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**Submission to the Ministry of Health on**
**Developing a National Healthline**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 42 nationally organised societies. It has 34 branches throughout the country attended by representatives of those societies and some 150 other societies as well as individual members.

NCWNZ is grateful for this opportunity to be able to make a submission on this discussion document. Responses have been received from members of the Health Standing and Nucleus Committees and from other interested parties.

**General Comments**

In 1999 NCWNZ passed a resolution urging the Government to ensure that a Helpline Service was permanently added to the core services provided for in the contract with the Royal New Zealand Plunket Society. NCWNZ do not support the amalgamation of Plunket Line with Healthline. All members responding to the consultation document have clearly indicated likewise.

Other well established specialist service providers, e.g. Youthline, Lifeline, Mental Health Crisis Teams should also retain their autonomy. These service providers are well known and highly regarded within the community. As such, they are often the first services approached by clients with specific needs. This arrangement must be retained.

NCWNZ strongly support close cooperation between all current and future helpline services. The establishment of a National Healthline call service should provide an appropriate mechanism for close cooperation and ensure that people in need of assistance are provided with appropriate advice and/or directed to the most appropriate service provider. This could be accomplished by ensuring that when a client phoned the Healthline, but required the services of another specialist provider, the call could be seamlessly transferred to the appropriate provider.

NCWNZ members were concerned that a National Healthline should be adequately funded. They identified other service providers (e.g. St John Ambulance Service and Plunket Line) that have experienced considerable difficulties and uncertainty as a result of under funding. An inadequately funded National Healthline might cause more problems for clients seeking advice or assistance.

Concern was also expressed about problems that have resulted from centralisation of call centres (e.g. Police, NZ Fire Service, Civil Defence etc.). A major potential problem is the lack of local knowledge. Members would like to see a service that is user friendly and readily accessible to all groups in the community.

One response was very clear that the current pilot Healthline service should not be extended to a national service. It was claimed that the current free phone service provided by experienced practice nurses with the backup of practice GPs would offer a better service. It was suggested that continuation of this current service at a local level would also provide better continuity of service and protection of confidentiality.

Further, interpreter access was more likely to be available at a primary health service level than at a national level. The respondent strongly urged that the money earmarked for the extension of the Healthline service would be better spent in reinstating an appropriate level of funding for practice nurses. It was noted that the subsidy for this service has depreciated over time.

In contrast, the majority of respondents, including the Nucleus Committee, believe that a National Healthline service has been in the planning for long enough and that it should be implemented as soon as possible using the best technology available so that all areas of New Zealand can benefit. NCWNZ urge that a National Healthline service should be well funded, well resourced and staffed by appropriately qualified and trained personnel.

**Specific Comments**
*To what extent do you think it would be useful to merge Plunket Line and a national Healthline? What issues would a merger raise?*

Although some respondents could see some benefits in terms of cost savings by the merger of Plunket Line and a national Healthline, all respondents are strongly opposed to such a merger. NCWNZ prefers instead the continuation of Plunket Line as a specialist advisory service.

The Plunket free phone personnel are specially trained Plunket Nurses who have specialist knowledge in child health issues and are ably equipped to give advice support, education and information. Plunket Nurses area of expertise focuses on the normal development of healthy babies rather than sickness in pre-schoolers.

NCWNZ members suggest that the National Healthline and Plunket Line are presently incompatible as they use different systems. The proposed National Healthline uses algorithms whereas Plunket Line uses a manual together with specific specialist knowledge.

Plunket Line is already well established, widely used and trusted by clients. A merger with a National Healthline is likely to result in the loss of expertise.

Respondents, however, do acknowledge that there are advantages in having close links between a National Healthline and Plunket Line. There will be calls concerning sick children that perhaps are better directed to the National Healthline. Therefore, there must be a mechanism for transferring calls rather than expecting the caller to hang up the phone and call another helpline.

**Question 2 (refer to page 3)**
*How do you consider a national Healthline service can link effectively with these other freephone health services?*

Most respondents suggested that with modern technology it should be possible to have all freephone health and helpline services operate through a single call service centre. Callers could then be seamlessly transferred to the appropriate service required. However, many questioned whether this was an appropriate approach. Some felt that services that were well established and well known should not be altered (e.g. Plunket Line, Youthline etc.). Members expressed concern that changes in present services could cause confusion. It was suggested, for example, that a youth contemplating suicide would try to ring Youthline rather than a Healthline.

**Question 3 (refer to page 3)**
*How important is it that a clinically recognised and approved decision support system is used for guiding the advice given by the nurse?*

NCWNZ believes that it is vital that a clinically recognised and approved decision support system is used for guiding the advice given by the nurse. The professional knowledge and experience of health practitioners will vary. To ensure that the information provided is soundly based and consistent there must be well established protocols and policies in place. It is vital the call handlers are well trained in the use of the protocols, policies and decision support system.

Respondents also believe that call handlers must be experienced in listening and interviewing to be able to pick up what is unsaid.

It is very important but there will still be a need for the nurse to use clinical analysis for problems that are multi-faceted or sit outside the square.

**Question 4 (refer to page 4)**
*What do you consider is the most important role/s for Healthline? How can a national Healthline service ensure that it fulfils that role effectively?*

A variety of important roles for Healthline were identified by respondents, including:

- To provide free, immediate, reliable, consistent and safe advice on health issues.
- To provide advice about when and where to seek treatment, so that patients receive the appropriate treatment/care at the right time and at the right place. In particular, to provide advice about whether urgent assistance should be sought or whether a delay in seeking treatment is acceptable i.e. to prioritise service requirements based on sound clinical criteria.
- To encourage, where appropriate, the self-management of symptoms to avoid the unnecessary use of GPs or other services.
- To provide reassurance and support for patients, parents and caregivers.
- To provide information on place and time services available relevant to the area in which the caller resides. This would be particularly valuable in areas where service coverage was limited (e.g. rural areas).
- To provide information on the promotion of wellness (e.g. nutrition and physical exercise) and the prevention of illness (e.g. flu immunisation, smoking cessation programmes).

Although a National Healthline has the potential to provide additional resources for people seeking medical and health advice it must never replace the valuable clinical observational opportunities which arise in face to face contact between a health professional and a patient.

A National Healthline service must ensure that it fulfils these roles effectively by:

- Evaluation of the service by consumers and medical practitioners who have had patients referred to them by Healthline.
- That there is a system in place for the review and continual improvement of the service.
- Ensuring that appropriately qualified and experienced personnel are employed by the National Healthline.
- Ensuring that all Healthline nurses/ telephone operators have a sound knowledge and understanding of the policies, protocols and decision support system.

- Ensuring that the availability of the National Healthline is widely advertised so that everyone is aware of the availability of the service.

**Question 5 (refer to page 5)**
*How should Healthline handle 'overflow' callers (eg, no reply, answering machine, electronic queuing)? Do you think non-nurse call handlers should respond to non-medical and general enquiries? Would you feel comfortable using a touch tone menu option to access the appropriate information (ie, using telephone keys to select either a triage or information service)?*

**Handling of 'overflow' callers:**
Respondents suggested a variety of methods for handling 'overflow' calls, including

- Electronic queuing. If this option is to be adopted it is important that the caller has some indication of where they are in the queue and how long they might expect to wait to have their call answered.

- Answering machine. This was favoured by some respondents and not by others.

- Use of a non-nurse call handler. This option appeared to be favoured by those who did not like the use of answering machine, or indeed any form of electronic response. They thought it important that a 'real' person answered the phone even if that person was not a RN. The person might take a message or direct them to another service.

- Touch tone option. This option might be an appropriate for those people comfortable with using this type of service. However, many people do not like such services.

Respondents acknowledged that 'overflow' callers might have to queue to have the RN phone them back about a specific health issue. It was suggested that any message should be responded to by the triage within a stated period of time. It is vital that the caller is made aware of the likely delay in responding to their call. It should be remembered that people who need to use the National Healthline service and are faced with a delay may become anxious and distressed.

It was suggested that before providing this service, there should be consultation with experts in the provision of Telephone services to minimise the problems of 'overflow' callers.

**Use of non-nurse call handlers in responding to non-medical and general enquiries:**
The majority of respondents and the Nucleus Committee believe that it is acceptable for non-nurse call handlers to respond to non-medical and general enquiries. However, it is vital that these call handlers are appropriately trained. Some suggested that it was appropriate to use non-nurse call handlers in 'overflow' situations. It was also suggested that non-nurse call handlers could provide information on the availability of services and general health information e.g. promotion and prevention.

Some respondents did not favour the use of non-nurse call handlers for any purpose. A caller who utilises a healthline would be asking for health related advice. It would be unsafe for such a call to be answered by a non-nurse call handler. If the call was outside the scope of the service the person could be referred to an appropriate provider.

**Use of touch tone option to access appropriate information:**
The majority of respondents did not support the use of a touch tone system. It was suggested that this is not an easy system for the elderly, the physically impaired or a person in distress to follow. Many people don't like electronic systems such as touch tone and will simply give up. In general

they would prefer to wait to speak to a 'real' person. Further, children playing with the telephone could prove problematic for this type of system.

However, some respondents felt that a touch tone option was acceptable. In particular, it was suggested that it could be an appropriate mechanism for separating triage calls from those seeking information. The appropriate information could be provided electronically.

**Question 6 (refer to page 5)**
*What do you consider is an appropriate maximum waiting time before being answered by Healthline staff? What percentage of unanswered calls would be an acceptable rate?*

All respondents agreed that calls should be answered within 15 to 30 seconds. All calls should be acknowledged within that time period, even if the caller has to then wait for the call to be dealt with appropriately. In this circumstance, it is important that the caller is given an indication of the likely length of the delay.

It was suggested that there might be a number of different reasons for a call not being answered. Considering that some of the circumstances might be beyond the control of Healthline, some members suggested that a small (1 – 3%) number of calls going unanswered might be acceptable.

**Question 7 (refer to page 5)**
*How can we ensure that your population group can access a national Healthline easily?*

A number of suggestions were made, including:

- By ensuring that the service remains free i.e. that it uses 0800 numbers.
- By ensuring that service is widely publicised when the national service is launched e.g. TV, radio, print media.
- By ensuring that there is ongoing publicity for the service e.g. in waiting rooms of health providers, Citizens Advice Bureau and anywhere that people gather (churches, clubs, pubs).
- By ensuring that disadvantaged groups (e.g. the elderly, disabled, rural dwellers, Maori, Pacific Islanders, refugees and other minority racial groups) receive appropriate information in a form that they are able to understand.
- By ensuring that all promotional information is available in a variety of languages.
- By ensuring that the National Healthline phone numbers are prominently displayed in appropriate places e.g. in phone boxes, telephone books etc.
- By ensuring that all Nurses and call handlers are trained to be aware of requirements and sensitivities of those from different cultures.
- By being user friendly, helpful and willing to give time to assisting people who have difficulty expressing needs or who give confusing information.
- By ensuring that triage personnel and call handlers have effective communication skills so they are able to understand the requirements of the caller and be able to give appropriate information in a form that the recipient can readily understand.

Concern was expressed that a National Healthline will not be accessible to those people with no access to a telephone.
*How can we ensure that your population group knows about the Healthline phone number and what the service offers? (Please identify the population you are speaking about).*

Several suggestions were made by respondents, including:

- Providing a multilanguage pamphlet to all households. This could include a sticker to attach to the phone.

- Provide information pamphlets, posters etc. to be displayed in health provider facilities.
- Using specific interest groups e.g. Grey Power, Age Concern, Rural Women, CCS, Regional Ethnic Councils, District Maori Councils etc.

- In rural areas information could also be provided through local monthly newsletters or the local school newsletter.
- Any advertising campaign should be ongoing until people become familiar with what the service offers and how they can access the service i.e. in the same way that everyone is familiar with the 111 Emergency system.
- The National Healthline telephone number should be in an immediately obvious place in the telephone book along with clear instructions about how to use the service.

**Question 9 (refer to page 6)**
*Under what circumstances would you consider it is appropriate for Healthline to forward (with caller permission) information provided by the caller to another health provider. Please give an explanation of your response.*

Respondents identified several situations where it was considered appropriate to forward information to another health provider. They included:

- Mental Health Crisis Unit when the caller is suicidal or prepared to inflict self-injury.
- Ambulance Service when immediate assistance is required and to a GP for follow-up.
- When there is an acute medical emergency and speedy access to medical services is necessary to save lives.
- If the caller is unable, for whatever reason, to access the service required without assistance and no other help is available.

Respondents were adamant that in general information should only be forwarded to another service provider if the caller has given permission for this to happen. However, the Nucleus Committee believe there will be circumstances when it may be justifiable to pass on information without consent e.g. to save a life. However, there should be policies and clear guidelines in place to cover such circumstances.

In general, information should only be forwarded to the caller's GP with their express permission.

Some respondents suggested that there might be a concern about privacy and confidentiality of information held by various agencies.

**Question 10 (refer to page 6)**
*Do you consider it would be appropriate for a national Healthline service to accept cellphone callers? Do you think this should be a freephone service or would it be acceptable for these callers to be charged for the call? Please give an explanation of your response.*

Most respondents support the proposition that all calls, including those from a cell phone, should be accepted. Some rural areas are isolated and although they might not have access to a landline, they may have cell phone access. Such people should not be disadvantaged. In some specific circumstances a cell phone may be the most appropriate or perhaps the only means of communication. Further, the caller might reasonably believe that the call is urgent and the cell phone might be the quickest means of communication in the circumstances.

The minority view was that cell phone calls should not be accepted because of the added cost to the service.

There was a mixed response to the charging of cell phone calls if they were accepted. The majority of the respondents suggested that a charge for such calls might be acceptable. It was suggested that a standard, reasonable charge might be appropriate. However, questions were raised about how this might operate, particularly where the caller does not have access to a landline. Further, it might be more expensive to recoup the costs of accepting cell phone calls.

**Question 11 (refer to page 6)**
*What level of local knowledge should Healthline have in order to give callers sufficient advice?*

Respondents generally felt that if call handlers were providing information about service providers and community resources, they would need a high level of local knowledge. It was suggested that a minimum level of knowledge would include:

- The location, hours and phone numbers of hospitals, pharmacies, medical centres, GPs and other health professional service providers.
- Emergency health service providers e.g. emergency departments, all night pharmacies.
- Knowledge of the on call arrangements for local GPs and other health service providers.
- Phone contacts for Police, Fire, Hospitals, and Mental Health Crisis Team.
- Knowledge of local roads and conditions e.g. areas prone to flooding and landslip.

Members suggest that to provide a high level of accurate local knowledge the triage system should operate at a regional level rather than through a centralised national call centre.

Question 12 (refer to page 6)
*How can we ensure that Healthline meets the needs of Mäori callers and is culturally appropriate?*

Members considered that all call handlers should have experience and skill in meeting the health and spiritual needs of Maori. Those call handlers who lack such skills and knowledge should be required to attend appropriate training courses.

The policies and protocols developed for the service should have input from Maori health advisors or other appropriate groups. Further, the algorithms developed for the decision support system should also take into account Maori health needs.

When the service is reviewed, the review panel should include Maori representation. It was suggested that it would be advantageous to have Maori advisors available when needed.

Members urged that the health and cultural needs of other ethnic groups should not be ignored.

Question 13 (refer to page 7)
*What do you consider is an appropriate level of training and qualification for telephone triage staff?*

Respondents agreed that it was essential that triage staff be current registered or comprehensive nurses, experienced in assessment and prioritising clinical problems, the use of triage systems, and experienced in meeting needs and preferences of Maori for their care. They also need to be empathetic, good listeners, and able to speak clearly. It was also suggested that they require extensive experience in the community. Hospital experience alone does not give the listening and counselling skills acquired by nurses working with the wider community.

**Question 14 (refer to page 7)**
*How do you consider Healthline can assist GPs and other primary health care services (eg, pharmacies, primary health care nurses, social workers etc), to more effectively meet their patients' health needs? (eg, arrange appointments with GPs, link with PHOs and other primary health care organisations, provide some preventative services, link rural GPs after hours phones to the Healthline service)?*

The majority of respondents agreed that it was a good idea to link rural GPs after hours phones to the Healthline service. It was felt that this could reduce the workload in an already stressed area of the health system.

It was suggested that Healthline could also reduce pressures on hospital emergency services.

The Healthline service could stimulate callers to be more proactive in seeking help, thus preventing delays in treatment that could be detrimental. The benefits of preventative services and early treatment could also be promoted.

In general respondents did not think it appropriate for Healthline to be involved with making appointments for callers. It was suggested that patients should in the main be responsible for making appointments with appropriate health service providers. However, some members recognised that there could be some advantages, including overall cost savings, in Healthline being involved in coordination with other health service providers. This would have to be weighed against increased costs for Healthline and the potential for overloading as mentioned above.

Question 15 (refer to page 7)
*Do you have any concerns about the linkages between Healthline and primary health care services?*
NCWNZ members expressed a number of concerns, including:

- Linkages should only be with client's permission.
- Links with Public Health Care services should not lead to callers being referred to favoured services.
- Costs and the time factor.
- Linkages if not well handled might result in inefficiency, lack of knowledge or lack of timeliness.
- The requirement and demands placed on call handlers need to be reasonable even if some idealism is given away.
- The expectation that all situations will fit a prescribed process or recipe is unrealistic.
- If the system tries to control too much the complexity of the system will increase.

Despite these concerns, most respondents expressed confidence that there were potentially more positives than negatives in linking primary health care services with Healthline. Some suggested that primary health care services need to form a close working relationship with Healthline.

Question 16 (refer to page 8)
*How can Healthline assist with encouraging appropriate use of Emergency Departments? For example, should routine calls to EDs be transferred to Healthline?*

The majority of respondents supported the transfer of routine calls to Emergency Departments (EDs) to Healthline. It was suggested that this would free up emergency services. It was acknowledged that some people use EDs in place of a GP service. Healthline may be able to assist by providing appropriate assistance/advice and possibly directing such people to more appropriate services.

Some respondents reported that similar systems are working well overseas (e.g. UK) and should be implemented here in a National scheme.

A few respondents expressed reservations or gave conditional support to such a system. Some felt that it depended on how well the pilot schemes had functioned. If it had worked well in the pilot scheme then they would support it. Some respondents thought that the transfer of calls could be complex and circuitous, and as a result, they did not support the proposal.

Some concern was expressed about Healthline taking all calls and directing 'urgent' cases only to Emergency Departments. It was suggested that this might be acceptable once Healthline was well established and had proved itself.

Question 17 (refer to page 9)

*To what extent do you consider Healthline should have a role in providing assistance to people with mental health problems? What type of assistance should it provide? What links should Healthline have with other helplines?*

Respondents agreed that Healthline should have links with services that provide assistance to people with mental health problems. These should include Lifeline, Youthline and Mental Health Crisis Teams. Healthline should be able to refer people with a mental health problem to an appropriate agency. However, Healthline should not try to deal with mental health problems directly.

There may be difficulties with privacy issues. In general, transfer of callers or passing of information to other agencies should occur with the informed consent of the caller. However, appropriate policies and protocols should be developed and implemented to deal with crisis situations.

Some first time callers with mental health problem may call before they are seen and supervised by mental health clinic. Such patients can be difficult to deal with and may prove to be time consuming.

**Question 18 (refer to page 9)**

*How can we ensure that Healthline meets the needs of Pacific callers and is culturally appropriate?*

Many of the responses were similar to those given for Question 12. Specific suggestions that were made include:

- By ensuring that Pacific Health Advisors have input into the development of policies and protocols.
- By ensuring that advisors and/or consumers are involved in any review of the service.
- By ensuring that the decision support system takes into account the health needs and desires of Pacific Islanders.
- By ensuring that there is wide consultation with Pacific Island support groups.
- By ensuring that the service has access to an appropriate number of call handlers of Pacific Island background or with specialist knowledge.

**Question 19 (refer to page 9)**

*How can we ensure that Healthline meets the needs of Asian callers and is culturally appropriate (eg, language barriers/cultural needs/specific health issues)?*

Many of the responses were similar to those given to Question 18. Many of the suggestions given in response to the previous question could also be applied to ensure that the needs of Asian callers were met.

It was suggested that local support groups should be used where appropriate. For example, in Tauranga there is a Refuge for Asian Women run by Asian women. There is also a Regional Ethnic Council. Appropriate appointees with suitable experience and skills could take referrals to support callers.

It will be important to have interpreters available.

It was suggested that there are many Asian trained doctors, nurses, pharmacists, etc in New Zealand. If they were able to attain registration in NZ the National Healthline could employ them. They will understand and speak a variety of languages and should be culturally sensitive. They would probably be aware of alternative treatments often used by Asians.

**Question 20 (refer to page 10)**
*What are the key issues for refugee/immigrant people that a national Healthline provider needs to take into account e.g. language barriers/cultural needs/specific health issues? What initiatives can the service take to address those issues?*

A National Healthline provider needs to address the following key issues to ensure that refugee or immigrant health needs are met:

- Ensure that there is access to appropriate information about the service and how to access it e.g. by provision of information packs on arrival, in their own language.
- Healthline will need access to interpreters.
- Healthline will need to ensure that call handlers are sensitive to the cultural requirements of refugees and immigrants.
- Healthline must be aware of existing services available for refugees and migrants.

Some of these issues may be addressed by close cooperation with the Refugee and Migrant Service. Cooperation with ethnic support groups already established in New Zealand would help. Appropriate people could assist with advice and training for call handlers. They could also be asked to assist refugees and immigrants to access the Healthline service, for example, many refugees may not have access to or know how to use the telephone.

Refugees are often debilitated after their experiences and suffering from trauma, illness and grief. Concern was expressed that they may well be suffering from diseases or illnesses not often seen in New Zealand. Particular concern was expressed about the possibility of such people carrying diseases such as SARS. After health checks by doctors at the Refuge and Migrant Centre the refugees should be put in touch with people from their country on whom they can rely. It was acknowledged that refugees and immigrants would not be familiar with our social systems and services.

**Question 21 (refer to page 10)**
*What are the key issues for people with disabilities, using a telephone based Healthline service? How can they be best taken into account?*

There should be consultation with consumers and support groups to ensure that the service provided may be accessed by those clients with disabilities.

Disabled people should continue to use their current methods of accessing health services, with use of an intermediary to assist them to access Healthline services if necessary.

In some specific instances, alternative means of providing information may be appropriate, e.g. by having facilities in place to relay responses via fax. This might be useful for the hearing impaired.

Making use of Disability Resource Centre facilities, staff and expertise where appropriate could also provide the right skills and accessibility for these members of the community.

**Question 22 (refer to page 10)**
*To what extent do you consider Healthline should have a role in providing disability support information?*

Respondents suggested that:

- Healthline should have information at hand on relevant local services.
- Healthline should also provide referral numbers for the specific service required e.g. Enable NZ.
- Links to Helplines should be available.

Some members thought that calls should be referred to a Disability Resource Centre following assessment.

**Question 23 (refer to page 10)**
*Are there specific issues related to child and youth health services that the Healthline provider should cover? How can they be best taken into account?*

Healthline services need to have up to date information about children's health issues and specific referral systems for emergency situations.

NCWNZ believe that it is essential that there is a child and adolescent mental health and child behaviour policy. There should also be referrals to appropriate agencies.

Protocols must be in place and education provided for staff in dealing with family violence and child molestation.

NCWNZ are concerned that in a case of a child being physically harmed access to the Police should be available.

Knowledge regarding Youthline, Yellow Ribbon, Lifeline, Canteen, Family Planning are essential when dealing with teenage problems rather than with problems associated with children. It may well be that instead of phoning Healthline adolescents may phone one of these other services first.

**Question 24 (refer to page 11)**
*What would be necessary to ensure that older people can access the Healthline service easily?*

NCWNZ believes that for this group the service must remain free as many older people are pensioners who find the health services very expensive and increasingly so. Local telephone calls must also remain free.

Information regarding the service should be widely distributed through Age Concern, Grey Power and GP's surgeries in a form that the elderly are able to access e.g. use of large print.

To ensure the elderly use this system it must be made as simple as possible. It must be a very user-friendly service. Staff taking calls should have a mature attitude and speak slowly.

All elderly people should have access to a telephone and be able to use it with confidence. A card with Healthline phone numbers in large figures should to be attached to the phone. Some elderly members of the community may struggle to use the touchtone system and if this is the only option they may be discouraged from using the service.

Even recognising the points made above, members believe that there will be some in this group who will have great difficulty managing the system sufficiently well to meet their needs. Many will be reluctant to talk to a younger person about their health condition and current issues, especially elderly Maori. They will be more reluctant to follow recommendations from unknown persons.

**Question 25 (refer to page 11)**
*Are there specific rural issues that a Healthline provider would need to consider to make sure it meets the needs of rural people? How can they best be taken into account?*

NCWNZ feels that once a National Healthline is established it needs to be a quality service that can help give the rural community a sense of security and link in with rural GP's and emergency services.

To achieve this, persons staffing call centres need to have:

- An awareness of the geography of the area taking the distances needed to be travelled into account. NCWNZ rural women have expressed concern re travel time and the poor standard of many rural roads.
- An ability to give advice that is practical.
- Knowledge of special situations that exist in rural areas, e.g. hazards associated with farm machinery, and specific zoonoses such as Leptospirosis, Brucellosis, Tb, etc.
- A good knowledge of the services available.
- An appreciation of the time and difficulties that may exist in accessing these services.

There is often a problem of isolation in rural areas hence adequate telephone links must be maintained.

**Question 26 (refer to page 11)**
*Are there any other issues you would like the Ministry of Health to take into account when developing the national Healthline?*

Members are concerned that call handlers should have:

- Specific training in telephone counselling, bearing in mind that telephone interviews are not the same as one to one interviews.
- Clear diction and speak slowly (for deaf, confused or those for whom English is a second language).
- A high level of efficiency and coordination skills.
- The ability to refer problems on that cannot be dealt with easily.
- Strict privacy protocols and procedures.

Members also urged that:

- Staff must be well trained and experienced health professionals and the expectations placed upon them should not be beyond their abilities.
- There must be adequate staffing or callers will not use the service.

- Funding must be sufficient to allow the service to continue once it has been established. Too often funding is reduced after a service has been established and is seen to be effective. As a result of funding cuts the service then very often loses its effectiveness, or has to close. To be credible this must be implemented to meet health needs rather than as a cost saving measure.
- There should be on going monitoring of the system with regular audits also being carried out to ensure that standards are maintained and that there is an opportunity for continuous improvement. It will be extremely important to assess the use in age range, socio-economic, ethnic and rural verses urban users.

NCWNZ are grateful to the Ministry for the opportunity to comment on the consultation document and look forward to seeing the outcome.

Beryl Anderson
**National President**

Catherine Gurnsey
**Convener, Health Standing Committee**