




	General Practice Funding	Primary Care Workforce	Primary Care After Hours	Oral Health	General Practice Subsidies/Copayments	Maternity Services	ACC
NATIONAL	<p>Will continue to increase investment in primary care over the next term (\$100 million extra in the current term).</p> 	<p>A further 80 medical training places to make a total extra 200 places per year in the next term.</p> <p>Has increased GP training places by 50.</p> <p>Has introduced a Voluntary Bonding Scheme which has 1800 doctors, nurses and midwives. This will be expanded to include medical radiation therapists and medical physicists.</p>	<p>Monitor new Auckland initiative with view to expanding the model if appropriate.</p> <p>Develop an enhanced nationwide telephone triage system staffed by doctors and nurses.</p> <p>Introduce free after-hours care for under-sixes nationwide starting 1 July 2012.</p>	<p>NZers' oral health is improving. Spending up 22% enrolled children waiting for scheduled visit down from 20% to 11%. (No change in policy indicated.)</p>	<p>Will continue to make GP visits as affordable as possible. Have provided a 45% increase in Care Plus funding, and a 27% increase in Very Low Cost Access funding in the past 3 years.</p>	<p>Safer maternity services are a priority, \$54 million provided in this year's Budget with 4 key areas for improvement:</p> <p>A safety and quality programme; new clinical protocols for routine and emergency transfers; nationally standardised maternity notes available electronically, and \$2 million for improving the comprehensive collection of maternity data and improved monitoring of maternity services.</p> <p>From 28 March 2012 all midwives joining voluntary bonding scheme must complete Midwifery First Year of Practice programme.</p>	<p>Allowing levy payers a choice of provider is the best way to ensure an efficient and low-cost, 24/7, no-fault insurance scheme.</p>
LABOUR	<p>Review funding formula for primary care to ensure affordable access for all NZers and needs of vulnerable populations met; review rural health funding to ensure access to affordable and quality services.</p> <p>Labour supports GPs as vital part of primary system. As GP workforce ages, there will be different models of how GPs work. The void is now being filled by private organisations purchasing practices. A more strategic approach required. Investigate DHB salaried GP positions as way of ensuring accessible, better integrated care where GP services not sufficient to meet need.</p>	<p>Develop role of Health Workforce New Zealand to provide coordinated approach to ensuring a sustainable, flexible and appropriate health workforce. HWNZ to focus beyond medical workforce to a "whole of health system" approach, including nursing and allied healthcare.</p> <p>Consider GP Training Review, with a view to implementing recommendations for a future employment model more flexible and tailored to 21st century needs.</p> <p>Develop capability of nursing workforce to provide leadership and innovation, removing barriers to enhanced roles for nurses, including through nurse practitioner role, enrolled nurses, prescribing by nurses and other nurse-led services.</p>	<p>Extend free access for under-sixes to after-hours medical services, meaning 24-hour, 7-day-a-week free access for this group.</p>	<p>Continue free dental health care from birth to 18, increased focus on ensuring teenagers enrolled with a dentist and supported to attend checkups and receive treatment.</p> <p>Review the Combined Dental Agreement to ensure young people are enrolled, services delivered in an accessible manner and dentists appropriately incentivised.</p> <p>Extend incrementally, as resources allow, provision of affordable dental care, beginning with pregnant women receiving a package of free dental services.</p>	<p>Retain capitation funding, but keep the model under review to ensure needs of communities can be met through a collaborative primary care model.</p>	<p>Review implementation of the 8 principles and 11 goals of the Maternity Action Plan developed by Labour in 2008.</p> <p>Further align maternity service provision with primary health services and PHOs.</p> <p>Consider service access issues for rural women, young parents and women with mental health disorders.</p>	<p>Maintain ACC as a publicly administered and delivered social insurance scheme providing comprehensive and universal coverage.</p> <p>Labour will not privatise ACC and will reverse any privatisation of any part of ACC that occurs before the election.</p>
GREENS	<p>Increase funding to progressively make primary care affordable for all; explore costs/benefits of extending free primary care to more categories. Further expand free and low-cost care services to low-income families. Base PHO funding criteria on productivity and outcomes for wellness. Adjust capitation formula, eg, for outreach, after hours. Fund general practices to become health centres with wider range of health professionals, reach those not getting good primary care; reward integration and holistic care centres, while providing fair and competitive remuneration.</p>	<p>Ensure range of business models (including salaried positions in PHOs), competitive salaries, opportunities for professional development and time off.</p> <p>Training, recruitment and retention strategies, such as voluntary bonding, rural immersion training, encouraging young people to train in hard-to-staff areas. Accelerate workforce planning, addressing needs of ageing population.</p> <p>Medical curriculum to increase awareness of economic, social and environmental factors in health; role of nutrition; complementary therapies. Increase number of positions for nurses in primary sector, work with nurses to enhance role.</p> <p>Identify funding and structural barriers (eg, if practice maximises income by having all patients see a GP, hard to develop an effective team).</p>	<p>No specific policy but ensure accessible and affordable. Review capitation formula as well as the multiple inconsistent after-hours arrangements across the country.</p> <p>Review may lead to enforcing after-hours part of PHO contract, recognising in some cases the PHO will subcontract to a local hospital.</p>	<p>Provide free dental care for students, beneficiaries and those receiving NZ Super; provide 1 free annual dental check for all NZers.</p> 	<p>Further expand free and low-cost healthcare services to low-income families to reduce or eliminate copayments from those least able to pay.</p>	<p>Review maternity health services to allow women greater choice regarding length of hospital stay after childbirth; improve access to appropriate birth facilities, especially rural; improve choice of LMC, especially rural.</p>	<p>All of ACC must remain a public body; privatisation will reduce services for accident victims and increase costs. ACC should be pay-as-you-go with funding designed to meet annual costs. Reinstate cover and entitlement provisions cut by National-led Government.</p>
MAORI	No specific comment.	No specific comment.	No specific comment.	Prioritise oral health, including instigating an annual oral health check for low-income families.	No specific comment.	No specific comment.	No specific comment.
UNITED FUTURE*	<p>Review administrative and policy compliance burden facing hospitals and GPs to free up resources dedicated to management, which should be directed towards making people better.</p>	<p>Cut tuition fees for those studying medicine, dentistry, pharmacy and nursing. Bonding schemes in fields facing workforce shortages.</p> <p>National workforce development strategy to address current and future long-term workforce shortages.</p> <p>Provide first-class working conditions as key to recruitment and development, through accreditation of workplaces such as the Magnet hospital status.</p> <p>Support ongoing development of nurse practitioners with scopes of practice for senior nurses.</p> <p>Introduce a sabbatical scheme allowing health professionals to take a year out every 5 years to update their skills and knowledge.</p> <p>Embark on a proactive overseas recruitment campaign, and develop concept of bonded "working holidays" for health professionals.</p>	<p>Ensure every community has good after-hours services separate from emergency departments in hospitals.</p>	<p>Broaden community services card coverage to include subsidies for basic dental checkups and basic procedures.</p> <p>Improve dental services to school-age children by:</p> <ul style="list-style-type: none"> increasing the number of dental therapists trained; ensuring DHBs secure sufficient contracts with local dentists. <p>Continue the rollout of mobile dental clinics</p>	<p>Localise the review of GP copayments rather than the current expensive centralised review process.</p>		No specific comment.
ACT*	<p>Target primary healthcare subsidies at those on the lowest incomes rather than wasting resources on subsidies for the rich.</p>	No specific comment.	No specific comment.	No specific comment.	See General Practice Funding.	No specific comment.	<p>With ACT's pressure and support, the Government agreed to open up the ACC workplace account to competition.</p>
MANA	No specific comment.	No specific comment.	<p>Introduce free after-hours medical care for children under 16 years and for senior citizens.</p>	<p>Services for health of teeth, eyes and ears must be part of subsidised primary care.</p>	No specific comment.	No specific comment.	No specific comment.

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	Women's Health	Child Health	Public Health Screening & Initiatives
NATIONAL	Higher rates of breast and cervical cancer screening (no change in policy). Currently, for the first time, 70% of women aged 50–69 have been screened for breast cancer and more than 74% are being screened for cervical cancer.	Child health services are a top priority, eg, under-sixes access to free GP visits, immunisation rates, B4 School Checks. Fruit in schools; reducing rheumatic fever in vulnerable regions; this year's extra \$21 million to boost extra Well Child services.	Cites boosted immunisation, spending on rheumatic fever, bowel screening pilot, home heating and insulation programme, higher tax on tobacco (no mention of new or changed policy). Also see Women's Health and Child Health.
LABOUR	Re-establish the National Breastfeeding Advisory Committee to lead implementation of the Breastfeeding Strategic Plan launched by Labour in 2008, and review the most appropriate funding mechanism to enable lactation consultants to provide support and education. Implement the Youth Pregnancy and Parenting Programme of Action, a cross-agency/sector initiative led by the Ministry of Health and involve the Ministries of Education, Social Development and Youth Affairs. Ensure all women have access to affordable and comprehensive sexual and reproductive health services. Ensure access to women-friendly youth and migrant health services. Develop, over time, nationwide networks of services for women with eating and associated disorders and programmes to address binge drinking by young women. Review effectiveness of health and physical wellbeing curriculum in schools to assess the adequacy of resource and training needs to deliver it.	Make child health a priority, and increase the proportion of health sector spending on services for children up to 6. Extend free access for under-sixes to after-hours medical services. Ensure children are "disease free at 5 years", by providing adequate funding of outreach services to vulnerable children, supporting and enhancing B4 School Checks and providing a "mop-up" service at school for children who have not had a B4SC. Require DHBs to adopt child health implementation plans with nationally agreed measurable outcomes and targets, monitored by the Ministry of Health. Ensure all children are enrolled with a Well Child provider before birth.	Promote and adequately fund population health at a nationwide and community level to target core issues including: obesity; on-time immunisations; health conditions related to smoking; impact of overcrowded and poor quality housing on health; problem gambling and drug and alcohol addiction; chronic and non-communicable diseases such as diabetes, respiratory and heart disease; rheumatic fever eradication; serious skin infections. Work with DHBs and others to ensure integrated planning and service delivery for preventive health-care. Support long-term research to deal with underlying causes of illness and strategies for the promotion of good health and wellbeing. Establish a new Healthy Eating, Healthy Action programme. Support increased participation in sport and recreation activities, including through an investigation into school sport participation, including the feasibility of reintroducing mid-week early finishing nationwide to facilitate mid-week sport. Prioritise expenditure on preventive health and primary healthcare.
GREENS	Encourage DHBs to identify women's health priorities in strategies. Targeted smoking cessation for Maori women and young women; education and intervention for early recognition of eating disorders. 12-week waiting time between surgery for breast cancer and radiotherapy. National breast screening programme; continue to implement Gisborne Cervical Screening Inquiry report recommendations. Require contents labelling for products with ingredients linked to increased risk of cancer; public campaign re. chemicals implicated in breast cancer, lifestyle risk factors and nutrition. National Breast Cancer Prevention Strategy. Support provision of cervical screening to all women. Evaluate alternatives to routine mammography. National Infertility Prevention strategy. Improve access to family planning and sexual health services; equity of access to abortion. Increase investment in mental health services for girls and young women.	Work towards free healthcare for all children. Encourage breastfeeding via education; legal protection for breastfeeding mothers; give regulatory force to WHO code of marketing for breast milk substitutes. Improve and extend child and adolescent mental health services. Work towards healthy affordable housing for all children, expand our Warm Up NZ energy efficiency programme. Mandatory vehicle emission testing, cleaner diesel and petrol. Ban broadcast alcohol advertising; health warnings on all alcohol products; integrated harm reduction approach to drug and alcohol education. Nutrition, cooking and gardening to be taught in all schools and better eating programmes in all schools and early childhood centres; positive nutritional messages on TV, free fruit in all primary schools; ensure all NZ-produced food is GE free and imported GE food labelled. Only healthy food and drink to be sold in schools.	Inflation-index funding to prevent illness and injury and promote health. Progressively increase funding to prevent illness and injury and promote health to 10% of the health budget. Free annual wellness check for all. A more extensive wellness check at key life stages. Address environmental, economic and social factors of ill health. Health of the population a key goal across all government activities, health impact assessment on all government policies and projects. Independent Environmental and Public Health Agency to monitor effectiveness and implementation of NZ Health Strategy.
MAORI	No specific comment.	Establish youth wellbeing centres in consultation with rangatahi. Universal Well Child services to all children under 6. Treat child obesity as a parenting issue and use parent education as the first line of attack to reduce obesity rates.	Continue to address the increases in diseases of poverty such as rheumatic fever and meningitis. Bariatric surgery for at least 1000 more people each year to address obesity, heart disease and diabetes. Review vision and hearing testing as universal tests. Introduce plain packaging; advance the tobacco control strategy for Aotearoa to be smokefree by 2025. Support the use of "green prescriptions" through the development of safe and convenient venues for physical activity, such as walking paths and bicycle lanes.
UNITED FUTURE*	No specific comment.	Target infant health by concentrating on the appropriate support for parents before and after birth and ensuring high-quality extended care and support, including home visits, by lead maternity carers and Plunket. Fund Plunketline, separate to funding for Healthline. Ensure information about immunisation is widely circulated. Supplement the work of social workers in schools with health clinics where appropriate. Improve workforce development and funding for youth-focused counselling services as the first line of defence rather than over-prescribing pharmaceuticals for mental health concerns. Fund child and youth mental health inpatient beds at a level sufficient to achieve the Blueprint for Mental Health Services in New Zealand target level. Resource adolescent mental health services to include 16 to 18 year olds.	Reassess efficacy of national vision and hearing screening in schools, expand access to optometrist tests for children with learning difficulties. Support effectively targeted cervical, breast, and skin cancer screening programmes, and establish a new prostate cancer screening programme for men. Increase funding for sexual health/contraceptive programmes. Establish a national register for type 1 diabetes and a diabetes research fund. Increase funding for type 2 diabetes testing. Expand the development of strategies to reduce non-communicable diseases. Establish minimum standards of cleanliness for waterways, targets for soil quality for crops. CRIs to be funded to research health, wellbeing and productivity of soils. National strategy, including private sector funding, to insulate all NZ homes to at least 1977 standards. Work to reduce particulates from car emissions. Oppose the decriminalisation of cannabis. Public education campaigns on importance of nutrition and exercise, risks of smoking, alcohol and substance abuse. Community-based education campaigns to empower parents and extended families to take responsibility for healthy eating and lifestyles. Encourage employers to offer healthy lifestyle incentives.
ACT*	No specific comment.	No specific comment.	With ACT's pressure and support, the Government increased immunisation coverage for 2-year-olds to 89%.
MANA	No specific comment.	No specific comment.	Improve standard of living of low-income whanau in terms of housing, income and employment. Eradicate Third World diseases from New Zealand. Include healthcare services for teeth, eyes and ears within the subsidised primary healthcare system. 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 we see cigarettes provided from pharmacies on prescription. Ban advertising of alcohol. Target alcohol companies to reduce harmful effects of alcohol consumption. Restrict advertising of unhealthy kai, including that of fast food chains, to children and young people, and more strongly regulate what goes into processed foods and beverages. Remove GST from all food (and everything else); tax fast foods and soft drinks. Provide healthy meals for all children at school. Introduce plain language information for users of health services to improve health literacy.





This is our last print edition before the general election. Wellington correspondent Virginia McMillan has taken a look where parties stand on health-related issues

Given the potential under MMP for minor parties to have an influence on Government policy we have looked at the policies of all parties who have MPs in Parliament.

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	Number of DHBs	Pharmaceutical/Laboratory Charges	PHOs	Residential Care	Health Insurance	Hospital Waiting Lists	Healthcare Rationing (eg, means testing, restricting services, etc)
NATIONAL	No plans to reduce number of DHBs. Cross-appointing common members is improving ability of neighbouring DHBs to deliver better and more efficient health services to their region.	Cites pharmaceutical spend up by \$180 million, benefiting 180,000 people on average a year and subsidising treatments (cancer, Alzheimer's) previously not covered. Charge on referrals by private specialists for blood tests: reversed.	Cites PHOs down from 81 to 32, consolidating financial strength, reducing bureaucracy, freeing resources for more frontline services like larger clinics offering a wider range of primary care.	Will continue to invest more. Improving information, choice and quality of care for people in aged residential care with clinical assessment, workforce and training schemes, more dementia beds, audits available to public.	No plans to change rules around health insurance. Public and private hospital systems should work closely together.	Change the maximum waiting time for elective surgery from 6 months to 4 months by the end of 2014. Likewise, reduce the wait for a specialist appointment. Increase elective surgery numbers by a least 4000 a year. Reducing waiting times for CT and MRI scans, angiograms and colonoscopies.	Question too general – we are always looking to make best use of every health dollar
LABOUR	Open mind regarding number of DHBs, no policy to change. If elected, we will continue to monitor governance arrangements to ensure they are delivering the accountable, effective and efficient services New Zealanders deserve.	Labour believes community pharmacists play a key role in delivery of primary healthcare. 	Encourage development of further collaboration in delivery of primary healthcare, refining the PHO model and drawing together GP services and other allied health professionals.	Provide more home-based care services which will help to reduce demand for residential care services. Ensure residents provided with highest quality services which keep them healthy and supported. Establish a technical working party to investigate all recommendations of the report <i>What the Future Holds for Older New Zealanders</i> , and provide advice prior to May 2012 on a time-lined plan to implement: <ul style="list-style-type: none"> • a Government-funded national training pathway for all staff in residential and home-based care linked to the National Qualifications Framework and recognised in pay negotiations. • regulations for minimum staffing levels for nurses and caregivers in all residential facilities. • As Budgets allow, pay parity between staff in residential and home-based care with their equivalents in the public health system. 	No plans to change the current arrangements.	Develop nationwide tools for elective surgery prioritisation based around timeliness, equity and quality. Develop a model of care for acute services that encompasses the needs of patients, primary care and hospital emergency departments. Support the development of strong regional and/or national networks to make the most efficient use of all health resources. Support the development of national services, where appropriate, to deliver specialised care and encourage innovation. Review the capital-charging regime as it applies to public hospitals. Ensure a coordinated hospital and specialist care system with consistent access criteria, quality and timeliness across New Zealand. Build and upgrade facilities across New Zealand to support the network of care.	Labour recognises the importance of efficient and effective use of health resources. No plans to restrict current services, but will look closely at all programmes to assess effectiveness and find efficiencies. Launch a Health Innovation Project to be led by the National Health Board to drive nationwide application of models of good practice in the delivery of health services.
GREENS	No specific policy. Health spokesperson Kevin Hague has argued against changing the number of DHBs owing to transitional costs and loss of momentum; often anticipated gains are not delivered. Easier for smaller organisations to collaborate and aggregate up when appropriate than for large organisations to respond deftly to local communities.	Support retention and independence of Pharmac. Cost/benefit analyses to take into account economic cost of ill health, eg, unemployment and inability to do unpaid work; investigate issues around patenting of medications. Ban direct-to-consumer advertising of pharmaceuticals. Require pharmaceutical companies to disclose gifts/promotions to health professionals or sector; health organisations and individuals to disclose gifts and funding from pharma companies. Labelling to show risks and potential adverse reactions. Medsafe to take a lead role to reduce inappropriate prescribing, for example, of antibiotics and antidepressants. Pharmacists to work with doctors and nurses to develop pharmaceutical plans for older and high-use patients. Tighter controls on routine prescription of highly addictive drugs.	Address lack of progress in community involvement, effective public health approaches to minimise illness, and establishment of multidisciplinary primary care teams – incentivise these by the capitation funding model, accelerated with appropriate performance indicators.	Protect and improve the standard of living and quality of care, and ensure all residents treated with dignity and respect. Index aged residential care subsidy rate to CPI; there is merit in establishing an acuity index to measure annual increases in care needs. We oppose income and/or asset testing of residential care subsidy.	The Green Party does not have any specific policies relating to health insurance.	Support initiatives ensuring people get treatment at an early stage, increase funding for straightforward surgical services, including mobile services, to reduce the numbers waiting for surgery. All patients waiting for treatment to be treated within time frames set by internationally established standards. 	Technical ability to meet the healthcare needs outstrips ability of any nation to fund: some health gain that could be achieved cannot be afforded. Public must be involved in decisions about values and methods to be used to make prioritisation decisions. No increase in means testing of access to health services. Reverse current Government's priorities on tax cuts and roads, extending range of services that can be funded, but limits will need to be set somewhere.
MAORI	No specific comment.	Remove tax from prescription medicines and investigate the viability of green prescriptions	No specific comment.	No specific comment.	No specific comment.	No specific comment.	No specific comment.
UNITED FUTURE*	Require greater collaboration between DHBs to reduce management and operational costs, particularly in supply of goods and services, with the view to amalgamating some boards in the future if efficiency goals are not achieved.	Improve public education regarding the safe and effective use of quality prescription medicines, as part of Medicines New Zealand, the National Medicines Strategy. Expand the role of Pharmac in the prioritisation and procurement of hospital medicines and vaccines. Establish a CAM (Complementary & Alternative Medicines) Unit within the Ministry of Health to monitor the regulation and development of CAM products and practitioners, and facilitate integration of CAM and conventional medicines and practice where appropriate.	No specific comment.	See Community Care, Aged Care 	Introduce tax concessions to recognise savings created by those who choose to take out private health insurance, or pay for private treatment, prioritising those aged over 65. Investigate feasibility of a national health insurance scheme for non-trauma based disability, in particular, elective surgery for the elderly.	Continue to reduce waiting lists for elective surgery for those likely to wait longer than 6 months by requiring DHBs to contract out work to private hospitals. Extend mobile surgical services.	No specific comment.
ACT*	No specific comment.	No specific comment.	See Funding of Public Health System (bureaucracy).	No specific comment.	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.	With ACT's pressure and support, the Government ensured 99% of cancer patients started treatment within the recommended 4 weeks.	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.
MANA	No specific comment.	No specific comment.	No specific comment.	No specific comment.	No specific comment.	No specific comment.	No specific comment

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	Funding of Public System	Maori Health Initiatives	Pacific Island Health Initiatives	Aged Care
NATIONAL	Committed to protecting and growing public health services.	Whanau ora has been introduced to create a holistic and community-based approach to health and wider whanau issues.	Government has introduced whanau ora and strengthened Pacific Island scholarships.	Improving information, choice and quality of care for people in home-based and non-residential care settings, including a compulsory new national minimum standard for home and community support; flexibility for DHBs regarding respite support funding, extra \$1 million to further support respite; workforce schemes, for example, new training modules for general practice.
LABOUR	Labour is committed to funding the sector so it can manage changing demographics and health status of New Zealanders.	<p>Ensure all Maori have fair access to quality, affordable healthcare.</p> <p>Develop a plan of action to address infant mortality, particular focus on improving life expectancy for Maori.</p> <p>Reinvigorate He Korowai Oranga to provide a framework for addressing health inequities affecting Maori, including whanau ora approach to delivery of services that take into account the range of Maori community expressions.</p> <p>Review the whanau ora pilot projects to ensure providing effective and efficient services to those most in need.</p> 	<p>Ensure all Pacific people have fair access to quality, affordable healthcare.</p> <p>Develop and support, in consultation with Pacific health and community leaders, Pacific models for delivery of services that have an integrated approach to working with Pacific families.</p> <p>Commit to creating jobs giving Pacific families ability to provide healthy food, allowing them to access primary care.</p> <p>A Pacific focus on healthy communities via reducing inequalities, targeting the reduction of obesity, diabetes, heart diseases; smoking cessation among Pacific youth; mental health; halt alcohol abuse; growing the Pacific health workforce; ensuring safe and healthy homes.</p>	See Residential Care.
GREENS	Enhancements to the public health system the Green Party proposes will require a higher level of government expenditure. We propose to implement 3-year, inflation-adjusted rolling funding to allow DHBs to plan with certainty, and to ensure costing and pricing models used by Ministry of Health reflect real cost of services.	Work with Maori to facilitate and support research partnerships between Maori and non-Maori researchers to meet urgent need for research. Increase accessibility of health services to Maori through increased provision of community and marae-based services, including Maori representation and consultation at all. Build capacity of Maori to manage own health needs, and provide Maori-specific services, including supporting rongoa Maori and acceleration of training and development for Maori healthcare workers. Continue work of Maori Health Strategy. Support whanau ora.	The Green Party is committed to identifying and promoting culturally appropriate programmes to address the public health needs of Pasifika.	Ensure adequate beds to meet growing numbers of people expected to need aged residential care. Aged-care commissioner to be appointed, first tasks to confirm projections of demand and determine funding for increase in numbers. Community-based models and also some public provision especially in rural areas. Mandatory ratios of qualified staff to residents.
MAORI	Aim to accelerate clinical and service integration; achieve equity in access, focus on targets which enable public reporting.	<p>Review the Health Act to ensure implementation of rongoa Maori. Investigate a co-management model for Maori statutory representatives on DHBs to increase their influence. New DHB representatives to be appointed by minister responsible for Maori health. Establish a health workforce project for pay parity to retain Maori nurses in iwi providers. Investment in development pathways for the non-regulated workforce (community health workers). Refocus Maori provider development to focus on outcomes in primary care where services need to grow.</p> <p>Whanau ora will be rolled out across government with a separate appropriation in each financial year.</p> <p>Monitor cultural competency in all agencies to ensure quality of services, and equity of access and outcomes. Chief executives will be required to report 6-monthly on progressing positive outcomes for whanau. Cultural competency will be an employment standard in justice, health, education and social services.</p> <p>Promote marae-based health clinics as preferred sites of wellbeing and service delivery to support whanau. Support roadshows to promote educational pathways in areas in which Maori are under-represented; such as health science academies.</p>	No specific comment.	No specific comment.
UNITED FUTURE*	<p>Commit to the public health model so that it continues to assume the key role in the provision of vital health services.</p> <p>Clearly define core services, so New Zealanders know where the public system covers them and where there is limited cover.</p>	No specific comment.	No specific comment.	<p>Ensure funding for the aged-care sector covers staffing costs in both residential services and in-home care for better pay and conditions.</p> <p>Support pay parity between nursing staff across all nursing sectors.</p> <p>Sufficient community nurses and other welfare agencies to treat people at home where possible.</p> <p>Funding for the aged-care sector to cover staffing costs in residential services and in-home care.</p> <p>Provide better incentives for nursing, rehabilitation and treatment of the elderly in non-medical institutions.</p> <p>Reassess aged-care services funding.</p> <p>Ensure hospices properly funded.</p> <p>Develop apprenticeship-style training for caregivers, allowing them to acquire qualifications while working in residential or home-care environments, to ensure they can develop a career path in this field.</p> <p>Investigate introduction of a carer's allowance for those who stay at home to look after elderly relatives.</p> 
ACT*	<p>Reduce taxes so individuals can pay for their own day-to-day health needs as well as take out comprehensive health insurance for themselves and their families.</p> <p>Reduce taxes and simplify regulation to create the kind of economic growth necessary to pay for world-class healthcare.</p> <p>Encourage competition between public and private sector health providers to encourage productivity gains.</p> <p>Reduce backroom bureaucracy so more resources can be spent on frontline healthcare.</p>	No specific comment.	No specific comment.	No specific comment.
MANA	Support the development of a high quality public health system which is free and accessible for all New Zealanders.	Eliminate institutional discrimination 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 healthcare workers and systems.	No specific comment.	No specific comment.

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