The following information about NZ political parties' health policies was collated by Fiona Thompson of GPNZ in February 2014.

1 ACT NEW ZEALAND

The New Zealand health system suffers from a severe productivity problem. Despite huge increases in funding from successive governments, we are actually getting less efficient. Between 1999 and 2008, health funding more than doubled in real terms yet the outputs from our medical facilities did not keep pace with this funding increase. We still have far too many New Zealanders dying on waiting lists and not getting vital treatment such as chemotherapy quickly enough. The National Government has made a small amount of progress but we need ACT as part of the next government to push for further change.

In a sense, the most important healthcare policy is economic growth. Our economy is stagnating and if we don't commit to serious economic growth policies we won't be able to fund the kind of world class health system New Zealanders deserve. We are competing with all countries (but Australia in particular) for skilled workers such as healthcare professionals. With Australians earning over thirty-five per cent more than New Zealanders. They are able to pay more in taxes and private fees for medical treatment than we are. In turn, we see a loss of health care professionals to Australia, and less ability to attract and retain health care professionals from the wider world. Similarly, the ability to afford world class equipment and pharmaceuticals depends on our wealth compared to other first world countries.

In the last Parliamentary term, with ACT's pressure and support, the Government:

- Agreed to open up the ACC workplace account to competition;
- Ensured 99 percent of cancer patients started treatment within the recommended four weeks;
- Increased immunisation coverage for two year olds to 89 per cent.

ACT will continue to push for major health reform. A party vote for ACT is a vote to:

- Encourage competition between public and private sector health providers to encourage productivity gains;
- Reduce back-room bureaucracy so more resources can be spent on front line healthcare;
- Target primary healthcare subsidies at those on the lowest incomes rather than wasting resources on subsidies for the rich;
- Reduce taxes so individuals can pay for their own day to day health needs as well as take out comprehensive health insurance for them and their families. This will encourage competition between health providers to provide value for money services that patients want. It will also put the power in the hands of patients and encourage people to make good decisions about their own health;
- Review health regulations including occupational licensing, in order to allow providers to respond more flexibly to patients' requirements and hire qualified overseas expertise
Reduce taxes and simplify regulation to create the kind of economic growth necessary to pay for world class health care

2 THE GREEN PARTY

The Green Party recognises health as:

- 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).

- Whare Tapa Wha - A Maori model of health described by Mason Durie, where the four components of health - e taha tinana (physical), te taha wairua (spiritual), te taha hinengaro (mental and emotional) and te taha whanau (social - family and community), represent four walls of a house. If one of these walls fails, the house will fall. (Mason Durie, Whaiora: Maori Health Development, 1994).

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.

2.1 Key Principles

- The Green Party acknowledges te Tiriti 0 Waitangi and the status of health as a taonga.

- 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.

- 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.
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.

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.

Health services should be focussed on reducing inequalities in health status in partnership with other government agencies.

All service users including vulnerable communities have a right to participate in planning health service delivery.

Decisions about health services should be based on the strongest possible evidence.

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.

2.2 Whole-of-System Healthcare

The Green Party will:

- 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.

- Place a particular emphasis on preventing and treating long term (chronic) conditions such as cardiovascular disease, diabetes, respiratory disease, cancer and depression.

- Give real effect to the principle that DHBs act as the agent for their communities, by maximising community participation in decision-making.

- 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.

- Increase funding for the Health Quality and Safety Commission and increase its focus on community and primary care while maintaining DHB involvement.

- Support the independence of PHARMAC and ensure that it can prioritise public benefit over restrictive trade obligations.

- Find ways to integrate complementary therapies that have a sound evidence base into health services.
Engage health professionals in planning or 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.

2.3 Prioritising Scarce Resources

The Green Party will:

- Engage both health professionals and the public to find solutions to ethical problems, such as those involved in resource allocation priorities.

- 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.

- 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.

2.4 Maori Health as Taonga

The Green Party will work with Maori to:

- Further build the capacity of Maori to manage their own health needs and provide Maori specific services.

- Increase accessibility of health services to Maori through increased provision of community and marae-based services.

- Ensure Maori representation and consultation at all levels of the health service.

- Support the continued strengthening of Whanau Ora programmes.

- Support additional funding for health research resources to be directed at Maori health issues in order to address the continuing disparities in the standards of health between Maori and non-Maori.

- Facilitate and support the development of research partnerships between Maori and non-Maori researchers to meet the urgent need for research that benefits Maori health.

- Support rongoa Maori (traditional Maori healing) practitioners and practices, and develop better linkages with other health services.

- Accelerate the training and development for Maori healthcare workers.
2.5 Key Population Groups

The Green Party will:

- Prioritise those population groups with the lowest health status, such as Maori, Pasifika, refugee and migrant, LGBT communities, people with low socioeconomic status and people with disabilities.

- 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.

- Require PHOs to develop and report on plans to proactively assist under serviced populations and individuals.

- 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.

2.6 Health and Disability

The Green Party will:

- 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.

- 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.

- 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'.

- 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.

2.7 Public Health Services to Keep People Well

The Green Party will:

- 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.

- 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.
Require Government agencies and local government to collaborate to reduce inequalities and achieve social goals, including health goals.

Implement health promotion approaches by creating supportive physical and social environments, and empowering communities to identify their own priorities and implement their own solutions.

Implement comprehensive obesity prevention programmes.

Commit to implementing measures to ensure we meet the goal of Smoke Free Aotearoa by 2025.

Research and plan for the changed pattern of health and disease expected to be associated with climate change.

Provide positive education programmes about body image and the importance of healthy eating.

2.8 Community-Based (or Primary) Care

The Green Party will:

- 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.

- 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.

- Review the funding formula for primary care to address the specific situation of practices looking after very high proportions of high needs populations.

- Encourage PHOs and DHBs to provide out-of-hours clinics and 'first-in-first-served' processes, when required in particular communities.

- 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.

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

2.9 Hospital-Based Care (or Specialist Services)

The Green Party will:

- Promote and support multi-disciplinary approaches to hospital care, to maximise opportunities for positive outcomes for patients.

- Provide more specialist outpatient clinics with expanded services.
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.

Support smaller 'community' hospitals to improve access to minor surgery, specialist outpatient clinics, maternity facilities and rehabilitation services.

Investigate whether separation of elective and emergency theatre services would reduce delays in surgery due to emergencies.

Promote more partnerships with primary care providers to reduce the need for hospital appointments.

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.

2.10 Post-Acute Care

The Green Party will:

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.

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.

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

Create transparent outcome measures that are fed back to the clinicians and services.

2.11 Maternity Services

The Green Party will:

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.

Improve information and support for home births for low-risk pregnant women.

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.
 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.

 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.

 Support research into rising intervention rates and caesarian sections, and initiatives that will help address this.

 Recognise the health benefit 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.

 Ensure all women have access to an adequately funded and staffed information helpline such as Plunketline.

 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.

 Support 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.

 2.12 Child Health

 The Green Party will:

 Prioritise the delivery of healthcare to children.

 Seek and implement recommendations from experts on what evidence tells us about what will work to improve children’s health outcomes.

 Review the PHO funding formula to enable children to have access to all health services at no cost.

 Have a school nurse in every low decile school.

 Increase funding and support for early intervention for children and young people with behavioural and mental health issues.

 Implement a strategy, based on prevention and community-based treatment, to eliminate Rheumatic Fever.
Increase funding for Well Child providers (e.g. Plunket and Tamariki Ora) so that they can have smaller caseloads.

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.

2.13 Mental Health Services

The Green Party will:

- Ensure mental healthcare training and practice is grounded in holistic, humanistic perspectives that recognise each individual as whole.
- 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.
- Utilise client-assessed outcome measurement tools to compare service effectiveness.
- Fund innovative initiatives that indicate high recovery rates with low/minimal drug use.
- Ensure physical health needs of people with mental health needs are also well met.
- 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.

2.14 Dental Heath

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

- Ensure every family has sufficient income to live on (see our ork and Employment policy).
- Promote education programmes that raise awareness of the causes and prevention of poor dental health.
- Ensure schools provide nutritious foods and lunches in schools, school tuck shops, and vending machines (also see our food policy).

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

- Continue to support free dental care for children and young people under 18 years of age.
- 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.
Increase child dental health services in at-risk areas.

Liaise with Well Child providers and other parent support services to identify and target at-risk families for increased dental services.

Provide free dental care for students, beneficiaries and those on superannuation.

Investigate providing one free annual dental check for all New Zealanders aged 18 and over.

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.

Provide public funding of non-cosmetic orthodontic treatments when the deformity damages the child's health.

2.14.3 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:

- 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.
- Commission an independent study on the impacts of fluoridation to public health.
- Support education initiatives to advise caregivers of the potential for babies to develop dental fluorosis when mixing formula with fluoridated water.

2.15 Aged Care Services

The Green Party will:

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 wellbeing and physical health.

Create purpose-built, rent-assisted living units for older people in all areas (including rural) so that ageing at home becomes a viable reality.

Provide a high level of home support services for older people who are willing and able to continue living at home.

2.16 End of Life

2.16.1 Palliative Care

The Green Party will:

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

2.16.2 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:

- Initiate a Law Commission enquiry into formalising the use of advance directives in New Zealand through legislation.
- Support the Ministry of Health's efforts to encourage advanced care planning.
- Encourage advanced care and end-of-life planning by health and legal professionals when consulting with patients and clients.
- 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.
2.17 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.

3 LABOUR PARTY

- Ensure all women will have access to free antenatal classes, with a focus on first time mums and those who would benefit from them the most.
- Antenatal assessment available to all women by 10 weeks' gestation, with targets for District Health Boards to deliver on this.
- New mums' programmes targeted at parents who need the most help
- Extended Well Child/Tamariki Ora visits so families in the most need get extra support before baby even arrives
- Assist families to get the help they need by registering new mums with GPs, Well Child/ Tamariki Ora provider, the immunisation register, and a dental health provider.

3.1 Free Antenatal Classes

Labour will ensure all women have access to , free antenatal classes, with a focus on first time mums and those who would benefit from them the most.

We will work with DHBs to ensure these programmes are delivered by trained adult educators, and that they are relevant to mums in their community.
There is good evidence showing that women who attend antenatal classes have better birth experiences and long term outcomes. Antenatal education can improve bonding or attachment, breastfeeding rates, parenting selfefficacy and parenting knowledge. It is also an important channel for the delivery of important health messages, such as safe sleeping and immunisation. Antenatal classes are also recognised as one of the best settings to identify vulnerable women.

Unfortunately vulnerable groups, including teenage parents, are much less likely to attend antenatal classes. In a 2009 study only 10% of participants were of Maori ethnicity and less than one percent were of Pacific ethnicity.

A clear and unequivocal commitment to all first time mothers having access to free quality antenatal classes is an important prerequisite for improving the lot of children in New Zealand is not straightforward.

Labour trusts parents to do their job, and we want them to have the resources they need to do it. But there are a small number of parents who are repeating the mistakes they themselves often experienced at the hands of their own parents a generation before and it will continue all over again unless we get in early.

Poverty, violence and exclusion do their damage early in children’s lives. But some children are born exceptionally vulnerable. They experience a combination of innate disadvantage and a difficult, resource-poor living environment, often inherited over several generations. This is a deadly combination, with awful long term consequences, in employment, health, mental health, imprisonment. These conditions face around 5% of all children.

The earlier we can identify vulnerable children and act to provide assistance, the better the outcomes.

3.2 Antenatal Assessments By Ten Weeks

Labour will require District Health Boards to set a key performance indicator for pregnant women to be booked in for an appointment with a midwife or another Lead Maternity Carer for an antenatal assessment by 10 weeks gestation.

Best-practice clinical, social, and laboratory assessment will take place, and an ongoing plan for the pregnancy formulated.

The earlier in pregnancy that medical and social assessment can take place, the sooner intervention can occur if it is necessary.

There are many other medical and social conditions that can have profound detrimental effects on both the mother and foetus, and if they are picked up early subsequent intervention can markedly improve the outcomes.

This is particularly important given the increasing incidence of obesity, diabetes, and other non-communicable diseases in New Zealand.
Ten week assessments will also enable the early identification of vulnerable mothers, as soon as possible during pregnancy. This identification can then be followed by appropriate intensive wrap-around services (see next section).

This will be introduced as a national health target, starting with a target of 80% by 2015 and lifting to 90% by 2017.

We will commit an additional $4 million to enable pregnant women to be contacted and followed up with appointments made with an LMC.

### 3.3 Ensuring Every Child Is A Well Child

*(Initiatives first announced in August 2013)*

Some of New Zealand most valuable assets in the early stages of a child's life are our Well Child/Tamariki Ora providers, such as Plunket.

Labour is going to extend Well Child/Tamariki Ora visits so that our families in the most need get extra support before their baby even arrives. They will get a visit from a qualified nurse, such as a Plunket nurse, and that same nurse will stay, working with that family when their baby arrives for as long as they are needed.

That's an estimated 57,000 extra visits per annum for the families who need it most.

These nurses will also be a contact point for things like early referrals for early childhood education, and even parenting courses if that's the support a family needs.

Labour will also ensure there is a new mums' programme in every District Health Board, targeted at parents who need our support the most to give their babies the best start in life.

And we will assist families to get the help they need by introducing quadruple enrolment at birth. That means registering new mums with GPs, Well Child/Tamariki Ora provider, the immunisation register, and a denta health provider.

### 3.4 Timing

Free antenatal classes, the antenatal assessments, the national health target, and the 'Ensuring every child is a well child' initiatives' will commence from July 2015.

Labour believes that the best way to do this is through what the Marmot review of health inequalities in the UK has described as 'proportionate universalism'. This approach, endorsed by the Royal New Zealand College of General Practitioners, recognises that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. In many cases actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

Implementation will require maternity services to be accessible in the community as well as at base hospitals.
This policy was recommended by parliament’s cross-party Health select committee (Inquiry into improving child health outcomes and preventing child abuse, November 2013).

4 MANA PARTY

A key focus of MANA is to improve the standard of living of low income whanau in terms of housing, income, and employment. An adequate level of housing, a liveable income, and a job with good work conditions here people are in charge of their lives, are key determinants for whanau health and wellbeing. Working to ring about higher standards of living are critical to addressing the health issues that Maori currently face, such as diabetes, cancer, heart disease, respiratory conditions like asthma and emphysema, and rheumatic fever (rheumatic heart disease). Other contributing factors are smoking, alcohol, poor diet, and the lack of access to nondiscriminatory, quality health care. The public health system needs to be more comprehensive and include oral, visual, and aural health care. The significantly greater tax take from the "Hone Heke tax" would fund expanded health services and new initiatives.

MANA policy priorities are to:

- Eradicate third world diseases from New Zealand.
- Support the development of a high quality public health system which is free and accessible for all New Zealanders.
- Reduce accessibility to tobacco products and ban tobacco advertising, with a goal to ban the importation, manufacture and sale of tobacco in New Zealand. In the medium term cigarettes would be provided by pharmacies on prescription.
- Ban the advertising of alcohol. As with tobacco, the idea is to target alcohol companies to reduce the harmful effects of alcohol consumption.
- Introduce restrictions on the advertising of unhealthy kai, including that of fast food chains, to children and young people, and to more strongly regulate what goes into processed foods and beverages.
- Remove GST from all food (and everything else), but introduce a tax on fast foods and soft drinks.
- Provide healthy meals for all children at school.
- Introduce free after-hours medical care for children under 16 years and for senior citizens.
Eliminate institutional racism in the health system through greater ethnicity-based auditing, a more effective governance system, the expansion of Maori health provision, and health workforce development to address racism in health care workers and systems.

Introduce plain language information for users of health services to improve health literacy.

Include health care services for eyes, ears, and teeth within the subsidised primary health care system.

Develop a paramedic training programme for areas where health services are scarce.

Support the Pharmac model of affordable medicines and protect it from drug company cartels through unfair trade agreements.

 Levy private health providers to contribute to the public health system where they transfer patients to maintain private profitability.

Provide free family planning and contraceptive advice.

Provide for a community veto on pokie venues, liquor outlets and fast food companies in local neighbourhoods.

**5 MAORI PARTY**

**5.1 Plain packaging legislation sends clear message to tobacco industry**

Hon Tariana Turia

12 February 2014

Associate Minister for Health Tariana Turia says that the Smoke-free Environments (Tobacco Plain Packaging) Amendment Bill which had its first reading in the house today is sending a clear message to tobacco companies that the Government is serious about ending unnecessary deaths related to tobacco use.

'The bill will further reduce the appeal of tobacco especially to young people as well as any wide acceptance and approval of tobacco products by requiring all tobacco products to be sold in plain packaging. All the time tobacco companies were creating brands and advertising and promoting them to ingrain the notion that smoking is glamorous, fun, cool, sophisticated, a part of life knowing they only had to sell the myth and the nicotine addiction would take over,' says Minister Turia.
"While the tobacco industry may have laid down a threat if this Legislation is passed my message to them is that our country has a sovereign right and a legal right to protect its citizens. It is not for tobacco companies to tell us what to do in our own land.

Tobacco companies understand that branding is part of the appeal of their products delivered to the young, the vulnerable and the indigenous peoples of this world

"We successfully implemented a ban on the displaying of tobacco products in stores as an important strategy preventing the marketing of tobacco products in retail areas. Research shows once the product has been purchased cigarette packages are then displayed up to twenty times a day and often left lying around in front of young people susceptible to marketing imagery. The plain packaging requirement will ensure that there is no detraction from the warning messages on cigarette packages when they are being used or are left lying around."

"Five thousand New Zealanders a year die from smoking and hundreds more are also disabled from the effects of smoking. It is our responsibility as politicians, who make the laws - to pass legislation that will help save lives. We will be following through with this legislative process despite the threats from the tobacco industry," says Turia.

New Zealand became one of the first countries in the world to legislate smokefree indoor office environments in the Smoke-free Environments Act 1990. Further legislation includes banning smoking in all indoor workplaces, including bars, restaurants, and clubs, banning the advertising and displaying of all tobacco products and annual ten percent tobacco tax increases. The plain packaging bill is another step in the strategy towards a Smokefree Aotearoa 2025

6 NATIONAL

6.1 $10 million more for elective surgery

Announcement 29 January 2014

Health Minister Tony Ryall has today announced the government is investing an extra $10 million to provide more New Zealanders with elective surgery over the next five months.

"This government has lifted the number of patients receiving elective surgery from 118,000 in 2007/08 to 158,000 last year - but we want even more New Zealanders to benefit from surgery," said Mr Ryall.

"This funding will mean over 1,800 extra patients will receive elective surgery by the middle of this year.

"A third of the operations will be orthopaedic surgery, including knee and hip joint replacements. The rest will be a mix of general surgery, ophthalmology operations, including cataracts, and ears, nose and throat operations."
"We have identified specialties where public hospitals can do even better and every district health board will receive extra funding to provide even more patients with the surgery they need.

"Elective surgery makes a real difference to patients and their families - it reduces pain, increases independence and improves their quality of life.

"This increased funding will build on the record numbers of elective operations achieved by the National-led Government," says Mr Ryall

NOTE: National's policies will be announced in the Budget in May.

7 NZ FIRST

7.1 Hospital Problems Tip of The Iceberg

Published on New Zealand First Parliament (http://nzfirst.org.nz)

Hygiene concerns that have gone unaddressed at Wellington Hospital reflect the sorry state of the country's health system, says New Zealand First.

A recent Capitol and Coast District Health Board audit identified hygiene concerns at the hospital.

Health spokesperson Barbara Stewart says this reflects the sorry state of New Zealand's health system.

"If 'fiscal concerns' are used as an excuse for delaying repairs to furniture that poses a significant infection risk then the Government should be ashamed of itself.

"The issue is that the welfare of children is being compromised. The hygiene concerns and risks of cross-infection identified in the audit should not exist in this day and age."
"It is unacceptable that children might become seriously ill from conditions in a hospital. "With budget increases failing to cover the increasing demand and increasing costs of healthcare this is unlikely to be an isolated problem.

"The Government needs to take responsibility for the health risks they are creating by preventing DHB's from undertaking necessary improvements and renovations," says Mrs Stewart.

7.2 Better, Sooner, More Convenient Care Mustn't Sacrifice Quality

Published on New Zealand First Parliament (http://nzfirst.org.nz)

Replacing face to face consultations with telehealth calls could lead to sick callers not getting the proper and timely care they require says New Zealand First Health spokesperson Barbara Stewart.

This follows a telehealth nurse putting worried callers at risk by terminating calls before giving any advice or reassurance or even completing the calls.

"Some of the symptoms ignored were serious and with every call not properly answered there is the potential for a tragic outcome.

"The healthline did the right thing by dismissing the employee for misconduct, but the fact that it took nine months and at least 49 callers were basically ignored by this employee demonstrates a clear need for improvement in the monitoring of telehealth workers.

"With our growing and ageing population, telehealth has the potential to relieve some of the burden on our health resources but we need to know that we can rely on the quality of these services, particularly as we use them more.

"Minister Ryall must ensure that his 'better, sooner, more convenient’ care isn't at the expense of quality," says Mrs Stewart."