

# ACT's Health Policy.

## Expenditure is Rising, Without Improving Results

Government expenditure on health per head of population reached the highest level it ever has in New Zealand in 2017. This has been the trend in every health budget since 2000, with the exception of a 5.21% reduction in 2009, following the impact of the Global Financial Crisis on government revenues. Despite what the opposition would attempt to lead New Zealanders to believe via selective data use, there have been no cuts to the health budget and their claims of reduced spending in real terms reflects WHO figures on the lower cost of pharmaceutical products resulting from greater uptake in generic products.

The number of practising physicians, at 3 per 1000 people is at its highest level ever, the relative number of public hospitals beds remains static and the number of beds available for psychiatric patients is double 2009 figures. Despite more resources being allocated to the health sector than ever, surveys by the Ministry of Health show patient satisfaction at its lowest level since 2006. This demonstrates that the issues which afflict New Zealand's health system are not one of resources, as spending consistently remains around the OECD average, rather they are structural.

## The Bureaucracy is Broken

New Zealand's health system is bureaucratically top heavy, with twenty District Health Boards governed by 11 members, seven of which are elected every three years. The DHBs as a whole have consistently failed to balance their books, with 13 running deficits and another five just breaking even. Act proposes a restructure of the health governance model to make more efficient use of tax resources provided to the sector. The 20 DHBS will be merged into five regional bodies. These regional bodies will continue administered by 11 members who will all be appointed by the Ministry of Health.

## Better Awareness of Services is Needed

Health research indicates 70% of people who commit suicide have had no prior contact with mental health service providers, however less than 1% of patients who are diagnosed with a mental disorder then go on to kill themselves and a significant proportion of those who do choose to stop treatment or medication. This shows the greatest gains the government can make to reduce suicide levels will be through further action to increase awareness of the services available to people who may be depressed through public information campaigns and the placement of mental health professionals in all secondary schools.

## Innovation in Health

Finally, new innovations need to be developed in the existing mental health sector to make better use of resources allocated and eliminate waiting lists for treatment in the next 24 months. A \$30 million trial fund will be created and divided amongst the mental health departments of the five regional health bodies to identify and liaise with various NGO's in their area, whether these be charities, community groups or private health enterprises. Patients will be provided with the opportunity to commence their treatment via these NGOs as an alternative to waiting on the public list, the cost of which will be fully funded by the government. Continual participation in this arrangement by the NGOs will be dependent on meeting agreed health outcomes within appropriate timelines.