



# **Briefing to the Minister of Health**

## **October 2017**

**Association of Salaried Medical Specialists (ASMS)**

### **1) Begin a programme of re-investment in the public health system**

Analysis by the Council of Trade Unions and ASMS shows a continuing trend of funding cuts to government health expenditure since 2009/10. Successive funding shortfalls have accumulated to the point where the next Government will need to find well over \$2 billion additional funding for 2018/19 if it wishes to restore the value of funding to 2009/10 levels. These funding shortfalls are creating barriers to accessing services which means more New Zealanders than ever are unable to get the health care they need. International evidence shows that the cost of unmet health need is often considerably higher than providing timely treatment.

### **2) Invest in the public specialist workforce**

New Zealand has long-term specialist workforce shortages (appendix 1) which are negatively affecting workloads, wellbeing and productivity. Indicators of these shortages include high rates of burnout, working through illness (presenteeism) and intentions to leave the public workforce (appendix 2). These shortages also limit the capacity for improving health service cost-efficiency, clinical effectiveness and accessibility, all of which are causing significant financial waste and are a drain on the economy as a whole. Greater investment in the health workforce needs to be at the core of a national health workforce strategy, including a comprehensive recruitment and retention plan for the medical workforce as an urgent priority.

### **3) Adopt clinically led health pathways for integrating community and hospital services**

Integrating community and hospital services is critical to improving the efficiency and effectiveness of public health services. The international literature suggests integrating care effectively is possible only if it comes from the bottom up, as a consequence of specific, clinically led 'micro interventions'. This was the approach underpinning Canterbury District Health Board's incremental moves to integrate services, which has led to more services being provided in the community and reduced acute admission rates, average length of stay in hospital and readmission rates for both elective and acute surgery. Notably, the initiative did not involve the superficial notion of 'shifting resources from hospital to community'.

### **4) Develop a culture of high quality patient centred care through distributed clinical leadership**

The evidence shows genuine 'patient centred care' is important for meeting increasing health needs and patient expectations. At its core is the healing relationship between clinician and patient and, where appropriate, their family. The evidence shows good quality doctor-patient interaction results in better quality and safety of health care, shorter hospital stays, reduced costs and increased levels of patient and staff satisfaction. Patient centred care requires strong, distributed clinical leadership to accommodate the complexities of a more participative clinical environment which enables high quality clinician-patient interaction.

### **5) Revamp Health Workforce New Zealand (HWNZ)**

Health Workforce New Zealand has a critical role to play in providing guidance and leadership in health workforce issues. Its performance to date, however, has been underwhelming with poor consultation and inaction on substantive workforce issues, especially the specialist workforce. The way it approaches its work needs fundamental change so that it genuinely listens to and engages with the health professions.

## **6) Invest in population health**

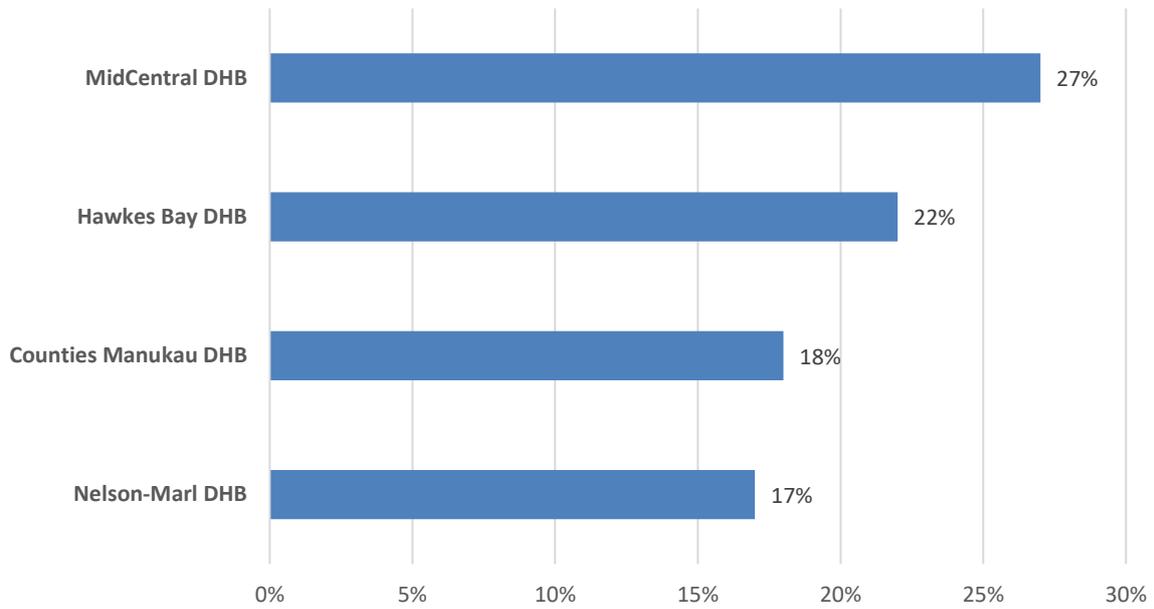
The ability of the health care sector to deliver effective and high quality services is dependent on addressing the social, cultural and economic context in which ill health and disability arise. Health inequality is inextricably linked to wider social issues such as housing and poverty. Reducing the socioeconomic drivers of poverty and ill health must be a high priority for whole-of-government investment and action.

## **7) Stop privatisation**

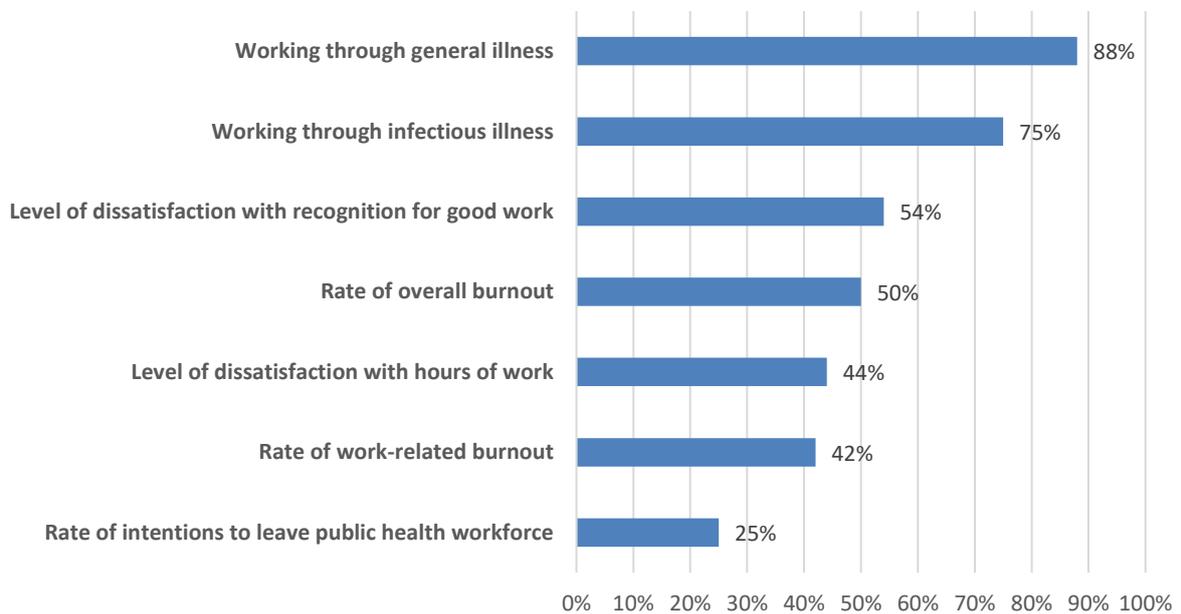
The systematic disinvestment in the public health system over the past eight years has led to a form of privatisation by attrition. The effects of deferred maintenance and lack of capital investment is far more serious than Treasury has acknowledged. The emergence of 'Private Public Partnerships' (PPPs) and their variants as options for funding hospital building projects carry high financial risks. An independent 'expert panel' set up by the European Commission reviewed a range of PPP models and found them to be more expensive in the long term. They have been tried in England and proved financially disastrous. They must be avoided here. Current moves to privatise the Taranaki hospital laboratory should cease and public provision maintained.

*The ASMS represents senior medical and dental specialists employed by District Health Boards (DHBs) and other employers of health care professionals, including the New Zealand Family Planning Association, ACC, hospices, community trusts, Iwi health authorities, union health centres and the New Zealand Blood Service. Our membership of over 4,700 members includes over 90% of the medical and dental specialists permanently employed by DHBs.*

### Appendix 1: Estimated staffing shortfall at selected DHBs



### Appendix 2: Indicators of the health and wellbeing of the senior medical workforce



## Further reading:

- Super heroes don't take sick leave: Presenteeism in the New Zealand senior medical workforce - a mixed-method study (2015) [https://www.asms.org.nz/wp-content/uploads/2015/11/Presenteeism\\_A5-Final-for-Print\\_164753.pdf](https://www.asms.org.nz/wp-content/uploads/2015/11/Presenteeism_A5-Final-for-Print_164753.pdf)
- 'Tired, worn-out and uncertain': Burnout in the New Zealand public hospital senior medical workforce (2016) [https://www.asms.org.nz/wp-content/uploads/2016/08/Tired-worn-out-and-uncertain-burnout-report\\_166328.pdf](https://www.asms.org.nz/wp-content/uploads/2016/08/Tired-worn-out-and-uncertain-burnout-report_166328.pdf)
- Future intentions of the New Zealand DHB-based senior medical workforce (2017) [https://www.asms.org.nz/wp-content/uploads/2017/07/Future-intentions-of-the-New-Zealand-DHB-based-senior-medical-workforce\\_168309.4.pdf](https://www.asms.org.nz/wp-content/uploads/2017/07/Future-intentions-of-the-New-Zealand-DHB-based-senior-medical-workforce_168309.4.pdf)

## Surveys of DHB clinical leaders on SMO staffing needs:

- Hawke's Bay DHB (91.7% response rate) [https://www.asms.org.nz/wp-content/uploads/2016/07/Research-Brief-Issue-3-Staffing-survey-HB\\_166255.2.pdf](https://www.asms.org.nz/wp-content/uploads/2016/07/Research-Brief-Issue-3-Staffing-survey-HB_166255.2.pdf)
- MidCentral DHB (87.5% response rate) [https://www.asms.org.nz/wp-content/uploads/2016/11/Research-Brief-MidCentral-staffing-survey\\_166818.3.pdf](https://www.asms.org.nz/wp-content/uploads/2016/11/Research-Brief-MidCentral-staffing-survey_166818.3.pdf)
- Capital & Coast DHB (63% response rate) [https://www.asms.org.nz/wp-content/uploads/2017/09/CCDHB-staffing-survey\\_168406.2.pdf](https://www.asms.org.nz/wp-content/uploads/2017/09/CCDHB-staffing-survey_168406.2.pdf)
- Nelson-Marlborough DHB (67% response rate) [https://www.asms.org.nz/wp-content/uploads/2017/09/NMDHB-staffing-survey\\_168405.2.pdf](https://www.asms.org.nz/wp-content/uploads/2017/09/NMDHB-staffing-survey_168405.2.pdf)

## Other recent publications include:

### Research Brief:

Demographic and attitudinal change in the New Zealand specialist workforce (2016)

Key issues: the growing proportion of females in the specialist workforce; attitudinal changes about the importance of work-life balance; the aging of the specialist workforce.

[https://www.asms.org.nz/wp-content/uploads/2016/11/Demographic-and-attitudinal-change-in-the-NZ-specialist-workforce-research-brief\\_166927.1.pdf](https://www.asms.org.nz/wp-content/uploads/2016/11/Demographic-and-attitudinal-change-in-the-NZ-specialist-workforce-research-brief_166927.1.pdf)

### International medical migration:

How can New Zealand compete as specialist shortages intensify? (2016)

Two key issues: Increasing competition to attract overseas doctors, and poor retention rates.

[https://www.asms.org.nz/wp-content/uploads/2017/02/IMG-Research-Brief\\_167359.5.pdf](https://www.asms.org.nz/wp-content/uploads/2017/02/IMG-Research-Brief_167359.5.pdf)

### Path to Patient Centred Care Published 2016

A series of four discussion papers promoting the patient centred care approach.

<https://www.asms.org.nz/publications/patient-centred-care/>

### Despatches from the frontline 2017

Senior doctors talk about specialist workforce shortages in New Zealand's public hospitals.

<https://www.asms.org.nz/wp-content/uploads/2017/01/Despatches-from-the-front-line-workforce-shortages.pdf>