What are the Health Policies of the next New Zealand Government?

Frank A Frizelle

The health policies of the government in power affect both patients and doctors alike on many levels. As we move towards another general election it is important to look at the smorgasbord health policies on offer from the various political parties.

I have asked the three largest Parties (National, Labour, and Green) to outline their health policies. Each is written by the Party itself and comes from the Health Minister or Spokesperson Office.

We publish them unabridged, unedited and without opinion below. The policy outlines are in the order that they were received.

Labour Party’s position on Health

Annette King (Opposition Spokesperson for Health; MP for Rongotai, including the Chatham Islands)

Labour believes access to good health care is the right of every New Zealander. From efforts of the first Labour government which established our public health system to the significant primary health care reforms of the Fifth Labour government, Labour has always been focused on bringing this vision about. Through a focus on equality, access, and fairness in the health domain, through an unquestionable commitment to the integrity of the public health system, and by providing tools, information, and incentives for people to make good health decisions for themselves, we can make New Zealand a healthier nation for all.

It is time to rebalance the allocation of health resources by prioritising long-term health outcomes. Re-prioritising critical health expenditure can address health inequalities, by dealing with the root causes of poor health. While long-term outcomes can be more difficult to measure than politically expedient short-term health outputs, this is the right thing to do to improve public health outcomes and secure the long-term financial sustainability of the health system.

Labour will work towards achieving a bipartisan approach on key health goals, so that health ceases to be a competition of who can reach politically determined targets at the expense of long-term public health outcomes. We need evidenced-based strategies that will survive changes in government to meet the health needs of our people.

Our eight priorities are:

- Reducing health inequalities
- Preventing and managing non-communicable diseases
- Primary health care
- Mental health
• Oral health
• Children’s health
• Older persons’ health
• Health workforce

We are committed to ensuring New Zealanders are able to live longer and healthier lives with the support of a strong and adequately funded public health system. Labour’s vision for health is about providing accessible, affordable, and effective advice and care to New Zealanders before they get seriously ill.

When Labour is in government, the direction of travel in the health system will change. Labour’s approach will emphasise public and primary healthcare. This begins in the home with our Healthy Homes Guarantee, affordable, modern, healthy KiwiBuild houses, and cheaper power through NZ Power so that families can stay warm. It extends to more funding for GPs, public health programmes that target the causes of disease, and health NGOs. It includes specific funding to make doctor visits and medicine free for the people who need it most. It is an integrated approach focused on keeping people healthy and addressing illness quickly and cost-effectively.

We will invest a billion dollars each year in vital public services, particularly health and education, to insulate vital public services against cost pressures and improve services.

Labour will make primary healthcare more affordable and accessible by increasing the number of people who get free or discounted GP and dentist visits, and reducing prescription charges. Labour's plan will see 1.7 million New Zealanders, nearly 40% of the population, getting free GP visits and prescriptions, compared to 12% now. An additional 1.2 million New Zealanders, nearly 30% of the population will have access to low-cost GP visits. All 60,000 expectant mothers each year will also be able to get free dental care.

The Ministry of Health's 2013 survey found over half a million adults didn’t visit the GP when they needed to because of cost, a 5% increase compared to 2012. Nearly 60,000 children didn’t go to the doctor because of cost last year, a 30% increase over 2012.

In Budget 2014, the current government allocated funding to extend free provision of GP visits and prescriptions for children up to age 13. However, the policy does not come into effect until 2015. Labour has decided to implement this policy after the election.

Because they tend to visit the doctor more frequently and have greater medical needs, people aged 65 and older face the highest primary healthcare costs of any age group despite most older people having low, fixed incomes. It is unfair that the people with the most medical need are also saddled with the greatest health costs. It is also not cost-effective – if older people do not get care early on, they are at greater risk of their condition worsening, requiring more expensive hospital treatment.

Labour’s plan to make doctor visits and prescriptions free for people aged 65 and over will benefit nearly 700,000 people.
We will also work with Primary Health Organisations and primary healthcare professionals to set new, more flexible criteria for Care Plus with a target of giving 250,000 more New Zealanders with serious long-term health need access to its benefits. This will help people with serious conditions such as diabetes, heart disease, stroke, and mental illness. We are not setting the new criteria within this policy – that would be inappropriate; they will be determined by experts who best understand the needs of people with long-term illnesses.

This policy will mean one in ten New Zealanders gain better health outcomes from Care Plus.

The Very Low Cost Access programme was introduced by the previous Labour Government to offer extra subsidies to general practices in high needs areas that agree to keep their fees under set limits. Currently, 1.3 million New Zealanders – 30% of the population – are enrolled at VCLA practices.

Labour has a target of 2 million people benefiting from affordable medical care through the programme, a 50% increase on current enrolments.

To achieve this, $40 million per year of the primary health boost will go to the VLCA scheme. Labour will boost the VLCA subsidy by 20% and relax the funding formula so that it is easier for practices to access it.

Because primary health providers are reporting that they are under increasing financial pressure and are being forced to increase charges because the current government has failed to provide enough funding, Labour will also invest $20 million a year in other primary health services. This funding will be split among maternity services and health NGOs.

We have also announced our commitment to rolling out a national bowel-screening programme, starting with regions with the highest need.

Of course, a strong public health system needs to be supported by a strong and well-resourced health workforce. New Zealand has specific challenges to meet health needs for isolated populations, specific groups and vulnerable people.

The need to plan and develop a New Zealand workforce to meet those needs is essential.

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**Endnote:**

1. Labour's $60 million Primary Health Boost includes expanding the number of people in the Very Low Cost Access programme for GP visits to two million. An estimated 40% of these people, 800,000, will be getting free visits via our other policies, with the other 1.2 million receiving very low cost visits.

**A healthier future, from the Green Party of Aotearoa**

*Kevin Hague (MP and Green Party Spokesperson on Health and Wellbeing)*

Western nations are at a turning point in how they decide to run their States. Our children, or grandchildren, will face unprecedented challenges of food production, social organisation, resource allocation, and ethical decisions as populations age, the
world heats up and the sea level rises. Sometimes, the magnitude of these challenges keeps me up at night. What kind of society will we be living in, in 10, 20, 100 years? What kind of citizen do we need to grow now to survive it? The next generation will undoubtedly need all their reserves of strength, intelligence and fortitude to find sustainable ways to live in this world.

New Zealand’s population demographics are already changing. We are getting older, and suffering more from the burdens of chronic disease. The latest research suggests that one in four New Zealanders over the age of 15 has diabetes or pre-diabetes,⁴ and more than 1 million adults, and disturbingly, 85,000 children, are obese. The tidal wave of chronic disease is set to swamp our health system and economy—the treatment cost alone for diabetes is projected to hit $1.8 billion by 2021.² At the same time these so-called diseases of ‘affluence’ are hitting the people who same are suffering a re-emergence of infectious diseases we associate with ‘developing’ countries. Truth be told, when 14 people are living off scraps in an unheated 2-bedroom house without basic furniture in South Auckland, we need to recalculate our assumptions about New Zealand being ‘developed’.³ Our graduate doctors may need to recalculate their assumptions about how best to discharge their duty of care for their patients; in the surgery, and in society.

Simultaneously, what is technically possible in the field of medicine is taking off like a rocket. For those who can afford to pay, doors open to technology that we could not dream of a generation ago. Just who has a right to this treatment, and who pays, is vexed.

As in other countries, these factors are threatening to blow out our comparatively modest spending per capita on healthcare, very very quickly. Politically, it’s a game of Russian roulette—given years of underfunding of health relative to need (this year alone the Budget was $232 million short⁴) no one wants to be holding the purse-strings when the dam bursts and the hospital walls start leaking.

The thing about health, as you will have learnt early in your career, that it is often only with much perseverance and a long wait will you see the fruits of your labour; much longer than a three-year electoral cycle. There is almost no political incentive to spend now on prevention of conditions that cannot be easily quantified and are not likely to impact voters immediately. This is especially the case if the choice is between spending on prevention, which will return more in the long run, or on highly desirable, expensive tertiary procedures easily counted and in great demand. For long-term fiscal sustainability in health, the Government has to have genuine concern for the lasting welfare of the populace and economy, rather than just Machiavellian nous.

Luckily, the Green Party is in politics for the right reason. It is my personal mission to move the focus back to evidenced based investment of health funding that reduces inequality, focuses on prevention and gives the greatest benefit for the most. This election, the Green Party has committed to health funding keeping up with changing population demographics and real need. This will take the squeeze off DHBs, community programmes, contracts and staff to deliver greater outputs on less real money year after year. Yes, this will cost big money, $3.085 billion by 2018,⁵ to be precise. The Government argues it can’t be done. We say that it’s a question of priorities. The National Government’s tax cut package is continuing to cost $1.1
billion dollars every year, and they have set out provisions for new election spending on top of that of $4.561 billion by 2018. We believe that this would be more responsibly invested in sustaining our health service.

Health investment is disproportionately spent in the last few years of a person’s life rather than at the start; despite the first years having the longest overall benefit on a person’s health status and quality of life. New research in epigenetics is at the forefront of understanding the profound impact that in-utero and even pre-conception environments have not just on the health of an individual, but on subsequent generations. Exploration of inflammation and DNA methylation is unteasing the aetiology of diseases with strong social gradients like depression and cardiovascular disease. Suddenly, we have potential medical explanations for social and political research on the negative population impacts of inequality and social stress.\(^6\)

Child poverty and emotional deprivation are now linked to an individual’s overall resilience, levels of empathy, self-control and ability to invest in ‘long-term’ biological strategies for survival, generation after generation. It is perhaps no surprise that science is ‘discovering’ something we already intuitively understand as a species—our deep need for each other.

The Green Party has put out a $1 billion commitment\(^7\) to reduce child poverty—the lifelong driver of poor health. As long as the current Government continues to ignore health determinants like housing, nutrition, and social alienation and financial stress, ‘Band-Aid’ health interventions like the rheumatic fever project will not be optimally effective, much to the frustration of those working on the ground.

Our campaigns have prioritised the causes of preventable disease, like the ‘Warm Healthy Rentals’\(^8\) initiative, and our ‘Home for Life’\(^9\) package. There is only so much that health professionals can do when other social factors are driving outcomes, but the Government isn’t coming to the table, or even measuring basic social problems like child poverty.\(^10\)

As part of our commitment, we will be investing in free doctors’ visits and prescriptions for all children up to the age of 18 years. Chronic diseases are appearing earlier, and early intervention can prevent progression. No young person should have to delay going to the doctor because of the cost. Teenagers have very specific health needs, including mental and sexual health, which if not addressed early can change their life-course. Even teenagers from relatively well-off families sometimes don’t have access to independent income for confidential medical care at this vulnerable time in their lives.

The total cost to extend visits from age 13–17 is just $21 million dollars a year—but we know that there is also likely to be an increase in workload and costs to cover unmet need. We don’t expect practices to do more on already stretched resources. We have listened to PHO feedback from the free visits for under 6s, and have allocated another $8 million dollars a year to this programme to cover increased workload. The current funding formula for all visits clearly isn’t properly compensating some practices, or targeting those who need it most, and it will be reviewed with a view to improving efficiency and fairness. More details of our Healthy Teens, Healthy Futures package can be read at https://www.greens.org.nz/policy/fairer-society/healthy-teens-healthy-futures
Chronic disease is another strategic area which requires long-term change; the National Government’s head-in-the-sand approach has not been working for New Zealand. The treatment costs of diabetes, or the projected economic costs, the effectiveness of the current approach to prevention, the per patient costs, and the projected numbers of diabetes cases are just some of the things that the retiring Health Minister does not know about and has had no apparent interest in finding out.\(^{11}\)

The health sector deserves to have clear direction before the election on our strategy to reduce chronic disease, which is why we have written up specific action plans for diabetes\(^ {12}\) and heart disease.\(^ {13}\) They cut across social risk factors, food environments, education and primary and tertiary care. We will put more effective controls on alcohol\(^ {14}\) and tobacco; we support the Smokefree 2025 goal, and we are not influenced by the legal posturing and bullying of Big Tobacco or the liquor lobby.

Likewise, we will end the tension of inadequate health workforce numbers and poor sector engagement. This has been due to both negligence and arrogance; the current Minister does not even record doctor vacancies, let alone measure shortages.\(^ {15}\) I recently conducted a nationwide tour on health issues (https://home.greens.org.nz/health/tour) where I outlined the real reduction in specialist numbers relative to need, and the number of unemployed nursing graduates. You can watch it online (https://www.youtube.com/watch?v=5BCxxFhYHW8&list=UUHMJ7z-9wxGvWVIjzFntFVQ), as well as other topics from the tour. It was instructive watching the dots connect for the audience between their hospital experiences and the workload pressure that staff are under.

Over decades in health we have seen endless workforce reports churned out ad-nauseum by a plethora of committee. The ignored recommendations have mounted up with wasted hours of clinicians’ time. We don’t need more reports. We need governance that is committed to letting health experts solve health sector problems then actually taking their advice. Unions and professional bodies should be prepared to be swiftly locked in a boardroom after September 20th and listened to.

Our last great Prime Minister was also a Minister of Health. Now, if I were to have the honour I’d do a few things differently, but Helen Clark is above all a master of planning. In her current role as United Nations Development Programme (UNDP) Administrator, she has the daunting task of preparing the world for the very threats I outlined at the start of this article. She has chosen the theme of ‘resilience’, often used in disaster risk reduction, the first principle of which is prevention.

If our world is to be one in which poverty is eradicated, and inequality reduced; and where growth is inclusive and production and consumption do not break planetary boundaries; and if we are to be effective in combating the effects of climate change; we need to look beyond our traditional interventionist logic to harness the agency of people, their communities, and institutions. It is this logic which has led UNDP to encapsulate its mission statement in the simple phrase: Empowered Lives, Resilient Nations. This speaks to both means and ends. Empowered people can build resilient nations...People and infrastructure, communities and institutions, must be equipped to withstand external shocks, whatever they may be.

When I reflect on the history of my own country, New Zealand, a dominant theme has been its quest for security... As a small nation, far distant from all its major markets except Australia, and dependent on export returns from commodities whose prices fluctuated considerably, New Zealand put in place a social protection system after the Great Depression which prevented its people ever again experiencing outright destitution.\(^ {16}\)
At the end of my health tour, I presented five fundamental points of a good health system, and asked the audience to guess the author.

They are:

- Health care should be a fundamental right for all New Zealanders
- There should be no access barriers, certainly not financial ones
- Services should be universally available
- Services should be preventive in focus
- Services should be integrated

Just two people in the whole national tour guessed it right. The author is one and the same of the social protections Clark spoke of, the architect of the 1938 welfare State, Michael Joseph Savage. Healthcare and the world might be ever-advancing and changing, but we have some enduring social formulas for resilience that stay the same.

Earlier, I alluded to a change in expectations of how physicians might have to fulfil their duties; it is my plan to abide by the same principle to ‘prevent disease whenever I can.’ With your help I intend for this to be our gift to the next generation; every chance for a healthy future.

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References:

National Party: Making New Zealand the best place in the world to grow up and grow old

Tony Ryall (Minister of Health; MP for Bay of Plenty)

Overview

Good health is hugely important to New Zealand families. A strong public health service gives families peace of mind – knowing that the care they need will be there, when they need it.

In the last six years, as a result of the Global Financial Crisis reducing Government incomes, many advanced nations have had to freeze or even reduce their social spending. In contrast, in New Zealand the National Government has taken a more measured, long-term approach which has involved maintaining or increasing spending levels on social services funded by borrowing over the last six years, while returning New Zealand to growth and a balanced budget.

The result has been that New Zealand has emerged from the world economic downturn and a major earthquake with one of the highest growth rates in the world, one of the lowest rates of unemployment, and having protected our important social services like health through the difficult times.

In fact, the official budget figures show investment in our public health services has risen from a budget of $11.8 billion in 2008/9, to $15.6 billion in 2014/15. That’s an increase averaging around $500 million a year of new money.

Best value from every health dollar

Along with protecting and growing our public health services through extra investment, after decades of major reforms, National has deliberately focused on making the existing structure work better for patients.
To deliver better and more accessible services, the Government has

- Led the creation of integrated Primary Care services, such as Integrated Family Health Centres, and
- Pushed DHBs to work in a more integrated fashion with Primary Care, and
- Focused on improving the efficiency and viability of DHBs.

Over the last six years:

- Our DHBs have employed over 4,500 more doctors and nurses; we have more than doubled GP training places from 74 to 170, and lifted medical school training places by 170.
- DHBs deficits have been addressed, reducing from around $200 million to $25 million, which is where we have been able to fund the new under 13s policy from next July.
- Elective surgery numbers are up 44,000 patients a year, from 118,000 to 162,000.

And there’s a more effective focus on preventing illness:

- We are on track to have 95% of 8-month-olds fully immunised this year.
- ED wait times have improved from 69% to 94% of patients treated or discharged within 6 hours.
- Over 1 million at risk patients have had CVD checks over the last five years due the good work of GPs.
- We are now spending more on preventative health, and on a range of interventions. These include a major increase in diabetes and cardio vascular checks and treatment, and the new $40 million Healthy Families programme to help address obesity.
- Shorter waits for cancer treatment, with patients ready for chemotherapy or radiation treatment to 4 weeks – the world gold standard.
- Our hospital wards are becoming more productive and efficient.

The next term

Over the next three years, National will build on the positive progress made in health services, with a particular focus on

- Continuing to invest more in public health services as this can be afforded,
- Bringing more health care services closer to home,
- Place even more emphasis on primary care and prevention,
- While continuing to deliver more and better hospital services.

The key health initiatives over the next three years include exciting new approaches in all three main health areas of preventative, primary, and secondary care.
Preventative

In preventative health care, National has announced the new $40 million anti-obesity programme – Healthy Families NZ

HFNZ communities will involve approximately 900,000 New Zealanders. In each community, a local provider will lead the programme, recruiting a dedicated health promotion workforce who will work with schools, early childhood education centres, workplaces and sport clubs to encourage and support people to make healthy lifestyle choices. Complementing several existing preventative health programmes, Healthy Families NZ is based on the best evidence.

This early intervention initiative will add to the existing major investment in preventative/early interventions, including the more heart and diabetes checks, the record levels of immunisation, and the 25% reduction in smoking that has been delivered.

Primary Care

In Primary Care, the major new investment is in the provision of free Doctor visits and pharmaceuticals for under 13 year olds. This has been made affordable by the bringing DHB deficits under control, and adds to the free under 6s extension to after-hours delivered in the last few years. This will provide better access to health services for around 400,000 children.

Providing better primary care will require new investment in Health Information Technology

Improved technology makes life easier and less frustrating for GPs, patients and the wider clinical community. It can further improve coordination of care.

We want New Zealanders to have access to a core set of personal health information available electronically to them and their treatment providers regardless of where they access health services.

Patient portals allow patients to securely log in and do things like check their latest laboratory test results, order a repeat prescription, or send a message directly to their GP – all from the convenience of their home.

Between 15 to 20 percent of general practices have, or are in the process of implementing these portals. By the end of the year we want at least half of all general practices in New Zealand to be offering a patient portal. The goal is to have this at 90% of patients by the end of 2015/16.

The other main Primary Care initiative will be to continue to expand the role of Community Pharmacies. We have worked to ensure pharmacists are able to provide a broader range of services, like managing patients with long term conditions and helping this high needs group adhere to their medicines

Primary/Secondary Care – reducing pain, increasing prevention

With an aging population however, demand for elective surgery continues to increase. The over 65 population is projected to double to one million two hundred thousand people over the next twenty years.
National will therefore continue to increase elective surgeries, but to further advance how we address orthopaedic need in particular, a new investment and approach will be implemented.

We will invest $6 million to create new multi-disciplinary early intervention teams to address pain, and improve the quality of life for New Zealanders in relation to pain in bones, muscles and joints.

These teams will identify patients who are likely to suffer from bone, muscle and joint conditions in the future and support them to make changes to help prevent patients heading down the path towards surgery.

A strategy of early intervention for conditions like osteoarthritis will deliver improvements in diagnosis, self-management, education and exercise, weight management, pain management and support prevention strategies.

The teams will integrate with a range of community health services such as GPs, dieticians and physiotherapists. There will also be close links with hospital services such as rheumatology, orthopaedic and pain services. The service will be co-ordinated through general practice.

They will provide nutrition and lifestyle advice, assist with pain management and provide education so patients can better manage their condition themselves.

This approach will enable some patients to be treated early enough to maintain independence, while others will clearly require surgery.

**Faster Cancer Treatment**

National inherited cancer services in 2008 which were totally unacceptable, including the fact under the previous government, over 750 patients were sent to Australia for cancer treatment because of New Zealand’s delays.

National has been working to reduce waiting times throughout a patient’s treatment. Being diagnosed with cancer is a difficult time for patients and their families.

National announced recently new cancer initiatives to better support the emotional needs of cancer patients.

While there has been clear improvement in services and support, cancer services can and need to be improved further.

Our focus is now on speeding up the complex range of tests in the earlier parts of the cancer treatment journey. This includes diagnostic tests such as MRIs, X Rays, CT scans and blood tests – all of which deliver critical information to specialists along the patient’s clinical journey. Ideally, instead of a patient visiting hospital several times for different tests, departments should coordinate appointments so they are all completed in one day.

In addition to improving the diagnostic part of the cancer treatment journey, there is a need to provide patients with confidence that from first GP suspicion of cancer, they will be seen by a specialist quickly.

National will therefore set a new Faster Cancer Treatment Target for the maximum time patients would wait for their first cancer treatment, starting from the time they
are first referred to the hospital because their doctor suspects they have cancer. This will include:

- The target is that 90% of patients will receive their first cancer treatment within 62 days of being referred urgently by their GP with a high suspicion of cancer. This is an international benchmark.
- Currently around 60% of patients commence treatment within a maximum of 62 days; lifting this to 90% would mean a 50% improvement.

Summary

This outline of just some of a re-elected National-led Government’s priorities is necessarily abbreviated, but the direction is clear.

It is about responsible and careful management of our public health service, which National has proven to be committed to protecting and growing.

As the nation’s economy continues to grow, more investment is possible, and Health will continue to be Nationals top spending priority. Only National can be relied on to medium long term, balance the needs of growing the economy and revenue, while at the same time providing as much resource as is possible into public health services.

While other Parties will promise everything to everybody, your National-led Government has demonstrated its commitment to better and sooner health services through difficult world times.

New Zealand has gone through and come out of this difficult period, and with your support is excited about delivering a properly balanced, better sooner health service covering preventative, primary and secondary care to all New Zealanders.

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Editor’s closing comments

All parties’ health policy statements are aspirational and will be affected by the ability to operationalise them with regard to funding and implementation hurdles. The main issues that affect health were well debated in the journal over the last year, and are largely related to equitable access to health care. Specific disease issues are well recognised as needing attention, such as access to mental health, child health, obesity, diabetes, and cancer treatment to name just a few.

I have limited publication of the comments to the three major parties based on the space available, however it is unlikely that any major party or parties can govern alone with our MMP system, and as such it is important to understand that important changes to our health system may come via a minor party as part of a coalition support agreement.

The actual direction that health care will take will be dependent upon who is power after the election on Saturday, 20 September 2014.
Competing interests: Nil.

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