

THE QUESTIONS

FUNDING: Many practices are struggling financially at the moment. How will you address the funding issues facing general practice?

EQUITY: Do you support targeted funding/ services for Māori and Pacific people, and those with high needs?

WORKFORCE: How will your party address the workforce pressures facing general practice and primary care?



Greens - Ricardo Menéndez March

Funding:

We're very open to reviewing funding levels provided to general practices – particularly to ensure that the funding supports a high enough doctor- and nurse-to-patient ratio for timely appointments during winter peaks, and to support general practices to provide a full range of primary care.

Equity:

Yes – including for Te Aka Whai Ora to improve care in rural areas with a high Māori population that are currently under-served. The Green Party will make dental care free for everyone, as part of which we will prioritise kaupapa Māori healthcare services, so whānau have access to high-quality dental care.

Workforce:

We support moves to train more doctors, and review funding settings. Over time, we would also support funding for Te Whatu Ora to provide more primary care services, which would give general practice doctors the option of being salaried employees and would help address workload pressures at general practice clinics.



NZ First - Jenny Maycroft

Funding:

New Zealand First would support a review of the core funding model of primary care to see if it's any longer fit for purpose, in order to identify what's working and what systematic changes are required. We support reprioritising government expenditure which would enable providing funding increases for primary healthcare.

Equity:

We support access to services based on the clinical need/indication

Workforce:

NZ First is acutely aware of the immediate primary care workforce issues and would support initiatives to address this. We need to look at our requirements including growing our own workforce for the future but also need to support our existing GPs and primary care workforce now. Short term we would consider international workforce as Critical Skill Shortage.



Te Pāti Māori - Lance Norman

Funding:

We have a policy that all primary care should be free for everybody earning less than \$60,000 and all dental care should be free for that same cohort, and the delivery of [pharmaceuticals] to that same cohort should also be free.

We see a significant investment being made in primary care. Two things it must do, it must obviously flow through to the workforce but more importantly, from our point of view, go into patient services that improve patient care, so we would definitely endorse funding for both public health and primary care. Pharmac should have its budget increased significantly also.

There are two million people who earn less than \$30,000 and another million who earn between \$30,000 and \$60,000, with the cost-of-living pressures going up and interest rates, the affordability of the healthcare system is now a luxury, even though it's a need. If all of those whānau – and they're not all Māori they're just a cohort of people – if they all got free access to healthcare it just follows you'd need a significant investment in primary care to deal with that increase in volume. And surprise, surprise, you're probably going to be saving in hospitalisations if people are going to the doctor and dentist more, and more frequently.

Equity:

We 100 per cent [support equity] because our policy is that 25 per cent of all the \$26 billion that goes into health at the moment should go through to the Māori Health Authority. The maths behind that is 20 per cent of all New Zealanders are Māori so mathematically we must have that allocated to us, but because of the significant health challenges we've had for a number of years and underfunding there needs to be a 5 per cent equity adjuster. So, we would definitely support increased funding and targeted funding for Māori and Pacific, and also whānau living in a rural environment, mental health youth, all New Zealanders who don't experience the same level of healthcare that others may.

Workforce:

There are four components we would do: first, there should be fees-free [university study] for doctors and nurses, so that will encourage more people to take up those professions. Second, we need to accelerate the increase of clinicians from overseas, particularly from the Philippines who tend to fit in quite well to our health system and cultural environment. Third, we need to upskill non-clinical people. As an example, over COVID we had vaccinators who could do COVID vaccinations who now, under clinical supervision, do MMR and flu vaccination, so there's an opportunity to upskill non-clinical staff. And the fourth component would be to invest in digital technologies that could be used in the community environment, that will take pressure off the workforce because you've got digital devices that can do what a doctor could do in the home environment, for example, portable ECG units. [New Zealand is] slow off the mark on those technologies, and if you combine that with a social worker going out to the house and doing these medical interventions and the data going back to a nurse or nurse practitioner in office, then it reduces the pressure on all of those whānau having to go to an actual doctor every three months.



ACT - Brooke Van Velden

Funding:

ACT has committed to increasing general practice capitation by \$163 million into 2023/24 and providing ongoing increases in out-years. This 13 per cent increase in funding is enough to subsidise 2.5 million extra GP visits, and it will go a long way towards helping meet the increasing expenses being faced by GP practices.

Equity:

Over the last six years, Labour has sought to divide New Zealanders based upon race, and the health system has not been left untouched by this. Preferential placement on surgical waitlists, and increased access to screening programmes for Māori and Pacific people is evidence of this.

ACT is entirely opposed to the concept of prioritising one person's health needs over others simply because of their race. ACT believes that funding and provision of health services should be based on an individual's genuine medical need, not who their ancestors were. ACT is committed to repealing the Māori Health Authority and returning New Zealand to a health system that provides for all New Zealanders.

Workforce:

We will:

- Establish a process for recognising the credentials of medical professionals from countries having comparable healthcare systems.
- Ensure New Zealand is a leading competitor in enabling new models of care by enabling physician assistants to take on more responsibilities.
- Give the minister the power to override a regulatory authority's decisions or processes if the minister believes that the authority's processes, practices or registration/accreditation criteria go beyond what is necessary to protect the health and safety of the public.
- Improve health workforce planning and forecasting.



National Party - Shane Reti

Funding:

Three things. First of all, we have already announced a \$52 million injection into primary healthcare to incentivise immunisation. Second, we will be exploring enacting the recommendations of the Sapere report. Third, when we release our health manifesto it will have more on primary healthcare funding.

Equity:

We support targeting on a health needs basis. Whoever has the need, that's where the resources should be targeted.

Workforce:

First of all, we acknowledge it's a crisis. So, in the short term it comes down to immigration. We would introduce a visa for nurses and midwives which would allow them to come to New Zealand before they had a job offer. Secondly, retention of our own doctors needs to be a higher priority. Pay parity and pay equity as well as better terms and conditions is key. We also need to reduce the administrative burden on doctors. In the medium term for nurses and midwives we will halve their student loans if they stay bonded to the health system for five years. While in the long term, we will build a third medical school with a focus on rural primary care.



Labour Party - Ayesha Verrall

Funding:

Labour recognises and values the work that GPs and the primary and community healthcare sector do. We also acknowledge the enormous pressure that GPs and their practices are under at the moment. Stronger primary care is essential to meeting our goal of bringing care closer to people's homes. In our next term of government, we will prioritise investment in general practice and continue our work to bring care closer to people's homes. Budget 2022 included \$102 million over three years to establish integrated and comprehensive primary care teams within locality networks. Rural general practice will be supported with targeted funding through this initiative.

Equity:

Yes. A future Labour Government is committing to reviewing the capitation funding formula. Pressures are more acute in this area than others, so primary care will be prioritised for funding. Primary and community care have a vital role in improving equity by enabling access to healthcare for more people. One of the ways we are doing this is through workforce initiatives to build the Māori and Pacific Health workforces.

Primary and community care are key to reducing pressure on hospital services and providing people the care they need when and where they need it. In 2023/24, we are putting an extra half a billion dollars into primary and community care sectors, to support sector stability and to reduce pay disparities over time between hospital and community health sector staff.

We announced funding of \$44 million over two years for primary care providers serving communities with the highest needs in New Zealand. This funding will support the establishment of comprehensive primary care teams, build capacity in the workforce, and address the burden of underfunding for Māori and Pacific providers. We will also allocate \$4.9 million for the training and development of the new kaiāwhina workforce to support these teams.

A targeted investment of \$37 million over the next two years will more equitably allocate primary care funding to general practices based on their enrolled high-needs populations, and those providers with the highest Māori and Pacific populations.

Workforce:

Growing the number of GPs is vital so we can fill today's gaps and make sure we've got the doctors we need in the future. By training more GPs locally, making it easier for GPs to come to New Zealand, and expanding the primary care team to more roles, we can address this pressure.

Labour will deliver the largest ever increase to the number of doctors trained each year, adding an additional 335 doctors a year to our health workforce from 2027. This starts with the additional 50 doctor places a year the Labour Government announced as part of New Zealand's Health Workforce Plan and adds 95 more each year for three years, to bring the total amount of doctors trained yearly to 874. This is a 62 per cent increase over current levels.

Last year, the Labour Government announced that we would increase from 200 to 300 the number of GPs trained in New Zealand each year. We closed the pay gap between first-year trainee GPs and hospital registrars after a review demonstrated that the fact trainee GPs were paid less than registrars working in hospitals was the biggest barrier to young doctors going into general practice. We've also added GPs to the Green List, which means they receive residence immediately, as well as the grant of \$20,000 for relocation of GPs to hard-to-staff areas.