



John Key MP
NATIONAL PARTY LEADER

Better, Sooner, More Convenient

Health Discussion Paper

National's Health Discussion Paper includes numerous proposals for better, sooner, more convenient healthcare. The main proposals are summarised below.

REDUCING ENDLESS WAITING

Sooner, more convenient care in GP surgeries

GPs with special interests should be able to provide a wider range of minor surgery in their clinics. They should also be able to provide a level of specialist assessment currently provided in hospitals, including the ability to order immediate diagnostic tests.

Walk-in access at general practice should be more widely available to provide choice and faster care for patients.

Smarter use of the private sector

The judicious use of public-private partnerships can increase the availability of elective surgery and reduce waiting lists. National believes it is more important to ensure patients receive the care they need, sooner, than to obsess about who owns the facility they are treated in.

Innovative management

Separating acute and elective service provision can allow health professionals to concentrate on the efficient delivery of elective services without being disrupted by urgent cases. Similarly, improving discharge planning and staffing, as well as actively involving general practice, can reduce emergency department delays.

Rewarding surgical teams

The health system should reward innovation and productivity improvements at the hospital specialty level. Specialties should be able to share efficiency gains to provide additional services or clinical support for patients.

GPs in emergency departments

Hospital emergency department delays can be reduced by some co-location of GP services. This can result in patients being seen earlier. Improved telephone services after

hours can help relieve pressure on the GP workforce.

Quality use of medicines

We can speed up our medicines approval process by recognising international medicine approvals. Improved medicine management presents further opportunities to improve the effectiveness of public investment in medicines.

TOWARDS BETTER, SOONER, MORE CONVENIENT PRIMARY CARE

Moving more services closer to home

Some hospital services should be moved to Integrated Family Health Centres (co-located multi-disciplinary teams). These centres can provide a full range of services, including specialist assessments by GPs, minor surgery, walk-in access, chronic care, increased nursing and allied health services, as well as selected social services.

Co-ordinating care

Primary care can provide a much wider range of care and support for patients. National will place greater responsibility and provide stronger incentives for PHOs and general practice to co-ordinate the ongoing care of their patients.

Chronic care and social support

Specially trained nurses who are involved with chronic-care patients should be engaged to act as brokers, or case managers, for non-health agencies to support at-risk families.

Devolving more care to the primary sector

More treatment and diagnostic services should be devolved to primary care. DHBs should be held

accountable for the devolution of services to general practice and Integrated Family Health Centres.

Primary-care funding

Universal subsidies for GP visits should be maintained.

IMPROVING PERFORMANCE AND QUALITY

New leadership

New political leadership is desperately needed to give clear direction to the shared mission for the public health system. The current failed mission of “political peace and quiet” should be replaced by a relentless drive towards healthcare which is “better, sooner, more convenient”.

A new partnership with the health professions

Doctors, nurses, and other health professionals should be more involved in the planning and operation of the public health system. This includes greater involvement in District Health Board (DHB) decisions and throughout the wider health sector.

Clinical networks

Clinical networks should be established across regions to assist in planning, delivery, and evaluating services. These networks would involve clinicians, non-governmental organisations (NGOs), and patients.

More effective spending and planning

It is inefficient and inhibiting to have 21 DHBs that duplicate planning, monitoring, and funding functions. The funding arms of DHBs should co-operate as shared-service networks across their regions. This can improve performance, support clinical networks, and provide more strategic decision-making. It can also improve the administration of provider contracts.

Greater choice for patients

DHBs should have greater freedom to supplement public services by using private providers, such as private hospitals, GP clinics, and Maori and Pacific health providers. Labour’s ideological aversion to private providers is unnecessarily limiting patient options and harming their health.

Long-term health service plan

A 20-year plan can identify the demographic, technology, quality, and safety changes that will affect health services. It can assist in ensuring capital and staff capability needs are well planned.

Public-Private Partnerships

The public and private sector should jointly plan for required capacity in both facilities and workforce. Some new hospital infrastructure and investment in new technologies, such as PET scanners, can be financed by public-private partnerships.

Better information for the public

The public should be provided with better information on hospital and PHO performance. The introduction of star ratings should be considered as one of a range of approaches to improve performance reporting in areas such as safety, staffing, productivity, and patient satisfaction.

STRENGTHENING THE HEALTH WORKFORCE

A new partnership with the health professions

Doctors, nurses, and other health professionals should be more fully engaged in the planning, operation, and evaluation of the health system. New Zealand can never compete solely on salaries, so we have to offer a stronger and more engaged clinical environment.

Boosting health workforce numbers

Health workforce numbers can be boosted by:

- Medical training self-sufficiency, including training more students in rural and provincial areas.
- Investigating bonding and student loan debt write-offs for those health professionals working in hard-to-staff areas (geographic and speciality), and for those re-entering the workforce.
- Recognising enrolled nursing as a valuable part of the workforce.
- Reducing personal taxes will make it more attractive for health professionals to stay in New Zealand.

International recruitment

A one-stop shop approach should be developed for international recruitment into the health system. This single programme will attract candidates to New Zealand and then provide an opportunity for them to choose where they would like to live and work.

We welcome your feedback on these proposals. Mail your comments freepost to Hon Tony Ryall MP, Parliament Buildings, Wellington, or email tony.ryall@national.org.nz