



House of Representatives

Supplementary Order Paper

Thursday, 23 November 2000

New Zealand Public Health and Disability Bill

Proposed amendments

Dr Paul Hutchison, in Committee, to move the following amendments:

Clause 3

To add a new subclause 3(1)(e):

- (e) all services implemented under this Act must be referenced to the principle of being supported by a sound knowledge or evidenced based experience.

Clause 13A

To insert a new clause 13A

13A National Health Epidemiology and Quality Assurance Advisory Committee

- (1) The Minister must appoint a committee under **section 10** to advise the Minister on any health epidemiology and quality assurance matters.
- (2) The advice given by the committee to the Minister under **subsection (1)** is to be formulated after consultation by the committee with DHBs and other person or persons involved in the provision of services and any other persons that the committee considers appropriate.
- (3) The advice from the committee to the Minister may, under **subsection (1)** deal with any health epidemiology and quality assurance matter, but must specifically deal with morbidity and mortality issues concerning the following sectors:
 - (a) perinatal:
 - (b) infant:
 - (c) child and adolescent.

- (4) The Minister may, by written notice to the committee from time to time, direct the committee to provide advice to the Minister on the matter specified in that notice.
- (5) The committee, in providing advice to the Minister, must ensure, to the maximum extent practicable, that there is national co-ordination in the reporting of relevant health epidemiology and quality assurance matters and that there is a capacity to improve health outcomes through quality assurance programmes directed to clinical providers.
- (6) In carrying out its functions under **subsection (1)**, the committee must consider all reports from any mortality review committees established under **section 14** and provide advice to the Minister as to appropriate quality assurance programmes to institute and to respond to those and other relevant reports.
- (7) The committee must, at least once each year, deliver to the Minister a report setting out its advice on the matters referred to in **subsections (1) to (6)**.
- (8) As soon as practicable after giving notice under **subsection (4)** or receiving a report under **subsection (1)** or **subsection (4)**, the Minister must present a copy of that notice or report to the House of Representatives.

Clause 14(1)(a)

To insert, following the word “improvement” (line 20 on page 18) the words “through the institution of ongoing quality assurance programmes”.

Clause 14(1)(b)

To insert, following the word “notice” (line 22 on page 18) the words “and establish ongoing strategic plans and methodology to prevent morbidity and mortality in each of the groups for which a committee is established, including at least perinatal, infant, child, and adolescent, maternal, anaesthetic and peri-operative deaths”.

Clause 17

To insert a new subclause (1A):

- (1A) In giving effect to its objectives under **subsection (1)(f)**, a DHB must specify in writing and publish by way of public notice the ethical and quality standards required by **subsection (1)(f)**.

To insert, after clause 17, the following new clause

17A Environmental responsibilities of DHBs

In furthering its objectives under **section 17(1)(g)**, DHBs must establish wherever practicable and reasonable, collaborative relationships with relevant local authorities.

Schedule 5

To omit clause 6 and substitute a new clause 6:

6 Minister may not authorise disclosure of information

For the avoidance of doubt, no information disclosed by any person participating in a mortality review committee for the purposes of a mortality review under **section 14** may be released for any purpose whatsoever.

Explanatory note

The amendment to clause 3 is required to ensure that to achieve the goals and objectives set out in the New Zealand Health strategy, it is important to ensure that all services and treatments provided have a sound and rational basis. For patient safety and efficacy of treatment, the services supplied should have been developed by a knowledge based or evidenced based process.

The amendment bringing in a new clause 13A establishes a ministerial national health epidemiology and quality assurance advisory committee. Over the years numerous statistics have been compiled relating to morbidity and mortality in New Zealand. In many instances the statistics have not been acted on. There is an international recognition that, to improve health outcomes, it is fundamental to have a National co-ordinating Epidemiology and Quality Assurance Unit that is closely in touch with health service providers in the field and that can respond to trends in morbidity and deaths by instituting quality assurance programmes with the aim of improving outcomes.

The amendments to clause 14 requires the setting up and implementation of ongoing quality assurance programmes.

The first amendment to clause 17 will require DHBs to put in writing the ethical and quality standards they will implement.

The second amendment to clause 17 will require DHBs to develop collaborative arrangements with local authorities to implement their environmental objectives.

The amendment to Schedule 6 puts a complete restraint on the release of information gathered in the course of a mortality committee review. In New Zealand previous Mortality Review Committees stopped functioning because of fear of litigation; eg. Maternal Mortality Review Committee, Anaesthetic Mortality Review Committee. In the United Kingdom and in some States of Australia participants in similar committees are protected from litigation.

The Mortality Review Committees are set up with the primary focus of improving health outcomes. In order to be inclusive of all caregivers involved, the tenor of the committees will be non punitive.

Participants in Mortality Review Committees will have complete protection from litigation for any information discussed or published as a result of the committee's deliberations. This does not mean that practitioners who have committed serious offences can not be prosecuted through other avenues.