

Hon Tony Ryall

Minister of Health



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Speech

New Zealand Private Surgical Hospitals' Association

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Introduction

Thank you for that introduction and good morning everyone.

Firstly, I want to thank everyone in the New Zealand health services for their tremendous support for the people of Christchurch.

And I'd like to acknowledge the generosity of your people in the wake of the February 22 earthquake.

I've been down to Christchurch to visit several times since then. Every time I've been impressed to see first hand Cantabrians working with vigour, strength, and compassion - even as they suffered grief and personal adversity.

Private providers opened up facilities and many individuals volunteered their time to help after this latest earthquake and the one before.

The way the public and private health services have pulled together in this time of great need should make us all proud.

I was at St Georges in Christchurch on Wednesday.

When asked, staff would say 'I'm OK'. But in reality many have their homes red stickered – their dream homes for some of them. Their lives are totally disrupted. Yet they are at work helping patients.

Getting health services back to business as usual in Canterbury, and indeed other regions in the South Island will take quite some time and I know that the private sector will have an ongoing contribution to make.

Progress on Government priorities

Like countries all around the world, New Zealand has numerous and significant challenges in Health.

Rising costs, rising demand, rising expectations, along with significant workforce and significant financial constraints make the job of Minister of Health a challenge – as it does yours running hospitals in the private sector.

But it is a great privilege being Minister of Health. And I want a second term in this job. Because the public health service in New Zealand is now making real progress for patients.

Unlike so many other countries around the world, ours is a government determined to protect and grow the public health service.

Our investment in Health has kept pace with inflation and population change.

But we are borrowing \$300 million a week and that can't continue if we are to avoid the sort of meltdown seen in other countries.

As we all know, the demand for better and more health services grows every year, always faster and stronger than any funding increases.

More than ever, DHBs need to ensure they get the best value they can from every health dollar.

But times of challenge also present opportunities and we are focusing on improving what we currently do.

For example, we are increasing hospital productivity and achieving better value for money.

We are driving new and innovative models of care and configuration.

Taking up opportunities includes considering the relationship between the public and private sectors.

The New Zealand Private Surgical Hospitals Association and your member organisations can contribute clinical expertise and leadership in developing a high performing whole health system.

For example last month we announced a revamp of the Cancer Registry which will involve collaboration across the whole health sector.

The Registry will be expanded to encompass data from both the public and private health services, along with the types of data, and how it is collected. It will be overseen by clinicians themselves.

The benefits are significant for care and for planning. Cancer data which is more available and more directly accessible will help improve cancer outcomes.

And that is good because the increasing burden of cancer is a significant challenge for all health services.

Cancer is one of our biggest killers, and the fear of cancer weighs heavily on the minds of all New Zealanders.

As does getting the operations they need.

DHBs have been performing very well in achieving the elective surgery health target.

An extra 20,000 people a year are now getting elective surgery for important operations such as general surgery, orthopaedics and ear, nose and throat conditions.

That's an extra 400 patients getting surgery every week.

Private surgical hospitals already contribute significantly to elective surgery through mutually beneficial relationships with DHBs.

The National Government amended the Public Private Protocols in 2009 to make it easier for DHBs to make smarter, longer term and

more flexible arrangements with the private sector.

For instance Counties Manukau outsources to private in virtually every surgical specialty that they provide in house.

Ormiston, Brightside and Gillies Hospitals, Mercy Ascot, Auckland Surgical Centre and a number of smaller providers deliver around 18% of Counties Manukau's total elective surgery.

I continue to encourage DHBs to make such smart arrangements, and where they have done so, to continue to make the best of them.

Positive progress continues in primary health care.

The Health Quality and Safety Commission has been established.

The Commission provides a vehicle for clinician-led quality and safety improvement activity across both public and private health services.

The Commission is continuing to work on the bread and butter of quality and safety.

We have not made the private sector's involvement in this compulsory but we know you will want to actively engage and support the Quality Commission's work.

I encourage you as clinicians to get involved.

Private surgical hospitals contribute significantly to the viability and growth of the health and disability system.

You assist with workforce development and retention, and through sharing infrastructure and technologies.

The public and private sectors essentially share the same specialist workforce and this highlights the need to consider how we can work together.

I'd like to touch on a couple of points specifically.

Workforce

First, the health workforce is the greatest asset our health and disability system has.

Building the capacity and capability of our health workforce is arguably the greatest challenge we face in the next few years.

The Advanced Trainee Scheme (ATS), recently developed by the Ministry is an innovative way to retain our young doctors.

The ATS offers advanced medical trainees financial assistance to study overseas in a specialty area where we are experiencing a skill shortage.

In return, trainees are bonded to work in an area of high workforce need or in a hard-to-staff region.

The Government is keen to engage with private providers by offering ATS scholarships to trainees who may then go on to work in private practice.

We hope private providers will identify the best and brightest trainees in such specialties, help them develop their career plan, and offer them a confirmed position to which they can return after their training is complete.

Information

Second, comprehensive and up to date information underpins effective planning and quality improvement.

For us all to ensure that we are meeting the public's needs, we must have an accurate picture of public and private resource.

A closer relationship between public and private hospitals would be well served by a concentrated effort to improve our data collections across the sector, irrespective of provider.

The Ministry's difficulties with its own information infrastructure should be acknowledged, particularly regarding the timeliness of information.

But in many cases the backlog of private sector data is now up to date to the end of 2010.

Better coding and processing systems are now in place, with a dedicated team in the National Health Board dealing with data from private hospitals.

They seek your cooperation and renewed enthusiasm in progressing information gathering and sharing.

Concluding remarks

In conclusion, this is a time of challenge for health services. But with challenges come opportunities.

And I am very keen to continue an open dialogue with your organisation.

ENDS