



Royal Australasian
College of Surgeons
Te Whare Piki Ora o Māhutonga

2020 New Zealand General Election

Responses to issues

September 2020



Introduction

Prior to all government elections in New Zealand and Australia, the Royal Australasian College of Surgeons asks Fellows, Trainees and Specialist International Medical Graduates to identify issues of specific concern and relevance to the delivery of surgical services. We then provide an opportunity for political parties to outline their policy positions on these key issues and distribute these responses to our membership.

RACS New Zealand members identified five key focus areas relevant to the New Zealand 2020 General Election:

- A single Electronic Health Record
- More collaboration amongst District Health Boards
- Separation of health service delivery and health policy leadership responsibilities
- The adequacy and stability of our health infrastructure
- Meeting the challenges of pandemics

This document contains the responses to these issues from ACT New Zealand, the Green Party of Aotearoa New Zealand, the New Zealand Labour Party, the New Zealand National Party and The Opportunities Party. No responses were received from the New Zealand First Party or the Māori Party.

You may wish to consider the responses provided in this document before casting your vote in New Zealand's 2020 general election.

A Single Electronic Health Record

Effective sharing of patient-centric information across the continuum of care, via an Electronic Health Record (EHR), can improve collaboration between providers, improve patient safety and care quality, and increase the effectiveness and efficiency with which the health system can address the needs of individuals in a personalised way, ultimately resulting in better outcomes for the patient.

EHR systems have resulted in workforce productivity and efficiency gains for many healthcare systems overseas. They typically drive productivity gains within hospitals, but also across settings such as pharmacy and medication management. Benefits are primarily driven through workflow automation, better clinical decision support (diagnostic testing / screening) and improved information sharing capability. A Carnegie Mellon University Living Analytics Research Centre study found that enhanced EHR adoption accounted for a 27 percent reduction in aggregated adverse patient safety events, a 30 percent decline in adverse medication events, and a 25 percent decrease in complications regarding tests, treatments or procedures.¹

Unlike many other countries around the world, New Zealand has yet to develop an Electronic Health Record (EHR) system, despite its development being proposed at least a decade ago. South Island DHBs have made substantial progress towards an EHR system. All five DHBs are connected to the same shared electronic patient record for hospital care. In conjunction with the South Island's primary care clinical information system, HealthOne, this provides a single, consolidated electronic health record containing relevant health information for all South Island residents who access health services. In contrast, North Island DHBs continue to run with a range of non-interoperable patient record systems.

In 2015 the government announced plans to build a national EHR system and said it would take three to five years.

In July 2017 an indicative business case was presented to the Cabinet Committee on State Sector Reform and Expenditure Control. The Committee requested further information on the costs and benefits of an EHR and these were expected to go back to Cabinet for approval in December 2017.

The current Government has done away with the concept of an EHR and the Ministry of Health is now focusing on a national Health Information Platform that would join up existing and emerging information sources that will enable data about a single patient to be shared. Work on this has been delayed due to the COVID-19 pandemic.

RACS appreciates the difficulty and complexity involved, but we still consider the best plan is for one coordinated, nationwide system.

Q1: How would your party commit to the development of a single Electronic Health Record (EHR) for all New Zealanders?

ACT New Zealand:

The idea of a single integrated national EHR system has enjoyed support here and internationally for many years. However, technology has overtaken this concept which has now rightly fallen out of favour. Modern systems that utilise a federated approach and that can assemble all relevant health information about a person at the point of care are now rightly the direction of travel. This approach is less costly, easier to maintain, makes much clearer the accountability for the quality of the data and most importantly starts to address the biggest challenge faced by the health service (here and overseas): the empowerment of patients to become actively involved in their healthcare and to improve their lifestyle choices. Only by using technology in this way will we start to address the demand issue, rather than the current total focus on supply, the demand for which will always outweigh all countries' ability to fund. For this reason, the ACT Party supports the Ministry's recommendation of the development of a National Health Information Platform (NHIP). It is regrettable that New Zealand has allowed the advantage provided by the early adoption of a National Health Index, to be frittered away by successive governments failing to recognise the overwhelming importance of accurate and timely data in the provision of high standards of care. Although the NHIP, if implemented, will only go some way to rectify these failings, it will provide a platform for further development.

¹ Ministry of Health, 2015. Independent Review of NZ's Electronic Health Record Strategies, Ministry of Health, Wellington, NZ

Green Party of Aotearoa New Zealand:

The Green Party would like to develop a comprehensive, nationally-integrated electronic health records system. This will allow people to access their own health records, as well as allowing for all health professionals to access the same information, to improve efficiency, communication and continuity of care.

New Zealand Labour Party:

Labour understands that a preliminary business case analysis was undertaken for a single Electronic Health Record, but a detailed business case was not, and this option is not being implemented. Labour believes that a better approach to transforming access to health information exists in a national Health Information Platform.

A national Health Information Platform would not just be a technical platform, but a range of components enabling better information sharing across the sector. It could assemble a virtual electronic record on demand from multiple trusted sources and provide access to data and services, thus supporting clinical decision making in real time and empowering patients to manage their own health care.

Labour understands that a detailed business case is being developed for this, which will include a risk profile assessment, and the Minister of Health expects to receive, consider, and make decisions on this soon.

New Zealand National Party:

National has specific expertise in this domain. Dr Shane Reti, National's Health spokesman, was an Assistant Professor at an informatics division at Harvard University in Boston. His team there worked on creating and deploying an EHR into the Middle East as well as consulting international governments around how to fix their broken health systems with the help of smart health information technology (HIT). A single electronic health record is the holy grail of health informatics but is also exceedingly difficult and rarely achieved. A certain level of health informatics maturity and project management is required such as those associated with the Healthcare Information and Management Systems Society (HIMSS) frameworks. National will progress the sector wide skills and expertise required as a foundation before deployment of a single electronic health record. The Labour NZ First government spent \$1.5M on the preliminary business case which never progressed to a detailed business case. Treasury has expressed concern with the ability of the Ministry of Health to monitor and develop HIT projects.

The Opportunities Party (TOP):

The COVID-19 pandemic has highlighted New Zealand's urgent need to invest in digital health. As you point out, for years now, both sides of the political aisle have left our health IT infrastructure neglected. In its current state, health IT spending is barely enough to keep up with the legacy systems, let alone enough to create a truly 21st century system.

Despite the technical challenges, ultimately it is a lack of vision and political will. NZ needs to mandate interoperability and data standards, set out a rapid implementation timeline, and invest in a digital workforce. Internationally, there are many success and failure stories of nationwide EHRs, so there is a lot to learn from. Estonia's is one such success story where their digital transformation points to how a national EHR (with decentralised attributes), can work.

TOP would endorse meaningful action on a national strategy for a full digital transformation, with funding tied to compliance. TOP would review the international evidence, listen to experts and would pursue an EHR that supports efficient, effective and equitable clinical care.

Q2: How would your party invest in improving the IT systems in our hospitals, particularly those that still rely on outdated patient record systems?**ACT New Zealand:**

The issue with District Health Board (DHB) IT systems is twofold:

DHB IT budgets have been starved of funding for more than 30 years. As a result, most DHBs struggle to even keep the lights on, let alone innovate or make the step changes in their systems that have become routine for other sectors.

The distributed nature of accountability has led to systemic failure to develop a coherent nationwide approach to the collection and use of data. Individual DHBs struggle with what are exceptionally complex problems and unsurprisingly fail repeatedly. With the axing of DHB NZ, no organisation has accountability for the collaboration and cohesion of the sector with regards to IT. Even where initiatives such as the

regionalisation of the sector and the resultant progress made, for example, in the South Island, individual DHBs still fight for autonomy, and collaboration and shared learning are the exception rather than the rule. As a broad generalisation the Ministry of Health (or as previously the NZ Health Information Technology Board) has failed to provide the necessary leadership, and in any event does not have a mandate to exercise.

ACT would require DHBs to collaborate by enforcing any DHB requesting IT investment to comply with the national strategy, to collaborate with other DHBs, at least in the same region, and to adhere to nationally agreed principles of data governance. In order to encourage their prioritisation for IT investment, DHBs would have clear targets that they would need to achieve in terms of provision of service to clinicians and other care providers, as they have in relation to other metrics.

Green Party of Aotearoa New Zealand:

The Green Party would like to see public health care better funded, including more investment in hospital IT systems to develop comprehensive, nationally-integrated electronic health records.

New Zealand Labour Party:

Labour supports work by the Ministry of Health to develop the Digital Health Strategic Framework that will guide the use of digital technologies and data to support a strong and equitable public health and disability system.

The Ministry periodically reports on the DHB digital systems landscape, providing a snapshot of DHB core digital services, and revealing where legacy solutions in some services at some DHBs remain. It has also commissioned a group to undertake digital maturity assessments that will inform planning decisions and measure progress and investment impact.

All of these measures give Labour confidence that our sustained investment in health will improve hospital IT systems. In Government we have already invested an extra \$8.82 billion in DHBs, and we've committed \$3.5 billion to fixing our hospitals.

The Final Report of the Health and Disability System Review also made recommendations on digital and data. For example, to develop and execute a plan that sets out actions and responsibilities for building digital capabilities and implementing data standards, systems interoperability, and cybersecurity standards. Labour has accepted the case for reform and the direction of travel outlined in this report. Any specific recommendations that Labour may choose to campaign on ahead of the election, including those relating to digital and data, will be outlined in our manifesto.

New Zealand National Party:

National supports digitalisation of the health system. We are particularly supportive of those systems that have established quality and safety business cases including clinical decision support and closed loop prescribing with drug-drug interactions. National will determine those features that need to be owned by central government, such as a common terminology (semantic terminology). Particular attention will be paid to workflow, which is often disrupted by HIT, and analytic reporting being readily available to clinicians. National will monitor IT investment in hospitals against industry and international standards so that critical HIT investment is not redirected to other cost centres.

The Opportunities Party (TOP):

As mentioned above, TOP would support investment in healthcare digital transformation, based on the leading evidence of what works. By taking this approach hospitals/DHBs could leapfrog to a more mature stage quickly (as measured by HIMSS).

More Collaboration Amongst District Health Boards

In a country the size of New Zealand with a population of 5 million people, around 3.8 million of whom pay taxes, every dollar spent on our health is precious. There continues to be unnecessary reinvention of the wheel and competition among our 20 District Health Boards (DHBs).

Despite initiatives such as the DHBs' National Health Procurement Strategy and the introduction of legislation in 2010 enabling greater regional collaboration among DHBs, the recent Health and Disability Review report noted that "DHBs replicate processes and analysis. 'Doing it once' and sharing knowledge would be much more cost-effective."² Currently, for example, DHBs submit business cases for significant investment in infrastructure in complete isolation from their neighbouring DHBs and regional partners.

The recent report of the Health and Disability System Review Panel recommends DHBs collaborate more through the development of five yearly regional strategic plans covering services that need a regional focus and other services that are identified by DHBs as priorities for the region.

Once there is greater collaboration, the Panel considers that the number of DHBs in the country can be reduced from 20 to between 8 and 12.

The Panel also recommends that operational policies are applied more consistently across DHBs. The lack of consistent operational procedures across DHBs was brought into stark relief during the COVID-19 pandemic as each DHB created its own interpretation of guidance issued by the Ministry of Health around national directives. The allocation of personal protective equipment, for example, varied significantly from DHB to DHB and hospital to hospital.

Q3: How would your party achieve greater collaboration and less reinventing of the wheel among DHBs?

ACT New Zealand:

Given the funder provider split, the most effective strategy for increasing collaboration is not to set up more and more national bodies (as recommended in the Simpson report on the Health and Disability System Review) but to tie funding to both innovation and collaboration. An agile central agency needs to make clear the objectives of the government, to establish the funding rules (where business case approval will be tied to innovation and collaboration) and provide a national approach, where this is justified (such as with the NHIP). New Zealand is a small country that has a health system designed for a country with 10 times the population.

Green Party of Aotearoa New Zealand:

The Health and Disability Review discusses how DHBs often replicate processes and analyses. We believe DHBs should be better supported to share their knowledge and expertise, and to collaborate with each other. Not only will this prevent a 'reinventing of the wheel', but it will foster better health outcomes for patients. The Health and Disability System review makes recommendations to achieve greater regional collaboration and the Green Party supports these.

New Zealand Labour Party:

Labour has accepted the case for reform and the direction of travel outlined in the Final Report of the Health and Disability System Review. Any individual recommendations that Labour may choose to campaign on ahead of the election will be outlined in our manifesto.

New Zealand National Party:

National is supportive of collaboration across the sector especially at a regional DHB level, and we recognise this is already happening in some regions. There is a place for regional amalgamation of DHB strategy and planning functions which already occurs with good effect in regions such as Northland. It is also important there is a fertile environment within the health system where good ideas are celebrated, attributed and promoted. Sharing of information also reduces the chances of reinventing the wheel.

² Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR. June 2020

The Opportunities Party (TOP):

TOP supports the findings of the Health and Disability System Review, which include making the strategic plans of DHBs accountable for contributing to the nationwide health and disability system. This would also include reducing the number of DHBs. TOP would further improve this system by introducing an independent national funder (like Pharmac) that would work across clinical guidelines, international and local evidence. Being an independent, national body, it would improve collaboration, reduce reinventing the wheel and not be at the whims of political parties. It would have a strong mandate to invest in evidence, cost-effectiveness, equity and wellbeing.

Q4: Does your party agree that the number of DHBs in New Zealand should be reduced and what is your rationale for your position?

ACT New Zealand:

ACT would support turning the current development of regions by stealth into a statutory fact. Four regions should take accountability for the development and delivery of regional strategies, supporting the overall national policy objectives. Local service delivery can then be designed at a local level, with improved integration with primary and community services. ACT would also recommend the abolishing of the elected boards, whose purpose is no more than a Clayton's nod to democracy.

Green Party of Aotearoa New Zealand:

The Green Party supports the findings of the Health and Disability Review, but we caution that any changes to the DHB system must protect communities' right to have their say. Local democracy is a core value for the Green Party, and as long as reducing the number of DHBs ensures communities can still have a say in health decisions that affect them, we support it.

New Zealand Labour Party:

Labour agrees that the number of DHBs in New Zealand should be reduced. We believe more consistently applied operational policies and better regional planning and collaboration would simplify the structure of the health and disability system, streamline decision-making, and allow for better use of scarce expertise and increase efficiency.

Labour knows that in implementing any of the recommendations from the Final Report of the Health and Disability System Review, we would need to engage with communities and bring people with us on that journey, taking a collaborative approach.

New Zealand National Party:

The National Party does not agree that DHBs should be consolidated to the 8-12 recommended in the Simpson report. We challenge the Government to identify which DHBs will go and against what criteria and to take that to the campaign trail. We do however recognise that consolidation of some functions may result in productivity gains. Some in the National Party caucus have worked as clinicians under Regional Health Authorities and similarly aggregated health entities with the clear observation that local need and autonomy can be sacrificed in these circumstances. We acknowledge the balance between productivity, economies of scale and local health need responsiveness. This is a hard problem but we do not think DHB reduction is the solution for now.

The Opportunities Party (TOP):

Yes. As outlined above, there is vastly too much bureaucracy, reinvention of the wheel, as well as a postcode lottery for services. As a small country, many of our secondary and tertiary care needs are similar, and thus consolidating our DHBs makes sense.

Kiwis deserve an efficient, effective, equitable service.

Separation of Health Service Delivery and Health Policy Responsibilities

Currently the Ministry of Health is ultimately responsible for funding, contracting and monitoring the delivery of health services as well as developing health policy.

The Health and Disability Review final report, released in June this year, proposes streamlining the Ministry's role into one of 'system stewardship'.³ The Ministry would set the vision for and direction of the health and disability system, collect and use intelligence such as data and evidence-based research and exert influence on organisations working in the health and disability system through regulation and other means. The Ministry would be the chief steward of the health and disability system and chief advisor to the Government on strategy and policy, to improve health and equity of outcomes.

Enabling the Ministry to focus more sharply and clearly on equity of outcomes would seem to be a proposal that is worthy of consideration, given New Zealand still has an unacceptable level of inequity in health outcomes, particularly for Māori, despite it being a national priority for many years.

Other outcomes that require a clearer and sharper focus include ensuring an adequate and representative surgical workforce to better meeting the surgical needs of New Zealanders.

The Review panel proposes that responsibility for service delivery be given to a new authority which would be accountable to the Minister of Health for the overall performance of the health and disability system delivery and its impacts on improving health outcomes and equity.

The Review report notes that service delivery leadership requires strong business acumen, focused clinical leadership and expertise in delivering health services so they can be provided effectively, efficiently and an integrated way.

Well performing health systems overseas, for example in many European countries, have shown the benefits of separating the stewardship role from the service delivery role.

Q5: Does your party believe there needs to be a separation of responsibilities for health policy and service delivery and what is your rationale for your position?

ACT New Zealand:

At a strategic level, the translation of Government policy into meaningful guidelines, targets, and oversight should be the responsibility of the central agency (the Ministry of Health). Service delivery should be the responsibility of the regions and local service delivery organisations. The centralisation of agencies has been littered with failures, e.g. the National Health Board, Health Workforce New Zealand, Health Benefits Limited and arguably the Health Quality and Safety Commission. If the standards, structures, policies and targets are clearly set, then the nearer policy for service delivery is to the patient, the more effective it is likely to be. As previously noted, one key role of the policy body is to ensure funding is tied to performance and compliance with national imperatives.

Green Party of Aotearoa New Zealand:

The Green Party will explore the separation of responsibilities for health policy and service delivery as per the review and the rationale given therein. Successive Governments have ignored the structural changes that are needed to improve health outcomes, and we look forward to progressing with the report to improve the health system.

New Zealand Labour Party:

See reply to Question 3.

New Zealand National Party:

It is not clear to us that separation of responsibilities will result in benefits beyond creation of another bureaucracy. Accountability and reporting lines to the Director General of Health are clear when all services are under the one umbrella. PHARMAC is an example of arms length separation of Ministry of Health

³ Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR. June 2020, p.42

strategy from PHARMAC funding and contracting, and this has not always served New Zealanders well. This was best shown when PHARMAC kept secret from the Director General 20,000 meningitis vaccines that had been offered by Pfizer during the Northland meningitis outbreak in 2018. The National Party is however open to exploration of new configurations which will improve the efficiency of the health system.

The Opportunities Party (TOP):

Yes. TOP would further improve this system by introducing an independent national funder (like Pharmac) that would work across clinical guidelines, international and local evidence. Being an independent, national body, it would improve collaboration, reduce reinventing the wheel and not be at the whims of political parties. It would have a strong mandate to invest in evidence, cost-effectiveness, equity and wellbeing.

Q6: *Would your party implement the recommendations of the Health and Disability Review panel regarding the separation of service delivery and health policy responsibilities?*

ACT New Zealand:

Yes.

Green Party of Aotearoa New Zealand:

We all deserve a fit-for-purpose health system which works for everyone. This review is a valuable piece of work which puts forward a lot of good ideas and the Green Party is committed to exploring this within the next term of government.

New Zealand Labour Party:

See reply to Question 3.

New Zealand National Party:

As above

The Opportunities Party:

Yes.

Q7: *How would your party achieve greater equity in health outcomes, particularly for Māori?*

Act New Zealand:

ACT does not support the establishment of a national body to address the issue of inequities of health access. Top down, centralised direction has a record of failure (see answer to Q5). Health inequities result mainly from the lack of empowerment of patient communities, issues with health literacy and the uneven distribution of services. A priority of an ACT government would be to enable all populations to have access to their health data and to provide supporting information to enable people to take better control over their lives. Although not just applying to Māori, this would be particularly helpful to their communities, where there is too often a fundamental failure to engage with health services on a meaningful level. Research shows clearly that the health of an individual, at least in part, relates to their perception of their empowerment to manage their health status.

In respect of the significant problem related to access (ever increasing staff shortages and the impracticality of secondary services being located outside of urban areas), the impact on Māori is proportionately greater, given their distribution in the more remote parts of the country. One aspect of Covid is that it has demonstrated once and for all the effectiveness of telehealth. While never a full substitute for face to face consultation, telehealth can provide the direct involvement of secondary services, without the expense and inconvenience of travel (by patient and/or provider). This is particularly true when telehealth results in a greater degree of integration between the primary, secondary and community sectors.

Green Party of Aotearoa New Zealand:

The Green Party recognises that the Crown must provide particular support for hauora Māori, recognising the existing health disparities and the responsibility to provide funding to address this. The needs and preferences of Māori whānau, from the beginning of life to the end of life, must be recognised and respected in the development and delivery of health services.

Māori health needs have been neglected under our current health system and the Green Party is strongly supportive of tangata whenua having greater tino rangatiratanga over Māori health. To this end, we would like to explore the establishment of a Māori Health Authority alongside the Ministry of Health to embed

mātauranga Māori across the health and disability system.

New Zealand Labour Party:

To achieve more equitable health outcomes, Labour would look at the funding model and consider how we fund for those outcomes. Labour believes that there is a legitimate case for ethnically targeted funding in health care; that there are some parts of the community where you do have to invest more money to get equitable health outcomes.

Labour would also support the creation of a Māori Health Authority to sit alongside the Ministry of Health, to not only be the principal advisor on all hauora Māori issues, but also to lead the development of a strengthened Māori workforce and the growth of a wider range of kaupapa Māori services around the country. No decisions have yet been made on the extent to which this Māori Health Authority would control the funding and commissioning of services for Māori.

In Government we have already boosted funding for Whānau Ora, which supports tino rangatiratanga and mana of whānau by empowering them to self-determine their needs, aspirations and desired outcomes.

In Budget 2019, we committed \$80 million over four years to expand the coverage and impact of Whānau Ora. Almost two thirds of that funding was to go directly to Commissioning Agencies, with the remaining \$20 million earmarked to explore new localised Whānau Ora commissioning.

In January this year, we announced that an extra \$3 million would go directly to Whānau Ora Commissioning Agencies; and then, in April, we announced that \$45 million from the \$500 million COVID-19 Health Response Fund would support Whānau Ora and a tailored health response for communities during lockdown (\$30 million for Māori health service providers and \$15 million for Whānau Ora Commissioning Agencies).

In July, we announced that, as part of its efforts to explore new localised Whānau Ora commissioning, four Whānau Ora service providers in Tauranga, Tokoroa, Wairoa and Palmerston North would receive \$500,000 each to trial the new approach. An evaluation will run in parallel with the trial, which is set to wrap up in December.

Labour believes implementing a new approach that supports existing services will bring the long-term goal of whānau achieving tino rangatiratanga closer to reality, thus also achieving more equitable health outcomes for Māori.

New Zealand National Party:

National will achieve greater equity across the health system, particularly for Māori, in several ways. We recognise that there are inequities across the system as a feature of age, gender, ethnicity, place of residence and socioeconomic status and lifestyle choices to name a few. We will assess and data capture these elements against nationally agreed targets. With this information we can deploy culturally competent interventions to address inequalities. We will also monitor performance against inequality targets and change interventions as appropriate in a quality feedback loop. We have already been gathering data annually on inequalities in Opposition which means we will hit the ground running.

The Opportunities Party:

As a nation, we've shown together we can mobilise to "flatten the COVID curve" but now it's time to use that same conviction – to squash the inequity gap.

The Adequacy and Stability of our Health Infrastructure

According to the National Asset Management Programme for DHBs, released in June this year, DHBs operate with an accumulated under-investment in assets and many believe their assets to be in poor condition and no longer fit for purpose. Work through 2018–19 indicates investments of \$14 billion for buildings and infrastructure and \$2.23 billion for IT are needed over the next 10 years. However, there are financial constraints, capacity issues for the construction sector and a requirement for a national evidence-based prioritisation framework. Further, there are competing demands on DHBs' funds, with increased clinical complexity relating to an ageing population and ongoing developments in health and digital technologies.⁴

As part of the programme referred to above, nearly half (15) of operating theatre suites nationwide were assessed at 11 of the 20 DHBs. These included units in Northland, Auckland, Counties Manukau, Tairāwhiti, Waikato, Lakes, Hawke's Bay, MidCentral, Capital & Coast, Nelson Marlborough and Canterbury DHBs. Canterbury DHB's Burwood was selected as the control unit due to being in a newer building.

For operating theatre suites, the key principles involved in poorer scores include:

- infection control issues related to suboptimal separation of patients, separation of clean and dirty workflows and the quality of surface finishes
- lack of privacy for people receiving surgery
- poorly sized and shaped spaces, especially operating rooms.

The mean overall scores ranged from good to very poor, with four good, six average, four poor and one very poor. The control suite at Burwood was among those with a good score and the suite that scored very poor was Christchurch Hospital.

An example of the failure to adequately manage new health infrastructure is the new Acute Services Block being built at Christchurch Hospital. Completion is more than two years overdue and the ongoing failure to open it is adversely affecting the ability of the Canterbury DHB to provide surgical services for its community.

Furthermore, a recent Ministry of Health decision has culminated in the DHB not proceeding with Stage 2 of the project, incorporating the third and fourth pods. This decision was made against strong recommendations from the clinical leadership group. These facilities are essential to provide for anticipated service requirements at a minimal level: anything else will severely compromise the DHB's ability to meet current, let alone projected, service requirements. This has massive implications for the ability of CDHB to provide tertiary services to Canterbury and other regions of the South Island. The current foreshortened development proposal will almost certainly compromise the ability of the CDHB to provide the quality care currently expected of it - and the adverse consequences could last for decades.

Q8: What will your party do to ensure that hospital infrastructure throughout New Zealand is able to meet the future needs of our population, considering both long term environmental and fiscal sustainability?

ACT New Zealand:

While noting previous responses relating to the need to address demand as well as supply, it is apparent that our current hospital infrastructure is inadequate at best. Today's build cost for a new 900+ bed hospital is about \$400-500m. Most of the 40 public hospitals in the country were built pre-1960 and not fit-for-purpose in today's healthcare environment. A 2019 stock take by the Ministry of Health has indicated that \$14bn will be required to repair and upgrade current hospital assets.

ACT believes the solution to the hospital infrastructure issue is to enter into Public-Private-Partnership (PPP) with large, global infrastructure developers and investors (such as Infratil or Ontario Teachers' Pension Plan) for new build and long term, commercial lease arrangements. For the \$14bn refurbishment and fit-for-purpose upgrades to existing facilities, we would use PPP and convert these to long term lease

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backs.

Christchurch has experienced a disproportionate amount of hardship in recent years and needs to attract greater support than that offered in recent years by the Ministry of Health. The hospital is an important cornerstone of the city's infrastructure needs and ACT will support investment in this infrastructure, assuming the appropriate business case metrics have been satisfied.

Green Party of Aotearoa New Zealand:

COVID-19 has shown us how much we rely on each other. It has also shown us that strong health services are critical. The key to this is quality healthcare provided by a publicly funded health system. There should be no financial or other barriers to anyone accessing the healthcare services they need. We will increase resources for wellness and preventative health measures, to keep everyone as healthy as possible, and increase public health funding to keep pace with need and the growing population. With greater government support, everyone in Aotearoa will have access to healthcare when they need it. In January this year, we announced a programme to upgrade infrastructure and modernise the economy to help more communities be part of the solution to climate change through a clean powered public service. Our government is helping more hospitals switch to clean, climate friendly ways of keeping people warm, and the lights on. For example, \$2.8 million has been allocated to upgrade Hillmorton Hospital's mental health unit to a higher Green Star rating. Construction is expected to begin in 2020. These changes will help us meet the commitments we made to all New Zealanders in the Zero Carbon Act, as well as reducing hospitals' energy bills which frees up funding for other essential maintenance.

New Zealand Labour Party:

Last election Labour campaigned on funding our health system properly. That meant investing significantly more in district health boards and health capital. In Government we have already invested an extra \$8.82 billion in DHBs, and we've committed \$3.5 billion to fixing our hospitals.

As for how we prevent future infrastructure problems like the ones we inherited, early this term the Minister of Health directed his officials to generate a comprehensive picture of the state of New Zealand's hospital buildings and other assets. The first report issued as part of the National Asset Management Programme will help ensure future investment decisions deliver the best health outcomes for New Zealanders.

New Zealand National Party:

National will address current repairs and maintenance requirements of existing buildings as well as asset management planning of future facilities. We will ensure annual funding, including depreciation spending, is spent on repairs and maintenance and not cost-shifted to other areas. We recognise that those other areas may then require funding in their own right. National will future-plan and budget for facilities that will need to come on line in the out years so that DHB balance sheets can truly accumulate for planned facilities and not be used against them to hold back funding opportunities. We will explore the capital charge to make sure it is still fit for purpose.

The Opportunities Party:

In general, debt is currently not an issue. New Zealand has systematically under-invested in infrastructure for decades, and this needs resolving.

However, that investment must go to where the need is greatest. The real constraint is in capacity to deliver, not the money to fund it. We need to develop business cases for a pipeline of infrastructure projects and get moving on the ones with the best return on investment.

Given that we are now in what seems to be a permanently low interest rate environment, the capital charge regime should also be reviewed.

Once DHBs are working together there would likely be opportunities to invest in larger tertiary facilities that serve a broader region.

Q9: What will your party do to ensure that the Acute Services Block at Christchurch Hospital is opened urgently?

ACT New Zealand:

See response above

Green Party of Aotearoa New Zealand:

The Green Party believes that health funding should keep pace with what is needed. New Zealanders deserve world-class public health services and the money we need to support each other is already there. We need to engage both the public and health professionals to find solutions to ethical problems, such as those involved in resource allocation. The Green Party also believes our tax system needs reform to reflect this so that those who have high incomes and high net wealth contribute a little more to support high-quality public health services that benefit everyone.

New Zealand Labour Party:

This is an operational matter between the Ministry of Health and the Canterbury District Health Board. Labour understands there has been good progress on this in recent weeks.

New Zealand National Party:

National is already supporting clinicians at the Christchurch Hospital, and our Health spokesman has been challenging the Minister for accountability through parliamentary questions. National has a track record of large infrastructure delivery and the ability to deliver on these projects.

The Opportunities Party:

Our understanding is that CDHB has been severely underfunded since the earthquakes. This is a crisis that all of New Zealand should care about - and should be remedied.

Q10: How will your party ensure that the second stage of the Christchurch Hospital building project is carried out as originally intended and as previously agreed with the clinical staff?

ACT New Zealand:

See response above

Green Party of Aotearoa New Zealand:

New Zealanders deserve world-class public health services and the money we need to support each other is already there. We want all New Zealanders to enjoy better health and wellbeing. Improving our hospitals and other health infrastructure is an important part of this. The Green Party's approach to tax reform will see those who are doing very well contribute slightly more to our shared public services and enable the needed investment in health infrastructure in places like Christchurch.

New Zealand Labour Party:

Labour is supportive of a new facility that enables the delivery of modern, high-quality health services for the people of Canterbury, and that represents good value for money and an equitable share of the capital available for hospital projects across the country.

New Zealand National Party:

As above

The Opportunities Party:

As per above. If this would improve productivity it shouldn't be held back.

Meeting the Challenge of Pandemics

New Zealand has been extremely fortunate to avoid, so far, the horrendous experience of COVID-19 suffered by other countries.

Medical professionals here were extremely worried about how our hospitals would cope if we had seen outbreaks on the scale of those in countries such as Italy, the United States of America, Brazil and the United Kingdom.

Given that the pandemic is still coming into the country from people arriving home, there is no vaccine for COVID-19 and that epidemiologists say we should expect similar pandemics will occur every 10 years, we continue to have serious concerns about our ability to meet the challenges of this and future pandemics.

Q11: What is your party's COVID-19 health recovery plan?

ACT New Zealand:

ACT's Alternative Budget details our plan for getting New Zealand back on its feet. New Zealanders should not be put in a position where we have to choose between our lives or our livelihoods. We are an innovative and resourceful people and intelligent enough to find a way to do both. More often than not the solution is being smarter with our responses.

ACT doesn't believe in a binary choice between health or the economy where we must decide on protecting one or the other and our Alternative Budget outlines how we can do both.

For economic recovery we need a sustainable method to maintain demand throughout employment sectors. This is what keeps people in jobs. Sugar hits with wage subsidies don't cover other costs like rent, rates and utilities, putting further pressure on a business's books. Temporarily cutting the GST and permanently cutting middle income tax rates creates demand for goods and services that keeps people in jobs.

Specifically, for health we need a reliable COVID-19 recovery plan. Recent events in Auckland will demonstrate if our current means of dealing with the virus are effective and if we need to implement new ways of operating. Regardless of the outcome, preparedness is absolutely necessary if we are to re-open to the world in the future. To do this safely, we would insist on the development of smart border strategies, the ramping up, through PPPs, of the ability for immigration and the addressing of the obvious shortfalls in the strategies of the current government.

To improve our speed of response to future pandemic events, ACT would permanently increase funding to public health by 50% to \$660 million a year. We would abolish the 12 Public Health Units around the country and merge them into a single National Public Health Service, with its own human health border inspection service and a health surveillance capability independent of the World Health Organization. This service would manage an expanded national PPE stockpile and audit DHBs' and social care operators' pandemic plans.

ACT will also insist on the development of a new national pandemic plan. The current plan, first drafted in the early 2000s, has clearly proven to be inadequate and the lessons learned from Covid need to be put into a new national plan, that addresses not just future iterations of coronavirus, but such contingencies as the possibility of the malevolent introduction of diseases such as smallpox. The plan needs to be multidimensional, reflecting the political, legal, clinical, economic, communications, enforcement, empowerment and preventative aspects of a pandemic.

Green Party of Aotearoa New Zealand:

The Green Party continues to focus on keeping New Zealanders safe, and we support robust systems for managed isolation and quarantine, testing and contact tracing, as well as a continuing public information campaign that promotes basic measures like good hygiene and keeping track of where you go, all intended to prevent the spread of COVID-19. There are just a handful of active cases of COVID-19 in New Zealand, and all are in managed isolation or quarantine facilities. From what we have already achieved together this year, we know our communities have what it takes to overcome something that is bigger than each of us alone.

We are proud to be part of a government that is prioritising public health and safety. We will continue working hard to ensure that the health of kiwis is at the heart of our COVID-19 response — that includes access to good healthcare, financial support, and the paid time off that we need to get through this. The Green Party also supports doubling New Zealanders' minimum sick leave entitlements from 5 to 10 days, as bolstering sick leave would ensure sick workers could stay at home, which would strengthen the country's response to COVID.

New Zealand Labour Party:

Labour would continue to invest in a strong public health response to COVID-19, including promoting basic health measures, and investing in personal protective equipment, contract tracing, and testing.

Labour recognises that, although going hard and early with our health response to COVID-19 has helped us to avoid the devastation seen overseas, the reprioritisation of health services during that time has created a serious backlog in many areas.

That is why in Budget 2020 we invested –

- an extra \$3.92 billion into DHBs over the next four years;
- a one-off boost of \$282.5 million (operating and capital) over three years for a planned care (including elective surgery) catch-up campaign; and
- ongoing funding of \$31.350 million per annum (\$125.4 million over four years) to manage planned care in line with demographic changes and increasing price levels.

These investments are expected to deliver approximately 153,000 more surgeries and procedures, radiology scans and specialist appointments over the next three years.

We are not out of the woods yet with COVID-19, so we must remain vigilant and keep money aside should our public health service need it down the track. Labour is nonetheless committed to helping hospitals return to a more normal level of service as quickly as possible.

New Zealand National Party:

National will firstly ensure that border control is tightened up. The policies are simple but the delivery is poor. We have several immediate concerns with the way things are being run, for example:

- Day 3 testing in isolation is optional
- PPE in isolation is optional
- Nurses have been double-shifting between isolation facilities and DHBs

National will secondly develop rapid community testing policies, procedure and infrastructure to quickly respond to and isolate any future community outbreaks, while also deploying a structured community surveillance coronavirus testing programme.

We will then target extra funding to the backlog of cases that have built up as a consequence of lock down.

We will also update pandemic policies, reporting mechanisms, inventory and information technology preparedness in public health to ensure we're ready in the event of another pandemic.

The Opportunities Party (TOP):

Over the last six months our healthcare staff have worked incredibly hard, but we've also been incredibly lucky not to have significant waves like the UK etc. Unfortunately, the current political paradigm is for an "only just" or "barely good enough" system - rather than a robust and resilient one. TOP will work with either side of the political aisle to push evidence-based policy that improves the lives of all Kiwis.

COVID-19 has exposed not only our vulnerability to inevitable pandemics, but also to the chronic, local epidemics that continue to simmer below the surface, such as diabetes and rheumatic fever.

Now is the time to act.

TOP's health recovery plan is to:

- Reinstate the independent Public Health Commission
- Increase mental health prevention
- Invest in Community and Primary Health care
- Provide free dental care to 1 million Kiwis (needs based)

- Implement reforms from the Health and Disability report
- Create a community-accessible fruit and vegetable scheme
- Address the drivers of health which are socio-economic such as welfare, substandard housing, and skyrocketing rents.

Q12: What are your party's ongoing plans to manage potential new waves of COVID-19 positive cases?

ACT New Zealand:

See response above

Green Party of Aotearoa New Zealand:

Throughout 2020, the Green Party has been comfortable taking a science-led approach and following public health advice. We resisted calls to end the lockdown early for economic reasons: in our view, there is no point opening “the economy” if it creates serious risks to public health. We support continuing managed isolation for new arrivals for as long as public health experts believe is necessary. A strong public health system remains critical to meeting the challenge of future pandemics and we look forward to working with other parties in the next Parliament to make this happen.

New Zealand Labour Party:

Labour supports New Zealand's elimination strategy for COVID-19; going hard and early to stop the spread of the virus here.

In Government we would manage any new cases of COVID-19 in line with relevant phases in the New Zealand Influenza Pandemic Plan, particularly, as our elimination strategy suggests, with a sustained approach to keep it out, find it and stamp it out.

This means an unwavering commitment to strict border controls, robust case detection and surveillance, effective contact tracing and quarantine, and clear and concise communication to keep up the strong community support for control measures.

New Zealand National Party:

As above. Plus we would implement departure testing for international travellers.

The Opportunities Party (TOP):

TOP listens to experts, as such, the current best practice healthcare approaches would be followed. This would include:

- A meticulous focus on creating a watertight and humane quarantine and isolation border system (and there are big questions about whether this should be in the heart of our country's largest economic centre).
- Clear consistent communication to the population, so that they are informed, prepared and abide by public health messages.
- Test, test, test! One of the most important tools in identifying and managing outbreaks.
- Support critical digital tools for rapid coordination of care and contact tracing.
- Protect frontline healthcare workers with adequate training, PPE and workforce support (as we've sadly seen the result of not protecting staff in Victoria).

Q13: How would your party ensure that New Zealand's health system is as well prepared as possible for future pandemics?

ACT New Zealand:

See response above

Green Party of Aotearoa New Zealand:

COVID-19 has shown us how important it is to have strong health services in place. In preparing for future pandemics, a coordinated response must be available at the earliest stage possible to ensure the best possible health outcomes, quality of life and cost-effectiveness. Decisions about health services and pandemic responses should be based on the strongest possible evidence.

The Green Party supports active strategies and well-resourced healthcare to be the cornerstones of any future pandemic response. We should engage our communities in effective pandemic preparedness and response, with the understanding that a science-based approach can protect New Zealander's health and lessen the impact on our economy long-term.

New Zealand Labour Party:

Labour wants a health and disability system where population and public health are the foundations, with Te Tiriti principles embedded at all levels.

Labour would improve New Zealand's pandemic preparedness by growing the Ministry of Health's capacity so it can provide strong national leadership on population and public health policy.

The Ministry could then scale up its strategic and operational planning, exercises and reviews, implementation, and evaluation, which are key elements of any pandemic preparedness planning cycle.

We have seen already how COVID-19 prompted the Ministry to stand up a new contact tracing workforce, the National Close Contact Service, and build and test its surge capacity; and to launch the NZ COVID Tracer app, still regularly updating the app with new features.

That's not to mention new systems for the procurement and distribution of personal protective equipment, and assessments of our ventilator and intensive care bed capacity across the country – all prompted by COVID-19, too.

Greater resourcing would allow the Ministry to continue with its pandemic preparedness planning, taking action before we need to rather than because we suddenly must.

New Zealand National Party:

In a pandemic, decision making and many operational functions such as PPE logistics need to be managed centrally and not in small regional public health units. National would look to develop the capacity for central decision making with rapid data and digital communication pathways out to DHBs. Capacity building would also include inhouse or close partnered relationships with high quality modelling experts nationally or internationally. Closer relationships would more formally be developed and nurtured with Non-Government Organisations, e.g. aged care providers and iwi.

The Opportunities Party:

Pandemics are not a matter of if, but when. TOP would reinstate the Public Health Commission - an independent body whose sole purpose is to prepare and support the public health needs, which includes planning for the next pandemic.

TOP believes that a well-prepared healthcare system requires a well-prepared population. This means that the socio-economic determinants of health must be addressed. TOP also believes that a "2040 vision" is needed to inform our government's investment goals for a more equitable and prosperous society. All major healthcare infrastructure projects need a business case that should be independently prepared and allow for transparent comparison of projects - so the right projects are done at the right time for the right reason.

Without considerable political courage and accountability, our country's "new normal" will miss an opportunity to shift the status quo.