



2 November 2011

NZMA questionnaire for political parties

Health vision

What is your party's vision for health? How do you see the future of healthcare and what specific objectives do you have for health in the short, medium and long-term?

The Green Party wants the best possible health for everyone, with high quality services that are fair and accessible to all.

- Personal health is the result of many factors, the majority of which are outside the health sector, like income, education, housing and ethnicity. A more equal society, and improvements in all these other areas, will greatly improve health outcomes.
- We believe in promoting health, keeping people well and treating illness early. These are also the most cost effective health services, but are currently underfunded and being cut further.
- We are committed to a publicly funded healthcare system that provides the same access and level of care regardless of wealth or income. All the evidence shows that a more equal society is better for everyone.

Our solutions include:

- Rebalancing the Health budget by increasing spending on the services designed to keep people well from the current 2% of the total Health budget to 10%, and ensuring primary care is properly resourced
- Engage New Zealanders in a national conversation to work out how government should make hard decisions about which services are and are not publicly funded (it's not a bottomless pit)
- Make much better use of our health workforce, encouraging more people to train, keeping more professionals in NZ, and then using the skills of our health professionals to the maximum extent possible, in multi-disciplinary teams and thinking laterally
- Focusing on healthcare quality improvement to achieve better and faster services and reduce treatment errors

Medical workforce

For many years the medical workforce has been subject to major pressures which have serious implications for New Zealand's ability to delivery high quality safe services to New Zealanders now and in the future.

Does your party support the continuing work of Health Workforce New Zealand and will it ensure that the necessary resources are provided to implement its programmes?

Some of what Health Workforce NZ has achieved has been impressive, and certainly needs continued support (including the resources to implement its programmes – otherwise what's the point?). In particular, it is the first workforce planning initiative in several decades to actually seem to be gaining traction on some of the key issues. Its thinking around stretching scopes of practice to best fit the actual skills and competencies of professional groups so that we extract maximum value from them is also highly commendable. A word of caution needs to be sounded too, though. Some of what has occurred has been disconnected from the professions themselves (e.g. lack of consultation around "physicians' assistants") and this must change, or what has been achieved will be put at risk.

1. Do you have a comprehensive plan to address medical workforce shortages and specifically how will you improve the retention of doctors in the workforce?

We support the introduction of the voluntary bonding scheme and would like to see it extended. We believe New Zealand is an attractive place to live, but large student loans and comparatively low wages are driving our graduates, not just doctors, overseas. This will not by itself provide a solution and needs to be coupled with addressing pay and working conditions. Particularly in primary care, the development of additional business models for general practice, including salaried models, will assist recruitment and retention of those who are attracted by the work of general practice, but not by the extra demands of running a business. In rural areas, the recent focus on training young people from rural areas and exposing others to training in a rural environment will pay dividends, but the most important factor appears to be ensuring meaningful time off. In secondary care again reasonable rosters are crucial, but salaries and conditions at least closer to those elsewhere, especially Australia, are an unavoidable part of the solution.

2. How will your party commit to alleviate the burden of student debt for medical students?

The Green Party is committed to reducing student debt. Our policy is to work towards a bonding debt write-off scheme where student debt is remitted year for year for each year a graduate stays in NZ. In the interim we support adjusting repayment thresholds to start at a higher income but introduce higher income bands that attract a higher level of repayment. Furthermore we support the establishment of a universal student allowance to remove the

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burden of being forced to borrow to live that afflicts many students. Our very strong position is that the key benefit of training doctors is a public good rather than a private one (although there are obviously both) and it is illogical and self-defeating to place so much of the cost of this training on those trained. Joined up thinking across Health and Education must surely conclude that it is daft for us to train the number of doctors that we need, but simultaneously create massive incentives for them to go overseas once they have graduated.

3. What is your party's policy on the seven-year loan cap which will potentially impact on 20-30 per cent of medical students?

The Green Party is opposed to changes the Government has made to the Student Loan scheme, which restrict the ability of students to obtain a loan, including the seven year loan cap.

Health equity

The NZMA released its position statement on health equity in March this year, calling on the Government to take urgent action to address the social determinants of health, and alleviate health inequity in our vulnerable populations.

1. What policies does your party intend to implement to address the social determinants that impact on health inequities in our country?

We agree that inequality, and discrimination, have a massive impact on health outcomes, and have very strongly applauded the NZMA's work in developing the position statement and consolidating it with the visit to New Zealand from Sir Michael Marmot. We have very comprehensive policies intended to address socioeconomic inequality and other marginalisation, as well as in areas such as environment, housing and education. Your members may be interested in some of our work in this area that we published as 'Mind The Gap' (<http://www.greens.org.nz/mindthegap>), intended as a clear illustration that with political will it is possible to achieve a substantial reduction in inequality, with resultant improvements in health outcomes (and, incidentally, those in education, justice, social welfare and so on).

2. What will your party do to address the relatively low health status of New Zealand's children?

One of our main priorities this election is a package of measures to raise 100,000 children out of poverty. Part of this package includes extending the insulation programme we negotiated with Labour then National. This combined with more state housing should address some of the problems that have seen a resurgence of rheumatic fever, meningitis as well as asthma and general health amongst children. Parents should not have to face a decision of putting food on the table or heating their house. We also want to raise the minimum wage to \$15 which will address some of the issues around the working poor as well as stimulate the economy from the additional spending made by low wage workers. We would also extend the 'in work' tax credit in the Working For Families programme to beneficiaries (it seems bizarre that currently those in the greatest need do not receive the most help) and would reinstate good assistance for beneficiaries to study or train, providing



a useful way of escaping poverty. In this land of plenty of ours, it cannot be acceptable for a quarter of our children to live in poverty.

Health structures

The structure of the health system, with its 20 largely autonomous District Health Boards, continues to be overly complex, resulting in fragmentation of services and care available to New Zealanders.

1. Will your party commit to greater rationalisation of DHBs and if so, what approach will you take?

The Green Party has no specific policy on the number of DHBs. However, our observations are that the promised gains of amalgamation often do not materialise and that it is generally more successful for smaller organisations to aggregate where appropriate than for large organisations to be locally responsive. This is a distinction between structure and function. In general, then, it would seem preferable to require and drive greater collaboration between DHBs than to engage in another round of disabling organisational restructuring.

2. Will your party commit to greater regional/national coordination of services? How?

While the Green Party supports local decision-making in setting priorities and managing our health services, we support much greater coordination of services and collaboration between DHBs. We want national clinical standards and direction in critical areas so that there are equitable standards of treatment across New Zealand. Furthermore, while the current Minister has emphasised rationalising “back-office” functions across DHBs, the Green Party would support strong direction for collaboration over clinical services. While this occurs routinely over tertiary services, we would obtain the most value from our existing capacity in secondary care too if we were able to plan regionally or nationally to match workforce capacity and patients with physical infrastructure (such as operating theatres). With sensible larger scale planning and relatively small travel from specialists and patients it would be possible to get much more use from existing infrastructure, with resultant capital savings redirected into improving services. Likewise, sensible regional planning and preparedness of some specialists to travel as a small part of their work, would see an end to the nonsense of smaller hospitals required to employ four specialists in each discipline in order to staff rosters, when need for services does not require this much capacity.

3. In a situation of scarce health resources, what is your party's position on the interface of the public and private sectors in health?

Aotearoa/New Zealand was the first country in the world to publicly administer and fund health care services, a model which was copied around the world. This commitment has been severely eroded over the past 20 years, resulting in a two tier health care system where the wealthy can afford quality private services, and the poor face long waits for specialist services. We do not support further moves towards a two tier level of health services. In secondary care there is a well-established interplay between waiting times for elective surgery in publicly funded services and private insurance. Further loss of surgeons'



time from public provision to private provision (eg through more surgery being contracted to the private sector) runs a substantial risk of also eroding acute cover in public hospitals.

4. How does your party view the role of the private health sector in New Zealand's wider health system?

We support a health system which doesn't discriminate based on income.

Primary Health Care Strategy

The current Primary Health Care Strategy has been in place for many years and its overall objectives are widely supported in the health sector.

1. Will your party commit to a comprehensive review of the PHCS and nationally consistent arrangements for the delivery of services?

The Green Party would support a review of the PHCS, particularly around its implementation. While excellent progress was made very quickly in enrolling patients, progress has been much more patchy on some of the other objectives, such as involvement of the community in PHOs, adoption of a public health approach, and development of true multi-disciplinary teams. While some variation in the early stages of a new system is actually quite helpful to explore alternative approaches, this should be followed by a consolidation phase in which best practice is shared and less effective approaches abandoned.

2. General Practice continues as the core of the Primary Health Care Strategy. How will your party fully engage with General Practice and its national representatives to further evolve the strategy?

One of the Green Party's Charter principles, which drive all our policies and actions, is "appropriate decision-making". This includes the idea that decisions should be made by, or involving as far as possible, those who are affected by them. Thus NZMA, RNZCGP and individual general practitioners, as well as other professionals involved in primary care must be fully involved in developing future direction.

3. The provisions of 24/7 services continues to be a critical issue for primary care, particularly in rural areas. What will your party do to address this issue in a comprehensive way? Do you intend to have a national strategy?

Fundamentally the problems over after hours services are the result of a problem with the PHO capitation formula, in that it fails to adequately recognise the extra cost of after hours services. Unfortunately, rather than dealing with this root cause the previous Government (and the current one) allowed a patchwork of different arrangements to plaster over the problem, virtually guaranteeing that it will be back again and again. While we don't have specific policy in this area, our general approach would be to review the after hours assumptions of the capitation formula in conjunction with DHBs, PHOs and professional organisations, and then to require DHBs and PHOs to comply with the contract for services. In some cases the extra resourcing would be sufficient for a PHO to staff its rosters, while in others it should enable them to subcontract to private services or hospital EDs.

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In rural areas the problem is further complicated by a shortage of GPs and appropriately qualified nurses to staff an after hours roster. The Green Party recognises that stable and secure primary care services and access to emergency, surgical and diagnostic services are central to the health of people in rural areas. To support general practitioners and other rural health professionals the Green Party will:

- Ensure that District Health Boards make free access to centres for accident and emergency services readily available for all New Zealanders.
- Provide extra assistance to rural general practitioners, nurses, and community health services to improve emergency and palliative care.
- Work with rural health services and medical schools to encourage trainees to undertake graduate work in rural areas.
- Maintain and support the rural general practitioners' locum scheme.

Health services

National consistency

1. **Will your party ensure equitable access to health services for all New Zealanders by the development of appropriate national policy frameworks within which services are delivered?**

Yes, we believe health services need to be accessible when and where New Zealanders need them, regardless of our ability to pay. We want to introduce a free annual wellness check for every New Zealander. We agree we need national policy frameworks to ensure that services are delivered equitably, and not in a fragmented way. We also want an independent, impartial monitoring and audit unit for all health services.

The Green Party wants a strong public health system that functions effectively, delivers a high standard of patient care, and has sufficient funding for service delivery, administration, and ongoing research and development.

NZMA members will be aware that an Operational Policy Framework already exists that requires DHBs to plan and fund nationally-consistent services. It must be a very high priority for whoever forms the next Government to analyse the extent to which this is not complied with, the sources of any non-compliance found, and to apply solutions developed collectively by the sector.



Clinical research

- 1. From an NZMA perspective, it is very important for a doctor to have the ability to conduct and participate in research. Does your party believe that DHBs should be directed to facilitate and support clinical research as a core activity? What initiatives will your party put in place to increase clinical research in New Zealand?**

Yes, to retain high quality doctors we must ensure that there are ample opportunities to conduct research. The Green Party was an active participant in and endorse all the recommendations of the Health Select Committee's recent inquiry into how to create a better environment for clinical trials in New Zealand (though the findings apply as much to other research as to clinical trials in fact). The Green Party is committed to significantly increasing funding for medical research. The bulk of this should continue to be administered by the Health Research Council, but it is also appropriate to fund DHBs to meet an expectation of enabling their clinical staff to participate in research, without eroding funds intended for services.

Maternity

- 1. What will your party do to improve maternity services for the consumer (not the providers)?**

Every woman should be empowered to choose the most appropriate birth facility and have the right to access that care. The Green Party wants to ensure all women have the choice of a lead maternity carer, e.g. midwives, GPs, particularly in rural areas. We consider it essential that the length of hospital stay following birth should be determined by the physical and emotional needs of the woman concerned and we are utterly opposed to women being pushed out of hospital or offered rewards for leaving before they feel ready for life at home with their new baby. For women who choose to leave hospital early, the Greens want better access to post-natal care at home, especially in rural areas. We also strongly support parents' right to stay with babies in neo-natal care and we want live-in facilities for parents in neo-natal units. We support making more information and support available for home birth.

The Green Party is concerned that crowded and overstretched neonatal units are endangering the lives of babies, and the ability of mothers to bond well with their infants. It is of critical importance that we have enough neonatal beds in New Zealand so that a unit can be closed down if we face another outbreak of an antibiotic resistant superbug. The Green Party would ensure that our neonatal capacity reflects these needs.

We remain committed to ensuring that all women have access to an adequately funded and staffed information helpline such as Plunketline.



2. What will your party do to improve the provision of maternity services (by providers)?

Another investigation by the Health Select Committee in this parliamentary term followed concerns about maternity services raised by “The Good Fight” organisation. The Select Committee’s process involved bringing together a range of professional organisations involved in providing maternity services, and the Committee was impressed by the high degree of consensus that existed for improving the quality of services. The Green Party supports all the recommendations of the Committee’s report.

3. What steps will your party take to ensure that primary maternity care is brought within the PHO environment?

While the Green Party is very keen to see PHOs evolve towards more integrated health centres – which could potentially include a range of health professionals such as midwives - the priority must be to ensure that every woman has a real choice regarding lead maternity carer, and that those choices are well resourced and supported.

Elective services

What steps will your party take to reduce waiting times for many elective procedures?

Elective surgery makes up around five percent of what we ask the health sector to do, but retains a lot of focus around delivery targets. Waiting times for elective procedures do have serious impacts on people’s well-being and addressing health issues sooner rather than later will generally lead to better health outcomes.

Under the last Government considerable effort went into improving the systems used to plan and provide elective surgery and some significant improvements to quality (including speed) of service have continued to be made as a result of that work (including, for example, some of the ‘patient journey’ work that eliminated unnecessary steps and sources of delay). This progress has been continued under the current Government, but the additional funding for elective surgery has been at the expense of almost everything else in the sector, including actual dollar-terms reductions to the funding of public health and primary care services. This is short-term thinking at its worst. Certainly the capacity to meet need for elective surgery must continue to increase to keep pace (and preferably make gains) with our aging population. A Green Government would ensure that Government Health funding kept pace with inflation, demographic and technological change, and would prioritise this ahead of new motorways and tax cuts for the already wealthy.

We also note the recent report from the Auditor-General, pointing out that waiting times for surgery are not well matched to the relative needs of patients waiting. Ensuring that patients with the most urgent needs are seen most urgently will make a big difference to the perceived performance of elective surgery services.

Pharmaceuticals

1. Pharmac has to balance cost with clinical efficacy when making decisions about funding medicines. Has it got that balance right, and would your party change it?

The Green Party strongly supports the independence of Pharmac and its ability as sole purchaser to try to negotiate the best possible price for pharmaceuticals. We believe it is in New Zealand's interest to have a drug purchasing agency which is independent and which is able to negotiate from a position of strength.

The reality is that we will always have a limited pharmaceutical budget, given the number of available medicines that could be funded, so somebody has to make the hard choices about which ones are more effective and should be subsidised, and which are less effective. Thus because of this capped budget within which Pharmac must work, the premise of the question isn't quite correct. What Pharmac really does is to buy the most health gain that it can with the limited funds available. While there are no doubt ways that the assessment of costs and benefits could be made better still, we have no reason to believe that Pharmac doesn't currently do a great job of this. The real question is whether the cap is set at the right level. Green Health spokesperson Kevin Hague has said that he believes that the Pharmac Budget ought to be higher and that we need better information about the cost-effectiveness of non-pharmaceutical treatments, so that we can know whether the balance between these and pharmaceuticals has been set at the right point.

We believe experts with clinical experience in Pharmac, not politicians, should make these difficult rationing decisions, otherwise pharmaceutical spending would enter the world of pork barrel politics, with medicines being funded because they have the most effective lobby group advocating for them, rather than because they are the most cost effective. While we were disappointed to see this independence threatened by the Herceptin decision it is heartening to see no further moves to interfere with Pharmac's decisions.

We strongly support moves for greater transparency and public reporting across government, however, including Pharmac. We believe all health decisions should be as transparent as possible and that the reasons for a decision, as well as the decision itself, should be made public. We believe health professionals and the public should be informed what medicines have been recommended for reimbursement and the level of priority accorded by Pharmac.

We do support a review of the criteria used to assess medicines: to ensure it is fair and addresses issues such as affordability, the health needs of the population, whether a new medicine has specific benefits over existing medicines, as well as clinical issues of safety and efficacy. Additionally we support ensuring cost/benefit analyses take into account the full economic cost of ill health, such as unemployment and inability to do unpaid work, when assessing the costs and benefits of a drug.



2. Is your party committed to providing additional funding to allow Pharmac to extend the range of medicines it purchases?

Yes (see above)

Statutory payments

Payments for some medical services are set by legislation or regulations, and have not been increased for many years. This means services provided under these arrangements are now seriously undervalued.

1. Will your party review all relevant legislation and regulations with a view to changing this inflexible process?

We are open to reviewing funding arrangement in cases where there is clear evidence that the funding model is failing or undermining our health care system. For example, we are very concerned that despite the theoretical free dental care for children and young people, that this service is often not available due to inadequate funding. We are also very concerned that the current funding framework of pharmacists is undermining the role pharmacists play as part of the primary care network by forcing many pharmacies to rely financially on the sale of beauty products and cosmetics. We believe that fair and sustainable funding is fundamental to providing high quality pharmacy services and that a review, led by the Ministry of Health, is needed. This funding should recognise the expertise provided by pharmacists and the unique position they are in to manage medicines and patient safety.

2. Is your party prepared to introduce compulsory insurance or provide tax relief?

No

Private health insurance

The costs of private health insurance are increasing rapidly for many New Zealanders.

1. Is your party prepared to subsidise premiums and/or introduce a community rating system?

No. The Green Party doesn't support a two tier health care system where the rich can afford quality private services, and the poor face long waits for specialist services. If there is more money to be spent on Health, a more efficient spend is in the publicly-funded part of the sector, with a first priority those services that have faced declining funding under National.

2. Is your party planning to provide tax relief on premiums?

No

Should you have further questions about any of the above or Green Party Health policy please do not hesitate to get in touch with me via Kevin.Hague@parliament.govt.nz or EA.KevinHague@parliament.govt.nz or 04 8178253.

Best Wishes



Kevin Hague
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