

Health Policy

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Introduction

The Green Party recognises health as:

1. A state of physical, mental, and social well-being, not just the absence of disease or infirmity (based on the Preamble to the Constitution of the World Health Organisation, 1948).
2. Whare Tapa Wha - A Māori model of health described by Mason Durie, where the four components of health - te taha tinana (physical), te taha wairua (spiritual), te taha hinengaro (mental and emotional) and te taha whānau (social - family and community), represent four walls of a house. If one of these walls fails, the house will fall. (Mason Durie, Whaiora: Māori Health Development, 1994).

Definitions

DHB: District Health Board.

GP: General Practitioner.

HPA: Health Promotion Agency.

LGBT: Lesbian, Gay, Bisexual and Transgender.

LMC: Lead Maternity Carer.

PHO: Primary Health Organisation.

Vision

The Green Party envisions for Aotearoa New Zealand:

- A holistic approach to health and well-being that is focused on promoting positive health and lifestyles, preventing or reducing the risk and costs of illness, respecting personal autonomy, and improving quality of life.
- Free healthcare provided by a well-funded public health system, delivering high quality and safe care, which everyone can access in a timely way.
- Equitable health outcomes, including lifespan and health status, for all.

Key Principles

1. The Green Party acknowledges te Tiriti o Waitangi and the status of health as a taonga.
2. The health care system must be publicly funded to ensure everyone can access healthcare services, regardless of their ability to pay. Health care must be available at the earliest stage possible to optimise treatment outcome, quality of life and cost effectiveness.

3. Other social factors and policies, and the environment, have a greater impact on overall health status than direct health services; health in turn shapes capacity to participate in all other aspects of life.
4. In general, health services should be planned and funded to achieve the greatest good for the greatest number of people, and to ensure further health gains for those with the highest health needs. In practice, this means a high priority on preventative care, children's health, and people with high health needs. Children must be considered within the context of their family.
5. To be effective for all members in society, publicly-funded health services must be flexible and diverse to meet the different needs of people of different ages, cultures, financial & social resources, and stages of physical and mental health.
6. Health services should be focussed on reducing inequalities in health status in partnership with other government agencies.
7. All service users including vulnerable communities have a right to participate in planning health service delivery.
8. Decisions about health services should be based on the strongest possible evidence.
9. All services should be provided to the highest possible level of quality (accessibility, acceptability, effectiveness, efficiency and safety) as determined by service users, peer review, audits, and the community at large. Services must be subject to continuous quality improvement.

Specific Policy Points:

1. Whole-of-System Healthcare

The Green Party will:

1. Reorient health service priorities to give much greater emphasis to improving health and preventing illness, through public health services, and treating illness in community-based primary care.
2. Place a particular emphasis on preventing and treating long term (chronic) conditions such as cardiovascular disease, diabetes, respiratory disease, cancer and depression.
3. Give real effect to the principle that DHBs act as the agent for their communities, by maximising community participation in decision-making.
4. Promote consistent, streamlined national reporting that minimises reporting costs, supports national planning and research, and provides timely and clear information to providers, DHBs, and local populations for performance improvement and quality control.
5. Increase funding for the Health Quality and Safety Commission and increase its focus on community and primary care while maintaining DHB involvement.
6. Support the independence of PHARMAC and ensure that it can prioritise public benefit over restrictive trade obligations.
7. Find ways to integrate complementary therapies that have a sound evidence base into health services.
8. Engage health professionals in planning for the future needs of the health system and developing appropriate models of care, and to ensure there is a stable, resilient and collaborative workforce with appropriate skills and expertise.

2. Prioritising Scarce Resources

The Green Party will:

1. Engage both health professionals and the public to find solutions to ethical problems, such as those involved in resource allocation priorities.
2. Reduce patient demand for expensive procedures by facilitating a community dialogue over health care priorities. This should include a discussion of how much people are willing to spend for better health care.
3. Support electronic health records that allow health professionals to access the same information, to improve efficiency, communication and continuity of care. Ensure suitable protection for sensitive health information.

3. Māori Health as Taonga

The Green Party will work with Māori to:

1. Further build the capacity of Māori to manage their own health needs and provide Māori specific services.
2. Increase accessibility of health services to Māori through increased provision of community and marae-based services.
3. Ensure Māori representation and consultation at all levels of the health service.
4. Support the continued strengthening of Whānau Ora programmes.
5. Support additional funding for health research resources to be directed at Māori health issues in order to address the continuing disparities in the standards of health between Māori and non-Māori.
6. Facilitate and support the development of research partnerships between Māori and non-Māori researchers to meet the urgent need for research that benefits Māori health.
7. Support rongoa Māori (traditional Māori healing) practitioners and practices, and develop better linkages with other health services.
8. Accelerate the training and development for Māori healthcare workers.

4. Key Population Groups

The Green Party will:

1. Prioritise those population groups with the lowest health status, such as Maori, Pasifika, refugee and migrant, LGBT communities, people with low socio-economic status and people with disabilities.
2. As part of a commitment to quality services, continue and extend the provision of services embedded in the cultures of their consumers or provided in a culturally safe way.
3. Require PHOs to develop and report on plans to proactively assist under-serviced populations and individuals.
4. Generate a larger, broader group of interpreters (including NZ Sign Language) who are sufficiently skilled in translating in the health context for migrants and refugees. Provide additional funding for refugees to meet their high demand for health services.

5. Health and Disability

The Green Party will:

1. Require District Health Boards to implement a disability 'Plan of Action' in accordance with Article 25 'Health' of the Convention on the Rights of Persons with Disabilities. All DHBs should work with Disability Peoples Organisations (DPOs) to develop, implement and report to the Plan of Action.

2. Support paying the carers and support workers of people with disabilities a living wage. Disabled people should determine who they want to care for them and determine the arrangements that work best.
3. Develop and implement a fully flexible, nationwide Independent Living strategy informed by Article 19 of the Convention on the Rights of Persons with Disabilities, 'Independent Living and being included in the Community'.
4. Support the establishment of funding parity and parity of outcome for people who have disability through an accident and those who have disability through a congenital event.

6. Public Health Services to Keep People Well

The Green Party will:

1. Progressively expand the role and functions of the HPA to enable it to become an authoritative policy adviser, planner and funder of evidence-based health promotion services.
2. Promote and fund inter-sectoral collaboration to achieve best possible outcomes both in Health and in other sectors, including the promotion of healthy public policy.
3. Require Government agencies and local government to collaborate to reduce inequalities and achieve social goals, including health goals.
4. Implement health promotion approaches by creating supportive physical and social environments, and empowering communities to identify their own priorities and implement their own solutions.
5. Implement comprehensive obesity prevention programmes.
6. Commit to implementing measures to ensure we meet the goal of Smoke Free Aotearoa by 2025.
7. Research and plan for the changed pattern of health and disease expected to be associated with climate change.
8. Provide positive education programmes about body image and the importance of healthy eating.

7. Community-Based (or Primary) Care

The Green Party will:

1. Improve community-based care by providing adequate funding that recognises the full operational and capital costs involved, promotes national consistency, integration and collaboration between agencies, and enables community-based governance structures, as intended by the Primary Health Care Strategy.
2. Reduce the need for expensive surgery, hospital care, diagnostic procedures and pharmaceuticals through prevention and early intervention, as intended by the Primary Health Care Strategy.
3. Review the funding formula for primary care to address the specific situation of practices looking after very high proportions of high needs populations.
4. Encourage PHOs and DHBs to provide out-of-hours clinics and 'first-in-first-served' processes, when required in particular communities.
5. Support well-trained community health workers, parent support workers and other carers to engage with specific population groups and communities. These workers need appropriate pay, support, respite and supervision.
6. Reduce distorted demand for prescription pharmaceuticals by prohibiting direct-to-public marketing by drug companies.

8. Hospital-Based Care (or Specialist Services)

The Green Party will:

1. Promote and support multi-disciplinary approaches to hospital care, to maximise opportunities for positive outcomes for patients.
2. Provide more specialist outpatient clinics with expanded services.
3. Build/refurbish hospitals for optimum acute care when a patient's condition is beyond community/home care. Some highly specialised services may only be provided by a limited number of hospitals.
4. Support smaller 'community' hospitals to improve access to minor surgery, specialist outpatient clinics, maternity facilities and rehabilitation services.
5. Investigate whether separation of elective and emergency theatre services would reduce delays in surgery due to emergencies.
6. Promote more partnerships with primary care providers to reduce the need for hospital appointments.
7. Improve social work services within hospitals so that appropriate services can be put in place to support prompt home discharge, and improve integration with home-based support services.

9. Post-Acute Care

The Green Party will:

1. Increase resources for physical and mental rehabilitation in a variety of settings (e.g. in-home care, local primary health care centres, half-way houses), including complimentary practices, and ensure national consistency.
2. Promote better coordination of primary care, rest-homes, and providers working in the community. For example, fund innovative pilots that enable delivery of outpatient services in (or near) rest homes rather than requiring people to travel to hospitals.
3. Create funding models that make it attractive for new providers to offer services that support rehabilitation and other community-based services.
4. Create transparent outcome measures that are fed back to the clinicians and services.

10. Maternity Services

The Green Party will:

1. Ensure women have a choice of LMC providers that reflects cultural and ethnic diversity, and that those LMCs are appropriately funded and resourced to meet the needs of women and families especially in rural communities and 'hard to staff' communities.
2. Improve information and support for home births for low-risk pregnant women.
3. Improve information and support for primary maternity units. Review the provision of primary maternity units around the country and consider increasing these where there is a need. Review ways primary maternity units can be better utilised to enable women and babies to receive care closer to their home.
4. Improve funding for postnatal services. This could include increased hospital funding, increased funding for LMCs and home-help care for women with multiple births and special needs, increased community social worker availability.
5. Improve inpatient and community support services for women with postnatal depression and other mental health disorders. Inpatient facilities need to include facilities for mother to have baby with her.

6. Support research into rising intervention rates and caesarian sections, and initiatives that will help address this.
7. Recognise the health benefits for both mother and baby from breastfeeding. Support BFHI (Baby Friendly Hospital Initiative) and BFCI (Baby Friendly Community Initiative) that ensure women receive consistent, up to date information and resources that support them to breastfeed as per World Health Organisation recommendations (exclusive to 6 months, continued for 2 years); recognising there are some women who are unable to breastfeed.
8. Ensure all women have access to an adequately funded and staffed information helpline such as Plunketline.
9. Ensure that all women, particularly those on low income, have adequate access to healthy food during pregnancy alongside maternal nutrition education. Good nutrition during pregnancy is a key determinant of a child's eventual health status, even as an adult.
10. Support a broad range of programmes and initiatives that encourage both parents to become better informed about parenting, together with the more effective education of children and young people about the responsibilities of parenting.

11. Child Health

The Green Party will:

1. Prioritise the delivery of healthcare to children.
2. Seek and implement recommendations from experts on what evidence tells us about what will work to improve children's health outcomes.
3. Review the PHO funding formula to enable children to have access to all health services at no cost.
4. Have a school nurse in every low decile school.
5. Increase funding and support for early intervention for children and young people with behavioural and mental health issues.
6. Implement a strategy, based on prevention and community-based treatment, to eliminate Rheumatic Fever.
7. Increase funding for Well Child providers (e.g. Plunket and Tamariki Ora) so that they can have smaller caseloads.
8. Avoid fragmentation of services and require long-term contracts to ensure relationships are maintained between providers. Ensure staff are paid the same rates for doing the same jobs, and require evidence of a continuing, relevant, training programme supported by the employer.

12. Mental Health Services

The Green Party will:

1. Ensure mental healthcare training and practice is grounded in holistic, humanistic perspectives that recognise each individual as whole.
2. Encourage mental health providers to work within multi-disciplinary teams that hold the well-being of the client at the heart of their practice. Wherever possible, clients have a primary provider who remains with them through their recovery process.
3. Utilise client-assessed outcome measurement tools to compare service effectiveness.
4. Fund innovative initiatives that indicate high recovery rates with low/minimal drug use.

5. Ensure physical health needs of people with mental health needs are also well met.
6. Ensure both inpatient and community (including residential) services are well-resourced and provided at levels to ensure all clients can use services well-matched to their individual needs.

13. Dental Health

A. Dealing with the causes of poor dental health, the Green Party will:

1. Ensure every family has sufficient income to live on (see our [Work and Employment](#) policy).
2. Promote education programmes that raise awareness of the causes and prevention of poor dental health.
3. Ensure schools provide nutritious foods and lunches in schools, school tuck shops, and vending machines (also see our [Food](#) policy).

B. Improving access to primary dental care, the Green Party will:

1. Continue to support free dental care for children and young people under 18 years of age.
2. Increase access to dental care for schools using the most cost-effective method (e.g. mobile, local hub, or on-site clinics) on a case-by-case basis.
3. Increase child dental health services in at-risk areas.
4. Liaise with Well Child providers and other parent support services to identify and target at-risk families for increased dental services.
5. Provide free dental care for students, beneficiaries and those on superannuation.
6. Investigate providing one free annual dental check for all New Zealanders aged 18 and over.
7. Ensure parents are informed of the benefits of non-amalgam fillings and of their rights to request these as part of their child's free dental care service.
8. Provide public funding of non-cosmetic orthodontic treatments when the deformity damages the child's health.

C. Fluoridation of Community Water Supplies

The issue of fluoridating community water supplies requires a difficult balance between the public health effects and the rights of individuals to opt out altogether or avoid excessive intake. The Party membership has indicated that when considering fluoridation proposals, the Green Party caucus shall:

- Have particular regard to the public health benefits of fluoridated community water supplies.
- Have particular regard to the potential public health risks of excessive fluoride consumption via community water supplies.
- Have regard for the ability of individuals to opt out.

The Green Party will:

1. Support the use of 'opt-out' options by local authorities for residents living in areas with fluoridated public water supplies, where shown to be feasible.
2. Commission an independent study on the impacts of fluoridation to public health.
3. Support education initiatives to advise caregivers of the potential for babies to develop dental fluorosis when mixing formula with fluoridated water.

14. Aged Care Services

The Green Party will:

1. Implement recommendations made in the Human Rights Commission 2012 report of the Inquiry into the Aged Care Workforce.
2. Ensure information is provided and promoted among GPs, specialists, nurses and ancillary health providers regarding ageism, medical ageism, mental health/self esteem issues, and the correlation between mental/emotional well-being and physical health.
3. Create purpose-built, rent-assisted living units for older people in all areas (including rural) so that ageing at home becomes a viable reality.
4. Provide a high level of home support services for older people who are willing and able to continue living at home.

15. End of Life

A. Palliative Care

The Green Party will:

1. Increase funding to enable everyone to access to high quality palliative care regardless of their location.
2. Improve palliative care training for medical, nursing and allied health staff in hospitals, hospices and aged-care facilities.
3. Enable people to experience end-of-life at home where possible.
4. Ensure conventional and complementary treatments are made available to palliative care patients.

B. Advanced Care Planning

The Green Party recognises the need for wider and more open discussions of end-of-life issues in New Zealand society. Enabling such discussions will help to achieve clearer directives for health care professionals and will better uphold the patient's right to self-determination and free choice in health care and treatment. In order to facilitate this discussion and raise awareness, the Green Party will:

1. Initiate a Law Commission enquiry into formalising the use of advance directives in New Zealand through legislation.
2. Support the Ministry of Health's efforts to encourage advanced care planning.
3. Encourage advanced care and end-of-life planning by health and legal professionals when consulting with patients and clients.
4. Support a general public education campaign designed to raise awareness of end-of-life issues, facilitate public discussion and to provide information on the availability of legal directives.

C. Medically-Assisted Dying

The Green Party supports the current legal right of an individual to refuse medical treatment (under the Bill of Rights Act 1990) and the right of doctors to refuse to perform futile medical procedures. Furthermore, we believe that an individual aged 18 years or older who has been diagnosed with a terminal illness should have the right to choose to end their life in a supported and open way.

1. The Green Party will support a law change that allows an individual access to medically-assisted dying, provided that, as a minimum, the following safeguards are included:
 - a) An assessment of the individual by their treating doctor, and a review of this assessment by an independent registered medical practitioner, to determine that the patient

- i. Is terminally ill; and
 - ii. Is experiencing enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
 - iii. Has made durable and persistent requests for assistance in dying.
- b) A further assessment by a suitably qualified and registered health practitioner to confirm that the individual: i) has decision-making capability; and ii) is making an informed decision free from undue influence;
 - c) Treating doctors and medical practitioners who elect not to participate in this process must refer the individual to a practitioner who is willing to participate;
 - d) Ongoing support from appropriately qualified professionals is provided in all cases;
 - e) A reflective period is always provided before medically-assisted dying occurs; unless two registered medical practitioners agree the individual's suffering is so great as to render such a period inhumane;
 - f) For individuals who are declined medically-assisted dying, an appeal process to enable a reassessment of their eligibility;
 - g) The medically-assisted dying administered under medical supervision or directly by a registered medical practitioner;
 - h) The mandatory reporting of all consequent deaths to the coroner, as an independent safeguard and to allow monitoring of the assisted dying process.

In addition to these safeguards, the Green Party will:

- 2. Require oversight of the medically-assisted dying legislation by an appropriate statutory body to ensure compliance with legal requirements.
- 3. Ensure that prior to the medically-assisted dying legislation coming into force, professional guidelines, training and support are made available to medical practitioners on an ongoing basis.
- 4. Require annual reviews of the performance of the medically-assisted dying legislation with the findings made available to the public.
- 5. Not support the extension of medically-assisted dying to individuals who are not terminally ill until New Zealand has in place policies and practices that ensure full social inclusion, including equitable access to health services, for disabled people (see our [Disability Policy](#)).

16. Folate Fortification

The issue of fortifying food with folate requires a difficult balance between the public health benefits of widespread fortification and the rights of individuals to opt out altogether or avoid excessive supplementation. The membership has indicated that when considering folate supplementation proposals, the Green party caucus shall:

- Have particular regard to the public health benefits;
- Have regard for the ability of individuals to opt out, and;
- Have regard to the risks of excessive supplementation to vulnerable populations.