NEW ZEALAND MEDICAL ASSOCIATION

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Overview

New Zealand is a country of 4.4 million people in the South Pacific. It has now been almost two years since the centre right National Party was elected into Government, headed by Prime Minister John Key.

Health expenditure in New Zealand as a proportion of GDP (nine percent) is similar to that in most other OECD countries. Expenditure on health in real terms has risen consistently over the last decade. In this time there has also been an increase in the number of health professionals, including doctors and nurses, although there are still critical shortages. The Government has strongly stated that the major increases in health funding seen in recent years are unsustainable in the long term and that it is up to the health sector to look at delivering health care in ways that are innovative and more cost-effective. There is a growing focus on value for money, with resources moving from administrative overheads to essential frontline health services.

Life expectancy has risen over the last half century. However, there remain disparities in life expectancy and health status based on ethnic and socioeconomic differences. Though our country is making progress on reducing this 'gap,' this is an area that the New Zealand Medical Association (NZMA) intends to have a greater involvement in, with the recent formation of an NZMA health inequalities sub-committee.

Over the past 15 years, New Zealand's health system has undergone major restructuring—from a purchaser/provider market-oriented model in 1993 to the current community oriented model. Since 2001 New Zealand has had largely autonomous District Health Boards (DHBs). These 20 DHBs are responsible for providing and funding health and disability services in each region.

Primary Health Organisations (PHOs) were set up as local structures for delivering and co-ordinating primary health care services and are funded by DHBs.. The Government has stated its wish to have fewer PHOs (there are approximately 80 at present) and we are now seeing PHOs merging throughout the country. It is anticipated the number of PHOs will be significantly reduced by next year.

In recent years we have seen more resources directed towards primary (non-hospital) care. The Government is now looking at how we can better coordinate primary and secondary care, and is looking at integrating health services by shifting some health services, delivered in the secondary sector, to the primary sector where appropriate. This is in line with their policy document "Better, Sooner, More Convenient." The aim is to reduce the number of services that are delivered within a hospital, if they can be better delivered in the community. At the end of last year the Government sought expressions of interest (EOIs) from PHOs to submit proposals to deliver these services to their community. The primary sector responded well with many EOIs submitted. The shortlist of EOIs is now being assessed by a panel within the Ministry of Health.

The Primary Health Care Strategy, released in 2001, aims to improve access to health services and to reduce health inequalities for all New Zealanders. Patient subsidies have been increased over time to make primary health care more affordable. The challenge for general practitioners, most of whom are in private practice, has been to keep fees at reasonable levels for patients, while also ensuring business viability.

About the NZMA

The NZMA is the largest medical pan-professional

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The New Zealand Medical Association was absent from the meeting but submitted the annual activity report to the 46th CMAAO Mid-term Council Meeting, Kuala Lumpur, Malaysia, on September 17, 2010.

organisation in New Zealand with approximately 4,500 members. The NZMA represents member doctors from all disciplines within medicine, including medical students. It was established in 1886.

The key roles of the NZMA are:
To advocate on behalf of doctors and their patients.
To develop health policy initiatives.
To provide services and support to members.
To publish the New Zealand Medical Journal.
To publish and promote the Code of Ethics.

The NZMA has strong and effective working relationships with other medical organisations and often acts as a peak organisation for major issues affecting the profession. The NZMA has a strategic programme of advocacy with politicians and officials which is heard at the highest levels of government. We have strong relationships within the health sector and other government agencies, including the Ministry of Health, Accident Compensation Corporation, Department of Labour, and the Ministry of Social Development.

The NZMA is an organisation with a long and proud history, and is always looking to the future. We are proactive in our efforts to attain a world class health system. The Association has a strong track record for effecting change. Our opinions and input reflect our broad membership base, and are regularly sought at all levels of policy development and review.

Main Issues of Concern to NZMA

Workforce

For more than a decade, the NZMA has advocated for the Government to take a comprehensive and strategic approach to address our medical workforce crisis. New Zealand is facing shortages of doctors (and other heath professionals) and difficulties in recruiting and retaining staff. The competitive global health market means many medical practitioners choose to work in other countries which often pay higher salaries. New Zealand has an over-reliance on overseas trained doctors—around 45 percent of doctors working in New Zealand did not train here. The NZMA has long argued that our health workforce needs to be self-sufficient. We are now seeing real progress to boost our workforce with the Government implementing a range of initiatives to improve recruitment and retention.

Workforce initiatives introduced by the Government include: incremental increases in medical student training places, the Voluntary Bonding Scheme (debt relief in exchange for graduates working in hard to staff areas) and interest free loans for students who stay in New Zealand. There have also been a number of workforce reports released, for example, a report for Senior Medical Officers which makes recommendations to improve working conditions and to ensure clinicians are more valued within their workplace. A common theme of these workforce reports has been the need for a cultural shift to better value doctors where, for example, senior doctors are encouraged to teach and training time is protected for doctors in training.

In 2009 a new organisation, Health Workforce New Zealand (HWNZ), was established to lead and coordinate the planning and development of our country's workforce. Its aim is to have a high quality, self-sufficient and motivated health workforce that can meet the health needs of New Zealand. HWNZ is developing projects which include an enhanced training experience for resident medical officers through more structured career guidance, training and personal support. HWNZ is working in collaboration with training providers and professional bodies to achieve its goals.

The aim now is to take on board the various workforce reports, such as optimising the opportunities for clinical leadership, to enable us to improve recruitment and retention of our medical workforce.

New Zealand's medical workforce has many challenges to overcome—an increasing demand for health services in light of our ageing population, the ageing doctor workforce which is not being adequately replenished, doctor dissatisfaction and morale, general practices closing their books to new patients or not being able to provide timely appointments for patients and doctors leaving New Zealand in high numbers.

The NZMA will continue to be a strong advocate to ensure that progress and momentum on workforce issues is sustained.

Health structure & equitable access to health

The NZMA has been a long time advocate for a less fragmented health structure with a reduction in bureaucracy, duplication and waste. We are now seeing some progress to achieve these goals.

The recommendations of a report released in 2009, the seminal Ministerial Review Group Report, have largely been adopted by the Government. Recommendations focus on creating a more centralised and coordinated health management system to provide a more equitable health service across all regions. At present there is huge variation and inconsistency in the performance of DHBs, which means that the health care a person receives is largely dependent on which part of New Zealand they live in.

A new organisation has been formed called the National Health Board (NHB) whose primary role is to improve frontline health services and to supervise the $10 billion of public health funding DHBs spend on hospitals and primary health care. It will do this by managing the national planning and funding of all IT, workforce planning and capital investment. The NHB comprises senior doctors and nurses to ensure strong clinical input into the Board's advice and oversight.

The NZMA has been supportive of the NHB's goals. We are however disappointed that the Government does not intend to reduce or at least consolidate the 20 DHBs which are too many for a population of just over four million, and make it difficult to achieve health care that is nationally consistent.

Primary health care

The Primary Healthcare Strategy has led to improvements in general practice and made it more affordable for patients to visit their GP. The focus must now be on strengthening clinical services, particularly in light of Government policy to improve integration or primary and secondary services. The future delivery of healthcare is increasingly in a non-hospital setting. Appropriate funding is necessary to achieve this goal, as well as engagement of doctors from both sectors.

The NZMA's GP Council provides a political voice for GPs and is also a key member of the General Practice Leaders Forum (GPLF), which comprises seven organisations. The GPLF provides a united voice for general practice but still enables individual voices to have an influence. How to best represent the interests of general practice is an ongoing priority for the NZMA. The NZMA also hosts the largest general practice conference in New Zealand, the GP CME, which takes place every year in Rotorua. This year we added a second conference, the South GP CME in Christchurch, to meet growing demand.

Secondary/Tertiary services

Patients face delays and long waiting lists in many areas, to get access to publicly-funded secondary and tertiary services. This is particularly a problem in relation to first appointments with specialists, and the long waiting times for many elective procedures. Many are unable to access specialist treatment, and are returned to the care of their GP for what is called 'active review.' This lack of timely access to healthcare causes great distress to many New Zealanders and their families. The NZMA is keen to see a more transparent approach to managing the wait for necessary care.

Maternity services

New Zealand's maternity services, while of a very high standard internationally, have been adversely affected by workforce shortages. Since changes to regulations in 1996, the vast majority of general practitioners have given up intrapartum obstetric care and the number of doctors practising obstetrics and gynaecology has decreased dramatically. Most maternity care is now delivered by midwives. Many women report difficulties in accessing midwifery services due to a shortage of midwives. Pressures also exist on other medical disciplines, including anaesthesia, radiology and paediatrics, which have implications for the provision of maternity services. The National Government has indicated it will not make changes to the structure of maternity services in the foreseeable future. However, the NZMA continues to advocate for the reintegration of maternity services into primary care.

Health contracting

The NZMA has strongly advocated for a national policy framework to be implemented for health contracting processes. The switch to a new laboratory provider last year, in our largest city, led to widespread problems which were largely attributable to not having robust national contracting processes in place. There was widespread upheaval due to a diminished standard of service for diagnostics. The NZMA played a significant role in leading the call for immediate redress but most importantly, we highlighted that there had been failings in the contracting process from the

beginning and that we needed to learn lessons from this experience. These included: the need for contestable laboratory services, a national policy framework in health contracting (and indeed in other areas of health), the need for adequate consultation with health professionals and the imperative for separate management of any transition process. At present the Government is undertaking a review of the transition process that occurred and we await with interest the recommendations that will emerge from this review.

On a personal note, I have taken on two new positions—both of which contribute to my inability to attend this years CMAAO gathering.

I am now the Deputy-Chair of New Zealand's Health Quality & Safety Commission, and have recently accepted a position as a district health board chief medical officer. This latter position aims to assist the integration of hospital & non hospital patient care so that we remove siloed medicine from a new seamless patient-focussed health system!