

Aotearoa New Zealand election 2023

The Aotearoa New Zealand (AoNZ) general election is fast-approaching. The outcome will have important consequences for health and surgical services.

The health reforms, which have made significant changes to the organisation of the public health service, continue to roll out but could see a change in momentum and direction post-election.

Even without the reforms, the health system is facing unparalleled challenges which are impacting on the provision of care. The next government will be under pressure to find fast solutions to issues including workforce shortages and ageing or inadequate infrastructure.

The Aotearoa New Zealand National Committee (AoNZNC) was interested to know where the major parties (Labour, National, the Green Party, ACT, Te Pāti Māori) stand on some of the questions most pressing to the surgical profession.

Their questions focused on five key themes:

1. Surgical workforce
2. Health inequity
3. Women's health and unmet need
4. The future of Te Aka Whai Ora – Māori Health Authority
5. Climate change

The AoNZNC was also interested to hear the parties' views on a topic it has been advocating on for some time – that the Accident Compensation Corporation (ACC) should compensate earners if they require surgery following an injury incurred when they were non-earners.

We heard back from Labour Health Minister Hon Dr Ayesha Verrall and National Shadow Health Minister Dr Shane Reti.

We didn't receive replies from the Green Party, ACT, Te Pāti Māori or from either the ACC Minister or Shadow Minister.

SURGICAL WORKFORCE

There is a looming crisis in the Senior Medical Officer (SMO) workforce in a number of surgical specialties. Currently, some surgical specialties have insufficient staffing to provide sustainable and safe services in their specialty area and are not meeting patient needs. This is likely to worsen in the next 5-10 years with retirements and a paucity of new specialists in training in Aotearoa New Zealand (AoNZ). In part, this is because hospitals are not providing sufficient posts funded for RACS surgical training, or potential posts are not being funded. There is little transparency regarding SMO recruitment in surgery with the result that we also lose newly qualified surgeons to Australia and abroad as there is little forward planning and security for these SMOs in AoNZ.

Do you accept there are insufficient training posts in surgery to meet our future workforce requirements?

LABOUR:

We are growing the number of doctors trained in New Zealand to help meet the needs of our population and ensure health equity across the country. We want to train and retain as many local health workers as possible. In June, we announced that funding for medical school enrolments will be increased by 50 places beginning in 2024. Training more medical students will help us grow our domestic workforce over time, ensuring we can provide sustainable public health care. The increased investment in medical school enrolments is among a range of initiatives underway to reduce pressures on the health workforce. We recently published a comprehensive workforce plan that was upfront about areas of shortage. A detailed assessment of speciality and subspeciality shortages and increases where required will be an important next step. Labour recognises speciality colleges as a key partner in this work. The Labour Government has also allocated more than \$1 billion to increase health workers' pay rates and boost staff numbers.

NATIONAL:

National acknowledges that the health sector has a workforce crisis.

What action will your government take to increase the funding for an expanded number of surgical trainee positions in AonZ, and in this way enable an increase in the number of surgical trainees?

LABOUR:

Protecting, promoting, and improving the health of New Zealanders is only achievable with a strong and well-supported surgical workforce. In addition to the increase of medical school enrolments by 50 places, we have developed the Health Workforce Plan in partnership by Te Whatu Ora and Te Aka Whai Ora. The plan includes a strategy to strengthen student placements, including by improving national placement coordination and better engaging Māori and Pacific providers in placement opportunities. We want to grow rural and interdisciplinary training programmes to enable larger student intakes. We will create 135 new training places a year for allied and scientific professionals. Funding will be established for Māori providers to take more students on placement and to offer increased training and development roles. The workforce plan was the first of its kind. The first year of actions are fully funded. We recognise workforce as an ongoing areas for investment.

NATIONAL:

Increasing the health workforce will be a priority for a National government. We have already announced our plans to build a third medical school located in the Waikato which will increase doctor numbers by 220 each year, and our plans to retain more nurses and midwives. We will have more to say on our health policies in the coming months.

What action will your government take to increase flexibility, forward planning, and transparency in the recruitment of new surgical SMOs?

LABOUR:

Growing our surgical workforce is a top priority for Labour, and visa pathways are part of the work we are doing to improve healthcare for New Zealanders. In 2022, we put surgeons on the fast-tracked Straight to Residence pathway to attract more surgeons to our shores and

bolster our health system. A year on since the borders reopened, more than 6300 overseas health workers have joined our health workforce through the Accredited Employer Work Visa scheme and the Green List Straight to Residence pathways. The Health Workforce Plan recognises the transition from RMO to SMO as an important area to focus. We are committed to better support for the transition and addressing business to return from overseas training.

NATIONAL:

National will reinstate lifesaving health targets, such as surgical wait list and emergency department wait times. We will hold ourselves publicly accountable to the targets.

We will also work in collaboration with key stakeholders to facilitate what in needs to be clinician led proposals.

INCREASING INEQUITY FOR PLANNED CARE

Recent years have seen an increasing inequity in the provision of planned (elective) surgery as the public health system becomes less able to provide timely planned surgical services due to workforce and infrastructure constraints. Thresholds for being reviewed in hospital by a surgeon are rising as more pressure is placed on the existing public hospitals. This means that if you cannot afford private insurance, you are likely to wait longer for any planned surgery, if you get it at all. The disadvantaged are being increasingly compromised.

What will your party do to reverse this trend and increase the number of planned (elective) surgery that can be done in the public sector?

LABOUR:

Waitlists have been an important area of focus and we acknowledge that some people have been waiting too long. We have had to use outsourcing to address unacceptable waits but have done so in a targeted way. We have also sought to mitigate impact on trainees, particularly in orthopaedics. We want a strong public system where elective surgery is resourced fairly across the country.

There is no doubt that our planned care services are under pressure. This means patients who have planned surgeries may have their procedures pushed out. We have a cohesive plan to reduce wait lists for patients who have planned surgeries. In Budget 2023, \$118 million has been allocated to help reduce waiting lists by improving patient flow, enabling planned care to be delivered in primary settings and freeing up inpatient hospital beds, allowing for surgeries to go ahead. By improving patient flow, we can enable more surgeries to take place and tackle surgical waiting lists. It's also important that we take practices that work from around the country and use the now united health system to implement them nationwide. Te Whatu Ora is currently putting support into making sure this happens.

In addition to the funding in Budget 2023, \$89 million of additional funding was committed in December 2022 to address issues with planned care. This included \$79 million to reduce the numbers of people waiting more than 365 days for surgery, and \$10 million for additional community services, with a focus on delivering services to Māori and Pacific people. New, nationally consistent data is being used to target treatment to people with a focus on Māori and Pacific who have been waiting longer than a year for treatment.

NATIONAL:

National is focused on increasing the health workforce, which is one of the main issues facing the sector. National will also reinstate lifesaving health targets so that the sector has a goal that it can collectively work towards.

National will also look at collaborating with the private sector to help ease some of the build-up that the sector is experiencing.

What provision will you make to enable planned surgery to be outsourced to the private sector while the public sector is unable to accommodate the necessary throughput?

LABOUR:

We are already undertaking this to the extent possible. We will have dealt with the problem of growing waitlists in the coming years and can return to lower reliance on outsourcing. We want to make sure that New Zealanders can have timely access to planned surgery. In July this year, the Labour Government announced that around 3,500 more cataract surgeries will be delivered. As part of this announcement, additional funding will be provided to outsource to other providers and ophthalmologists, including in the private sector, as well as improving productivity through innovative models of care, and improving theatre efficiency. We will now be able to use and build on this revised cataract surgery threshold as a model to improve other waitlists into the future.

NATIONAL:

We will set clear targets to speed up access to health care, including surgeries. The most important part of that will be improving the delivery of public sector services by increasing the workforce and focusing on frontline delivery.

National will also collaborate with the private sector to achieve improved outcomes and wait list targets.

What is your long-term plan to address health workforce and infrastructure deficits related to planned surgical services?

LABOUR:

Protecting, promoting and improving the health of New Zealanders is only achievable with a strong and well-supported health workforce. The Health Workforce Plan was released in July 2023 and outlines a series of initiatives to make early differences and also deliver the longer-term shifts we need for sustainability. Specific actions include growing rural and interdisciplinary training programmes to enable larger student intakes; establishing funding for Māori providers to take more students on placement and to offer increased training and development roles; and growing 'earn-as-you-learn' programmes across health professions

To help stabilise our workforce, Budget 2023 invested over \$1 billion in increasing health workers' wages and boosting staff numbers, with a focus on areas facing the greatest demand. The funding includes \$63 million for progressing safe staffing and allows for an additional 500 new nurses to be employed. Key targeted workforce initiatives such as Te Pitomata grants for taura Māori and Ngā Manukura o Āpōpō nursing and midwifery leadership training will remove barriers to more responsive training pathways, increasing recruitment, and improving immigration processes to alleviate workforce shortages.

Significant progress has already been made to improve our health workforce over the past year. We have approved funding to enable 50 additional medical student places for the 2024 intake. Over the past 12 months, we've seen more than 8,000 nurses registered for the first time in the 2022/23 registration year, up significantly from around 5,000 registered for the first time in 2021/22. We are also assessing need for surgical facilities, knowing that greater investment is required.

NATIONAL:

National understands the importance of growing New Zealand's health workforce. That is why we have already announced plans to boost doctor numbers by building a third medical school at the University of Waikato and increasing medical school placements at Auckland and Otago. This will help deliver 220 extra doctors each year.

We have also announced our plans to increase nurses and midwives' numbers by paying their student loan repayments if they enter a five-year bonding agreement. This would give them an extra \$87 a week, or \$22,500 over five years.

National will also make New Zealand more competitive in the global competition for skilled workers, by allowing qualified overseas nurses and midwives to come here on a six-month temporary visa without a job offer to look for work and to bring their immediate family members with them. We will also establish a relocation support scheme, offering up to 1,000 qualified overseas nurses and midwives relocation grants worth up to \$10,000 each to support their move to New Zealand.

A National government won't stand by and allow our hard-working frontline to continue to burn-out. Our plans focus on short-term, medium-term, and long-term initiatives and we will have more to say on our health policies in the coming weeks.

How will you deal with the expanding hidden unmet need in the community for planned surgery, as the thresholds for referral to surgical services are increased?

LABOUR:

It has been a priority of the Labour Government to eliminate the inconsistency patients experience when they need surgical treatment due to the 'post code' lottery. The cataracts announcement made in July will be delivered as a result of a new nationally consistent threshold that removes the postcode lottery when accessing care. Ophthalmologists and patients across the country have been calling for consistency around life-improving cataract surgery.

The cataracts announcement is a first in what we can expect to see across elective surgeries from now on; a joined-up health system working towards timely consistent access to healthcare regardless of where you live. We will now be able to use and build on this revised cataract surgery threshold as a model to improve other waitlists into the future. The waitlist for cataract surgery is one of many Te Whatu Ora are set to tackle, with further details on addressing other waitlists to come soon. We will seek other opportunities like this by working with clinicians through clinical networks.

NATIONAL:

National is committed to increasing our health workforce, which is the key issue facing the sector. We will also facilitate clinician led efficiencies and collaborate with the private sector.

What is your plan to enable Te Aka Whai Ora to address the inequity issues within the provision of surgery and more broadly the health services?

LABOUR:

In July, the Labour Government released its long-term vision for health where all New Zealanders can live long, healthy lives and unfair differences in outcomes are a thing of the past. The Pae Ora | Healthy Futures Strategies set the direction for the health sector over the next decade. This is the first time Pacific peoples, women and rural communities have had their own health strategies. We heard that we need to end the 'one size fits all' approach to health services, regardless of what people actually need. The old health system had become too remote and detached. The Pae Ora Strategies and our wider health reforms are designed to tackle this and support greater community-driven participation over health service delivery.

The strategies will address change and underlying barriers which may have held back progress by giving people, whānau and communities greater control over decisions about their health and the design of services, developing services which adapt to people's health needs and are delivered closer to their homes and communities, and making sure we're prepared for any future shocks that come our way and making the very best of our resources

We are pleased with Te Aka Whai Ora's achievements in its first year and will continue to support its work.

NATIONAL:

National understands that there are some inequities in the health sector and acknowledge that Māori health outcomes need to improve however, we do not believe that more bureaucracy is the way to achieve this.

An Ernst Young independent review into the Māori Health Authority has revealed failures from all corners of this third health entity, citing flawed processes, faulty management and failure to deliver – and not one Māori health outcome has improved, and further delays are predicted.

National will deliver health based on need. We will dissolve the Māori Health Authority and have a strong Māori health directorate inside the Ministry of Health. More bureaucracy is not the answer to New Zealanders falling health outcomes. We need clear targets, to boost up the frontline and real leadership.

National will also look to boosting up community providers who are achieving outcomes, such as Māori health providers.

WOMEN'S HEALTH

The Women's Health Strategy is one of the strategies required by the Pae Ora (Healthy Futures) Act 2022. There is an alarming unmet need for women with benign conditions that have a major adverse effect on quality of life. Debilitating issues such as incontinence and endometriosis affect 15% and 10% of women respectively, but due to current resource constraints within the public health system are overlooked in favour of malignant conditions.

How do you propose to develop and implement the Women's Health Strategy and address the unmet need that exists in this area?

LABOUR:

The Labour Government mandated Aotearoa New Zealand's first Women's Health Strategy as part of our primary health system legislation. This strategy reflects the social, cultural and economic circumstances that influence health.

The New Zealand Female Pelvic Mesh Service opened in April. This is a new nationwide service offering support and treatment for women suffering complications from surgery involving pelvic mesh. It's been vitally important to resolve the pain and distress some women experience after pelvic mesh surgery. We now know much more about the complications that can arise from using surgical mesh, particularly when treating stress urinary incontinence and pelvic organ prolapse. It's an issue that's received international attention, as well as here in Aotearoa. Thanks to the Service, women referred through their GPs or specialists can now access a multidisciplinary team offering a number of options, including chronic pain management, continence care, counselling and surgery.

In June, a new hauora van was launched in Auckland. Mobile health vans provide an accessible and convenient way for hāpu māmā to receive antenatal immunisations, and that's a key priority in Tāmaki Makaurau right now. The van can also be used for cervical screening and other health checks. Antenatal vaccination is incredibly effective at protecting mothers and newborn babies against serious illnesses like whooping cough and flu. Yet not enough women, especially Māori and Pacific women, know about this or are able to get vaccinated.

We recognise unmet need for surgery as one of the many unfair aspects that characterise access to care and we are committed to addressing it.

NATIONAL:

The current Women's Health Strategy was not developed in collaboration with National. We have sent very clear signals around the importance we place on women's health by having our very first health policy announcement focusing on increasing the breast cancer screening age from 69 years to 74 years.

National will be focused on boosting up the frontline to address the long surgical and first specialist appointment wait lists and emergency department wait times, which is affecting the health of all New Zealanders.

TE AKA WHAI ORA

If you propose to restructure Te Aka Whai Ora, how will you address the issues of Māori inequity?

LABOUR:

Te Aka Whai Ora was set up to put hauora Maōri at the centre and make health outcomes for Maōri a priority. These are by Māori for Māori solutions to ensure the groups we've identified as needing more support through the health system will be getting the help they need.

Our communities have experienced the difference it makes to have a national Māori health agency. Te Aka Whai Ora coordinated a Māori health response to Cyclone Gabrielle that empowered local leaders within affected communities; expanded funded rongoā Māori services throughout Aotearoa; and has worked with Te Whatu Ora to improve the wider health system for Māori with initiatives like new kaupapa Māori primary mental health services and comprehensive primary and community care teams.

The coming year will see Te Aka Whai Ora build on these foundations, continuing to look for innovative approaches and prioritising investments that make the greatest difference for whānau Māori. Growing kaupapa Māori services, supporting Māori innovation and creativity, investing in a growing Māori workforce, and giving Māori a strong voice in our health system are key to improving the disproportionate health outcomes that have long affected our whānau.

NATIONAL:

National will deliver health based on need. We will dissolve the Māori Health Authority and have a strong Māori health directorate inside the Ministry of Health.

Inequity for Māori will be addressed through three main arms.

The first will be to improve cultural competency right from undergraduate training to colleges and organisations.

The second will be to address the social determinants of health which also create inequities such as financial barriers to access.

The third will be to empower Māori health providers with decision making authority as close to the home and the hapu as possible.

What is the projected cost of restructure?

LABOUR:

N/A

NATIONAL:

Labour has been focused on creating disruptive bureaucracy change in the health sector. This change has already cost almost half a billion dollars and has been spent on back-office rather than the hardworking frontline.

National is committed to increasing the health funding every year and target it to the frontline rather than on more back-office bureaucracy.

CLIMATE CHANGE

Climate change is having increasingly destructive effects on Aotearoa New Zealand's infrastructure but also on the health of New Zealanders. Ironically, the provision of health services has a significant negative impact on the environment. The UK has been more successful than us at "greening" the NHS, or even being able to quantify the environmental consequences of health care decisions or recognising the opportunities to minimise environmental damage.

What is your party's plan to embed carbon neutrality and minimisation of waste in the provision of health services?

LABOUR:

The Labour Government has committed to achieving carbon neutrality in the public sector within five years. Te Whatu Ora is undertaking significant emissions reductions in hospitals. For example, a coal conversion programme is currently in place. This has resulted in two

coal boiler conversions recently completed in Timaru, as well as another seven conversions on the way. Te Whatu Ora has a fleet of 4,000+ vehicles. By early 2023 over 400 of these will be Battery Electric Vehicles.

In May this year, we opened two new state-of-the-art mental health facilities at the Christchurch Hillmorton Hospital campus. A new clean energy centre for the Hillmorton site is also part of the redevelopment. This uses sustainable ground source heat pump technology and will help reduce emissions as part of the carbon neutral public service goals.

NATIONAL:

National supports New Zealand's 2030 emissions targets and the 2050 target for New Zealand to be net Zero. We have already announced policies in our largest emitting sectors, agriculture, and energy.

Much of the public sector's emissions come from energy, keeping the lights on for public services, or fuelling government-operated cars. Our policy Electrify NZ will supercharge renewable energy production, meaning our energy and transport sectors will be fuelled by wind and solar, not Indonesian coal.

ACC ELIGIBILITY FOR PATIENTS INJURED WHEN NOT EARNING

Patients who are injured when they are non-earners are not eligible for ACC if they require surgery subsequently when they are earning.

Do you accept that it is unjust that the earning status of a patient when they are injured determines their subsequent eligibility?

LABOUR:

ACC is a valuable part of Aotearoa New Zealand's social fabric and helps to rehabilitate thousands of people each year. The ACC Scheme is a no-fault scheme that covers everyone – children, beneficiaries, students, unemployed, retired and overseas visitors – who are injured in an accident in New Zealand. Cover for surgery depends on the causation; if surgery is necessitated by an accident then ACC will cover, if surgery is necessitated by a health condition then ACC will not cover. Access to ACC is not the same for everyone in New Zealand and there is a lack of data to explain why this is. For example, we don't know why, despite making up about 16 per cent of the population, Māori accounted for just 12 per cent of new accepted claims in 2020. We want to remove barriers to ACC, so ensuring we have good information about how we can do that is where we need to begin.

NATIONAL:

National's priority in health will be to repair the damage done by the Government choosing to prioritise a costly, bureaucratic restructure over delivery on the frontline. Our goal will be to ensure timely access to quality health care for all New Zealanders. The ACC system has been effective for New Zealand. We are open to looking at whether the current settings are appropriate.

What steps will you take to change legislation to enable this discriminatory practice to be reversed.

LABOUR:

While Labour is yet to release its election policy, we are committed to removing existing barriers to ACC. We know that some groups are accessing and benefiting less from ACC than others, but we do not have good insight into why, or the drivers of these disparities. The Accident Compensation (Access Reporting and Other Matters) Amendment Bill which was passed in June will ensure that when ACC reports on access, it looks both at people with eligible injuries who have not yet made an ACC claim as well as claimants. Making the new access reporting requirement a legislative change will provide greater certainty that ACC is maintaining a longer-term focus on disparities in access. The Accident Compensation (Access Reporting and Other Matters) Amendment Bill also makes sure those on low incomes will no longer have to wait five weeks to get the minimum weekly rate of ACC. This will reverse one more of the damaging changes made by the previous National Government, which disadvantaged thousands of New Zealand workers.

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