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**POSITION STATEMENT  
NATIONAL PURCHASING AND PLANNING FOR NATIONAL SERVICES**

**THE PAEDIATRIC SOCIETY OF NEW ZEALAND BELIEVES:**

1. That the principles that underpin the child health strategy and paediatric specialty services review are sound and the review recommendations should be implemented.
2. Where rationing of access to, and quality of, national services has to occur this must be done in a transparent manner at a national level, based on evidence, with input from representatives of those referring services that understand the role of the national service.
3. No individual District Health Board should have either the right, or the ability, to unilaterally plan, or change, national services.
4. Quality national paediatric services can prosper only if they are first identified as a national service, planned and implemented in their entirety and funding accordingly.
5. Services should be delivered in a manner developed on the basis of best evidence available, as well as acknowledging the need for fiscal responsibility.

**THE PAEDIATRIC SOCIETY OF NEW ZEALAND NOTES THAT:**

1. Individual District Health Boards currently have the ability to make unilateral decisions, which have a dramatic impact on national services and therefore affect all other District Health Boards in New Zealand.
2. There are suggestions that some District Health Boards are channelling money set aside for national services into other local services.
3. No national system to plan, fund and audit national services exists.
4. New Zealand does not know what Tertiary and Secondary Services spend on children's health.

**THE PAEDIATRIC SOCIETY OF NEW ZEALAND RECOMMENDS THAT:**

1. A continuing review body (involving the Paediatric Society of New Zealand, the Ministry of Health, the District Health Boards) works to define national tertiary paediatric services along the lines outlined in the paediatric specialty review, with decisions made about which centres should provide inpatient care and which centres should have access to outpatient care and outreach clinics.
2. In defining tertiary services the linkages and relationships with local secondary services are clarified.
3. Income streams for paediatric specialist services are defined by programme and include all work: secondary, tertiary, inpatient, outpatient, travel, outreach and consultations (including phone and email).
4. Specialist medical, nursing and allied health staff should be recruited and employed with specific responsibilities allocated to the national service.
5. The Ministry of Health take a leadership role in working with the DHB's and the Paediatric Society of New Zealand to address the complex issues of funding national services, monitoring quality standards, accreditation and outcomes.