

All political parties represented in the 49th New Zealand parliament were invited to submit an article outlining their health policies. The Maori Party and United Future did not respond to our request. All views expressed are those of the political party. The NZMSJ Editorial Board does not endorse any particular view.

Election 2011: Party health policies

NATIONAL PARTY

National will continue to make health a top spending priority. Despite the worst economic conditions in 70 years, we have put an extra average \$500 million each year into our public health service.

Our investment has helped deliver an extra 800 doctors and 2000 extra nurses, all cancer patients ready for radiation treatment are receiving it within four weeks, 91% of all two year olds are immunised and now, we're delivering an extra 27,000 elective surgeries a year.

National will continue to strengthen the health workforce, provide even faster access to elective surgery, shorter waits in Emergency Departments, faster cancer treatment and ensure even more children are immunised.

Workforce

There are now 800 extra doctors and 2000 extra nurses working in our District Health Boards compared to 2008.

We have introduced the very successful Voluntary Bonding scheme, with around 1800 medical graduates enrolled.

The scheme makes payments against a medical student's loan for every year they spend working in a hard to staff region or speciality.

Initiatives like the Rural Immersion Scheme and will help keep health professionals in our rural communities.

Health Workforce New Zealand will continue to work with the health sector to address shortages and plan for the future.

Population health

Three of our six health targets are focused on health prevention and health promotion.

Reducing smoking, lifting immunisation rates and ensuring better checks for cardiovascular and diabetes will help improve the health of hundreds of thousands of New Zealanders.

We're rolling out the \$12 million Rheumatic Fever scheme to help reduce this third world disease in our most vulnerable communities. This will benefit around 22,000 children and reduce long-term health effects like heart problems.

Keeping people healthier goes beyond the health service. Almost 130,000 homes have been retrofitted with heating and insulation since 2008. And Whanau Ora is bringing important social services together to help provide better and more tailored support for our communities.

Maternity

Safer maternity services are a priority for this Government – that's why we put an extra \$103m over four years into improving maternity services in our first Budget, and we announced \$54 million in this year's Budget.

The Government's Maternity Quality Initiative is a major piece of work involving collaboration and strong support between the maternity sector (DHBs and clinicians, mothers and their families and colleges) and the Ministry of Health to improve safety and quality.

And, from 28 March 2012 all midwives joining the voluntary bonding scheme will be required to complete the Midwifery First Year of Practice programme.

Child health

We recently announced that free visits to the doctor for children aged under six will be extended to after-hours. This will slow the numbers of young children presenting to our busy hospital emergency departments with illnesses their GP clinic could have treated.

We have made other improvements in child health, including improved immunisation rates, better support for mothers and new babies, restoring Plunketline, more Plunket visits for first time Mums, and a strong move against rheumatic fever.

Primary care

We have increased funding for primary care by \$100 million since 2008, and National will continue to bring healthcare closer to home.

This includes increasing the number of direct referrals from GPs for diagnostic tests, engaging GPs to perform more minor surgeries and encouraging development of Integrated Family Health Centres.

National will work with the sector to ensure there is access to afterhours medical care.

We are currently trialling a scheme in Kapiti, Rangiora and Levin where ambulance services provide urgent care at home. We look at the success of these pilots with a view to rolling them in other communities.

Coordination of services

We are already working to provide greater regional and national coordination of services.

DHB's are working together on regional plans to share services; clinical leaders are driving improvement in areas like emergency departments and cardiac services. And DHBs are moving towards shared IT systems to improve services for the patient and efficiencies in our hospitals.

Health Benefits Ltd has also been established to improve procurement.

We will work to ensure even greater regionalisation over the next three years.

Authorised by Tony Ryall MP, 184 Devonport Road, Tauranga

LABOUR PARTY

Keeping Kiwis Healthy: Labour's health policy

Labour is committed to enhancing the well-being of all New Zealanders, so they can live longer, healthier lives. To do this we need to shift thinking away from seeing health policy in isolation, and from seeing healthcare as something that begins in a hospital or doctor's surgery, and ensure that all our policies enhance the well-being and health status of New Zealanders.

Good health is something that begins in our homes, schools, workplaces and communities. If a house is overcrowded, cold and damp, then it is hard to stay healthy. If parents lose their jobs they find it hard to put healthy food on the table or afford a visit to the doctor. If people do not have adequate income, then they find it hard to afford the basic necessities of life.

These are examples of what are sometimes called the social determinants of health. We must address the inequities that are contributing to poor health outcomes. This will require particular attention to policies in terms of education, income equality, housing, taxation and social development and how they impact on health.

A focus on addressing the social determinants of health and access to healthcare will not only improve health outcomes, but will also prove cost-effective and good for economic growth over time as the need for expensive interventions and treatments reduces. There is not a bottomless pit for expenditure, but investments now in proven early interventions should reduce the need for expenditure not only in the health system but in other areas of government including social development and corrections.

Labour will also ensure that all core government policy initiatives face Health Impact Assessments, to make sure that all policy helps improve New Zealanders' health.

Our Core Commitments

1. A commitment to funding the sector so it can manage changing demographics and health status of New Zealanders.
2. Ensuring that innovations and efficiencies within the health system are encouraged by launching the Health Innovation Project to drive nationwide application of models of good practice in the delivery of health services.
3. A re-invigorated Primary Health Care strategy that emphasises accessibility, affordability and coordinated services.
4. Agenda for Children – It's About Our Kids, including extending free access for under sixes to after-hours medical services, meaning 24 hour, 7 day a week free access for under 6 year olds.
5. Develop nationwide tools for elective surgery prioritisation based around timeliness, equity and quality.
6. A 10 year plan to increase access to primary oral health care services, beginning with young people and pregnant mothers.
7. The development, retention and recruitment of a high quality health workforce that sees the right skills used in the right place at the right time, with gives enhanced roles for nurses and community health workers.
8. Adequate and sustainable funding for aged care that allows "ageing in place" but also provides safe, properly staffed residential care.
9. A co-ordinated approach to address the obesity epidemic that is costing New Zealand millions of dollars a year.
10. Ensuring mental health is restored as a priority for District Health Boards with appropriate targets to restore and improve mental health services.

¹ UNICEF, Child poverty in perspective: An overview of child well-being in rich countries. Innocenti Report Card 7. 2007, Florence

Agenda for Children - It's About Our Kids

The health of our children reflects the complex nature of our society and the interactions they have within it. The outcomes for today's children will determine the future success or failure of our nation. The period of childhood shapes an individual more than any other time in life. We must ensure we do everything we can that children enter adulthood as healthy and happy as they can be.

The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued and included in the families and societies into which they are born.¹

In order to give every child the best start in life it is essential that government focuses on reducing inequities in the early development of physical and emotional health, and cognitive, linguistic and social skills.

We need to ensure that there are high quality maternity services, parenting programmes, childcare and early years education to meet need across all communities.

We need to build the resilience of young children and enable them to control their own lives and health status. We need to ensure that schools, families and communities work together to reduce inequities and promote well-being for all children.

We need to strengthen the leadership in the health sector to promote the needs of healthy children, and ensure there is a whole of government approach for children. This must be backed by the capture and dissemination of high quality data about the health status and outcomes of children.

We have seen a number of reports in recent times that the cost of accessing primary healthcare is meaning that some children are not getting the treatment that they need. This is particularly so in terms of access to affordable after-hours care.

Labour will make child health a priority, and increase the proportion of health sector spending on services for children aged up to six years.

Labour will extend free access for under sixes to after-hours medical services, meaning 24 hour, 7 day a week free access for under six year olds.

Extended access will be in place across New Zealand and will be delivered through mechanisms based on the best evidence from around the country.

Labour will also do everything we can to ensure children are free of or are receiving quality care for debilitating health conditions when they enter school at 5 years old, by providing adequate funding of outreach services to reach vulnerable children, supporting and enhancing B4 School Checks and providing a "mop-up" service at school to capture those children who start school who have not accessed a B4 School Check.

Labour will require District Health Boards to adopt child health implementation plans with nationally agreed measurable outcomes and targets that are monitored by the Ministry of Health.

Labour will develop systems during pregnancy to identify children who are vulnerable, and then ensure that the relevant levels of support are in place to support and optimise parenting.

Labour will create a seamless transition from maternity services to health care services for infants and young children.

Labour will strengthen the Health in Schools Programme, including social workers, starting with low decile schools, with the aim of expanding the programme to higher decile schools as resources allow.

Further information about Labour's Health Policy can be found here: www.ownourfuture.co.nz/health

Authorised by Grant Robertson, 160 Willis St, Wellington.

ACT NEW ZEALAND

The New Zealand health system suffers from a severe productivity problem. Despite huge increases in funding from successive governments, we are actually getting less efficient. Between 1999 and 2008, health funding more than doubled in real terms yet the outputs from our medical facilities did not keep pace with this funding increase. We still have far too many New Zealanders dying on waiting lists and not getting vital treatment such as chemotherapy quickly enough. The National Government has made a small amount of progress but we need ACT as part of the next government to push for further change.

In the next government ACT will continue to push for major health reform. We will:

- Encourage competition between public and private sector health providers to encourage productivity gains;
- Reduce back-room bureaucracy so more resources can be spent on front line healthcare;
- Target primary healthcare subsidies at those on the lowest incomes rather than wasting resources on subsidies for the rich;
- Reduce taxes so individuals can pay for their own day to day health needs as well as take out comprehensive health insurance for them and their families. This will encourage competition between health providers to provide value for money services that patients want. It will also put the power in the hands of patients and encourage people to make good decisions about their own health;
- Review health regulations including occupational licensing, in order to allow providers to respond more flexibly to patients' requirements and hire qualified overseas expertise
- Reduce taxes and simplify regulation to create the kind of economic growth necessary to pay for world class health care

Medical workforce

ACT believes that increasing competition between the public and private sectors will have the greatest effect on the delivery of services to New Zealanders. It puts the power in the hands of the consumer. Likewise our commitment to reducing back-room bureaucracy to allow more resources on the front line will give the medical workforce more time to focus on medicine rather than paperwork.

ACT believes that those who receive tertiary education are fortunate. Typically, they have gone to a good school, they have been motivated, they have received good grades, and they have earned the opportunity to study in a tertiary institute. Their rate of unemployment is lower: They receive much higher wages. The main person who benefits from a tertiary education is the individual who receives it. In general terms, approximately 75 per cent of tuition costs are covered by taxpayers. We are, in effect, taxing the people who leave school at 17 and find a job, in order to fund the tertiary education of those who will end up far wealthier than them. ACT would end interest free student loans. Medical students typically pay back their loans faster than many other students. Additionally, they receive greater remuneration as their career progresses. ACT supports lower taxes – allowing the individual to keep more of their own money. In the long term this will net out any increase to interest on student loans.

In terms of workforce, NZ competes with all countries (but Australia in particular) for skilled workers such as healthcare professionals. With Australians earning over thirty-five per cent more than New Zealanders, they are able to pay more in taxes and private fees for medical treatment than we are. In turn, we see a loss of healthcare professionals to Australia, and less ability to attract and retain healthcare professionals from the wider world.

Health equity

ACT believes that the social determinants of health, and indeed inequity across the social spectrum, are related to the economy. In the ten years to 2010 we lost 260,000 people to Australia, even allowing for those who came back. This creates a downward spiral effect. As we lose citizens overseas, they take their skills and education with them. If we are to maintain first world services, then those who remain must be taxed harder still. In turn, the incentive to leave grows stronger: New Zealand must take decisive action to stem this tide, or gradually become a backwater over the coming generation.

Governments cannot create economic growth. What they can do is create the right conditions for people to grow the economy. When the economy grows, all New Zealanders become wealthier and we can afford the kind of first rate medical services enjoyed by countries like Singapore and Hong Kong.

Health structures

ACT supports regional autonomy – allowing local communities to decide the importance to which they hold the services offered by their local DHBs. However there are huge efficiency gains that can be made through greater rationalisation/national coordination of services. Hutt and Capital Coast DHB, for example, duplicate many of the same services over the region when, by integration or centralisation of services, the reduction of back-room regulation would allow for more efficiency and free up funding for frontline services.

Gains in productivity could occur through workforce management. A simple example would be a review of the roles of nursing/diagnostic/pharmacy to reduce GP workload and improve patient costs and throughput eg Patients with permanent diagnosed conditions accessing pharmacy without the need to visit doctors and routine diagnostics occurring directly with results being added to the central database and advised to GP.

Other productivity gains can be achieved in the co-ordination and alignment of the health services provided at a local, regional and national level and between public and private sectors.

Gains can also be achieved in the better use of information technology – eg sharing of patient data/ files etc between primary and secondary care as well as public and private practices. An effective centralised patient information system would also improve efficiency by reducing duplication, improving communication with patients (avoiding constant repetition of data within and between services), improving outcomes (as all critical information would be available), This will also result in risk minimisation and co-ordinated care between the various agencies, from primary to tertiary and all the diagnostics, pharmacy etc in the process. The savings across the sector would be enormous and while some patients would be concerned about confidentiality, a centralised file with the history of allergies, operations, medications etc would benefit all and privacy issues could be managed in accordance with patients' requirements.

I should also make it clear that while ACT supports individual choice we do believe it is the role of Government to take an active role in public health, particularly in regards to issues such as vaccination and epidemic prevention.

Clinical research

ACT's policy on science and technology is to facilitate an environment conducive to growth and risk, to success and innovation, and to leave the day-to-day work to the experts. ACT believes that clinical research is vitally important to the industry but does not believe that compulsory research is the answer. By removing much of the restrictions imposed by

the government, DHBs and the like will have the freedom to allow greater scope for clinical research.

Strategies

Any reviews in primary health will be focussed on improving outcomes and reducing inefficiencies.

In the short term ACT would encourage greater use of the private sector by District Health Boards so that people can get treatment as soon as they need it. We also support moves by the National Government to put more resources into front line staff rather than back room bureaucracy and we believe primary health care subsidies should be targeted at those on low incomes rather than subsidising the wealthy. In the longer term ACT supports lowering taxes so people can keep more of their own money and fund more of the costs of their own health care. This means people will

have greater autonomy and choice and it will drive efficiency gains in the sector as health providers

Economic Growth must be the focus

ACT sees the most important healthcare policy as economic growth. The New Zealand economy is stagnating and if we don't commit to serious economic growth policies we won't be able to fund the kind of world class health system New Zealanders deserve. In addition to the loss of our workforce to Australia and difficulties in recruitment mentioned above, NZ's ability to afford world class equipment and pharmaceuticals depends on our wealth compared to other first world countries. ACT is focussed on improving the economy as a top priority.

Authorised by Robyn Stent, 309 Broadway, Newmarket

GREEN PARTY

The Green Party wants the best possible health for everyone, with high quality services that are fair. We believe in a holistic approach to health and well-being that is focused on promoting good health, reducing the risk of illness, and improving quality of life. We are committed to a public health care 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.

This election our top priorities are addressing child poverty, cleaning up our polluted waterways and a programme to create green jobs for New Zealanders. One in four of our children grow up in poverty. They are our friends' children. They are our neighbours' children. They are the children of our colleagues and our acquaintances. They are our nieces and nephews, they are our mokopuna. They are our children, and they deserve better.

We know that children living in poverty are more likely to experience illness. Illness impacts on their health, especially in extreme cases involving rheumatic fever and meningitis. Bad health, even an increase in the number of days off school due to sickness damages their education potential. Parents taking time off work to care for sick children is a drain on productivity.

We have developed four simple solutions that will bring 100,000 children out of poverty by 2014. Making working for families work for every low income family will address the discrimination against non-working parents. Providing better study support for sole parents and beneficiaries will help to lift parents out of poverty faster which will have a real impact on their children. We shouldn't be making it hard for people to access education especially in times of high unemployment. We want to raise the minimum wage to \$15 an hour. This will have a positive impact on the working poor as well as stimulating the local economy with the extra money received by low wage workers - they are more likely to spend this locally. Finally we want to extend the Warm Up NZ programme, insulating more houses to provide a warmer, drier and healthier environment for our children to grow up in.

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. This is why we are committed to our practical economic plan that creates decent jobs, adds resilience to our economy, and protects our natural environment. It is a plan for clean green prosperity for all New Zealanders. Our plan will create 100,000 new jobs through direct government investment in housing, by ensuring our state-owned energy companies capture the massive export opportunities in the renewable energy sector; and, most importantly, by shifting the drivers for green jobs in the private sector.

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. If we invest more in public health, and

preventative measures and primary care we can improve health outcomes. This is why we want to rebalance the Health budget. Increasing spending on the services designed to keep people well from the current 2% of the total Health budget to 10%.

Primary health services are central to improving the health of New Zealanders and tackling inequalities in health. Primary Health Organisations (PHOs) are a good starting point for primary health services, but are limited by the cost of treatment and their focus on general practitioner provided health care. We want to ensure primary healthcare services are accessible and affordable for everyone, to facilitate early diagnosis and treatment.

Health funding is and will always be a question of prioritisation, how we can best divide up the pie? We want to 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. This will always be a political decision - it is at the heart of what politics is - but it is important that we do so in conjunction with the public to ensure that everyone can take ownership of the decisions.

We do not agree with the current government's plan of prioritising spending on bigger roads and tax cuts for the already wealthy. Education and health care are more important than roads with little or no economic benefit especially when there are better solutions that can be found utilising active and public transport and our railway network.

This election we have the opportunity to decide about what kind of electoral system we want to use to elect our representatives. We support keeping and improving MMP. Under MMP the amount of votes a party gets determines how many seats it gets. It is a proportional system which means that there is no chance of an unfair or undemocratic election result. MMP works. It has provided stable and effective Government since its introduction - where the majority of New Zealanders are represented in a coalition government. MMP makes our Parliament truly representative of the people, and brings with it a more diverse range of political voices. It has increased representation for women and Maori, Pasifika and Asian people. If people vote to retain MMP - it will be reviewed so that any niggles with it can be ironed out (like the appropriate threshold/coat tailing)

We hope to be a part of improving health outcomes in New Zealand. Our vision is one of a holistic approach to health and well-being that is focused on promoting good health, reducing the risk of illness, and improving quality of life. A well-funded health system, with a focus on quality and safe care, which everyone can access in a timely way regardless of their ability to pay. A nation with equitable health outcomes, including life expectancy and health status measures, for all where everyone can access healthcare services, regardless of their ability to pay.

Authorised by Metiria Turei and Russel Norman, Parliament Buildings Wellington

MANA PARTY

WHANAU ORA MAORI ORA

Kia whai kaha whai mana painga ki nga kawenga oranga iwi ki tua o rangi Whanau Inspired, Enabled, Resourced and In Control of Their Own Health

A key focus of the MANA Movement is to improve the standard of living of low income Whanau in terms of Well Being, Quality Education, Full Time Employment, Quality Housing and Descent Income.

Over the past 5 years working in the Health Sector and in a region of Aotearoa where health issues and poverty are so closely linked we are faced with these issues like alcohol, smoking, drugs, Chronic illnesses, unemployment, education from early childhood to adult learning and not enough housing and overcrowded homes.

The priority topic I have selected to write about is "Why this epidemic of chronic illnesses like Heart Disease, Lung Cancer and Diabetes are killing our Whanau and what can the MANA Movement do to help prevent this from happening?"

Unfortunately if you smoke, drink alcohol, take drugs and eat unhealthy kai you will die early. From the 2006 statistics Ministry of Health Maori Male live to 70 compared to non Maori Male who live to 79 and Maori Female live to 75 compared to non Maori Female who live to 83.

One out of every five Maori will get Diabetes.

Contributing factors to these illnesses are lack of Exercise and Obesity. Our Whanau are eating too much unhealthy food especially when they are tempted with so many options of Fast Food shops in their neighbourhood. The price of Vegetables is too expensive. It seems to be a lot easier to buy a \$10 special of three fish, three sausages, four potato fritters and chips to feed the Whanau.

Alcohol is a huge problem that destroys our Whanau like Violence, Abuse, Murder, Drink Driving Assaults and Suicide. Again when there is so many liquor outlets in our neighbourhoods the temptation is so easy. Instead of buying food alcohol tends to take priority.

Another big problem is that too many of our Whanau get DNA did not attend their appointment. From past experience some of the barriers that stop our Whanau from going to their Doctor are communication. They don't understand the language because of the different accents and all the big words they use. Some cannot get time off work. They feel embarrassed and rushed through their appointments and many cannot afford to pay for their visit.

I have developed some firm views on what the MANA Movement will do to help prevent our Whanau from these illnesses.

I need to note that because the MANA Movement is only a new Party we are still developing our Policies. I also need to note that some of these views are my own personal views.

My four main points are:

Tino Rangatiratanga - complete responsibility

MANA will:

1. Ban advertising of ALCOHOL and SMOKING
2. Get rid of POKIE MACHINES AND LIQUOR OUTLETS in the neighbourhoods
3. Get rid of GST from all food (and everything else) but introduce a tax on unhealthy fast foods and soft drinks.
4. Expand on the support for more physical activity for our children and Rangatahi by reviving traditional Maori games like Ki o rahi and Poi toa in our communities and at school. (my own view).
5. Support more community vegetable gardens which could also provide employment and income (my own view).

Kaitiakitanga - Guardianship

MANA will:

1. Encourage research for traditional natural Maori medicines, Romiromi and Mirimiri (my own view).
2. Resource a Kaitiaki program for mentors and role models to help in life skills like budgeting, hygiene, alcohol and smoking cessation (my own view).

Whanaungatanga – We are all Whanau

MANA will:

1. Free quality education from Early Childhood Education, adult learning to Tertiary Education.
2. To build 20000 new homes which will create full time employment, apprenticeship training and comfortable and healthy living.
3. Incorporate two nutritious meals per day for school aged children (so they can concentrate, learn, participate and add value to their class). The parents can help prepare and serve the meals which will build a unity amongst the community.
4. Build on existing schemes to include free after hours health care for children under 16yrs old and senior citizens as part of general health rights.

Manaakitanga – All hands on to help

MANA will support:

1. Introduce plain language information for users of health services to improve health literacy.
2. Include health care services for teeth, eyes and ears within the subsidised primary health care system.
3. From feeding our children just watch what happens to our national health bill when we do this. Why do we live in such a land of plenty and seem unable to lift 200,000 children above the poverty line? This is a community health issue which, when solved, will solve many other social problems.
4. Self Management Education Programs for Chronic Care Management (my own view).
5. A Kaitiaki program will help Whanau in been self reliant, independent and confident (my own view).

The impact this will have on Medical students as the future of the health workforce are that they will be able to concentrate on their studies rather than the huge debt they would've had to pay back for their student fees.

They will be able to learn Maori values having a holistic approach and been able to apply to their practice.

Taawhiti rawa toou haereenga ake te kore haere tonu. Nui rawa oou mahi te kore mahi nui tonu.

We have come too far not to go further. We have done too much not to do more.

Na Sir James Henare

Authorised by Dr Richard Shortland Cooper, 3 Multose Drive, Flat Bush