AUCKLAND WOMEN'S HEALTH COUNCIL

NEWSLETTER

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Saying goodbye to tobacco in New Zealand

Finally some sense is prevailing at a government level with cross partisan support to make New Zealand smokefree by 2025. But what does this really mean?

The goal is that less than 5% of the current population will smoke by 2025, and although this was initially an aspirational goal, the Ministry of Health now believes it is achievable. The Associate Minister of Health, Tariana Turia has gone one step further, stating that the sale of cigarettes should be banned by 2025. The supply of cigarettes should also be banned, so essentially if people wanted to smoke beyond 2025 they would have to grow tobacco for their own use.

What is it going to take to get to this smokefree utopia? The Health Research Council and the Ministry of Health have jointly funded a $5 million research programme to inform the halving of smoking prevalence by 2020. This is a great start but smoking prevalence will need to be halved long before 2020, as the lower it gets, the more difficult it will become to keep reducing it. Currently 21% of the population smoke, so we should really be aiming for 10% by about 2017.

The good news is that according to 'yet to be published' results of the latest Tobacco Use Survey only 16% of New Zealanders smoke on a daily basis; this is a significant decline from previous years.

Whilst the reduction in daily smoking is definitely good news, we still have high smoking rates for Maori and Pacific people. Forty-nine percent of Maori women smoke and 28.5% of Pacific women compared to 19% of non-Maori, non-Pacific women. However, there is good progress being made among Maori girls aged 14-15 years with 34% reporting that they have never smoked (significantly up from 18% in 2005).

In July, a ban on the display of tobacco products will be implemented. Cigarettes will not be seen anywhere in any retail outlet. This policy should contribute to further reducing the uptake of smoking among young people, particularly if they live in a smokefree home, and their parents and siblings do not smoke. It is also likely to provide a more supportive environment for smokers who are in the process of quitting, as they will not be constantly reminded of cigarettes when they go to a supermarket, service station, liquor outlet or any other retail outlet that sells cigarettes.

Plain packaging

Hopefully plain packaging of cigarettes is on its way. Australia is fighting this battle at the moment, and if it wins the New Zealand government has virtually agreed to follow suit.

Plain packaging means the cigarettes will be packaged with no branding, a standard background (khaki coloured which apparently is the colour people most dislike), and no misleading descriptors. This is another strategy that should contribute to reducing the uptake of smoking among young

people and should also increase the effectiveness of health warnings.

There is likely to be another taxation increase on cigarettes in the budget to be announced on 24 May. If this is the case, it will be the fourth year in a row that we have had an increase. Ideally there will be an annual taxation increase from now until 2025 to drive up the price of cigarettes and encourage smokers to quit or at the very least reduce their smoking.

World Smokefree Day

World Smokefree Day is celebrated every year on 31 May. New Zealand sometimes follows the international theme but often creates its own theme to celebrate the day. This year the theme is a quitting/cessation theme 'Quit Now. It's about whanau'.

Unfortunately, there is no national campaign to support this day, mostly local public health services and NGOs will hold activities and try and gain media attention. The lack of an effective and sustained anti-tobacco media campaign in New Zealand is a major missing component of the tobacco control programme.

Quitline launched a '*New You*' media campaign in April of this year, which is a reasonable campaign but very focused on the Quitline. Whilst many smokers will utilise the Quitline to quit smoking, others may be interested in a variety of other methods including 'cold turkey' and therefore may not respond. A campaign such as this does not suffice for a comprehensive media campaign.

The Government has made one of its six health targets '*Better help to quit*' and this means that 80% of patients who visit their GP should be provided with advice and help to quit smoking. By July this year 95% of all hospitalised smokers will also be provided with advice and help to quit at little or no cost to themselves.

If we continue with the current rate of decline in smoking, the goal of less than 5% by 2025 will not be achieved until 2050. Innovative programmes and interventions will be needed to reach the goal.

A missing element in our tobacco control programme, according to Professor Ruth Malone on a recent visit from the US to talk about the 'Endgame,' is tobacco industry denormalisation. She says we will see a lot more interference from the tobacco industry as we try to introduce plain packaging and other 'radical' policies, such as reducing the number of retail outlets selling cigarettes, banning high nicotine cigarettes or taxing cigarettes according to nicotine content, and implementing a 'sinking lid' policy on cigarettes available for sale.

A potential area for investigation is the removal of tobacco products from the market as they are defective: they kill every second person who uses them. What other lethal product would possibly be allowed to be sold with virtually no restrictions?

A responsible government would not be waiting until 2025 to end smoking – it would do it earlier.

Trish Fraser
Global Public Health
AWHC committee member

MATERNITY CONSUMER SURVEY 2011

In March the Ministry of Health released the results of its 2011 maternity consumer survey. The survey is the fourth to be undertaken. Previous surveys were done in 1999, 2002 and 2007. This latest survey used "a more consistent question format that can be used in future surveys and allow surveys to be compared over time." (1)

However the report contains none of the stories from women that enriched the previous reports. This has effectively silenced the voices of women who wanted to say more about their maternity experience, or did send in their comments. It also allows more control over the reporting of the results and the recommendations on where improvements in maternity services need to be made.

Bereaved women included

For the first time, the 2011 maternity survey also includes a separate survey of bereaved women who have lost a baby between 20 weeks of pregnancy and four weeks of age. It was the feedback from women about the importance of including women who have lost a baby in the survey that resulted in their being able to take part in the latest survey. This section of the report on Maternity Consumer Survey 2011 does include some brief comments from women about their experience.

The survey was carried out on the 8593 women who gave birth in July or August 2010 and measures the women's satisfaction with the care they received during their pregnancy, during the birth, in hospital after the birth, and to six weeks after the birth.

A total of 3235 women completed the survey, representing a 41% response rate. The response to each question was divided into five categories – very satisfied, quite satisfied, neither satisfied nor dissatisfied, quite dissatisfied and very dissatisfied. Throughout the report women's satisfaction or dissatisfaction is referred to, being a combination of "very satisfied" and "quite satisfied," and very and quite dissatisfied.

Three-quarters of the women who gave birth in July and August 2010 were under the age of 35. Nearly two thirds were European, and two in ten were Maori.

The majority of women involved in this research (86%) gave birth in the maternity unit of a general hospital; 8% gave birth in a small maternity hospital, and 4% gave birth at home.

The most births occurred in the Counties Manukau DHB (13%), followed by Waitemata DHB (11%), Canterbury DHB (10%), and Auckland and Waikato DHBs each with 9%.

The areas of maternity care that were included in the questionnaire were:

- the quality of information readily available,
- the quality of antenatal classes,
- the care received from all health professionals before the birth,
- the way in which they were cared for during the birth,
- the care they received during their hospital stay after the birth,
- the care received at home following the birth,
- the overall care received from the LMC.

Women were also asked to rate their satisfaction with the overall maternity care they received.

LMC care rated highest

The report states that the overall care from lead maternity carers (LMCs) showed the highest level of satisfaction (89% "very satisfied" or "quite satisfied"), with the quality of antenatal classes receiving the lowest rating of satisfaction. Women with disabilities were less satisfied across all areas of care, with the exception of antenatal classes.

The report states that the care received during the hospital stays following birth has been identified as a priority area for improvement. Satisfaction with this area of care was comparatively lower than other aspects of care. Staffing issues, such as getting enough care from hospital ward staff and the availability of expertise, contributed more to the lower levels of satisfaction than the quality of care received.

Care during birth

The care received during the actual birth of the baby had the most impact on women's satisfaction with the care they received during labour and birth.

Around two-thirds of women were very satisfied with the way in they were cared for during the birth. For women who had a planned home birth, 90% were very satisfied with the care they received during the birth.

Postnatal care

The majority of women surveyed remained in hospital for at least 24 hours after the birth; 52% remained in hospital for more than 48 hours. For first-time mothers, 62% remained in hospital for more than 48 hours.

The majority of women (81%) felt ready to leave hospital when they were discharged. However, around 20% of women left before they felt ready, mostly those for whom it was their first birth, women with disabilities, and women from Hutt Valley DHB.

Reports from bereaved women

Sands New Zealand, a parent-run group that provides support and information to families who have experienced the death of a baby, was involved in all stages of the development and piloting of this part of the 2011 maternity survey.

A total of 91 women participated in the survey, representing 6% of the 557 women who had experienced a perinatal death and were invited to participate. Two-thirds were satisfied with the overall standard of care they had received during and following the death of their baby; only 42% were "very satisfied."

However, 14% of mothers were dissatisfied with the overall standard of care they received during and immediately following the death of their baby. Improvements needed include the need to ensure that the birthing location or surroundings are suitable and appropriate for a mother whose baby has died. Women want a clear explanation of why they baby died, and to have a single point of contact to provide practical information and advice. Early involvement of a support person, such as someone from Sands NZ and access to counselling services is also very important.

References

1.www.health.govt.nz/publication/maternity-consumer-survey-2011

UPDATE ON USE OF MEDICAL DEVICES IN NZ

The AWHC has now received a response from Stewart Jessamine, the Group Manager of Medsafe, to its Official Information Act request for information on the use of three types of medical devices – the gynaecological mesh, PIP breast implants, and DePuy ASR hip joints.

Gynaecological mesh
The letter the AWHC received advised that the Ministry of Health/ Medsafe does not collect specific information on gynaecological meshes and is therefore unable to say how many women have had these implanted. There are a variety of surgical mesh products on the Web Assisted Notification of Devices (WAND) database.

PIP breast implants
There have been no notifications of PIP breast implants to the WAND database since it was established in 2004. "*As notification to the WAND database is a legislative requirement for any medical devices intended for marketing in New Zealand it is believed that there have been no commercial importation of these devices into New Zealand since 2004 and the Australian supplier of the product confirmed this*."

Following publicity about the implants one woman did contact Medsafe and advise them that she had a PIP breast implant from a New Zealand-based surgeon in 2000. A second woman has now also come forward.

However since the letter was written, the NZ Association of Plastic Surgeons has revealed that some of these breast implants were imported privately and implanted.

DePuy ASR hip implants
The letter states that DePuy supplied a total of 525 ASR hip systems in New Zealand between 2004 and 2010, and that these were implanted into approximately 400 patients.

According to the letter, Medsafe has been active in ensuring that DePuy provided appropriate patient management information to surgeons who had used its product. The information was reviewed and approved by Medsafe and included a requirement to contact the patients affected.

There is however no mention of any monitoring by Medsafe to ensure that surgeons did contact their patients.

WAND database
The WAND database is not publicly available as it was developed solely for use by the regulator for identifying those responsible for supplying medical devices in New Zealand. Medsafe claims it cannot make this information generally available.

As reported in previous articles in the AWHC newsletter, New Zealand has no pre-market assessment for medical devices. The letter claims that "*all three devices had been approved for use by reputable overseas regulators using best-practice assessment processes. Procurement processes operated by New Zealand healthcare organisations also provide a level of scrutiny that provides some measure of protection against unacceptable products*."

It is now painfully obvious that these measures failed to protect New Zealand patients from faulty products.

TIME TO CARE

Time to Care, subtitled *How to Love Your Patients and Your Job*, is a recently published book written by anaesthesiologist Dr Robin Youngson.

Robin Youngson who is described in the front of the book as being a lone voice on the international speaking circuit for compassionate patient care, is also the founder of the international movement, **Hearts in Healthcare.**

Time to Care describes a health system that is failing both patients and health professionals, a system that is based on a culture of detached clinicians who believe they are too busy to care. It also presents an evidence-based approach to how the system can be transformed by doctors and nurses who practise the skills of compassionate caring.

In his book Robin Youngson relates his own transition from the detached clinician to becoming a champion for compassionate care. While the book refers to the research and literature that exists on compassion, leadership and positive psychology, it is filled with stories of the profound difference it makes to the experience of both patients and practitioners when the latter take time to care.

The book is available both in paperback and as an e-book at: www.time-to-care.com

AWHC GENERAL MEETING 26 April 2012

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

- Financial report
- Medical devices
- Breast cancer screening
- Sexual misconduct by doctors
- DHB meetings
- Conferences

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

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UP AND COMING EVENTS

DISTRICT HEALTH BOARD meetings for May/June 2012:

Waitemata DHB (Website address: www.waitematadhb.govt.nz)
At the beginning of the year the Waitemata DHB has now moved to a 6-weekly meeting cycle.

The **combined Waitemata DHB and Auckland DHB** Community & Public Health Advisory Committee meeting starts at 2pm on Wednesday 6 June 2012.

Waitemata Hospital Advisory Committee meeting starts at 11am on Wednesday 27 June 2012 and will be followed by the DHB Full Board meeting which starts at 1.30pm. Both meetings will be held in the DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna.

Auckland DHB (Website address: www.adhb.govt.nz)
The Hospital Advisory Committee meeting will be held at 9.30am on Wednesday 20 June 2012 followed by the Full Board meeting at 2pm. Both meetings will be held in the A+ Room, Clinical Education Centre, Auckland City Hospital.

Counties Manukau DHB (Website address: www.cmdhb.org.nz)
The Hospital Advisory Committee meeting will be held at 9am on Tuesday 22 May 2012 and will be followed by the Community & Public Health Advisory Committee meeting at 12.30pm at the Board Room at 19 Lambie Drive, Manukau City.

The Counties Manukau DHB Full Board meeting will be held at 1pm on Wednesday 6 June 2012 at 19 Lambie Drive, Manukau City.

CARTWRIGHT INQUIRY WEBSITE

A new website has been produced on the unethical experiment at National Women's Hospital in Auckland which resulted in the 1987/88 Cartwright Inquiry.

The website features sections on the Cartwright Inquiry and the reform of patient rights and medical ethics in New Zealand, the continuing controversy, recent revisionism, as well as the purpose of the new website.

The Cartwright Inquiry website can be found at:

http://www.cartwrightinquiry.com/