Newborn Enrolment with General Practice Bill

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Report of the Health Committee

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Contents

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Chairperson

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Recommendation

The Health Committee has examined the Newborn Enrolment with General Practice Bill. The votes were tied, and we were unable to agree on whether the bill should proceed. We recommend that the House take note of this report.

Introduction

The Newborn Enrolment with General Practice Bill is a Member's bill in the name of Dr Parmjeet Parmar. It aims to improve immunisation rates and to promote the early detection of any health or social problems. To achieve this, it would require newborn babies to be enrolled with a general practice and primary health organisation (PHO) before they are due for their first immunisations at six weeks of age.

Clause 4 of the bill would require the district health board (DHB) maternity service or lead maternity care provider to do the following things before a newborn is discharged from hospital or from maternity care:

- consult the newborn's family about which general practice to nominate
- send a pre-enrolment request to the nominated general practice
- enter the request into the maternity system.

Clause 5 would require general practices to take action on pre-enrolment requests within two weeks of receiving them.

Under clause 6, if the general practice was full, or if there was another good reason why enrolment could not be completed, the general practice would have to help the family find another general practice. If it could not help, it would have to refer the pre-enrolment request to the relevant DHB and PHO. The DHB and PHO would then be responsible for helping the family to enrol the baby with a provider.

Monitoring newborn enrolments

In 2010, about half of New Zealand's babies were enrolled at three months of age. Almost none were enrolled at six weeks of age.

National enrolment service (NES)

The Ministry of Health is moving from the current retrospective reporting of enrolments each quarter (which uses information from PHO registers) to using information from the national enrolment service (NES). This enables access to up-to-date (real time) enrolment information in the general practice patient management system. NES data also helps in finding babies that are not enrolled.

The current reporting system (using PHO information) shows that, from October to December 2017, 68 percent of babies were enrolled with a general practice by the time they were three months old.[1] Data from the NES for the same period shows that 75 percent were enrolled.[2] This is considered to be more accurate.

Approaches to increasing timely enrolments

In the course of considering the bill, we learned of the following steps that are being taken to improve the enrolment of newborns.

Preliminary newborn enrolment with general practice

In 2012, the ministry implemented a preliminary enrolment policy to improve newborn enrolments. The policy allows general practices to pre-enrol babies after a notification from the National Immunisation Register (NIR) that they had been chosen as the baby's general practice. Funding begins at pre-enrolment and the practice has three months to fully enrol the baby (and continue to receive funding).

The ministry told us that it has asked PHOs to focus on getting general practices to action NIR requests (that is, to accept or decline them). It has also asked DHBs and PHOs to make sure that there is a process for finding alternative general practices for babies declined by the nominated provider and for enrolling babies who do not have a nominated provider. It expects that these actions will reduce enrolment delays.

DHB accountability framework

The ministry advised us that it intends to introduce the following performance measures as part of the DHB annual plan process in 2018/19:

- 55 percent of newborns are enrolled with a general practice by 6 weeks of age
- 85 percent of newborns are enrolled with a general practice by 3 months of age.

PHO Services Agreement

There is a national PHO Services Agreement between DHBs and their PHOs. The ministry is involved when amendments are proposed to the agreement. The ministry said it intends to work with DHBs to negotiate a change to the agreement to require timely newborn enrolment.

Other approaches

In addition to work on the NES, DHB accountabilities, and the PHO Services Agreement, the ministry described several other activities that would improve newborn enrolment rates with general practice. These include:

- uptake of the Maternity Clinical Information System by all DHBs

[1] The current reporting system uses information from the quarterly PHO register submission process.

[2] The NES enables access to "real time" enrolment information in the general practice patient management system, increasing the visibility of the enrolment journey for newborns. The ministry intends to implement universal uptake of the NES in general practice.

- electronic delivery of enrolment information to the NIR and from there to the nominated general practice
- local initiatives, such as the Pinnacle Midlands Health Network's National Child Health Information Platform, which identifies children who have not received their Well Child / Tamariki Ora services on time, and allows providers to find the children who have missed out. An extension to the Midlands programme is currently being piloted to support more timely newborn enrolment.

Parental choice

We note that it is not a legal requirement for families to enrol their babies in a general practice. It is up to the parents to choose whether to do so. If the bill proceeds, it should be amended to reflect this.

View of New Zealand National Party

National members disagree with the view that the bill should not progress. We are disappointed that this important recognition of the need for newborns to be enrolled with a general practice is not supported.

The Newborn Enrolment with General Practice Bill is consistent with the recommendations to the Health Select Committee in 2013 upon the inquiry into improving child health outcomes, work on findings of the inquiry into improving rates of childhood immunisation in 2011, and the newborn enrolment policy put in place in 2012 enabling GPs to pre-enrol newborns following NIR notification.

According to the information provided by the ministry, current enrolment ranges in between 68 percent to 77 percent each quarter, reflecting a large percentage of children not enrolled in a timely manner.

The ministry acknowledged that, despite the newborn enrolment policy, there continue to be delays in newborn enrolment arising from the time taken for the request to reach a nominated general practice through NIR and then the delays in general practices accepting or declining the requests. The ministry also highlighted common reasons for a nominated general practice declining the request, including not knowing the family and GPs working at full capacity and closed books.

This bill addresses the issues listed above by requiring that the only reason a nominated practice can decline a request is if the practice is working at full capacity and by requiring the lead maternity carer (LMC) to notify the nominated practice about the enrolment request instead of it relying on the NIR.

Early enrolment is not only about immunisation (if the family wishes to get their newborn immunised), but, as also pointed out by submitters, it will provide a health check and an opportunity for the general practice to inform the family about other support that the newborn or new mother might be eligible for to protect the newborn's health and wellbeing.

Most of the submitters agreed with the bill's aims. Close to half of the submissions supported the bill and agreed that setting a legislative requirement will further improve newborns' wellbeing.

There is no evidence that we can achieve what this legislation sets out to achieve without a legislative requirement. Despite having a policy in place since 2012, we still don't have the desired outcome due to the issues that this legislation is aiming to address. The ministry's own recommendations for setting targets within the existing accountability framework do little to improve newborn enrolments from the status quo. Legislation is the clearest means of setting expectation.

View of New Zealand Labour Party

Labour members of the committee have confidence in current ministry approaches to improving timely newborn enrolment.

Since 1 October 2012, babies have been enrolled with their general practice soon after birth so they can receive essential health care, including immunisations, on time.

Prior to this policy change, fewer than half of newborns were enrolled with a general practice by the time they were three months old. NES data from October to December 2017 shows that 75 per cent of babies were enrolled by that time.

The Newborn Enrolment with General Practice Bill is well intentioned but would not legally require parents to enrol their babies in a general practice and thus only seeks to legislate for outcomes already pursued by the ministry in its preliminary newborn enrolment policy, DHB accountability framework, PHO Services Agreement, and other approaches.

The Labour Party members of the committee recommend that the ministry proceed with the following actions to improve timely newborn enrolment, without the need for legislation:

- introduce two performance measures, through DHB annual plans:
    - 55 percent of newborns are enrolled with a general practice by 6 weeks of age
    - 85 percent of newborns are enrolled with a general practice by 3 months of age.
- work with DHBs to negotiate an appropriate clause in the PHO Services Agreement requiring timely newborn enrolment
- implement reporting and monitoring via the NES, and ensure NES enrolment information is accessible to authorised providers such as DHBs.

Conclusion

We note the ministry's proposals for improving the rate of newborn enrolment with general practices. We have resolved to monitor the ministry's progress towards implementing these actions and achieving better newborn enrolment. We intend to ask the ministry for an update on its actions and the rates of newborn enrolment in 12 months' time.

Appendix

Committee procedure

The Newborn Enrolment with General Practice Bill was referred to the committee on 13 December 2017. The closing date for submissions was 16 February 2018. We received and considered 28 submissions from interested groups and individuals. We heard oral evidence from five submitters (including the member in charge of the bill) at hearings in Wellington.

We received advice from the Ministry of Health.

Committee members

Louisa Wall (Chairperson)
Dr Liz Craig
Matt Doocey
Anahila Kanongata'a-Suisuiki
Dr Shane Reti
Hon Nicky Wagner
Angie Warren-Clark
Hon Michael Woodhouse

Advice and evidence received

The documents that we received as advice and evidence are available on the Parliament website, www.parliament.nz.