

Access to laboratory services

Approved 2007

Background

In August 2006 the New Zealand Medical Association (NZMA) adopted a position statement on “The Provision of Laboratory Services in New Zealand”, which focussed on the lack of a policy framework for the DHB reviews of laboratory services, with the consequent fragmented approach to the provision of services throughout the country. The statement also highlighted the problems with contracting processes, and the uncertainty created within the laboratory workforce. We asked that the Government stop the process, and undertake a Ministerial review, followed by the development of a national strategy for the provision of laboratory services. Our consistent advocacy based on this position statement was ignored.

This position statement expands the earlier statement and should be read in conjunction with it.

Current issues

We were aware at the time of developing our position that the some DHBs were taking local decisions regarding reduced patient access to laboratory services, with the intention of reducing expenditure. In our advocacy to the Minister of Health, we expressed concern that this approach could lead to different levels of access within different DHB areas or if, as indicated by the Minister, such changes were potentially to be rolled out across the country, it would mean policy change being implemented through the back door. Both of these possible situations would mean reduced patient access to subsidised services, without proper policy development or consultation processes particularly at the national level.

Again, our advocacy was not accepted. Subsequently, the two Wellington area DHBs (Capital and Coast and Hutt) introduced a policy that the patients of private sector specialists would no longer be entitled to subsidised laboratory tests, but would have to pay for them. The minister indicated that he regarded this as something of a pilot and if it proved to be successful (in the DHBs’ eyes) it would probably be rolled in other DHBs. We knew that the Auckland DHBs were contemplating a similar decision, and we have now found that Otago and Southland DHBs are “consulting” locally on a similar arrangement.

Separately we have become aware the Bay of Plenty DHB has entered into a contract with a new laboratory service provider which requires the laboratory to police general practices to ensure that subsidised laboratory tests are only provided to patients who have shown specific symptoms following diagnosis. This appears to be intended to rule out screening type tests aimed at ensuring that the apparently well patient continues to be well.

Given the autonomy of DHBs and the lack of national visibility of their decision-making processes, it is highly likely that other DHBs are planning or even implementing similar arrangements.

The consequences

There are a number of potentially very serious consequences stemming from these processes:

- There is a high likelihood of poor decision-making leading to poor policy. Many of our DHBs do not have a good record of making and implementing sound decisions, and most display an undue focus on reducing costs. In an environment which lacks a national policy framework on which to base their decisions, and which effectively rules out input from the national professional medical bodies, it is extremely likely that cost-fixated DHBs will make decisions which will have adverse effects on individual patients and the wider population.
- Many New Zealanders will lose access to subsidised services which have previously been available to them, and access may vary widely throughout the country. While some patients will pay for these services themselves, others will simply forgo the tests, with potentially adverse impact on their health. We note that patients will be paying for services with tax paid dollars, plus GST.
- The much-vaunted aims of the PHCS (ie improved population health and improved access to services) will be threatened. These decisions to reduce access to services fly in the face of the Government's strategies to improve access to care, and to emphasise health promotion and population health.
- The potential for increased medico-legal risk to doctors. This is apparent in two respects.
 - a. Where the patients of private specialists are faced with paying fees, they may be referred back to their GP so that subsidised tests can be ordered. This places the liability on the GP to manage the testing process and its outcomes, while placing the specialist at arms length from the process.
 - b. Where GPs become limited in their ability to refer their patients for some appropriate tests because the patient will have to pay, there may be an understandable temptation to exaggerate the patients' symptoms so that they can obtain the tests. Alternatively GPs may find themselves at risk of sanction because of subsequent ill-health of the patient which may have been detected by a test. In this situation their actions will be assessed with the aid of hindsight.
- There will be a potential for increased use of public hospital services flowing from late diagnosis of otherwise manageable conditions.
- Key elements of an already fragile medical workforce will be placed under further pressure.

NZMA position statement

The NZMA finds these situations completely unacceptable, and against the interests of both patients and doctors. However, they are the inevitable outcomes of extremely poor policy making processes. We reiterate our call for the following actions from the Government.

- That a direction be given to DHBs to cease the introduction of policies which will reduce patients' access to laboratory services.

- That urgent steps are taken to engage interested parties in the development of a national policy framework to govern the provision of laboratory services.

In addition, we call on the Government to abandon its *laissez faire* approach to the planning of health services which allows DHBs unreasonable levels of freedom to determine their approach to the provision of services. It must ensure the establishment of appropriate national policy frameworks governing all major elements of health services.