The New Zealand Case: Public Involvement in Decision-Making

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Health System & Approaches to Prioritisation

- Criteria-based with evidence synthesis and CBA or CUA/CEA
- 4 main principles underlie all: effectiveness, equity, acceptability and efficiency, but are subdivided or expanded in varying ways
- Explicit criteria in regarding responsiveness to Māori
- Degree of prioritisation exercises vary greatly between agencies (ranging from high level MoH type exercises to low level evaluation type work from ACC and PHOs).
- Little to no horizontal prioritisation
- Overlaps and arbitrary separations in places
Public and Patient Involvement in Prioritisation

- Public campaigns (via media/MPs, etc.)
- Open call for written submissions
- Open Meetings and Hui/Fono
- Invited Stakeholder consultations/written submissions
- Stakeholder involvement in decision-making group
Rationale to Approach of Public and Patient Involvement

- Transparency and explicitness
- Recognition of Tangata Whenua and Treaty of Waitangi obligations
- Equity
- Active versus passive inclusion

What works, what doesn’t?

**Success**
- Representation
- Ownership
- Public meetings, especially for Māori and Pasifika groups

Example: Disability Strategy & Pharmac Te Whaioranga Māori Strategy

**Challenges**
- Representation
- Strategies for engaging public/patient involvement within tight consultation budgets
- Promotion of engagement to public/patients
- (Perceived) Responsiveness of government to consultation
Case Study

PHARMAC – Herceptin Case

• Background
• PHARMAC decision
  – Evidence
  – Cost
• Public Outcry
• Ministry of Health Response
• Other similar cases for rare diseases with public uproar
  – Varying outcomes

DHB – Board Structure

• Board elected members
• Open meetings
• Government dictated funding model
• Some Government dictated prioritisation tools (Clinical Priority Assessment Criteria)
• Case of Southern District Health Board
• Other DHBs
Issues

- Form of engagement
- Stakeholder selection and empowerment
- Transparency
- Consultation
- Cost/Time
- Adoption of decisions

Ignorance is bliss: see no evil, hear no evil. Photograph: H Armstrong Roberts /Corbis
Source: theguardian.com
Ethics and Social Values

- Social welfare and equity
- Treaty of Waitangi (Participation, Protection, Partnership)
- Everybody gets a “fair go”
- Behavioural changes and “nanny state”
Lessons Learnt

• Best public participation includes sense of ownership
• Adoption requires buy-in from various levels
• High level principle setting flow on to low level decision-making can be acceptable
• Representation has to be seen as meaningful from the side of the represented and effective – not just ‘puppets’ or tokenism
Future Plans

- **PHARMAC scope and criteria changes**
- TPPA impact on PHARMAC
- Recognition of overlaps/arbitrary separation and future mergers?
- DHB Reform
- Social Bond Pilots
- New Technologies
- Nudge?

Source: http://sozolifeleaders.com/2012/01/31/awakened-to-time/open-highway-2/
• Penno, E., & Gauld, R. (2013). How are New Zealand’s District Health Boards funded and does it matter if we can’t tell?’. NZMJDIGeST, 24.