

17 April 2014

New Zealand Nurses Organisation  
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### **Consultation on NZNO Models of Care Policy Framework**

Thank you for the opportunity to comment on the draft New Zealand Nurses Organisation (NZNO) Models of Care Policy Framework. You have asked for feedback regarding the content, action points, and case studies; and for any other general comments.

#### **HDC role and vision**

As Health and Disability Commissioner, I am charged with promoting and protecting the rights of health and disability services consumers, as set out in the Code of Health and Disability Services Consumers' Rights (the Code). One of my functions under the Health and Disability Commissioner Act 1994 is to make public statements in relation to any matter affecting the rights of health or disability services consumers.

During my time as Commissioner, I have been sending a clear message to the sector of my vision for health care services in New Zealand. That vision is a consumer-centered system; a system built on the concepts of seamless services, consumer engagement, transparency, and an empowering culture. The Code is designed to achieve that end.

#### **Comments on the Policy Framework**

Please note that I have not commented on all sections of the Policy Framework, just those that I consider to be of particular relevance to the Code of Rights.

It may be advisable to remind those referring to the Policy Framework of providers' obligations under the Code, as any appropriate model of care should incorporate these obligations. I have indicated below where I suggest this could be achieved.

##### *'Person-centred' care*

I commend NZNO on reflecting what I would define as a 'consumer-centred' approach to health care. A consumer-centred system within any model of care should be characterised by transparency of information and full disclosure; seamless service, where both systems and providers work together effectively; engagement in a two way sharing of information, in which the clinician explores the patient's values and preferences and helps the patient and their family make clinical decisions; and a culture where it is acceptable and even commonplace for questions to be asked, to and from any point in the hierarchy, at any time. I recommend that the rationale be amended to reflect these concepts.

##### *Interdisciplinary practice*

I consider that it may be useful under this principle to remind those referring to the Framework of Right 4(5) of the Code, which notes that every consumer has the right to co-operation among providers to ensure quality and continuity of services.

*Communication and integration*

I agree with the policy statement that supports “models of care that are founded on effective communication...” However, I note that the policy statement largely focuses upon information technology.

Right 5, the right to effective communication, states that:

- a) Every consumer has the right to effective communication in a form, language, and manner that enables the consumer to understand the information provided. Where necessary and reasonably practicable, this includes the right to a competent interpreter.
- b) Every consumer has the right to an environment that enables both consumer and provider to communicate openly, honestly, and effectively.

In my opinion, these wider provider obligations under Right 5 should also be reflected in the discussion about communication.

*Cultural competence/Biculturalism and te Tiriti o Waitangi/Matauranga Maori*

I draw attention to the Code obligation at Right 1(3), which states that “every consumer has the right to be provided with services that take into account the needs, values, and beliefs of different cultural, religious, social and ethnic groups, including the needs, values, and beliefs of Maori.” I consider that it would be beneficial to include a reminder of this obligation within the policy statement.

Thank you again for the opportunity to comment on the Models of Care Policy Framework.