







HOW THE PARTIES STACK UP

A SMMS reached out to the main political parties in the lead up to the 17 October general election to ask about their policies and priorities on health.

Full responses and comments below.

						
Research conducted by ASMS shows an average 24% shortfall in the number of senior doctors working in DHBs nationwide. Does your party agree that this shortage must be addressed by increasing the workforce accordingly?	✓	✓	✓	✓	✓	✓
According to the Health Coalition Aotearoa New Zealand has the third highest rate of obesity within the OECD which is inextricably linked to unhealthy diets. Does your party support self-regulation by the food industry as an appropriate way to manage obesity rates and the wider impact of obesity on society?	✗	✓	✓	✗	✓	✓
Would your party ensure DHBs were sufficiently funded to meet their communities' health needs without clocking up huge deficits every year?	*Comment only	*Comment only	✓	✓	✓	✓
Would your party be willing to commit to cross-party agreements on longer term health investment and health policies that require long time-frames for implementation, such as workforce development, illness prevention and integration of services?	✓	✓	✓	✓	✓	✓
ASMS estimates there are nearly 450,000 people with an unmet need for hospital care due largely to inadequate hospital service capacity. Does your party agree that unmet need is a significant issue for New Zealand; and would your party increase hospital capacity to ensure unmet need is addressed?	✓	✓	✓	✓	*Comment only	✓

*Full comments available below

TOP THREE INVESTMENT PRIORITIES FOR HEALTH



- Equity of access for vulnerable populations and those in rural isolation.
- Future proof St John Ambulance funding.
- Reduce the number of DHBs.



- Sector capital, funding for district health boards to address demographic and cost pressures.
- Funding to implement recommendations from the Government Inquiry into Mental Health and Addiction.
- The Health and Disability System Review.



- Devolve primary health care services to allied staff.
- Ensure funding follow the patient not the practice.
- Increase the remuneration of our nursing workforce.



- Increasing public health funding to keep pace with need and the growing population.
- Ensure everyone can access healthcare services, regardless of their ability to pay, at the earliest stage possible. This includes working towards providing adequate funding for community-based care and increased resources for wellness and preventative health measures.
- Incorporate mātauranga Māori into the health system, and fund a provision of primary healthcare through Māori organisations, overseen by a new Māori health agency that focuses on remote areas with significant health disparities.



- Primary care funding.
- DHB infrastructure.
- Workforce development.



- Protecting public health in response to COVID-19.
- Mental Health.
- Addressing the shortfall of qualified medical professionals in the health sector.

Full and unedited comments:



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	<p>Yes Comment: New Zealand First sees this as a workforce planning issue and ensuring the pipeline of training new doctors is adequate while at the same time finding solutions to those new graduates leaving the country to work overseas. The NZ First "Up Front Investment" policy will enable students to train for free in return they will be required to work in New Zealand for every year they received free tertiary education. The system will use a year for year reduction debt base. For every year studied there will be a one year skill exchange. If the degree takes 5 years to complete they will be bonded to work in NZ for 5 years. For those who wish/need to go overseas (once it is safe to do so) to gain further international knowledge, the lead industry groups, eg The Medical Council, would be required to find a similarly qualified person to come to NZ for the same period of time our citizen is out of the country. This person's work will count towards the year for year repayment. If the individual left NZ without replacement and did not return, IRD would convert the skill debt to a dollar debt that would be pursued under current interest charging conditions.</p>	<p>No Comment: New Zealand First has 2 specific policy aimed at improving the health and wellbeing of all New Zealanders. These policies are more the carrot than the stick approach.</p> <ol style="list-style-type: none"> 1. We would remove the GST of basic food items including fruit and vegetables. This is a positive approach to making these foods a cheaper and healthy option for families. 2. NZ First will trial Nutritionists working alongside General Practice. GPs would be able to refer to the in-house Nutritionist and work directly with the patient and their family on how to improve their diet for improved health outcomes. 	<p>Comment: The DHB model is broken. NZ First if returned to government will continue to support the implementation of the recommendations of the Health and Disability System Review, including to halve the number of DHBs. Ensure equity of access for all New Zealanders without using poor Māori health statistics to advocate for separatism.</p>	<p>Yes Comment: There are some areas of health that parliament has agreed to put party politics to the side which has been demonstrated in all parties agreeing to establish a mental Health Commission during the 52nd parliament. Currently we have a foundation member on the parliamentary cross-party mental health and wellbeing group. The first report of this bi partisan group of MPs is due to be tabled in the house early in the next parliament. Investment in the health system has been a focus of this government which is in stark contrast to the previous National government therefore although a worthy idea this concept would be a challenge.</p>	<p>Yes Comment: NZ First would like to see greater collaboration between the public and private sector for the delivery of timely surgeries to assist with the hospital capacity issue. There is a case for day stay operations being performed in local community private hospitals with a private-public arrangement. Enabling patients to remain in their local community for a procedure rather than have the added stress of travelling to a larger city hospital is a common sense solution not only for the patient but also helps free up hospital capacity. Expand the range of services delivered in general practice to strengthen our first line of defence. Enable primary care to better plan and direct services to the needs of their unique patient population, with a focus on proactive and long-term care.</p>
	<p>Yes</p>	<p>Labour supports self-regulation by the food industry as one of the ways to reduce obesity rates and the wider impact of obesity on society.</p> <p>Our approach was borne out in dealings with the Food Industry Taskforce on Addressing Factors Contributing to Obesity. We responded to a report from this group in November last year, asking the food industry to step up work to tackle obesity by, for example, reducing sugar, fat and salt in their products, better information for consumers, and tighter restrictions on advertising to children.</p>	<p>Labour will prioritise funding for district health boards to address demographic and cost pressures. In our first three budgets we committed an extra \$8.82 billion to this.</p> <p>Labour believes district health boards must also spend every health dollar wisely. We made clear that district health boards must improve their financial performance and demonstrate they have a plan to return to financial sustainability.</p> <p>The Minister of Health installed Crown monitors at the Counties Manukau District Health Board and the Canterbury District Health Board, and a commissioner at the Waikato District Health Board – in each case to strengthen financial performance and planning, while maintaining quality service delivery.</p> <p>The Final Report of the Health and Disability System Review made recommendations on governance and funding. Labour has accepted the case for reform and the direction of travel outlined in this report. Any specific recommendations that Labour may choose to campaign on ahead of the election will be outlined in our manifesto.</p>	<p>Yes</p>	<p>a. Yes.</p> <p>b. Yes.</p>



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Yes but more so by devolving more work to aligned health professionals. We must dramatically lift the ability that senior and experienced nursing staff have to script. We must also allow a greater level of over the counter medicines to hand over by pharmacists. Health portals and digital consultation are now a reality. For example, our IT company provides for all E-Prescriptions in the country. Prior to Covid, 21% of GPs used this system. In Covid for obvious reasons this jumped to 83%. Devolving authority to others becomes an essential tool in managing, reliance on a high cost, high end workforce.

Yes we agree that regulation should be asserted in regards to sugary drinks and ultra-processed food. We do not support self-regulation.

Yes but the management of DHBs and their performance concerns us deeply in regard to institutional racism in them towards Māori.

Yes this is a no brainer.

Yes but we must go further, Thousands of Maori are enrolled with PHOs but not engaged. In Tamaki Makaurau over 30,000 Māori re not enrolled at all. Therefore the money must follow the patient not the practice or the DHB.



Yes
The health system should be organised around what's best for people. The Green Party wants to make sure that there are no barriers to tertiary education so that Aotearoa has workers with the right skills available so that everyone can flourish.

The Green Party envisions a New Zealand in which working people are supported in their roles, and employers promote skills development and learning opportunities. The Green Party will explore options which increase the standard of living and create sustainable growth so that graduates want to stay in New Zealand and there are the right skills available.

No
The Green Party believes in increasing resources for wellness and preventative health measures, to keep everyone as healthy as possible. We believe that that comprehensive, evidence-based programmes should be in place to reduce the harm caused by tobacco, alcohol, other drugs, and unhealthy food and drink. The Green Party wants to ensure schools and early childhood centres provide only nutritious foods, and we want to investigate a levy on fizzy/soft drinks and progressively extend to other products that cause significant health problems. We would like to ensure culturally appropriate nutrition and food preparation programmes are available and promoted to all New Zealanders; and that labelling standards accurately tell people where their food comes from, what's in it, how it was produced, its national value, and its environmental impact. The Green Party believes we should restrict junk food advertising aimed at children and ensure that all food and drink advertisements screened on television during children's viewing hours meet the criteria for nutritious food that is recommended as a routine part of a healthy, balanced diet.

Yes
The Green Party believes that health funding should keep pace with the growing population; and we need to engage both the public and health professionals to find solutions to ethical problems, such as those involved in resource allocation priorities. New Zealanders deserve world-class public health services and the money we need to support each other is already there. The Green Party's approach to tax reform will see those who are doing very well contribute slightly more to our shared public services, such as health infrastructure.

Yes
In October 2017 the Green Party formally signed the agreement to support a Labour-led Government; and this agreement was built on shared values and principles to work together as a stable government in the best interests of New Zealanders. In Government, we have made progress reducing some of the barriers to healthcare (such as free or low cost contraception to women). With greater government support, everyone in Aotearoa will have access to healthcare when they need it, with no barriers.

Yes
The Green Party believes that health funding should keep pace with what is needed. We want to ensure that everyone can access healthcare services, regardless of their ability to pay. Through the Covid-19 crisis, Kiwis have been compassionate. We look out for one another. Our tax system needs reform to reflect this, so that those who have high incomes and high net wealth contribute a little more to support high quality public health services that benefit everyone.



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	<p>Yes National will support a 21st century health workforce by:</p> <ul style="list-style-type: none"> • Make Health Workforce NZ independent of the Ministry and fund it to provide the information the sector needs • HWNZ to identify the looming gaps in our workforce and engage with tertiary education providers to ensure the pipeline fills those gaps • Specific goals to ensure our health workforce reflects the community it serves • Request for Proposal for a 3rd graduate entry medical school focused on the retention of GPs in rural communities 	<p>Yes The National Party is closely watching overseas sugar tax developments including the UK levy on sugar in fizzy drinks. We stand behind the Childhood Obesity Plan and Nutritional Star ratings that were introduced by National. We support food industry self-regulation and we support and encourage healthy lifestyles, particularly in children, and increase access to healthy foods for all.</p>	<p>Yes National recognises the cost pressures in health and will increase the budget for vote health.</p>	<p>Yes National has already established a cross-party working group on Mental Health with a view to long term mutually agreed strategic objectives</p>	<p>The National Party recognises there is unmet need across the health system as there is in every health system. We will increase funding and reintroduce national health targets that will serve to highlight unmet need and accountability</p>
	<p>Yes Primary healthcare is under-resourced and fragmented. Rural areas are significantly disadvantaged by a shortage of doctors, nurses and midwives. There is a major under-resourcing issue in New Zealand primary healthcare.</p> <p>To address the shortfall, ACT believes New Zealand needs to attract a greater number of qualified immigrants for the primary healthcare sector and work with the MCNZ, NZCGP and Medical Schools in more efficient pre-evaluation of qualifications and shortened pathways for upskilling and registration.</p> <p>Starting here and addressing the shortfall of skilled migrant healthcare workers should start to address the issue.</p>	<p>Yes While many commentators have criticised the speed in which the food industry has reformulated food and beverages, the industry has taken steps to reduce sugar and fats in many products. Where larger players have been slow to act, smaller more agile companies have established themselves to meet the changing demands from consumers.</p> <p>Despite this, obesity, remains an issue within the community. ACT supports individuals adopting better lifestyle choices but the solution does not sit exclusively with food manufacturers and any solutions proposed must not punish those who live responsible and healthy lives.</p>	<p>Yes There is poor integration of primary and secondary healthcare in New Zealand under the current DHB and PHO structure and this is negatively impacting patient outcomes. General practice is under-resourced and is not well-integrated with broader community healthcare.</p> <p>The Secondary Healthcare structures have excessively high overheads, are highly bureaucratic and focussed on spending more on organisational structures than on better patient care.</p> <p>For a population of 5 million, there are too many District Health Boards (DHB's), and too many Primary Health Organisations (PHO's) that do not provide full community care oversight.</p> <p>The solution is putting the patient first and streamlining the bureaucracy behind it. ACT's solution is to reduce the number of DHB's from 20 to 6 (four in the North Island and two in the South Island) and the number of PHO's from 30 to 12. This will save approximately \$50m per year in overhead costs which can be put towards patient care.</p> <p>Additionally ACT believes we should expand the charter of the PSAAP (Primary Health Organisation Service Agreement Amendment Protocol) to include community-based NGO's so that there are fully integrated, streamlined pathways in patient care between Secondary, Primary and Community healthcare providers.</p>	<p>Yes In the next term of government health will play a prominent role in the national discourse as we continue to manage the effects of COVID-19. Before committing to any cross-party agreement ACT would want to ensure that any proposals are based upon sound policy and address the primary issue of providing quality front line services to patients.</p>	<p>Yes As raised earlier, New Zealand faces a shortage of medical professionals in the country for service delivery and the state of our hospital infrastructure means much of it is not fit-for-purpose in today's healthcare environment. A 2019 stocktake by the Ministry of Health has indicated that \$14bn will be required to repair and upgrade current hospital assets.</p> <p>ACT believes a solution to the capacity and quality issue is to enter into Public-Private-Partnership (PPP) with large, global infrastructure developers and investors (such as Infratil or Ontario Teachers' Pension Plan) for new build and long term, commercial lease arrangements.</p> <p>This solution would work towards increasing hospital capacity for patients seeking care.</p>