

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Submission on Newborn Enrolment with General Practice Bill

To: Health Select Committee

Submitter: Canterbury District Health Board

Attn: Bronwyn Larsen
Community and Public Health
C/- Canterbury District Health Board
PO Box 1475
Christchurch 8140

Proposal: This bill proposes to improve health and social results for infants and children by requiring that newborns are enrolled with a general practice and primary health organisation before the newborn is due for his or her first immunisation at 6 weeks of age.

SUBMISSION ON NEWBORN ENROLMENT WITH GENERAL PRACTICE BILL

Details of submitter

1. Canterbury District Health Board (CDHB).
2. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

Details of submission

3. We welcome the opportunity to comment on the Newborn Enrolment with General Practice Bill. The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively.

General Comments

4. Health care services are an important determinant of health, however health creation and wellbeing (overall quality of life) is influenced by a wide range of factors beyond the health sector. The CDHB recognises the impact of these factors on health outcomes for children, and welcomes the intention and direction of this Bill. However, there are some key points which need to be emphasised, and would add to the strength of this Bill.
5. Legislating this process with shorter timeframes and ensuring improved systems for enrolment and communication between PHOs and new mothers will help improve immunisation targets in particular, but will also help facilitate earlier relationships between families and their local general practice, particularly for more vulnerable population groups.
6. The CDHB recommends that LMCs, DHBs and PHOs are required to accurately record the ethnicity of the newborn (as distinct from the mother) during the enrolment process. Canterbury, like many other parts of NZ have lower rates of newborn enrolment for Māori and Pacific newborns compared to other ethnicities, at 76% and 75% respectively compared to 81%. This is an example of inequity of access and thus measures are needed within this Bill to ensure that it doesn't improve health outcomes for most, yet disadvantage Māori and Pacific. Organisations should also be supported to implement the right systems, processes

and practices to collect this information and realise that this is designed to improve access for populations that do not access services at the same rates. This information could be included in the explanatory note. The CDHB has concerns that without a change in both practices and access to services by Māori and Pacific whānau, this Bill's outcome will be simply supporting groups that are already privileged within the health system.

7. The CDHB is currently ranked 8th across all NZ DHBs for rates of PHO enrolment for newborns within 3 months¹. This is the current performance measure collected by the Ministry of Health under their Enrolment of Newborns Policy 2012. Children in Canterbury are enrolled with a general practice via:
 - a) the National Immunisation Register (NIR) notification, at approximately 48 hours after birth, or;
 - b) a discharge summary from the maternity unit following birth, or;
 - c) Lead Maternity Carer (LMC) handover at 6 weeks of age.
8. The CDHB recommends that the bill specifies a requirement for general practice to actively enrol the newborn once early notification has been received (e.g. via the NIR or discharge summary) rather than waiting for families to make an appointment. National newborn enrolment data for Q1- 2017/18 shows that of the 14,833 newborns recorded on the National Immunisation Register (NIR) only 759 (5%) did not have a general practice nominated. However upon examining actual general practice enrolments (excluding those with no nomination on the NIR) there were 2589 children with a nominated General Practitioner but not enrolled with a general practice². This demonstrates a problem with process, where GPs are accepting the newborns notification, but not formally enrolling them with their practice.
9. To achieve enrolment by 6 weeks of age, a coordinated approach between NIR Teams, LMCs, general practices and PHOs are required, including highlighting the importance of enrolment to a general practice during both antenatal and postnatal care and handover before the baby is discharged by the responsible practitioner.
10. The CDHB has a number of further specific recommendations for consideration as detailed below.

¹ Ministry of Health. 2018. Newborn Enrolment Analysis (Q1 1718).

² Ministry of Health. 2018. Newborn Enrolment Analysis (Q1 1718).

Specific comments

11. To support actions set out for “responsible practitioners” in Clause 4, the CDHB recommends that DHBs are required to have a process to ensure that information around general practices within their region are visible. In Canterbury, Health Pathways and Health Info is currently used to share this type of information, and could easily be amended to fulfil this purpose. Including this requirement would further support the sharing of data for the digital personal record.
12. The CDHB has some concern that the Bill enforces the requirement of enrolment without reference to those who are already facilitating enrolment of newborns, such as the NIR Teams. The CDHB recommends reference to NIR Teams be included, and the need for a coordinated approach. Without explicit reference there is risk of a fragmented process between NIR Teams who will be expected to continue to enrol newborns as part of their function, and responsible practitioners/ PHOs under requirements of this Bill. Currently the role and function of NIR Teams includes working with hard-to-reach families if;
- a) They don't have a nominated general practice; and, or
 - b) The nominated general practice has declined the pre-enrolment request.

The Bill appears to duplicate such functions, instead assigning them to the responsible practitioner and in the case of a declined referral, a relevant DHB and PHO.

13. The CDHB recommends that Clause 6(2) be removed and instead sub-clause (3) be amended to state:

“If the nominated general practice is *unable to enrol the newborn*, it refer the pre-enrolment request to the relevant ~~DHB~~ and primary health organisation.”

The CDHB considers the requirement for individual general practices to assist families to source another primary health care provider places undue demand on resources for practices already working at capacity. Such a process is much more appropriate for a PHO to undertake given their knowledge of local general practices.

14. In Clause 6(3) and (4) of the Bill, both the relevant DHB and primary health organisation (PHO) are named as responsible for assisting families to pre-enrol the newborn with another provider when the nominated general practice is unable to enrol them. The CDHB recommends that this responsibility is assigned to PHOs

exclusively. PHOs are responsible for communities and are therefore are placed to understand capacity and other enrolment considerations for general practices under their remit. Additionally, the Canterbury model includes Partnership Community Workers, who already assist with facilitating enrolment for hard-to-reach children and families. Legislation should support such arrangements to continue.

Conclusion

15. The CDHB does not wish to be heard in support of this submission.

16. Thank you for the opportunity to submit on Newborn Enrolment with General Practice Bill.

Person making the submission



Evon Currie

Date: 7/02/2018

General Manager, Community and Public Health

Contact details

Bronwyn Larsen

For and on behalf of

Community and Public Health

C/- Canterbury District Health Board

PO Box 1475

Christchurch 8140

P +64 3 364 1777

F +64 3 379 6488

bronwyn.larsen@cdhb.health.nz