AUCKLAND WOMEN'S HEALTH COUNCIL

NEWSLETTER

APRIL 2016

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National Health Committee bites the dust

The National Health Committee (NHC) was an independent advisory committee established to provide advice to the Minister of Health. It had existed in various forms since 1992 and was reformed in 2011 "to establish evaluation systems that would provide the New Zealand people and health sector with greater value for money invested in health." (1) It was re-established by Auckland surgeon, Ann Kolbe, at the request of the former Minister of Health, Tony Ryall (2) and was tasked with "improving health outcomes whilst maintaining or reducing costs through the prioritisation of the most cost effective new and emerging health technologies." As has happened a number of times before when a Minister of Health doesn't like the independent advice he or she is getting the easiest solution to the problem is to get rid of the statutory body or advisory committee. This one was dispensed with in record time.

On 18 March 2016, Minister of Health Jonathan Coleman announced that both the NHC and the National Health Board would be disestablished and their functions streamlined into the Ministry of Health. (2) Given the parlous state of the Ministry of Health with its "acting" staff and lack of institutional memory this was not good news.

The NHC happened to be in the process of organising a number of workshops to discuss *"The Introduction of Fit for Purpose Omics-based Technologies – Think Piece"* when the axe fell. Presumably these workshops will not now take place.

Not wanting to miss out on discussing and providing comment on the social and ethical issues around the "new omics-based technologies that are being pushed into a market in disorganised, unregulated and disconnected ways" a number of experienced and seasoned health activists met together in mid-April to discuss this truly amazing "Think Piece" with a view to producing submissions.

In a separate document that was headed "Omics-based technologies in New Zealand – the opportunities and challenges" it was stated that "omics-based technologies can measure various characteristics of the cells that make up our bodies (eg. genomics is the study of our genes, metabolomics is the study of cellular metabolism, that is, the chemical processes that occur in our cells and proteomics is the study of our proteins)."

These documents plus the omics feedback template can be found on the Ministry of Health website –

www.health.govt.nz/publication/introduction-fit-purpose-omics-based-technologies-think-piece

Submissions are due by 5pm on Wednesday 27 April 2016.

References

1. National Health Committee. *"The Introduction of Fit for Purpose Omics-based Technologies – Think Piece."* November 2015.
2. http://www.nzdoctor.co.nz/in-print/2015/september-2015/30-september/the-national-health-committee-asking-the-hard-questions.aspx
3. www.beehive.govt.nz/release/changes-health-advisory-committees

MORE ON TACKLING CHILDHOOD OBESITY

The March issue of the AWHC newsletter featured an article on how the DHBs and the government are tackling childhood obesity. Since then there have been repeated calls from both New Zealand and international experts for a tax on sugar which the government continues to ignore. (1) (2) (3)

In an open letter to Cabinet over 70 medical experts described the extent of the crisis facing the New Zealand health system:
"We are very concerned by New Zealand's appallingly high rate of childhood obesity, the fourth highest in the world. In addition, every year more than 5,000 children under 8 years old require general anaesthetic operations to remove rotten teeth. We applaud the government for making childhood obesity a national health priority, however, its action plan of 22 'soft' strategies, which was launched last year with no extra funding, is not sufficient to change current trends. We urge you to implement a significant tax on sugary drinks as a core component of strengthened strategies to reduce childhood obesity and dental caries."

Part of the problem is Health Minister Jonathan Coleman's refusal to acknowledge that a sugar tax is not just aimed at tackling childhood obesity but is also needed as a strategy to reduce the horrific number of young children having to have numerous teeth removed under general anaesthetic. Dr Coleman only talks about the obesity-diabetes epidemic and the need to wait for evidence that a sugar tax would work.

Further proof that the government's childhood obesity plan is doomed to fail emerged in mid-April when Dr Robyn Toomath's book "*Fat Science: Why Diet and Exercise Don't Work – and What Does*" was published. In an interview with *North & South*'s Sarah Lang who asked Dr Toomath why the government keeps throwing money at health promotion and education programmes that research show don't work, Dr Toomath replied:
"Everybody loves the idea of education, so these programmes are the least controversial, but also the least effective. They don't work for all but a few."

When asked about the government's childhood obesity strategy, she said:
"Programmes that identify obese people, including children, are harmful and ineffective … treating obesity as an individual problem not only stigmatises obese people but contributes to obesity, because it lets industry and government off the hook." (3)

It also ignores the role of our genes, or combination of genes, in predisposing us to obesity which has long been accepted by researchers. Over 500 candidate genes have come out of international research.

Until the current government ignores food-industry lobbying and responds to the call for immediate action, nothing will change.

References

1. http://blogs.otago.ac.nz/pubhealthexpert/2016/04/02/an-open-letter-to-cabinet-ministers-from-74-health-professors-calling-for-a-sugary-drink
2. http://www.radionz.co.nz/national/programmes/ninetonoon/20160421
3. Sarah Lang. "How the World is Making Us Fat." *North & South*. May 2016

ABORTION SUPERVISORY COMMITTEE REPORT

The Abortion Supervisory Committee's 38th annual report to Parliament for the year ending 30 June 2015 arrived in the mail in March.

Abortion numbers decline
The ASC's report reveals that the number of induced abortions in New Zealand continues to decline with the numbers for the 2014 year showing a further significant decrease.

Contraception at time of abortion
In 2014, the Committee made changes to the form operating doctors are required to complete when an abortion is being performed. A section was added to the form that records whether contraceptives are being provided at the time an abortion is carried out, and a breakdown of what types of contraception are provided.

The report states that "statistics show that a large percentage of women are being provided long acting contraception at the time of an abortion in Northland, Southland and Taranaki" but notes that the ASC identified regions where contraception is not regularly provided. For example, in the Tasman/Nelson region 33% of women were not provided with any contraception, compared with Hawke's Bay where only 8.3% of women were not provided with contraception. Nationally, only 14% of women are not provided with contraception.

Outcome of High Court litigation
The ASC reports that judgment of Justice Williams on Right to Life New Zealand's application to the High Court under Declaratory Judgments Act was delivered on 1 October 2015.

"Right to Life had challenged the basis on which the Committee granted and renewed a licence authorising the performance of early medical abortions at the Tauranga Family Planning Clinic. It sought declarations which would have required an applicant for a licence to perform medical abortions only to have the same facilities and equipment as for surgical abortions.

The Court substantially held in favour of the Committee, upholding its authority to grant licences in respect of medical abortions only. The Court recognised the statutory purpose of the Contraception, Sterilisation, and Abortion Act 1977 was the provision of safe and accessible abortion services, and agreed with the Committee's submission that the Act must be interpreted in light of scientific advances in modern medicine."

Long acting contraception
As noted in last year's report, the ASC refers to the ease of access in New Zealand to long acting contraceptive devices which has been an important development in sexual health services. The Committee believes that the inclusion of long acting subcutaneous contraception is one factor that is contributing to the steady decline of abortion numbers each year.

However, following on from the concerns expressed in last year's report, the Committee notes that during various discussions with various medical practitioners they have become aware of issues relating to the Jadelle rod implant, namely difficulty with insertion and removal of

the device as well as reports that the rod migrates from its original insertion point.

As the Jadelle rod is the only long acting implant currently subsidised by PHARMAC, the Committee met with PHARMAC in February 2015 to discuss their concerns. PHARMAC stated that they had not received many complaints from medical professionals about complications with the use of the Jadelle rod. The report notes that "given the feedback we have received, we believe it is likely medical professionals may have underreported their concerns" and encourages doctors to report any issues they identify to CARM (Centre for Adverse Reaction Monitoring).

The Committee notes that when medical practitioners prescribe an alternative subcutaneous device the woman has to pay the cost of the device (approximately $270), plus a fee for insertion in some cases, and wants PHARMAC to consider additional or alternative devices for funding at their next contract review.

Statistics

The total of induced abortions performed in 2014 was 13,137, compared to 14,073 in 2013, and 18,211 in 2004. This is a significant and continuing decrease given the increase in the population over the past decade.

Abortion numbers have continued to fall in both the 11-14 and 15-19 age groups. The number of abortions for 11 – 14 year olds declined from a high of 105 in 2006 to 57 in 2014. The number of abortions for 15 – 19 year olds declined from a high of 4,173 in 2007, to 1,758 in 2014.

Medical abortions

The number of medical abortions as opposed to surgical abortions has increased slightly with a rate of 12.4% (1,627) in 2014 compared to 9.9% (1,389) in 2013.

Women aged between 20-24 years accounted for 4,024 of the abortions performed in 2014 compared to 4,386 of the abortions performed in 2013. Women aged 25-29 years accounted for 3,075 of the abortions in 2014 compared to 3,174 of the abortions in 2013. Women aged 30-34 accounted for 2,172 abortions in 2014 compared to 2,234 abortions in 2013. There were 56 abortions for women over 45 years.

Contraception Used

A total of 7,189 women (54.7%) were not using any form of contraception, 3,267 (24.9%) were using condoms, 1,427 (10.9%) were using combined oral contraceptives, and 468 (3.6%) were using progesterone only contraceptives. A total of 191 women (1.5%) had used emergency contraception, 225 were using natural family planning (1.7%), 223 (1.7%) were using an intra-uterine device, and 102 (0.8%) were using depo provera injections.

Repeat terminations

The statistics in the report record that 3,128 women had had one previous abortion, and 1,694 women had had two or more previous abortions which, represents a small decline in the number of terminations of pregnancy sought by women who have already had one or more abortions.

Ethnicity

The ethnicity graphs revealed that there were 7,564 abortions for European women, 3,012 abortions for

Maori women, 2,358 for Asian women, 1,544 abortions for Pacific women.

Consultant fees
The fees paid to the 152 certifying consultants totalled $4,030,165 (excluding GST) in the year ended 30 June 2015.

The ASC requests information about the ongoing professional education of consultants during their annual reappointment process, and the report notes that the Committee continues "to be impressed with the detail we are provided with and the range of reading, peer group participation and, in some instances, research being carried out by the medical practitioners involved. We are convinced our population of certifying consultants are active in pursuing education in relevant fields."

Further statistics are available on the Statistics New Zealand website:

http://www.stats.govt.nz/searchresults.aspx?q=abortion%20statistics%202014#

The full report is available on the Ministry of Justice website:

http://www.justice.govt.nz/tribunals/abortion-supervisory-committee/annual-reports

BOWEL SCREENING PILOT UPDATE

Waitemata DHB's Bowel Screening Pilot has now completed two screening rounds and a recent report to the board stated that the key challenges at the end of round one were to increase coverage, increase equity of participation and develop the register so that it is fit for purpose in the event of either the Waitemata DHB programme continuing or a national roll-out occurring..

There has been lower participation rate during round two which was not unexpected as this has occurred in other countries. The pilot has been extended for a further two years during which time the final evaluation will be considered (June/July 2016) and a decision made regarding a possible roll-out.

The Ministry of Health has released the final results for the first round (January 2012 to December 2013) and the provisional results for the first 21 months of the second round (January 2014 to September 2015).

Participation rates
During round one participation rates for Maori (46%) and Pacific (30.4%) were of concern. A number of strategies to increase equity in participation have been implemented during the second round and the equity gaps have reduced – 48% for Maori and 38% for Pacific.

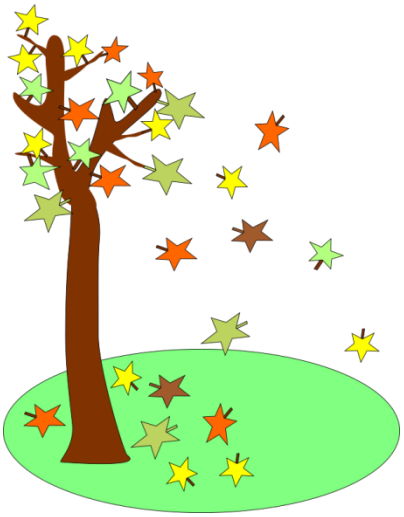
The report to the board also states that register development has been difficult to achieve within reasonable timeframes, and that despite some enhancements having been made there remains a substantial list of

requests for changes to improve and enhance operational efficiency.

Cost effectiveness
The report notes that the Bowel Screening Pilot provided detailed costing data to inform the interim evaluation report which was published in late 2014. However, the funding for the pilot has remained static throughout the four years, despite a considerable increase in laboratory prices during round two.

Colonoscopy
Securing medical staff to meet the demand for screening colonoscopies continues to be challenging. However, the number of sessions undertaken by fee for service providers has reduced and for the last 18 months of round two, has remained at approximately 26%. The board was reassured by programme manager Gaye Tozer that the commitment to not erode capacity within the symptomatic service has been honoured.

Reference
"Bowel Screening Pilot Update." Waitemata DHB meeting of the Board. 6 April 2016.



AWHC AGM
7 April 2016

Detailed minutes of this meeting are available on request. Matters discussed included:

- AWHC Annual Report
- Auditor's report
- Funding
- Succession planning
- Election of AWHC officers and committee members

Further information on some of the topics listed above is contained in this issue of the AWHC newsletter.

AWHC NEWSLETTER SUBSCRIPTION

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UP AND COMING EVENTS

DISTRICT HEALTH BOARD meetings for April/May 2016:

Waitemata DHB (Website address: www.waitematadhb.govt.nz)
The Waitemata DHB Board meeting opens to the general public at 12.45pm on Wednesday 18 May 2016 and will be followed by the Hospital Advisory Committee meeting which starts at 2pm. Both meetings will be held in the DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna.

The **combined Waitemata DHB and Auckland DHB** Community & Public Health Advisory Committee meeting starts at 2pm on Wednesday 27 April 2016.

Auckland DHB (Website address: www.adhb.govt.nz)
The Auckland DHB Board meeting opens to the general public at 12.45pm on Wednesday 11 May 2016 and will be followed by the Hospital Advisory Committee meeting which starts at 2pm. Both meetings will be held in the A+ Trust Room in the Clinical Education Centre, Level 5, Auckland City Hospital.

Counties Manukau DHB (Website address: www.cmdhb.org.nz)
The Community & Public Health Advisory Committee meeting will be held at 1.30pm on 25 May 2016 at 19 Lambie Drive, Manukau.

The Hospital Advisory Committee meeting will be held at 9am on Wednesday 4 May 2016 at Ko Awatea and will be followed by the Full Board meeting at 1.30pm.

ETHICS COMMITTEE meetings – dates for the four MOH ethics committees are at: http://www.ethics.health.govt.nz/about-committees/meeting-dates-venues-minutes

The Breast Cancer Network is holding its AGM at 7pm on Monday 9 May at the Auckland Cancer Society Domain Lodge, 1 Boyle Crescent, Grafton, Auckland. A light supper will be served.

Guest speaker, Kaytee Boyd's presentation "Surviving Long Term 101" will involve her sharing her knowledge on some of the key factors that support quality longevity, no matter the diagnosis.

For further information email: admin@bcn.org.nz or call Julianne (chairperson) on 09-413 7457.