

The present healthcare crises and the delusion of looking for an answer to this in the restructuring of the health system

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The New Zealand primary and secondary health sectors are struggling to provide an adequate service and meet demand. There is a daily diet of media stories concerning patients, nurses and doctors all frustrated with issues of access and delivery, and with delays and breakdowns at every step. There are delays in assessing family doctors; delays in access to secondary care; delays with access to tests (e.g., radiology and colonoscopy); as well delays in access to elective and cancer surgery. Over the last few months, most large public hospitals have had to put a pause on seeing follow-up patients and patients for non-urgent first assessments, and they have also had to defer elective non urgent surgery. Those of us fortunate enough to be able to work in the delivery of care witness this struggle on daily basis. The media-inspired declarations from the leadership of Te Whatu Ora – Health New Zealand, such as the recent one stating that all patients on waiting lists should be given a date, show just how far away from the reality of service delivery senior management in the healthcare system really are.

This evolving “second COVID disaster” is happening on at a critical moment of change in the New Zealand health sector, with the birth of Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority into this turbulent environment, and with Manatū Hauora – the Ministry of Health’s refocusing on policy and strategy.

This new system aims to separate the functions of Manatū Hauora – the Ministry of Health from Te Whatu Ora – Health New Zealand. Te Whatu Ora – Health New Zealand will take over the planning and commissioning of services, and the functions of the previous district health boards (DHBs),¹ while Manatū Hauora – the Ministry of Health will be focused on policy, strategy and regulation.² Te Aka Whai Ora – Māori Health Authority has been newly created to work alongside Te Whatu Ora – Health New Zealand to help achieve equitable health outcomes for Māori.³

I have worked in the public health sector for almost 40 years so this is not the first, or even the second, time that I have seen the deck chairs reorganised, with aspirational goals that seemed relevant to the cultural, societal and political values at the time. Prior to the recently deceased DHB system had three predecessors: the Area Health Boards (1983–1989), the Regional Health Authorities and Crown Health Enterprises (1993–1997), and the Health Funding Authority (HFA) and Hospital and Health Services (1998–2001). The neoliberal policies of the day meant that the governments of 1984–1993, then led by Labour and subsequently National, introduced major changes designed to get area health boards (later Crown Health Enterprises (CHEs)) to compete and respond to market forces. Many of these introduced policies lasted only a short time—such as charging \$50 per night while in a public hospital—and others are still with us—such as prescription charges. DHBs were born on 1 January 2001, and deceased on 30 June 2022. They were responsible for healthcare in their geographical region, and were aimed to provide services in keeping with the needs and values of their region. Each of these major restructurings of the health system, aimed to improve the health of New Zealanders with the views and values of their time. However, now in the rear-view mirror they look very naïve, both in regard to their goals and in how they expected to achieve them, which was very much influenced by the public and political beliefs of their era.

The present changes with the creation of Te Whatu Ora – Health New Zealand involve a plan to centralise New Zealand’s healthcare system, and end what has been characterised as a “postcode lottery” of care.¹ The in parallel, Te Aka Whai Ora – Māori Health Authority aims to ensure that Māori receive equitable healthcare. Healthcare equity has been accepted as an important goal for this new system.³

Healthcare equity is an important and very laudable goal for the restructured health system.

COMPETING INTERESTS

Nil.

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