

HEALTH: PRIMARY CARE

Building Better Public Services



Better care closer to home

Primary care is the best way to deliver timely healthcare closer to home. Research shows that health services with strong and vibrant primary care services are better for patients and reduce pressure on public hospital services.

Despite the worst economic conditions in decades, National is investing an extra \$100 million in patient subsidies for GP visits.

Focusing on the frontline

National is bringing more health services closer to where patients live.

More family doctors are providing minor surgery and more GPs can now refer patients directly for ultrasounds, MRI and CT scans. Integrated Family Health Centres are up and running around the country and more are on the way. GPs, nurses and pharmacists are working with other health professionals to provide one-stop-shops for patients.

More hospital services are being provided in the community. Thanks to face-to-face consultations over the internet, more rural people in places such as the West Coast are seeing their GP or specialist without travelling long distances. More patients with long-term conditions are managing their own health at home with electronic measuring devices linked to doctors' clinics.

National will continue to bring together hospital and community health services to improve patient care, and deliver better, sooner, more convenient healthcare for all New Zealanders.

“National will extend free after-hours care for children under six, roll out a comprehensive after-hours telephone health advice service with access to nurses, GPs, and pharmacists, and support smarter home-support services.”

Key points

More funding on the frontline



We've increased annual primary care spending by \$100 million in extra patient subsidies for GP visits.

We've also invested \$180 million more over three years in modern medicines, including 59 new medicines and expanded access to 68 medicines.

More support for new mums



Fully-funded a 24-hour PlunketLine. More Plunket WellChild visits, particularly for first-time mums.

More doctors and nurses



80 extra medical school places over the next two years. 50 extra GP-training places a year since 2009.

We've included rural GPs in the Voluntary Bonding Scheme.

National has...



Increased quality of primary care

- ✓ Increased annual primary care spending by \$100 million compared to 2008.
- ✓ Increased annual home support services by \$46 million since 2008. More older people are getting support to remain in their homes for longer.
- ✓ Provided an extra \$130 million over four years in Budget 2011 for disability support services. This includes \$20 million of more flexible funding, enabling disabled people to choose how they want to live their lives.



Provided more options for patients

- ✓ Fully-funded PlunketLine 24 hours a day, seven days a week, giving new parents access to vital support any time of the day or night.
- ✓ Made it easier for many people living in rural communities to access faster healthcare with new ultrafast broadband technology.



Boosted investment in local GPs and health centres

- ✓ Increased subsidies for GP visits.
- ✓ Expanded the number of children aged under six accessing GP clinics at zero cost.
- ✓ Increased the number of GP training places.
- ✓ Introduced voluntary bonding student loan write-offs for young GPs working in hard-to-staff areas.
- ✓ Worked with local doctors to support Integrated Family Health Centres – ‘one-stop shops’ that can include GP clinics, access to blood tests or x-rays, a physiotherapist, specialist assessments, minor surgery, and a pharmacy for prescriptions.

Boosted funding for medicines

National has boosted medicines funding by \$180 million over three years. This includes:

- ✓ New treatments for advanced lung and kidney cancers, and for cardiac and respiratory problems.
- ✓ Wider access to medicines for diabetes and high cholesterol.
- ✓ 12 month fully-funded courses of Herceptin for Her-2 positive breast cancer sufferers, which the previous government would not commit to funding.



Supported the frontline

- ✓ Established the Whanau Ora programme as a more efficient way of delivering important frontline health and social services.
- ✓ Reduced the number of Primary Health Organisations from 81 to 32 to cut bureaucracy and complexity, and improve focus and delivery of services.

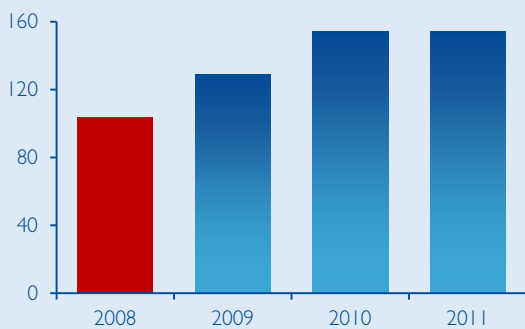
Our results so far

We're making each health dollar go further with a focus on efficiency and less bureaucracy.

More GPs in training and clinics

- GP training places up by nearly 50 per cent.

GP training places

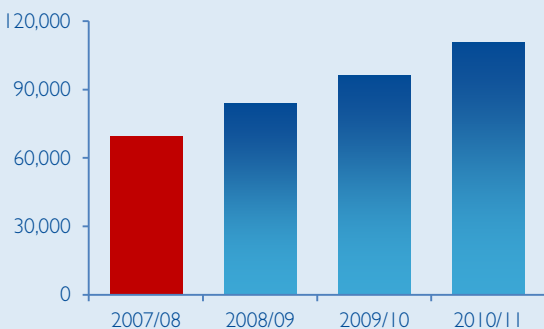


- Student-loan write-offs under the Voluntary Bonding Scheme for graduate GPs working in hard-to-staff areas.
- More doctors now working in general practice.

24-hour PlunketLine

- 41,000 more calls were made to PlunketLine in 2010/11 – after National funded it to provide a 24-hour 7-day service – compared with 2007/08.

Calls to PlunketLine



Better local health services

- Integrated Family Health Centres are up and running and more are on the way.
- Child immunisation rates are at a record high. 91 per cent of two-year-olds are fully immunised.



- Thousands more patients are getting faster access to x-rays, ultrasounds, and CT and MRI scans without having to see a hospital specialist first.
- An 11-clinic after-hours care network is up and running in Auckland, providing better care for 1.3 million people.
- Better medicine monitoring for more patients through local pharmacies.
- 750 breast cancer sufferers have signed up to receive a 12-month course of Herceptin.
- More convenient care for patients is available at new community renal-dialysis centres in Kaitaia, Whakatane, Wairoa and North Shore. Centres in suburban Auckland and Gisborne are due to open shortly.

What we will do next...

The National-led Government has announced the policy below. National will implement this policy if re-elected.

1. Extend free GP care for children under six to after-hours

→ Work with local primary care networks to provide free after-hours GP visits to children under six.

Zero GP Fees for Under Sixes after-hours will make it easier for those families who need their child to see a GP or nurse outside of business hours. This will also help reduce the increase in young children presenting at busy hospital emergency departments.

Most children under six in Greater Auckland now get free after-hours doctors' visits. This is because of a new city-wide after-hours network established by the District Health Boards (DHBs) in Auckland and local GPs in September.

We will extend Zero Fees for Under Sixes to after-hours throughout the country by working with DHBs, local primary care networks, and after-hours clinics. Currently 87 per cent of under sixes are covered by the free GP visits daytime scheme.

Free after-hours care for children under six will cost an estimated \$7 million a year. This will be funded from within existing health budgets.

2. Boost telephone health advice

→ Roll out a comprehensive after-hours telephone advice service with access to nurses, GPs and pharmacists.

→ Investigate integrating this care with ambulance service paramedics.

Improving after-hours telephone triage services will reduce pressure on after-hours GP care and hospital emergency departments, and make after-hours care more accessible. Evidence suggests that only a small proportion of people need to see a doctor overnight. An effective after-hours telephone advice service can save patients a hospital visit and unnecessary waiting.

Patients calling the new after-hours helpline will be triaged by a nurse, and referred on if needed, for further telephone advice from a doctor or other health professional. An ambulance will be called if required.

Such an after-hours general practice support line has operated for some time in Tasmania, and has recently been established elsewhere in Australia.

In Kapiti, Levin, and Rangiora, the government is funding three trials of paramedics treating patients in their homes as part of improved after-hours services. These pilots will inform the roll-out of a more integrated service between ambulance and the after-hours telephone service.

The *Healthline* service will be incorporated into the new advice line. The government will work with local primary care networks, ambulance providers, and others to set up this service which will be subject to open tender.

This extended after-hours health advice line will cost up to \$1.5 million a year, and will be funded from within existing health budgets.

3. Support smarter home support services

→ Continue smarter investment in home care for older people, including a stronger focus on home support after hospital discharge.

Internationally, more health services are expanding “hospital in the home” type services. Research indicates that this leads to faster recovery and greater independence for older people.

In Canterbury, a specialist team works with older people to help them recover at home after they have been discharged from hospital. Health professionals work with the patient’s GP to get them back to normal life.

Waikato DHB has put in place a rapid response/supported discharge team. It offers intensive rehabilitation in the patient’s home for up to six weeks following hospital discharge or after attending the emergency department. Such restorative home support is a major shift in home care. It helps older people get recovery-focused care as long as they need it.

The University of Auckland, Counties-Manukau DHB, and Ngati Porou Hauora are using telecare equipment at home on a daily basis with patients who have long-term conditions. This transmits results – such as weight and blood pressure – via the internet to be read by clinical teams.

We will support more of these intensive home-support services by providing an extra \$3 million a year from the annual increase in the health budget alongside additional investment from DHB budgets.

→ Continue growing Integrated Family Health Centres.

Integrated Family Health Centres (IFHC) are ‘one-stop shops’ that may include GPs (including those with specialist interests such as minor surgery), nurses, pharmacists, midwives, dentists, physiotherapists, podiatrists, community nurses, and visiting medical specialists working under one roof.

These centres can offer extended hours walk-in access, on-site radiology, laboratory collection, day surgical procedures and observation beds.

For example, the Midland Health Network has developed three leading edge IFHCs. Patients are supported by a St John-trained call centre. This provides advice for patients, and makes bookings both for face-to-face and telephone GP or nurse consultations. Patients can also consult their GP by email. Medical receptionists, practice nurses, and pharmacists have been trained to provide more support for patients as part of a team approach to care.

All of this means shorter waiting times and more efficient healthcare for patients.

We will provide financial incentives to encourage development of IFHCs and associated services. We will also require DHBs to work with local primary care networks to provide more patients with faster access to important diagnostic tests without patients having to see a hospital specialist first – when this is clinically appropriate.

These changes will be funded from the annual increase in the health budget and from within the existing health budget.

What we will do next... (continued)

- Invest in more opportunities for patient self-care, including better IT tools that enable people to take greater control of their own care.

People living in remote areas are now able to better manage their health conditions through information technology.

Renal patients in Northland can video conference with specialists at Whangarei Hospital from dedicated units in Kaitaia and Kawakawa.

People living in remote communities on the West Coast are now able to have long-distance consultations with doctors and hospital specialists thanks to ultrafast broadband technology.

And patients in some remote areas can now access technology that measures their vital signs every day and emails this data to their specialist or GP immediately, without the need to travel into town.

At the Midlands Integrated Family Health Centre, patients can take their own blood pressure and weight and enter these into their records – letting them take more control of their health.

- Encourage greater pharmacy-led care.

National will roll out, across the country, a recently-completed demonstration project where pharmacists took on a greater role in managing patients on the traditional blood-thinning drug Warfarin.

The trial ran in 15 community pharmacies around the country. An independent evaluation of the project confirmed that management of Warfarin treatment by pharmacists is safe and convenient for patients with heart disease. It is estimated this project could save \$177 million over five years.

- Improve health literacy in the community.

Often it can be confusing for patients to navigate their way around the health service or to take control of their own healthcare.

Improving health literacy will provide patients with better and more understandable information about their illnesses, and what they can do to support their own health.

National will encourage more of this kind of innovation around the country. This will be funded from within the existing DHB and health budgets.

4. Boost mental health services

- Expand mental health services in primary care.

See National's **Mental Health policy** for more details.

Labour would take New Zealand backwards

Labour:

- ✘ Means more bureaucracy, more committees, and endless visions that never deliver, and fewer people getting operations.
- ✘ Wasted millions of dollars on needless administration and bureaucracy.
- ✘ Drove doctors and nurses out of the country.
- ✘ Ignored the skill and experience of frontline clinicians.
- ✘ Oversaw thousands of New Zealanders missing out on modern, life-saving medicines.
- ✘ Failed to promote innovation in primary care teams.
- ✘ Struggled to improve key preventive care such as immunisation, heart-disease checks, and diabetes screening and support.
- ✘ Was focused on growing the health bureaucracy, not frontline services. We've made Primary Health Organisations more efficient – and reduced their number from 81 to 32 – to ensure more focus on the front line.

We can't afford another dose of Labour.