

Health Policy

Vision

The Green Party envisions for Aotearoa New Zealand:

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

Key Principles

1. The Green Party acknowledges te Tiriti o Waitangi and the status of health as a taonga.
2. The health care system should be publicly funded to ensure everyone can access healthcare services, regardless of their ability to pay.
3. Health care must be available at the earliest stage possible to optimise treatment outcome, quality of life and cost effectiveness.
4. Social, cultural and environmental factors outside the health system have a great impact on our health; health in turn shapes capacity to participate in all other aspects of life. All Green Party policies promote the health and wellbeing of individuals, communities, society and our environment.
5. 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.
6. Children must be considered within the context of their whānau.

7. 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 and social resources, and stages of physical and mental health.
8. Health services should be focussed on reducing inequalities in health status in partnership with other government agencies, non-governmental organisations and community groups.
9. All service users, including vulnerable communities, such as the Rainbow community, have a right to participate in planning health service delivery.
10. Decisions about health services should be based on the strongest possible evidence.
11. 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

Policy Positions

- 1.1 Ensure that all New Zealanders live in a healthy environment. Clean air, water and soil is essential for our health and wellbeing, whether directly (e.g. drinking water quality) or indirectly (e.g. nutrient-dense food grown in healthy soil). Climate change threatens human health, by making severe weather events more extreme, enabling the migration of disease-bearing vectors (e.g. mosquitoes) and disrupting global food systems. Our immediate built environment also affects our health. For other policy positions relevant to health, therefore, see our [Environmental Protection, Climate Change, Agriculture and Rural Affairs](#), and [Housing and Sustainable Development](#) policies.
- 1.2 Ensure that all New Zealanders have access to nutritious food (see our [Food](#) policy).
- 1.3 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.

- 1.4 Place a particular emphasis on preventing and treating long term (chronic) conditions such as cardiovascular disease, diabetes, respiratory disease, cancer and depression.
- 1.5 Support District Health Boards (DHBs) to maximise community participation in decision-making.
- 1.6 Promote consistent, streamlined national reporting that provides timely and clear information to providers, DHBs, and local communities on performance indicators (including equitable health outcomes) and quality control, supports national planning and research, and minimises reporting costs.
- 1.7 Increase funding for the Health Quality and Safety Commission and increase its focus on community and primary care while maintaining DHB involvement.
- 1.8 Support the independence of PHARMAC and ensure that it can prioritise public benefit over restrictive trade obligations.
- 1.9 Enable the integration of complementary therapies that have a sound evidence base into health services.
- 1.10 Engage health professionals, iwi and communities in planning for the future needs of the health system and developing appropriate models of care.
- 1.11 Ensure there is a diverse, sufficient, resilient and collaborative workforce with appropriate skills and expertise.

2 Prioritising Scarce Resources

Policy Positions

- 2.1 Engage both the public and health professionals to find solutions to ethical problems, such as those involved in resource allocation priorities.
- 2.2 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.
- 2.3 Develop comprehensive, nationally-integrated electronic health records that allow people to access their own health records and all 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 recognises that the Crown must provide particular support for hauora Māori, recognising the existing health disparities and the responsibility to provide funding to address this. The needs and preferences of Māori whānau, from the beginning of life to the end of life, must be recognised and respected in the development and delivery of health services (see our [Kaupapa Māori](#) policy for details).

4 Key Population Groups

Policy Positions

- 4.1 Prioritise those population groups with the lowest health status, such as the elderly, women, children, Māori, Pasifika, refugee and migrant, rainbow communities, people with low socio-economic status and people with disabilities, as part of ensuring equal health outcomes for all.
- 4.2 As part of a commitment to quality health services, continue and extend the provision of services embedded in the cultures of those who use their services consumers or provided in a culturally safe way.
- 4.3 Require Public Health Organisations to develop and report on plans to proactively improve their services to under-served populations and individuals.
- 4.4 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

Disabled people must be able to access health services that are responsive, flexible, and culturally appropriate, focussed on inclusion and empowerment and able to meet their individual needs and those of their families (see our [Disability](#) policy for details).

6 Public Health Services to Keep People Well

Policy Positions

- 6.1 Progressively expand the role and functions of the Health Promotion Agency to enable it to become an authoritative policy adviser, planner and funder of evidence-based health promotion services.

- 6.2 Promote and fund inter-sectoral collaboration to achieve best possible outcomes both in health and in other relevant sectors, including the promotion of healthy public policy.
- 6.3 Require Government agencies and local government to collaborate to reduce health inequalities and achieve social goals relevant to health, and health goals.
- 6.4 Implement health promotion approaches by creating supportive physical and social environments, and empowering communities to identify their own priorities and implement their own solutions.
- 6.5 Implement comprehensive obesity prevention programmes.
- 6.6 Commit to implementing measures to ensure we meet the goal of Smoke Free Aotearoa by 2025.
- 6.7 Research and plan for the changed pattern of health and disease expected to be associated with climate change, including assisting low income and other vulnerable sectors of society to adjust (see our [Climate Change Policy](#)).
- 6.8 Provide positive education programmes about body image and the importance of healthy eating.

7 Community-Based (or Primary) Care

Policy Positions

- 7.1 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.
- 7.2 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.
- 7.3 Review the funding formula for general practice teams to address the specific situation of practices looking after very high proportions of high needs populations.
- 7.4 Encourage Primary Health Organisations and DHBs to provide out-of-hours clinics and 'first-in-first-served' processes, when required in particular communities.
- 7.5 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.

- 7.6 Reduce distorted demand for prescription pharmaceuticals by prohibiting direct-to-public marketing by drug companies.

8 Hospital-Based Care (or Specialist Services)

Policy Positions

- 2.1 Promote and support multi-disciplinary approaches to hospital care, to maximise opportunities for positive outcomes for patients.
- 2.2 Provide more specialist outpatient clinics with expanded services.
- 2.3 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.
- 2.4 Support smaller 'community' hospitals to improve access to minor surgery, specialist outpatient clinics, maternity facilities and rehabilitation services.
- 2.5 Investigate whether separation of elective and emergency theatre services would reduce delays in surgery due to emergencies.
- 2.6 Promote more partnerships with primary care providers to reduce the need for hospital appointments, and ensure resourcing is sufficient for the resulting increased need for primary care.
- 2.7 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

Policy Positions

- 9.1 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.
- 9.2 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.
- 9.3 Create funding models that make it attractive for new providers to offer services that support rehabilitation and other community-based services.

- 9.4 Create transparent outcome measures in collaboration with clinicians that are fed back to the clinicians and services.

10 Maternity Services

Policy Positions

- 10.1 Ensure pregnant people have a choice of Lead Maternity Care (LMC) providers that reflects cultural and ethnic diversity, and that those LMCs are appropriately funded and resourced to support the wellbeing of pregnant people and their families throughout their pregnancy, especially women with high needs and in communities currently without sufficient LMC provision.
- 10.2 Improve information and support for home births for low-risk pregnant people.
- 10.3 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. Investigate and implement ways primary maternity units can be better utilised to enable pregnant people, new parents and babies to receive care closer to their home.
- 10.4 Improve resourcing for postnatal services. This could include increased hospital funding, increased funding for LMCs and home-help care for new parents with multiple births and special needs, increased community social worker availability.
- 10.5 Improve and increase capacity of community and inpatient support services for new parents with postnatal depression and other mental health disorders. Inpatient facilities need to include facilities for mother to have baby with her.
- 10.6 Fund research into rising intervention rates and caesarian sections, and initiatives that will ensure that these are used appropriately.
- 10.7 Recognise the health benefits for both women parent and baby from breastfeeding. Support Baby Friendly Hospital Initiatives and Baby Friendly Community Initiatives that ensure parents receive consistent, up to date information and resources that support babies to be breastfed as per World Health Organisation recommendations (exclusive to 6 months, continued for 2 years); recognising there are some women who are unable to breastfeed or breastfeed exclusively.
- 10.8 Ensure all parents have access to an adequately funded and staffed information helpline such as Plunketline.

- 10.9 Ensure that all pregnant people, particularly those on low income, have adequate access to nutritious food during pregnancy alongside maternal nutrition education.
- 10.10 Support a broad range of programmes and initiatives that encourage parents to become well-informed about parenting, together with effective education of children and young people about the responsibilities of parenting.

11 Child Health

Policy Positions

- 11.1 Prioritise the delivery of healthcare to children.
- 11.2 Seek and implement recommendations from experts on what evidence tells us about what will work to improve children's health outcomes.
- 11.3 Review the Primary Health Organisation funding formula to enable children to have access to all health services at no cost.
- 11.4 Ensure that students in every low decile school can access a nurse in school.
- 11.5 Increase funding and support for early intervention for children and young people with behavioural and mental health issues.
- 11.6 Implement a strategy based on prevention and community-based treatment to eliminate Rheumatic Fever, including recognition of the importance of healthy housing to this issue (see also our [Housing and Sustainable Development](#) Policy).
- 11.7 Increase resourcing for Well Child providers (e.g. Plunket and Tamariki Ora) so that they can provide support proportionate to the needs of whānau.
- 11.8 Avoid fragmentation of services and require long-term contracts to ensure relationships are maintained between providers.
- 11.9 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

Policy Positions

- 12.1 Ensure mental healthcare training and practice is grounded in holistic, humanistic perspectives that recognise each individual as whole.

- 12.2 Encourage and enable mental health providers to work within multi-disciplinary teams that include primary care and hold the well-being of the client at the heart of their practice.
- 12.3 Ensure that, wherever possible, clients have a primary provider who remains with them through their recovery process.
- 12.4 Utilise client-assessed outcome measurement tools to compare service effectiveness and to feed into the design and provision of mental health services.
- 12.5 Fund innovative initiatives that indicate high recovery rates or that effectively facilitate mental health promotion and prevention of, for example, suicide.
- 12.6 Ensure physical health needs of people with mental health needs are also well met.
- 12.7 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

Policy Positions

- 13.1 Ensure every family has sufficient income to enable choices that support dental health (see our [Workforce](#) and [Income Support](#) policies).
- 13.2 Promote education programmes that raise awareness of the causes and prevention of poor dental health.
- 13.3 Ensure schools and early childhood centres provide only nutritious foods (also see our [Food](#) policy).

B. Improving access to primary dental care

Policy Positions

- 13.4 Continue to support free dental care for children and young people under 18 years of age.
- 13.5 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.
- 13.6 Increase child dental health services in at-risk areas.
- 13.7 Liaise with Well Child providers and other parent support services to identify and target at-risk families for increased dental services.

- 13.8 Provide free dental care for those in low-income households, such as Community Services Card holders.
- 13.9 Investigate providing one free annual dental check for all New Zealanders not entitled to free dental care.
- 13.10 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.
- 13.11 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 balance between the public health effects and the rights of individuals to opt out altogether or avoid excessive intake.

Policy Positions

- 13.12 When considering supporting proposals for fluoridation of community water supplies by local authorities:
 - a) Have particular regard to the public health benefits of fluoridated community water supplies.
 - b) Have particular regard to the potential public health risks of excessive fluoride consumption via community water supplies.
 - c) Have regard for the ability of individuals to opt out.
- 13.13 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.
- 13.14 Commission an independent study on the impacts of fluoridation to public health.
- 13.15 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

Policy Positions

- 14.1 Implement recommendations made in the Human Rights Commission 2012 report of the Inquiry into the Aged Care Workforce.
- 14.2 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.

- 14.3 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

Policy Positions

- 15.1 Increase funding to enable everyone to access to high quality palliative care regardless of their location.
- 15.2 Improve palliative care training for medical, nursing and allied health staff in hospitals, hospices and aged-care facilities.
- 15.3 Enable people to experience end-of-life at home where possible.
- 15.4 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.

Policy Positions

- 15.5 Initiate a Law Commission enquiry into formalising the use of advance directives in New Zealand through legislation.
- 15.6 Support the health sector's efforts to encourage advanced care planning.
- 15.7 Encourage advanced care and end-of-life planning by health and legal professionals when consulting with patients and clients.

C. Medically-Assisted Dying

The Green Party supports the 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.

Policy Positions

- 15.8 Support 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.
- 15.9 Require oversight of the medically-assisted dying legislation by an appropriate statutory body to ensure compliance with legal requirements.
- 15.10 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.
- 15.11 Require annual reviews of the performance of the medically-assisted dying legislation with the findings made available to the public.
- 15.12 Oppose 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. See also our [Food Policy](#).

Policy Positions

- 16.1 When considering folate supplementation proposals:
- a) Have particular regard to the public health benefits;
 - b) Have regard for the ability of individuals to opt out, and;
 - c) Have regard to the risks of excessive supplementation to vulnerable populations.

17. [Wellbeing of Health Care Workers](#)

The Green Party acknowledges the essential work of people who work in the health system and is committed to ensuring fair wages and conditions that support their wellbeing. This includes promoting and progressing pay equity and equal employment opportunities, requiring pay transparency and pay-parity management, and providing training and accessible information about opportunities to those groups (see our [Workforce](#) and [Women's](#) policies).

18. [Accident Compensation](#)

The Green Party policy relating to the Accident Compensation Corporation is based on its original principles (community responsibility, comprehensive entitlements, complete rehabilitation, real compensation and administrative efficiency) as well as those of:

- a) Equitable rehabilitation and compensation for all people suffering impairment, regardless of whether that impairment has been caused by injury, illness or other disability.
- b) Public responsibility for rehabilitation and compensation for personal injury.
- c) Health promotion and prevention of illness and injury as a priority for health investment.

See our [Accident Compensation](#) policy for details.

19. Drug Law Reform

The Green party recognises that there can be adverse health, social and economic consequences from the use of drugs for both individuals and society. Drug policy should have a primary focus on improving public health. See our [Drug Law Reform Policy](#) for details.