

5 March 2015

Angela Francis
Chief Executive
Asthma Foundation
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By email: eag@asthmafoundation.org.nz

National Respiratory Strategy

Dear Angela

The New Zealand Medical Association (NZMA) welcomes the opportunity to make a submission on the National Respiratory Strategy Survey, which the Asthma Foundation recently conducted among key stakeholders and health practitioners.

The NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

We understand that the results from the recently closed online survey are intended to help inform the development of the National Respiratory Strategy. To assist the Asthma Foundation, the NZMA disseminated the online link to the survey to our members via our weekly electronic newsletter, and we envisage that a number of our members may have provided their individual responses to the survey questions. The purpose of this submission is to draw the Asthma Foundation's attention to some of the key issues that we believe underpin respiratory health, rather than attempt to provide responses to the specific questions posed in the online survey.

Firstly, the NZMA recognises that social determinants (eg, adequate housing) are significant factors in respiratory disease and should be addressed as part of the National Respiratory Strategy. Factors such as damp housing, inadequate heating, and overcrowding are all of particular importance to respiratory health. Secondly, we believe that adherence to treatments could be improved with a focus on literacy, in general, and health literacy, more specifically. Thirdly, the NZMA is in favour of approaches to respiratory health that use members of the primary care team who have been upskilled in respiratory management to support patient learning and monitor their progress (eg, GASP nurses). Fourthly, we believe that more convenient and timely access to diagnostic investigations such as HrCT scans and spirometry would enable earlier and more accurate diagnosis, and therefore timelier referral to hospital clinics where appropriate. Fifthly, we feel that easier and timelier access to physiotherapy would improve respiratory outcomes. Sixthly, we consider that the strategy should address the role of physical activity and good nutrition, especially given the benefits of weight loss for patients with obstructive sleep apnoea. Finally, we hope that all interventions in the eventual strategy to improve respiratory health are grounded firmly in the evidence.

We realise that the Asthma Foundation is still in the early stages of developing the National Respiratory Strategy. The NZMA would welcome the opportunity for further engagement with the Asthma Foundation as it progress work on this important strategy. Specifically, we would like to request the chance to provide feedback on a draft iteration of the National Respiratory Strategy, once it is available.

Thank you for granting us the extension in order to make this submission. We hope that our feedback has been useful.

Yours sincerely

A handwritten signature in black ink, appearing to be 'M. Peterson', written in a cursive style.

Dr Mark Peterson
NZMA Chair