proposed amendments to section 6, Te Tiriti o Waitangi (the Treaty of Waitangi)

Toi Mata Hauora opposes several of the proposed amendments to section 6 of the Pae Ora (Healthy Futures) Act 2020.

For the system change that is needed to ensure Māori health inequities are redressed, strong knowledge and understanding of Te Tiriti o Waitangi and Hauora Māori are required at all levels of the system. Clauses 6 (k) and 6 (l) require that expertise, experience and knowledge of Te Tiriti and Hauora Māori are present on the Health New Zealand Board, and within Health New Zealand itself.

The removal of these clauses will allow the health system to operate without the necessary expertise at governance and senior leadership level to deliver health services with equitable outcomes for both Māori and non-Māori. This is an unacceptable proposition, in the face of overwhelming evidence that the health system has failed to deliver for Māori, and breached obligations to Te Tiriti o Waitangi.

Toi Mata Hauora also opposes the repeal of clause 6 (n) that requires Health New Zealand to report back to Māori about how Health New Zealand's functions have been informed by engagement with Māori about their aspirations and needs. Repealing this clause reduces Health New Zealand's accountability to listen to Māori and deliver in accordance with Māori aspirations and needs.

Toi Mata Hauora opposes the amendments to clause 6 (f). The amendments limit the role of Māori in local service design, requiring only engagement as to need, rather than a meaningful role in planning and design. This relegates Māori to a role that is simply advisory, which does not meet Te Tiriti requirements for partnership. The likely impact of this is that local services will not be designed in partnership with Māori to meet Māori need.

Toi Mata Hauora opposes the amendments to section 6 (m). The proposed amendments limit the relationship between Health New Zealand and Māori, reducing the need for engagement or a reciprocal relationship. The amendments instead appear to embed one-way information flow, where Health New Zealand simply provides information to Māori and provides support of an administrative nature to IMPBs.

Toi Mata Hauora supports the amendment to clauses 6 (c) and (e) that enables the Hauora Māori Advisory Committee to advise the Health New Zealand Board, as well as the Minister, and requires the Health New Zealand Board to take Hauora Māori Advisory Committee advice into account.

Proposed amendments to section 7, Health Sector Principles

Toi Mata Hauora strongly recommends that section 7, the health sector principles, is retained in the legislation. Repealing the principles is of no benefit to any patients and is discriminatory towards Māori.

The principles provide strategic, future-focused guidance for the sector, and encapsulate basic principles which should have wide acceptance across the political spectrum. These include concepts such as equitable health outcomes; engaging with population groups to develop high quality culturally safe services that meet people's needs and aspirations; protecting and promoting the health of the population and collaborating across agencies.

The health sector principles specifically reference Māori health and Māori need, and removing the principles will once again entrench a system that does not deliver for Māori, exacerbating inequitable health outcomes. Toi Mata Hauora is concerned that repealing the principles is driven by a misguided and incorrect assumption that changing the health system to perform better for Māori will somehow disadvantage non-Māori. This is not the case.

Concepts such as culturally safe care are necessary for everyone – Māori, Pakeha, Pacific Peoples, Asian, men, women, LGBTQI+, older adults, children. Culturally safe care means health practitioners are aware of their own biases and how those biases could impact the care provided to the patient in front of them (8). All patients are entitled to be treated fairly and not be discriminated against when seeking health care. A system that performs well for Māori, will perform well for everyone. Cultural safety is for everyone.

Proposed amendments to section 12, Board of Health New Zealand

Toi Mata Hauora is opposed to the proposed amendment to section 12 (3). As described above, to deliver equitable health outcomes for Māori will require expertise in Te Tiriti and tikanga Māori at Board level.

We are also concerned that the amendment removes requirements for experience and expertise in public funding and provision of services; public sector governance and government processes; and financial management. This provision should act as a safeguard to ensure appropriate appointees to govern one of New Zealand's largest, most complex, and high-risk organisations.

The amendment leaves it up to the Minister of Health to decide whether people are appropriately skilled for the job. This leaves the process vulnerable to appointments based on politics, rather than appointments based on the skills to govern a politically neutral public organisation.

Proposed amendments to sections 15 and 16

The Bill proposes removing the requirement for Health New Zealand to "engage" with IMPBs and would only require Health New Zealand to provide support of an administrative nature, and information, to IMPBs.

This severely curtails the role of IMPBs and makes it clear that Health New Zealand is not expected to maintain a reciprocal relationship with IMPBs or be held to account by IMPBs. After the Māori Health Authority was disestablished, the then Minister of Health Hon Dr Shane Reti indicated that IMPBs would still maintain a pivotal role in the system. However, the current Bill demonstrates that the role of IMPBs is now being diminished from one of active partners, to passive recipients.

Toi Mata Hauora recommends that the amendments to clauses 15 and 16 do not proceed. We also recommend that appropriate consultation takes place with IMPBs on the impact of proposed changes to their role in the Bill.

Proposed amendments to sections 29 and 30, purpose and functions of iwi-Māori Partnership Boards

Toi Mata Hauora opposes the proposed replacement to sections 29 and 30, which seek to reduce the role and functions of IMPBs. The amendment to clause 29 reduces the purpose of IMPBs so that IMPBs would no longer have a role in monitoring how the health sector is performing for Māori, or a voice in the design and delivery of services. Once again, this is inconsistent with Te Tiriti, as it moves away from a partnership approach, and reduces the role of IMPBs to be advisory.

The proposed amendments to section 30 significantly reduce the functions of IMPBs, again removing any monitoring role and reducing IMPBs to having an advisory relationship with HNZ.

Toi Mata Hauora has significant concerns that IMPBs were not consulted during the development of the Bill. This represents a missed opportunity to hear from IMPBs directly about what legislative amendments could have strengthened and clarified their purpose and function. Instead, the Bill seeks to remove significant aspects of their role and function, under the guise of 'simplifying' the health system.

Recommendations:

Toi Mata Hauora strongly recommends that:

- Clauses 6 (k) and 6 (l) of the Pae Ora (Healthy Futures) Act 2020 are retained, to ensure expertise, experience and knowledge of Te Tiriti and Hauora Māori are strong at Board level, and within Health New Zealand.
- Clauses 6 (f) and 6 (m) are retained as is (and not amended) to ensure Māori are enabled to have meaningful input into local service design, and reciprocal engagement with Health New Zealand.
- Section 7 (Health Sector Principles) is retained in the legislation.
- Section 12 (3) is retained as is (and not replaced).
- Sections 13, 14, 29 and 30 are retained as is (and not amended or replaced) and genuine engagement with IMPBs takes place about proposed changes that impact their purpose, function, and role.

Including health targets in legislation will create perverse outcomes

The Bill proposes amending sections 33, 34, and 36 and inserting clause 36A, to require specific health targets to be included in the GPS and health strategies. Health targets are already in use, so it seems redundant to write them into legislation.

Toi Mata Hauora also considers health targets are a political tool, rather than a way to deliver better health outcomes for patients across the breadth of health care. All health targets utilised currently monitor process measures rather than actual health outcomes. These are designed as a tool to convey success but provide little insight into whether the needs of patients are being met, and whether health outcomes are genuinely improving for New Zealanders. For example, a patient facing delays in accessing diagnostic tests, resulting in a terminal cancer diagnosis that could have been survivable if detected earlier, would still count as a positive outcome under the health targets so long as palliative treatment is initiated within 31 days. The targets fail to measure many aspects of unmet need, masking the true picture of what is happening in the health system.

Evidence suggests health targets can be useful in some limited scenarios, for example immunisation (9). However, in other areas, health targets encourage gaming and can create perverse outcomes rather than improved patient care.

Examples of gaming that would improve performance against the targets, but lead to worse outcomes for patients, include:

Specialist assessments:

- Patients who have already been waiting four-months or longer not being prioritised for care, because seeing them will not contribute to the positive statistics of patients seen within 4-months.
- First specialist assessments being prioritised over patients needing follow-up care to improve target results, with negative health consequences for patients missing out on follow-up.

Elective treatment:

- Declining referrals of patients with a genuine need for treatment, to manage waiting list targets.
- Receipt of referral dates being manipulated.
- Raising clinical thresholds for treatment to limit waiting lists, as evidenced by the wide variations in treatment thresholds across the country (10).
- Prioritising healthier patients for procedures over more complex, higher-need patients who have been waiting longer, to make overall results appear favourable.
- Prioritising urban patients who are easier to reach than rural patients, to make overall results appear favourable.
- Queueing patients before decisions to treat are made.

Emergency department admission, discharge and transfer:

- Creating short-stay wards in Emergency Departments, to make it appear as though patients have been discharged from ED within 6 hours.
- "Stopping the clock" or removing patients from the ED information system even when they are still receiving care within the department.

Cancer management care

- Delaying first specialist assessments or treatment decisions until there is capacity to initiate treatment within the target timeframe (e.g queuing patients).
- Interrupting the treatment schedules of existing patients to increase the number of patients for whom treatment has been initiated.
- Delaying access to diagnostic services that would confirm definitive diagnosis.

Further information about the perverse behaviours that occur when management are under pressure to achieve health targets can be found in published research (11,12), and in a briefing to Hon Dr Shane Reti (13).

Recommendations

- Toi Mata Hauora recommends that the health targets as written are not included in the Pae Ora (Healthy Futures) Act.
- Toi Mata Hauora recommends that the Pae Ora legislation is amended, to add a function for Health New Zealand to measure and annually report on unmet need for healthcare.
- Toi Mata Hauora recommends that Health New Zealand and the Ministry of Health are directed to collaborate with local providers and patients to agree on necessary local measures for assessing delivery of high-quality, accessible services, as suggested by Hamblin and Shuker (12).

The Bill undermines the role of Public Health Medicine in the health system

New Zealand's health system is under significant pressure, and health system costs will continue to escalate at a rapid pace. Public health measures are critical for New Zealanders to enjoy good health; and to reduce the degree to which health costs will escalate in the long term.

Toi Mata Hauora is concerned that the role of Public Health Medicine Physicians and the discipline of Public Health Medicine is not currently well understood. For avoidance of doubt, the discipline of Public Health Medicine includes:

- **Health assessment and surveillance:** monitoring and reporting on disease outbreaks and clusters (both communicable and non-communicable diseases), as well as other threats to health and determinants of disease.(14)
- **Health protection**: protecting communities from public health hazards, including hazardous substances; air and water contaminants; sewage and waste; communicable disease outbreaks; natural disasters; and pandemics (14).
- **Health promotion**: supporting the population to develop skills to prevent and manage minor and chronic conditions for themselves and their families and working with other agencies to reduce the risk of preventable disease, disability and injury (14).
- **Preventive interventions:** This includes primary and secondary disease prevention, for example immunisations programmes, and screening programmes for early detection of disease (e.g. cancer) (14).

The amendment Bill seeks to diminish the role of public health medicine in the health system, which is not consistent with the purpose of the Pae Ora (Healthy Futures) Act 2020 – to protect, promote and improve the health of all New Zealanders.

Repeal of section 7, Health Sector Principles

As described above, Toi Mata Hauora opposes the repeal of the health sector principles as this will be discriminatory towards Māori.

The health sector principles also clearly outline the role of public health in achieving pae ora (healthy futures), as the principles encapsulate public health functions such as health promotion, protection, prevention, and the need to work across government departments to address social determinants of disease. This is critical for New Zealanders to enjoy good health, as the determinants or causes of poor health tend to sit outside of the health system. Repealing the health sector principles weakens

the role that public health plays in the system, which is not consistent with the purpose of the Pae Ora legislation – to improve the health of New Zealanders.

Repeal of section 93 (4)

The Pae Ora (Healthy Futures) Act 2020 established an expert advisory committee on public health. The role of the committee is to provide independent, expert evidence-based advice to Ministers, the Public Health Agency and Health New Zealand on long-term public health challenges facing New Zealand.

The amendment Bill removes the requirement for the Committee to collectively have experience and expertise "in relation to, population health, health equity, te Tiriti o Waitangi (the Treaty of Waitangi), epidemiology, health intelligence, health surveillance, health promotion, health protection, and preventative health."

Toi Mata Hauora is deeply concerned by the removal of requirements for public health expertise on the expert advisory committee on public health. This could lead to a committee with no expertise in epidemiology, health intelligence, health promotion, protection, prevention and surveillance. At this point, the committee would cease to be an expert advisory committee on public health and would no longer be able to fulfil its function.

Recommendations

- Retain section 7, the Health Sector Principles.
- Retain clause 93 (7) which specifies the expertise required on the expert advisory committee on public health.

The Bill removes the need for the New Zealand Health Plan to be independently audited

Toi Mata Hauora is opposed to the proposal to repeal clause 53 (2) which would mean the New Zealand Health Plan no longer needs to be independently audited by the Auditor General.

The first New Zealand Health Plan was published recently, in August 2025. The plan was audited by the Auditor General, who issued a "Disclaimer of Opinion" about the plan. The Auditor-General advised that New Zealand Health Plan falls short in several areas. In particular:

- The Plan is not based *"on clear and reasonable assumptions about health needs and the expected quantity of service demand, the resources needed to provide those services, and the forecast cost of those resources*."
- The Plan does not contain "*a clear explanation of how the actions have been selected and prioritised, and how the actions will contribute to the achievement of the desired improvements and targets*."
- The Plan does not "*clearly set out the publicly funded health services and activities to be delivered and their forecast cost."*

Various health strategies, plans and policies have been developed over successive governments that articulate aspirations for the health of New Zealanders and how services will be provided. The aims of these strategies and plans have all been laudable. However, overall, they have never translated into tangible, measurable improvements in health outcomes for New Zealanders. The Auditor-

General's independent report on the New Zealand Health Plan indicates the Plan is likely to suffer the same fate.

Toi Mata Hauora considers the Auditor-General's audit report provides valuable insights into the New Zealand Health Plan, which could be used to improve policy development more broadly within the health system. Implementation issues and policy failures of previous strategic health documents are likely to have also suffered from a failure to properly identify health needs; service demand; the resources required to meet that demand; and how actions identified in any strategy or plan will translate into better health outcomes for New Zealanders.

Toi Mata Hauora is disappointed that instead of embracing the Auditor-General's independent review to substantially improve health policy development, the Bill instead proposes to repeal the requirement for the Auditor-General to audit the New Zealand Health Plan. This simply removes a layer of independent scrutiny, and in turn public accountability for Health New Zealand.

Recommendations

- Retain sections 52 (2)(c) and 53 (2) that require the Auditor-General to audit the New Zealand Health Plan and reports of performance against the New Zealand Health Plan.

Other issues

The Bill raises a number of other issues of concern for Toi Mata Hauora. There is not time to address all of these in depth. However, a summary of our concerns is provided below.

Toi Mata Hauora opposes:

- Amending section 13 (c) to insert "including, to avoid doubt, private healthcare providers" is redundant. Legislation is not required for Health New Zealand to work with private healthcare providers. It is not clear what problem this is trying to solve. Similarly, the amendment to 14(1)(k) is also redundant.
- Repealing sections 56 to 58 - the New Zealand Health Charter. There was no clear evidence of intention from Te Whatu Ora to enact the Health Charter. However, repealing the Health Charter removes a minimum standards document for Te Whatu Ora to be a good employer and a good place to work.

Toi Mata Hauora supports:

- the amendment to section 14 (1)(c) that adds a function for Health New Zealand to provide and plan for infrastructure to deliver services. Although we support the concept of an infrastructure committee, it is not clear whether the infrastructure committee will oversee both physical and digital infrastructure. The health system is facing critical data and digital issues and oversight of these significant issues should be clarified. Also, we consider the infrastructure committee will need to have strong links with the health workforce planning function of Health New Zealand. Infrastructure does not 'deliver' health services – people do. Workforce and infrastructure planning must work in concert, to ensure that when facilities are expanded or built, they can also be staffed.
- The addition of clause 22 Director-General may attend Health New Zealand board or Executive meetings. Although we support the Director-General being able to attend Health New Zealand Board meetings, we consider the functions of the Director-General attending are too narrow as

written and focus on reporting back to the Minister and helping the Board understand the wishes of the government. In our view, the Director-General of Health and Health New Zealand should also be engaging about long term health system strategy, rather than simply the short-term wishes of the government of the day.

Thank you for the opportunity to provide feedback on the Healthy Futures (Pae Ora) Amendment Bill. To discuss this submission further, please contact Harriet Wild, Director of Policy and Research at hw@asms.nz in the first instance.

Nāku noa, nā

Sarah Dalton

EXECUTIVE DIRECTOR

M +64 27 210 2234

E sarah.dalton@asms.org.nz

References

1. Medical Council of New Zealand. Good Medical Practice [Internet]. Wellington: Medical Council of New Zealand; 2021. Available from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.mcnz.org.nz/assets/standards/b3ad8bfba4/Good-Medical-Practice.pdf

2. Health Quality and Sfaety Commission. Healing, learning and improving from harm. National adverse events policy. [Internet]. Health Quality and Safety Commission; 2023 [cited 2025 Aug 12]. Available from: https://www.hqsc.govt.nz/resources/resource-library/national-adverse-event-policy-2023/

3. Macdonald, Nikki. Health NZ told to restart axed reports on healthcare harm. The Post [Internet]. 2025 Jul 25 [cited 2025 Aug 12]; Available from: https://www.thepost.co.nz/nz-news/360766192/health-nz-told-restart-axed-reports-healthcare-harm

4. Francis, Robert. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry [Internet]. London, U.K.: The Stationery Office; 2013. Available from: https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

5. Health Quality and Sfaety Commission. A widow on the quality of Aotearoa New Zealand's health care 2019 - a view on Māori health equity [Internet]. Wellington, New Zealand: Health Quality and Safety Commission; 2019 May. Available from: https://www.hqsc.govt.nz/resources/resource-library/a-window-on-the-quality-of-aotearoa-new-zealands-health-care-2019-a-view-on-maori-health-equity-2/

6. Health and Disability System Review. Health and Disability System Review [Internet]. Wellington, New Zealand; Available from: https://www.health.govt.nz/about-us/new-zealands-health-system/health-system-roles-and-organisations/health-committees-and-boards/other-health-committees/health-and-disability-system-review

7. Waitangi Tribunal. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Lower Hutt, NZ; 2023.

8. Medical Council of New Zealand. Cultural Safety [Internet]. Wellington: Medical Council of New Zealand; [cited 2025 Aug 12]. Available from: https://www.mcnz.org.nz/our-standards/current-standards/cultural-safety/

9. Tenbensel, Tim. Health targets may be good politics, but they're not always good policy. Newsroom [Internet]. 2023 Sep 16 [cited 2025 Aug 12]; Available from: https://newsroom.co.nz/2023/09/16/health-targets-may-be-good-politics-but-theyre-not-good-policy/

10. Hancock, Farah. The 'postcode lottery' for hip and knee replacements is still strongly in force. RNZ [Internet]. 2025 Aug 5; Available from: https://www.rnz.co.nz/news/in-depth/568972/the-postcode-lottery-for-hip-and-knee-replacements-is-still-strongly-in-force

11. Tenbensel, Tim; Jones, P; Chalmers, LM; Ameratunga, S; Carswell, P. Gaming New Zealand's Emergency Department Target: How and Why Did It Vary Over Time and Between Organisations? Int J Health Policy Manag. 2019 Nov;9(4):152–62.

12. Hamblin, Richard; Shuker, C. Beyond Targets: Measuring Better and Rebuilding Trust Comment on 'Gaming New Zealand's Emergnecy Department target: how and why did it vary over time and between organisations?' Int J Health Policy Manag. 2020 Mar 11;10(4):221–4.

13. Ministry of Health. Briefing: Managing the potential for gaming and unintended consequences of health targets [Internet]. 2024 [cited 2025 Aug 12]. Available from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.health.govt.nz/system/files/2024-12/H2024041132%20Briefing%20-%20Managing%20the%20potential%20for%20gaming%20and%20unintended%20consequences%20of%20health%20targets.pdf

14. Williams, D; Garbutt, B; Peters, J. Core public health functions for New Zealand. NZMJ. 2015 Jul 24;128(1418).