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31 January 2013

Ms Helen McLauchlan President New Zealand Speech-language Therapists' Association Inc PO Box 137 256 Parnell AUCKLAND 1151

Dear Ms McLauchlan

Ventilation Tubes for the Treatment of Otitis Media

You may have read or heard some publicity recently about the National Health Committee's (NHC) position on the insertion of ventilation tubes (VT) for the treatment of otitis media. I write this letter to clarify the NHC's position, indicate a path forward, and to invite your organisation to participate.

The National Health Committee is not advocating that the Government make cuts to VT surgery. It has made no such recommendation to Government and does not intend to do so.

What the NHC did do earlier last year was consider international evidence for the effectiveness of VT surgery in the management of children with serious ear infections. What that preliminary work suggested was that when children with ear infections received high quality, integrated and evidence-based care, across primary and secondary care, there was less need for VT surgery.

In New Zealand the rate of VT surgery varies significantly by region. This variance could be due to many reasons but it remains when the data is standardised for ethnicity, deprivation and age.

The rate of VT insertion is a process measure (not an outcome measure) along the pathway of care for children with otitis media. It is not an ideal measure because it is positioned so close to the end of the pathway and is, therefore, overly dependent on what comes before. Pathways of care are complicated because they often cross clinical, management, funding and governance silos.

Until we understand and integrate the whole pathway we will not be able to determine what the right insertion rate is for New Zealand and, more importantly, we won't be able to ascertain the critical process measures and targets along the entire pathway in order to drive quality outcomes for New Zealand children.

It is the NHC's view that the sector needs to support general practitioners, surgeons, audiologists, speech language therapists and paediatricians to determine an evidence-based nationally agreed pathway of care for New Zealand children with otitis media (and conductive hearing loss) that is cost effective, provides value for money and has sustainable funding. Indeed, the Committee having considered a draft Technology Note in April of last year, that is exactly what I advocated to District Health Boar Chairs and Chief Executive Officers.

At that point the Health Quality and Safety Commission (HQSC) was engaging with the Royal Australasian College of Surgeons (RACS) and the New Zealand Society of Otolaryngology, Head and Neck Surgery (NZSOHNS) in order to include VT surgery on its Atlas of Healthcare Variation, so the NHC did not progress the development of its Technology Note further to avoid duplication of effort.

However, subsequent to the recent publicity the Committee asked its Executive to update and publish the Technology Note and I attach 'Ventilation Tubes: An Opportunity for Better Targeting' in its finalised form.

The RACS and NZSOHNS are already working with the HQSC to establish national evidence-based indications for ventilation tube insertion and indications for adenotonsillectomy.

We see the publication of the final Technology Note as a useful input into that work and also into the next step, which is, as I indicated above, assisting a multi-disciplinary expert team to determine an evidence-based nationally agreed pathway of care for New Zealand children with otitis media (and conductive hearing loss) that is cost effective, provides value for money and has sustainable funding.

The NHC's focus on establishing best practice evidence-based systems and models of care which are cost effective and sustainable is, I believe, an important element in establishing a pathway based on clinical best practice. The NHC and HQSC will ensure that this work is co-ordinated and inclusive.

I look forward to working with you on this.

Kind regards

Anne Kolbe

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Chair

Cc: Mr Scott Stevenson, Chair, Royal Australasian College of Surgeons, NZ National Board
Dr Tim Malloy, President, Royal New Zealand College of General Practitioners
Ms Cathy Ferguson, President, The NZ Society of Otolaryngology, Head & Neck Surgery Inc
Dr Rosemary Marks, Chair, Paediatric Society of New Zealand
Ms Maree Gunn, Executive Officer, New Zealand Audiological Society

Encl.