Has the present government delivered the health policy that it promised before it was elected?

Frank Frizelle

The health issue of today is clearly the COVID-19 pandemic and the New Zealand response. At the time of writing most New Zealanders will rightly feel proud of our response to the pandemic and the effect of this response on the ability of our health system to function as it does. Pandemic planning was not on the agenda when discussing health issues before the last election, however the Ministry of health did have a pandemic plan that had been updated, it just didn’t seem that important at the time.

As we approach this election, two other issues have emerged and will be a focus of the referendums being undertaken at the time of the election. Issues around the proposed cannabis and the end-of-life bill legislation have been, and will continue to be topics discussed in the Journal with a with a considerable diversity of views expressed.

During this triennial period where political parties promise us the all things bright and beautiful, it is worth looking back to see if the present labour-led government has delivered what it said it would. I have focused on the labour party policy, not its partners, as despite it being a coalition, we have clearly had a labour-led government; the Ministers of Health have been labour ministers and their election promises were easier to identify. The labour party had a simple and clear message of what it would do with health before it was elected. It had 11 points to this policy.¹

1. Cut GP fees by $10 a visit with/uni00A0$8 GP visits for Community Services Card holders
   This didn’t happen, however it was not well supported for a variety of reasons by general practice and perhaps it was better that it didn’t happen.
   Labour also pledged to undertake a review of primary care funding to “further reduce barriers to primary care and ensure the financial sustainability of practices”. This review was put aside by the Simpson Review and yet sustainability remains vital for general practice in New Zealand.

2. Free mental healthcare in the community
   Mental health services have had a major review which if implemented may affect how mental health services are delivered (more on this later). The focus of this policy, however, appears to have been the use of brief interventional counselling services (BIS), which have been expanded. Brief intervention counselling service involves clinicians that are registered mental health professionals from a variety of backgrounds who have had specific training as BIS counsellors and coordinators. This service is aimed to help those with low mood, anxiety, alcohol or substance abuse, and other mental health issues. There’s no charge to see a BIS clinician, provided you had a referral from a GP. This service has been around since the early 2000s in some form throughout many DHBs, but has now been expanded; however, in some parts of the country, practices are still awaiting this.

3. Mental health services in Canterbury schools
   Early in 2018 the government announced $28 million was allocated to employ some 80 mental health workers in schools in the Canterbury Kaikoura region.²
4. Review of mental health services

The government commissioned He Ara Oranga—the report of the Government Inquiry into Mental Health and Addiction, chaired by former HDC commissioner Ron Patterson. This wide-ranging 219-page report had 40 recommendations, and clearly states the importance of the link between mental health and social wellbeing and makes the point that we can’t medicate our way out of this problem. This report, if translated into action, may lead to a significant change in the delivery of mental health services.

5. Health services in every secondary school

The Ministry of Health released a report in 20094 that explored the role of the school nurse and school nursing services and to identify the range of services provided. This report in 2009 stated that there is a link between children and young peoples’ health needs and their educational achievements. At that time the report stated that approximately 75% of schools have some level of school nurse available. There are variations in these roles resulting from history rather than geography or sociodemographic location. More recently there appears to have been an increase in nurses in schools.

6. Rebuild Dunedin Hospital

The Ministry has made a commitment to proceed and have found a site to build a new hospital in Dunedin. In 2018, the Ministry purchased the former Cadbury site and adjacent land. Warren and Mahoney were awarded the major design contract for the new Dunedin Hospital. Replacing the existing Dunedin Hospital is said to be the single biggest hospital build ever in New Zealand—with initial estimates of costing up to $1.4 billion.5

7. Make sure all Kiwis get world-class cancer treatment

The government have established the Cancer Control Agency under the leadership of Diana Sarfati.6 This independent departmental agency is hosted by the Ministry of Health and is tasked with the implementation of the Cancer Action Plan 2019–2029,7 which focuses on equity and delivering nationally consistent services for all New Zealanders, no matter who they are or where they live. The key priorities for the agency include providing strong accountability and coordination of various agencies involved in cancer. The absence of any surgeon involved in the governance of the cancer control agency is however of concern given that for most solid cancers, surgery is the main and often the most cost-effective treatment. I am led to believe also that treasury is also looking at a business plan for a possible comprehensive cancer centre in Auckland, which may also impact on the quality of cancer treatment for patients in that region. Hopefully, other such centres will be set up elsewhere in the country.

8. Fund the latest medicines to end HIV

The wording in this policy was no doubt aspirational. No drugs are likely to end HIV, however HIV can be managed like many chronic conditions. In December 2018, PHARMAC did announce some changes to funding to antiretrovirals.8

9. Fund and support healthy eating and nutrition for children

This has been an issue that has been discussed for over 10 years, with a report in 20129 pointing out the importance of this. A trial of a lunch programme is now being rolled out to all year 1–8 pupils in 30 schools that will extend to 21,000 children in 120 schools by the beginning of 2021.10

10. Disability Issues Policy

The government has shown ongoing support of the concept ‘Nothing about us without us’. The high-level policy was a statement of good intentions across many aspects of disability, including employment, justice, society, transport and housing, in which assessment of specific outcomes is difficult.11

11. Inquiry into Aged Care

Labour, Greens and Grey Power collaborated in a comprehensive inquiry in 2010.12 This 60-page report made 14 high-level recommendations. A shorter report with 13 recommendations was released in 2017,13 which appeared to be the labour road map for policy in aged care. A key recommendation of these inquiries was the establishment of a Commissioner of Aged Care, which has not happened,14
though some activities that one might have expected such a role to undertake appear to have been handed to the Human Rights Commissioner.\textsuperscript{15}

Most governments have to contend with major unpredictable events that disrupt their plans. The last National-led government had the global financial crisis and the Canterbury earthquakes. This government has had the COVID pandemic. Despite this, significant progress has been made in most aspects of its agenda. This government has also seen the clear link between social policy and health policy, and appears to be trying to close the gap in health outcomes by addressing what it sees as the most relevant social policy issues.

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