

HEALTH: WORKFORCE

Building Better Public Services



Building a stronger health workforce

National is giving doctors, nurses, and other health professionals more say in our public health service. We're moving resources to the front line to focus on patients, not bureaucracy.

More doctors, more nurses

Even in the most challenging economic times, District Health Boards (DHBs) under National have employed 800 more doctors and 2000 more nurses.

When National came to office, the public health service was gripped by a workforce crisis. We've begun to stem the tide of health professionals going overseas, with significantly more staff and the lowest vacancy and turnover rates in years.

We have introduced the popular Voluntary Bonding Scheme. The Government writes off student debt or makes cash payments in return for health graduates agreeing to work in hard-to-staff specialties or regions.

We are strengthening clinical leadership by giving doctors, nurses, and other health professionals more say in how care is provided. We are also expanding the role of nurses, pharmacists, and other clinicians, and providing more opportunities for clinicians to do research.

National is improving our health service without the distraction of massive restructuring. We're using healthcare dollars more efficiently to provide more operations, faster treatment, and a better chance for a healthy life.

“National will further strengthen the health workforce. We'll expand the Voluntary Bonding Scheme, provide another 80 medical training places, and expand clinical networks to give doctors, nurses, and other health professionals a greater leadership role.”

Key facts

More frontline doctors and nurses



More than 800 extra doctors and 2000 additional nurses are working in our DHBs.

This means more operations, faster treatment, and a better chance for a healthier life.

Less back-office bureaucracy



There are 1,000 fewer administration positions in our DHBs and at the Health Ministry.

Building our future health workforce



We've funded extra medical training places, more GP training places, and rolled out our Voluntary Bonding Scheme for graduate doctors, nurses, and midwives working in hard-to-staff areas.

National has...

Focused on the frontline

- ✓ Capped growth in the health bureaucracy, and focused on delivering frontline services.
- ✓ Reduced the number of committees in the health sector by 100.

More staff, less bureaucracy

- ✓ Hired more doctors and nurses.
- ✓ Introduced Voluntary Bonding to help keep young New Zealanders at home.
- ✓ Increased GP training places.
- ✓ Reduced the number of Primary Health Organisations from 81 to 32.

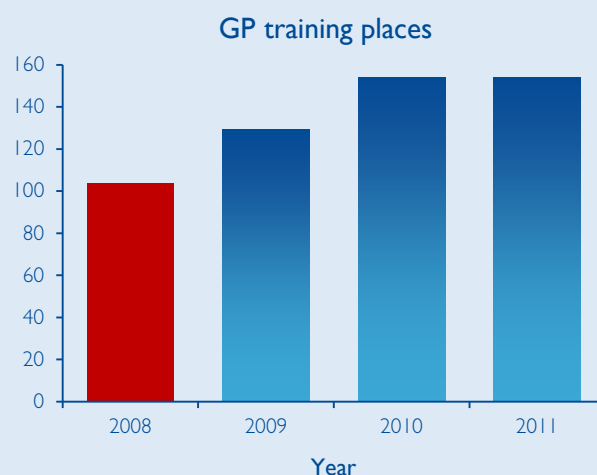
Given doctors and nurses more say

- ✓ A stronger focus on Clinical Leadership and Clinical Networks.
- ✓ Established Health Workforce NZ to consolidate and lead health workforce planning.
- ✓ Expanded the role of nurses and pharmacists – including restoring Enrolled Nursing.
- ✓ Improved opportunities for clinicians to undertake research.

Our results so far

More staff on the frontline

- 800 more doctors and 2000 more nurses working in our DHBs.
- GP training places increased by nearly 50 per cent.



- There are 1000 fewer administration positions in our DHBs and the Ministry of Health.
- Our Voluntary Bonding Scheme has been taken up by more than 1800 medical, nursing, and midwifery graduates working in hard-to-staff specialties and areas.

What we will do next...

1. Focus on the front line, reduce back-office bureaucracy

- Continue to cap back-office administration, and focus resources on frontline services.

Moving resources from the back office to the front line means faster service and better treatment for patients. We have freed up at least \$30 million to further invest in our health system. Over the next three years, we will continue working with clinicians to improve productivity and efficiency.

- Expand the Voluntary Bonding Scheme to include more health professions and hard-to-staff regions as needed.

The Voluntary Bonding Scheme means we have 1800 more health professionals in hard-to-staff regions and specialities.

We will include medical radiation therapists and medical physicists in the scheme. These professionals are crucial in delivering cancer treatment. We will expand the scheme to other hard-to-staff specialties as needed. This will cost up to \$1 million each year.

- Increase training places for medical school students to 200 extra places by 2013.

We have already added 120 places. We will fund 80 further places to meet our target of 565 places at medical school by 2013, as already announced. This will cost \$4.5 million a year by 2014.

- Further expand the role of nurses, pharmacists, and other health professionals.

We will give patients better access and more choices by expanding the role of pharmacists, nurses and other health professionals in areas such as prescribing, long-term conditions, and

older person care. This will cost up to \$3 million a year.

These initiatives will be funded from the annual increase in the health budget.

2. Support rural healthcare

- Implement rural training initiatives to boost our rural workforce and improve rural general practice support.

We will build on successful rural initiatives already in place, such as the Rural Immersion Scheme, where health students train in rural communities. We're rolling out this scheme in the Whakatane and Gisborne regions.

We will also build on the Rural Origin Medical Preferential Entry Scheme, and the successful Rural Midwifery Recruitment and Retention Programme.

3. Expand clinical leadership

- Advance regional clinical networks, led by doctors, nurses, and other health professionals in charge.

Clinical networks put health professionals in charge of designing and managing health services. We will support and encourage clinicians and DHBs to develop more of these networks.

- Establish a National Stroke Network and aim to have dedicated stroke units in each metropolitan and provincial hospital.

International research and Australian experience demonstrates that dedicated stroke units significantly improve patient outcomes. We will require each DHB to establish a dedicated stroke unit in their hospital. This will be funded from DHB budgets.

Labour would take New Zealand backwards

Labour:

- ✘ Means more bureaucracy, more committees, endless visions that never deliver, and fewer Kiwis getting operations.
- ✘ Allowed bureaucracy in DHBs and the Ministry of Health to grow unchecked.
- ✘ Doubled the health budget, but access to vital operations declined.
- ✘ Talked about meeting health workforce demands, but instead left the sector in crisis, as our talented young health professionals fled our shores to work overseas.

We can't afford another dose of Labour.