The *cassis belli* for reform of the New Zealand health workforce

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Towards a sustainable, diversified and fit for purpose health workforce

• A challenged health system – the New Zealand health system in 2009/10; the *cassis belli* for reform of the health workforce
  • Friday 11 June 2010 0830-0900

• The way ahead - diversification of the New Zealand health workforce through intelligence, innovation and clinical leadership
  • Friday 11 June 2010 0950-1020
Towards a sustainable, diversified and fit for purpose health workforce

• Interactive discussion of how primary health care is configured and how services are delivered
  • Saturday 12 June 2010 1100-55 and 1205-1300

• Community-based and integrated health care in 2020
  • Sunday 13 June 2010 1200-30
The *cassis belli* for reform of the New Zealand health workforce

- What is the basis of citizenship in New Zealand and what do New Zealanders expect of their societies?
- Why is the *taonga* of universal health care for New Zealanders so threatened and threatening?
- Why is there a sense of urgency and what does failure look like?
Why is the *taonga* of universal health care so threatened and threatening?

Chart 9. Health expenditures per capita in New Zealand and OECD countries, 1990-2004

Source: OECD Health Data 2006
Health spend at 8.4% GDP, 20% of total Government spend and 50 and 40% of new money in the 2009 and 2010 Budgets respectively.

Chart 9. Health expenditures per capita in New Zealand and OECD countries, 1990-2004

Source: OECD Health Data 2006
Core Crown Revenue & Expenses

Year ended 30 June

Budget 2010 Expenses
Budget 2010 Revenue

FORECAST
A significant increase in health service demand due to ageing alone!
The *cassis belli* for reform of the New Zealand health workforce

- What is the basis of citizenship in New Zealand?
- Why is the *taonga* of universal access to excellent health care so threatened and threatening?
- Why is there such a sense of urgency and what does failure look like?
The New Zealand Health System in 2009/10

• A health system that meets most people’s needs, but, perhaps largely due to the quality and good will of the health workforce.

• A health system in which the good will of the health workforce has been eroded and in which there is a schism between governors and clinicians.

• A health system that is increasingly segregated and tribal.
A workforce that is not well distributed against need in respect to discipline, ethnicity and both geography and demography.
A health system that has an unsustainable reliance on immigration
The New Zealand Health System in 2009/10

• A health system that faces a doubling of demand over the next decade at a time when the health spend is at or is close to what can be afforded.

• A health system that is “drowning” in data, but, that is largely free of intelligence.
Mani Maniparathy, New Zealand Business Roundtable 2008

Figure 3: Productivity (volume per head) of public hospitals (indexed 2000/01 = 1000), 1998/99 to 2005/06
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Why?

Why?
Figure 2: Inflation-adjusted cost per unit of output (indexed 2000/01 = 1000), 1998/99 to 2005/06
Figure 2: Inflation-adjusted cost per unit of output (indexed 2000/01 = 1000), 1998/99 to 2005/06

Indexed 2000/01 = 1000

Why?
The New Zealand Health System in 2009/10

• A health system that is unable and or unwilling to change despite a strong and uniform stakeholder view that the status quo is untenable.
A health system that is unable and or unwilling to change

Doubling of demand for health services over next decade

Funding at or near limit

Hopeful and aspirational reporting and more than 500 planning agencies and groups

DHBS not mandated to train workforce and TEC funding of undergraduates

Reliance on immigration

20 DHBs and 84 PHOs, Colleges, Societies, Councils, NGOs and private sector

50 unsuccessful reform reports
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