



NEW ZEALAND MEDICAL ASSOCIATION

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Jane Anderson
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Child, Youth and Maternity Policy
Ministry of Health
PO Box 5013
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By Email: jane_anderson@moh.govt.nz

Dear Jane

Draft New Zealand maternity standards

Thank you for the opportunity to comment on these draft maternity standards.

While we support these standards as far as they go we are disappointed that the major issues affecting maternity care have not been addressed. Our concerns are detailed below.

Turning first to the standards as detailed;

We note that these are written at a high level and while this is understandable we will have await the further detail of the standards as they develop before we can comment fully.

In the diagram on page 6 there is reference to “consumer involvement” as a component. We think this would better read as service user and community involvement.

Criterion 12 covers consistency of care throughout pregnancy at the national level. We think this could be elaborated on further by setting out an expectation that those involved in providing maternity related health services would be required to make those connections work. As the Ministry currently contracts with LMCs they could require through the contract evidence that this was happening.

Finally we note that criterion 22 refers to a seamless transfer between primary, secondary and tertiary levels of maternal care and between maternal and other health services. While this needs to happen we do not think the standards are sufficient to ensure that this occurs.

The above covers the document in so far as it goes. Of more concern to us however, is what is not addressed by this consultation.

As we have stated on previous occasions the current system which is governed by the Section 88 Notice and which puts primary maternity care outside the PHO system does not foster collaborative arrangements.

In regard to the Notice we believe that:

- It has always been something of a blunt instrument in that it involves a “one size fits all” model for both providers and women.
- The process of amending the Notice continues to be extremely one-sided and does not reflect accepted contractual relationships.
- It is primarily an arrangement between funder and individual provider and does not fit with the contracting approach in place for other primary care services.
- The provisions of the notice are increasingly focussed on LMC services and it is less relevant to other general practice services required by pregnant women.

In proposing closer alignment of primary maternity services with the PHO model, the NZMA is not saying that constraints should be placed on the model or mode of clinical practice of midwives. It is important that that midwives are able to continue to provide midwifery care according to the needs of the patients and the practices of their profession, just as general practices have retained control over their professional services and clinical standards within the PHO environment. However, bringing primary maternity care into the PHO environment would bring benefits to patients and providers in such areas as:

- Access to services for patients
- Coordination of care
- Focus on population health
- Integration of contracting arrangements
- Information systems
- Remuneration and conditions

You will of course be aware of our views on this as we developed our position statement on this a few years ago. That position was subsequently endorsed by the GPLF. While we appreciate that the standards you are consulting on have a limited focus and were never intended to address these issues, we nonetheless believe that it is time that these issues are considered, and ask you to look further at this issue.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Foley', written in a cursive style.

Dr Peter Foley
Chair, NZMA