Grey Power
NEW ZEALAND FEDERATION INCORPORATED

Date 26/07/2015

GREY POWER NEW ZEALAND FEDERATION INC. VIEWS ON THE DRAFT NATIONAL PRIORITISATION TOOL FOR ELECTIVE GENERAL SURGERY

I. Description of Grey Power New Zealand Federation Inc.

Grey Power New Zealand Federation Inc. (Grey Power) is non-sectarian and not affiliated to any political party. It is an advocacy organisation that aims to advance, promote and protect the welfare and well-being of people 50 years old+.

Grey Power is made up of some 74 individual Associations with an overall membership of approximately 70,000.

Grey Power would like to thank Dr Chris McEwan (Clinical Leader – Prioritisation MoH) for providing the opportunity to comment on this draft national prioritisation toll for elective surgery.

II. Grey Power's comments on the draft general surgery prioritisation tool are as follows:

1. Severity of impact on life (Patient-derived)

1.1 Grey Power supports the use of patient – derived/ patient-self-assessed criteria because patient and family-centred, not system-centred care must be the core of healthcare[1]. The use of data from self-assessment questionnaires enables clinicians to understand the condition from the patient's perspective and this understanding should be central to the planning of treatment and to the evaluation of treatment effectiveness. Thus the focus is on people first and bodily processes second; surgery priority is decided with patients rather than about them[2]

1.2 Grey Power believes that the proposed grading (assuming that 'difficulty' is intended as a synonym for impact) is inadequate and suggests that there should be two sections; the first part would be an

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[1] Matheson, D. & P. Neuwelt, *New Zealand's Journey towards people-centred care,* (2012) www.tpk.govt.**nz**/ .../wo-**nzjourneytowardspeoplecentredcare**.pdf)

[2] Wilson, H., nzfp Volume 35, Number 3 June P. 164 (2008),

assessment of the impact of the condition on the patient, derived from a variety of measures, e.g. 'health-related quality of life (HRQOL), psychological distress, physical function, and self- efficacy'[3]

And the second section would focus on the impact of the patients' condition on their family/whanau e.g. the degree to which the patient requires or provides care that would be increased/compromised by failure to treat.

NB: Grey Power suggests that the recently trialled cataract prioritisation tool is a good model because it specifically asks (with level of difficulty rankings) how the patient's condition affects their social interaction, personal relationships, ability to meet responsibilities to others, personal care, personal safety and leisure activities. Each category also provides examples of possible activities which may be affected by a patient's condition. Obviously for the general surgery prioritisation tool the indicators of pain, as detailed in the former draft tool, i.e. frequency, episode duration etc. would also need to be added to the cataract model. These categories are discussed below.

2. Frequency (Periodicity) – Grey Power supports the use of these criteria but recommends that the word 'frequency' only be utilised because it is more understandable than 'periodicity' for many people.

3. Episode duration - Grey Power supports these criteria but recommends the use of supplementary criterion that records the duration of any impact on wider activities e.g. an episode of short duration may inhibit activities completely (for instance the ability to drive) if it is disabling and unpredictable.

4. Overall duration of symptoms – Grey Power supports the use of these criteria but recommends the addition of questions to determine the severity of the condition.

5. Risk of deterioration in the next 12 months – Grey Power has no comment on this item because it is more likely the domain of clinicians.

5a. Significance of deterioration in the next 12 months – Grey Power believes the inclusion of personal and social consequences not just medical is necessary to achieve an equitable distribution of resources.

5b. Likelihood of deterioration in the next 12 months - Grey Power supports the use of these criteria

6. Benefit - Grey Power supports the use of these criteria

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[3] Ackerman, I. S. Graves, I. Wicks, K. Bennell & R. Osbourne , *Severely compromised quality of life in women and those of lower socioeconomic status waiting for join t replacement surgery.* Arthritis & Rheumatism (Arthritis Care & Research, Vol 53. No.5, October 15, pp. 653-658, 2005, http://www.researchgate.net/profile/Richard_Osborne2/publication/7556221_Severely_compromised_quality_of_life_in_women_and_those_of_lower_socioeconomic_status_waiting_for_joint_replacement_surgery/links/549e98a50cf2d6581ab746f8.pdf

6b. Likelihood of achieving maximum benefit for this patient - Grey Power supports the use of these criteria providing the benefits assessed are based on both personal and societal outcomes.

Conclusion:

Grey Power fully supports the development and use of a standard prioritisation tool that can be easily applied and, perhaps more importantly easily understood and explained to patients. We recognise that the mismatch between resource availability for elective surgery of all types and demand as the population demographic changes is only likely to increase. We believe that in this context the ability to demonstrate the use of nationally consistent criteria in assessing priority for treatment is essential. We also consider that ultimately the distribution of the elective surgery budget should be determined by criteria that are open and understandable by society at large. Although society can at a population level, assign relative costs and benefits, we understand that the clinician involved ultimately has to make decisions on an individual basis. Our principle concern is then that the clinician is given as wide a view of potential costs and benefits as practical when making their decision. We suggest that the inclusion of wider societal costs and benefits related to the patient's situation, as outlined above, will assist in this objective.

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