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Briefings published: Te Whatu Ora mulls 'wholesale' capitation change versus targeting higher needs



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The briefing papers agencies wrote for new health minister Shane Reti have been published [Image: Government House]

“These challenges stem from a primary and community care workforce that has not been funded to keep pace with demand...”

Government health authorities have warned new health minister Shane Reti of a series of funding and other problems in general practice and wider primary care that need to be addressed urgently.

The Coalition Government today published briefing papers prepared for the incoming minister by the Ministry of Health, Te Whatu Ora and Te Aka Whai Ora.

Primary care under ‘immediate pressure’

The Te Whatu Ora paper says primary and community care services “do not work well for everyone and are under immediate pressure”. Examples are people being unable to get GP appointments due to long waiting times and the projected need for 16,000 more aged residential care beds by 2030.

“These challenges stem from a primary and community care workforce that has not been funded to keep pace with demand, care models that do not meet the needs of an ageing population and patients with increasingly complex needs.”

One of the authority’s immediate priorities is to respond to funding reviews of the sustainability of core general practice services. This includes determining if there’s a need for “wholesale adjustments” in first contact and core services or if targeting higher-cost enrollees through equity and complexity adjustments is preferable.

Other immediate priorities include:

stabilising and reviewing access to urgent and after-hours care

supporting the primary/community care workforce through “collaborative recruitment pipelines”, increasing training subsidies, adding roles to primary care teams, and increasing clinical support to after-hours services

expanding pharmacy services, for instance immunisation for under-tuos

expanding acute and planned care in the community, radiology for instance

supporting rural health services to ensure access to primary, urgent and specialist care for rural communities, for instance, rural telehealth.

Sidenotes

Ministry of Health briefing to the incoming minister of health, part A

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Te Whatu Ora briefing to the incoming minister of health

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Te Aka Whai Ora briefing to the incoming minister of health

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Joint health agencies' briefing to the incoming minister for mental health

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Ministry – primary care hampered by multidisciplinary weakness

On primary and community care, the ministry's briefing says one challenge is workforce shortages and a lack of multidisciplinary approaches leading to "ineffective use of existing professions".

Others include:

persistent barriers to patient access, including cost
lack of consistent coordination between

primary/community care and hospitals and other
public services

"legacy service models or approaches that are not
well equipped to manage the increasing complexity
of health issues or to make the most of
developments in technology"

fragmented funding arrangements that do not
sustainably support providers or people's health
needs and exacerbate inequities between areas.

'Organisational change fatigue'

The ministry warns Dr Reti that the health system is suffering fatigue from restructuring.

Dr Reti's Coalition Government plans to introduce legislation by 8 March to abolish Te Aka Whai Ora, and the minister has also indicated there may be a wider role for iwi-Māori partnership boards and no future for localities.

“There is significant organisational change fatigue in the health system,” the ministry says. “The next couple of years will be important for stabilising, consolidating, and refining the new operating roles and functions of key entities, including the changes resulting from the disestablishment of the MHA [Māori Health Authority – Te Aka Whai Ora].”

The ministry says key changes from the current health reforms are expected to include devolving most commissioning to the regional level, bringing decisions on service design closer to communities, and delivering services locally based on communities' priorities.

Sources of pressure

Population growth and ageing, rising complexity, more people with long-term conditions, longer waits for secondary services, and a shrinking network of after-hours and urgent care – all increase pressure on an already stretched primary care workforce and an inadequate funding model.

“Options [for policy solutions] will include potential changes to how the primary and community system is designed, funded, focused and monitored, and there will be decisions about the pace and scale of change.”

Summarising the health of New Zealanders, the briefing says Kiwis' life expectancy has increased faster than our “health expectancy”, the years of life that a person will, on average, live in good health. Life expectancy for those born in 2019 is 79.9 years for males and 83.6 for females, with health expectancy of 68.9 for males and 70.3 years for females.

“New Zealanders are spending, on average, over a decade in poor health, and this period of poor health is slowly increasing as we [the population] age[s].”

Peppered through the briefing is an acknowledgement of the tight fiscal times and the reprioritisation that this will necessitate, without giving details. The Coalition's wish to repeal Labour's 2022 tobacco control changes is also mentioned, as is the ministry's intention to continue with action on tobacco control and other prevention measures.

Consequences of scrapping Te Aka Whai Ora

Te Aka Whai Ora, in its briefing, tells Dr Reti that for iwi-Māori partnership boards (IMPBs) to continue to operate effectively, they will need some form of centralised back-office support.

The agency also offers to design a transition plan to support his “redirection for Māori health gains” [aka scrapping Te Aka Whai Ora, beefing up Māori health work in the ministry and Te Whatu Ora and possibly expanding the role of IMPBs].

“Among the things to consider are whether there will be any residual unintended consequences in the legislation if changes are made to Te Aka Whai Ora. Removing Te Aka Whai Ora from the legislation may, for example, have an impact on the broader goals of the Pae Ora Act. The act is structured with a strong focus on improving Māori health outcomes, and consideration will need to be given to functions that you should consider retaining to ensure all parts of the system respond to your priorities.”

The retained functions could include:

recognition, support and engagement with IMPBs

development of Māori health providers and Māori health workforce
monitoring the delivery of hauora Māori services
independent policy advice that is closer to service delivery.

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