

Better Health Outcomes



✓ PARTY VOTE
National

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Better Health Outcomes

New Zealand's health system is in crisis, with soaring waitlists and emergency department wait times, plunging childhood immunisation rates, and New Zealanders facing longer delays accessing urgent cancer treatment or surgery. Our exhausted health workforce are doing the very best that they can.

For six years, this Government has failed Kiwis on health. Labour has obsessively focussed on a costly and bureaucratic restructure of the health sector in the middle of a pandemic while allowing every measure of health outcomes to go backwards.

National will focus relentlessly on results. We will increase health funding every year, and shift resources from back-office bureaucrats to the frontline. We will restore explicit health targets to ensure the health sector is focussed on delivering better outcomes for key health priorities.

We will increase funding for cancer medicines, so New Zealanders have access to more of the treatments available in Australia. And we will address the health workforce crisis by training, retaining and attracting more doctors, nurses and midwives.

Policy highlights:

- Restore health targets to deliver better, faster and more reliable healthcare.
- Fund 13 new cancer treatments and speed up the approval process for new medicines.
- Improve cancer management for breast, ovarian, bowel, and prostate cancer.
- Extend free postnatal stays for mothers of newborn babies to three days.
- Provide free continuous glucose monitors to type 1 diabetics aged under 18.
- Deliver more nurses, midwives and doctors to reduce wait times and improve health outcomes.
- Increase access to mental health services and grow the mental health workforce.

1. Targeting better health outcomes

A National Government will bring back targets for important measures like wait times and cancer treatment to focus the health system on achieving better results and will incentivise GP clinics to lift immunisation rates.

Labour's approach of centralising health in Wellington has taken New Zealand backwards. Wait lists and emergency department wait times have soared, childhood immunisation rates have plunged, and New Zealanders are facing longer delays to access urgent cancer treatment or surgery.

That's unacceptable to National. We agree with doctors that health targets save lives so we will restore them to focus the system on doing better for New Zealanders. We will hold ourselves publicly accountable for progress by publishing the results every quarter, for each region.

1.1 Targeting better health outcomes

Having transparent targets with regular, robust reporting helps identify where the system is falling short and focuses effort on improving outcomes. The last National Government delivered improved health outcomes across a range of priority areas by establishing clear targets for the sector and regularly reporting performance against them for each region of the country.

Research into the previous National Government's target for faster treatment in hospital emergency departments found a significant decrease in mortality rates among those admitted to emergency departments, with around 700 fewer deaths in one year than predicted if pre-target trends had continued.

That's why it's no surprise that when Labour abandoned the focus on health targets and embarked on a hugely disruptive back-office restructure, actual health outcomes for New Zealanders suffered, with wait times blowing out, access to cancer treatment reducing, and childhood immunisation rates plummeting.

National will restore health targets and publish progress against them by region each quarter so New Zealanders can see how well the health system is serving their community.

This will drive improvement in outcomes and have a significant impact on ensuring better, faster and more convenient healthcare for New Zealanders.

National's Health Targets

1. Shorter stays in emergency department – 95% of patients to be admitted, discharged or transferred from an emergency department within six hours.
2. Faster cancer treatment – 85% of patients to receive cancer management within 31 days of the decision to treat.
3. Improved immunisation – 95% of two-year-olds receiving their full age-appropriate immunisations.
4. Shorter wait times for first specialist assessment – a meaningful reduction in the number of people waiting more than four months to see a specialist (target to be set in government).
5. Shorter wait times for surgery – a meaningful reduction in the number of people waiting more than four months for surgery (target to be set in government).

1.2 Immunisation Incentive Payments

National is particularly concerned by falling childhood immunisation rates and money spent now to lift them will prevent misery, illness and deaths.

To support National's childhood immunisation target while lifting immunisation rates for two other at-risk age groups – under 18s and seniors – National will back general practice and establish a one-off \$52 million Immunisation Incentive Payments programme for GP clinics that are able to lift immunisation rates for their eligible enrolled patients.

Under our plan, GP clinics will be eligible for a one-off payment of \$10 for every enrolled patient on their books provided they achieve each of the following three improvement measures by 30 June 2024:

- Childhood immunisation (24 months) – improve immunisation rate by five percentage points or achieve a 95% immunisation rate among eligible patients.
- MMR immunisation (1-17 years) – improve immunisation rate by five percentage points or achieve a 95% immunisation rate among eligible patients.
- Influenza vaccination (65 years and over) – improve immunisation rate by five percentage points or achieve a 75% immunisation rate among eligible patients.

That means, for example, a clinic with several GPs and 4,500 enrolled patients would receive a payment of \$45,000 if it meets the three improvement measures.

National is serious about supporting the health system and getting better results from it for New Zealanders.

Read more about our plan here: [Targeting better health outcomes](#)



2. Helping more Kiwis fight cancer

Each year, around 25,000 people are diagnosed with cancer and 10,000 tragically lose their lives. Almost every New Zealander will have some experience with cancer in their lifetime – either personally or through a friend, colleague or loved one. Following international best practice, National will lift our game when it comes to cancer by:

- Funding 13 cancer treatments that Australia funds and New Zealand does not.
- Increasing free breast cancer screening to age 74.
- Improving cancer management for ovarian, bowel, and prostate cancer.

2.1 Access to 13 new cancer treatments

Despite the hard work and dedication of New Zealand's trusted healthcare professionals, cancer survival rates here lag behind Australia, partially due to Australia's broader funding of cancer medicines.

The New Zealand Cancer Control Agency recently identified 13 treatments for lung, bowel, kidney, and head and neck cancers that provide significant clinical benefits and are funded in Australia but not in New Zealand.

Under National, New Zealanders will not have to leave the country, mortgage their home, or start a Givealittle page to fund these potentially lifesaving and life-extending treatments that are proven to work and are readily available across the Tasman.

National will

- National will increase access to lifesaving and life-extending cancer medicines by investing \$280 million over four years to fund 13 treatments for solid cancers with "significant clinical benefit" that are available in Australia but not in New Zealand.
- National will require the Cancer Control Agency to complete the same pharmaceutical cancer gap analysis for myeloma, leukaemia and other non-solid cancers.

Read more about our plan to fund 13 new cancer treatments: [Helping more Kiwis fight cancer](#)

2.2 Better cancer management

National is committed to raising the bar when it comes to the management of cancer in New Zealand. We will work tirelessly to improve cancer outcomes for New Zealanders, focussing on improved screening, earlier diagnosis, and better treatment and management across a range of deadly cancers.

Breast cancer

Breast cancer is the most common cancer for New Zealand women, with one in nine women being affected by it in their lifetime. Around 80 per cent of women who succumb to breast cancer are aged 50 years or older. Currently, free breast cancer screening is only available for women up to the age of 69 years, which is five years behind countries like Australia, Canada and the US, who all screen up to 74 years.

National will extend free breast cancer screening for those aged up to 74 years, increasing the number of free mammograms a woman can have over a lifetime from 18 to 20, which has the potential to save up to 65 lives per year. Read more [here](#).

Ovarian cancer

Ovarian cancer is the leading cause of death from gynaecological cancer in New Zealand.¹ Around 300 women are diagnosed with ovarian cancer and more than 200 women die from it every year.²

National will develop national guidelines for ovarian cancer diagnosis and management and investigate the establishment of an ovarian cancer register and greater use of community ultrasound for rapid diagnosis.

Bowel cancer

Bowel cancer is the second highest cause of cancer death in New Zealand, while we have one of the highest rates of bowel cancer in the world.³ More than 3,000 people are diagnosed with bowel cancer each year and over 1,200 will die from the disease. Screening is one of the most effective ways to find bowel cancer early before it spreads. The National Bowel Screening Programme is available for eligible men and women aged 60 to 74.

National will immediately commission work on a business case for progressively lowering the bowel cancer screening age to 50.

Prostate cancer

Prostate cancer is the most commonly diagnosed cancer in New Zealand men. Every year more than 4000 are diagnosed and over 700 die from the disease – the second highest cause of cancer death in men behind lung cancer.⁴ Modern prostate cancer management is increasingly relying on radiology techniques such as ultrasound and MRIs that New Zealand does not currently have sufficient public access to.

National will conduct a rapid review of the public health system to determine investment options for the delivery of modern prostate cancer management in New Zealand, including better access to ultrasound and MRI, information technology needs, and workforce shortages.

¹ Te Whatu Ora Health New Zealand - [link](#).

² Cancer Society

³ Bowel Cancer New Zealand

⁴ Te Whatu Ora Health New Zealand - [link](#).

3. Addressing the health workforce crisis

New Zealand's health workforce is in crisis, with a shortage of doctors, nurses and midwives contributing to ballooning waitlists, delays accessing treatment or maternity care, and overcrowded emergency departments. National will deliver the health workforce New Zealand needs so Kiwis can get better access to the health care they deserve.

3.1 Delivering more nurses and midwives

New Zealand does not train enough nurses or midwives, and the ones we do train are being actively and aggressively recruited to move overseas, particularly to Australia.

National will incentivise more Kiwis to study for a career as a nurse or midwife and bond them to remain in New Zealand after graduation for at least five years. Our plan will also address immediate shortages by making New Zealand more competitive in the global competition for nurses and midwives.

Nurses and midwives are doing their best, but they have been badly failed by a government that has not prioritised investing in the frontline.

Aged residential care has been particularly hard hit. National values aged residential care and will collaborate with the sector closely in recognition of the increasingly important role it plays given New Zealand's aging population.

National's plan to deliver more nurses and midwives:

- Incentives to encourage more Kiwis to study nursing or midwifery – under National, the Government will pay nurses' and midwives' student loan repayments up to \$4,500 a year for the first five years of their career. This means a nurse or midwife over five years would be \$22,500 better off.
- Bonding to keep nurses and midwives in New Zealand after graduation – to access the student loan repayment scheme, nurses and midwives will need to enter into a bonding agreement with the Government, where they commit to working in New Zealand for at least five years after they graduate.
- Competitive immigration settings to attract more overseas nurses and midwives – National will also make New Zealand more competitive in the global competition for skilled workers, by allowing qualified overseas nurses and midwives to come here on a six-month temporary visa without a job offer to look for work and to bring their immediate family members with them.

3.2 Training more doctors

National will train more doctors so that Kiwis don't have to wait as long to see their GP, be treated at hospital or have their surgery. Sick and injured New Zealanders are waiting hours in emergency departments, weeks to see a GP and months on surgical wait lists.

New Zealand does not train enough doctors to meet the demands of our growing and aging population. To address this, National will establish a third medical school at the University of Waikato, with satellite training centres in regional areas.

Based at Waikato, the new medical school will have clinical training alliances with other universities and medical facilities around regional New Zealand – a model that will deliver more doctors committed to serving in provincial and rural parts of the country.

It will operate a graduate entry model, admitting students who have already completed a degree and allowing them to undertake four years of medical study.

National will also increase the number of medical school placements at Auckland and Otago by a total of 50 from 2025. This will be in addition to the 50 extra places already funded at Budget 2023. Together, this will see an additional 220 doctors graduating a year by 2030.

Training more doctors will take time, which means in the short term we will have to continue to rely heavily on immigration. But a responsible government also plans for the future, and that is exactly what a National government will do.

National will:

- Establish a graduate-entry medical school based at Waikato University to train an additional 120 doctors a year from 2027.
- Increase the number of medical school placements at Auckland and Otago by a total of 50 a year each from 2025.

3.3 Sustaining primary care

The significance of primary care in New Zealand cannot be overstated. It serves as the first point of contact for individuals seeking medical attention, delivering essential preventive, diagnostic, and treatment services. Primary care providers form a crucial link between patients and the broader healthcare system, offering personalised care that addresses diverse health needs. When primary care fails other parts of the health sector such as emergency departments bear the brunt.

General practice is confronting many issues including health workforce deficits and remuneration. National has announced long term solutions to address health workforce issues, including establishing a third medical school with a focus on rural primary care. In the more immediate term, cost pressure and misalignment of capitation funding with patient complexity remains a challenge. A recent report from Sapere addressed this and included a number of recommendations for improvement. National will work with the sector to explore implementation of these recommendations in our first year in office.

In the interim, National will make \$52 million in funding available to GPs through incentive payments for clinics that can lift immunisation rates for children, under 18s and over 65s among their enrolled patients (see section 1.2).

Read more about our plan here: [Targeting better health outcomes](#).

3.4 Improve workforce and patient safety in emergency departments

Emergency departments around the country are overwhelmed, with overcrowded waiting rooms and lengthy wait times resulting in staff and patients having to confront increasing levels of frustration, aggression and even violence on a regular basis.

The number of people waiting longer than six hours to receive care in emergency departments has increased from less than 10 percent five years ago to almost a quarter in the last year.⁵ In 2022 there were more than 650 instances when hospitals were operating at or beyond their full capacity.

In such a stressful and pressured environment, more should be done to ensure our critical health workers are safe in their workplace and the patients they care for are protected from violence, aggression and criminal behaviour on the part of a small minority.

National will prioritise hospital emergency department security, including by directing more resources towards frontline security personnel rather than back-office health bureaucrats.

⁵ RNZ - [link](#).

4. Improving access to medicines

National will deliver better health outcomes for New Zealanders by improving access to medicines and other treatments. Our plan includes a series of sensible initiatives to safely speed up access to new medicines while ensuring more Kiwis have access to the treatments they need. These initiatives reflect our commitment to ensuring that healthcare in New Zealand is equitable, efficient, and responsive to the diverse needs of our citizens. Each proposal represents a step forward in the pursuit of a healthier and more accessible healthcare system for all, including:

- More funding for Pharmac (in addition to funding for 13 new cancer treatments)
- Faster approvals for new medicines
- Free prescriptions for superannuitants and those on low incomes
- Updated medicines strategy

4.1 More funding for Pharmac

The Government has left a \$724 million hole in Pharmac's budget over the next four years, representing a shortfall of \$181 million per year. Without additional funding, Pharmac will not be able to continue providing the current level of medicines and other treatments to New Zealanders who depend on them.

National will address this funding hole by investing an additional \$724 million over four years to ensure Pharmac can continue to deliver for Kiwis in need.

This funding will be in addition to the \$280 million in ring-fenced funding National has committed to provide access to 13 new cancer treatments that are currently funded in Australia but not New Zealand (see section 2.1 or read more [here](#)).

4.2 Faster approvals for new medicine

New Zealand's slow approval process for medicines means Kiwis wait much longer than people in other countries to access potentially life-saving treatments. While it is essential that medicines and other treatments are subject to stringent scrutiny to ensure they are safe, there is no reason why New Zealanders should have to wait for our domestic medicines regulatory body, Medsafe, to conduct its own cumbersome process from scratch, when countries with health systems we trust have already gone through this exercise.

National will

- Legislate to require Medsafe to make decisions on approval for registration for all medicines within a maximum 255 days, to align with Australia,
- Require Medsafe to implement even faster approvals processes for any medicines for use in New Zealand that have already been approved by at least two regulatory bodies that we currently recognise, including Australia, the EU, Singapore, the UK, Switzerland and the US.

4.3 Free prescriptions for superannuitants and those on low incomes

The Government recently announced a policy to remove the \$5 fee for prescriptions for all patients, at a cost of \$620 million over four years. In National's view, when there are so many health needs going unmet, an untargeted subsidy going to people who may not need it is not the best use of additional funding in health.

That's why National will replace the untargeted subsidy with a more targeted one, making prescriptions free for low-income Kiwis and superannuitants (using the Community Services Card and SuperGold Card). For everyone else, the total amount any person or family will pay for prescriptions in a year will be capped at \$100.

This change will reduce the cost of the prescription subsidy by approximately \$316 million over four years, which we will use to fund our investment in 13 new cancer treatments while also making continuous glucose monitors free for type 1 diabetics under the age of 18 (see section 5).

Prioritising funding for cancer treatments and improved care for diabetics over additional untargeted prescription subsidises for those who can afford them shows what New Zealand can achieve when health funding is guided by health needs and common sense.

4.4 Updated medicines strategy

Many Kiwis have expressed concerns over the range of drugs that Pharmac funds. The Pharmac model emphasises helping the most people possible for its investment, a general principle that National will continue to support. However, in some cases, this general approach can lead to potentially inequitable outcomes, particularly for medicines for rare disorders. The cost of treating many rare disorders can be high, while the number of people suffering from them is by definition relatively small. The result is that these medicines often miss out on funding altogether.

National will update the expired medicines strategy to ensure there is greater transparency around how Pharmac makes its investment decisions while exploring new mechanisms, including ring-fenced funding, to better accommodate rare disorders.



5. Supporting type 1 diabetics

There are an estimated 15,000 to 25,000 people in New Zealand with type 1 diabetes, typically diagnosed in childhood or adolescence.⁶ This autoimmune condition results in the body's inability to produce insulin, the essential hormone needed to regulate blood sugar levels.

A type 1 diabetes diagnosis is life-altering, necessitating reliance on multiple insulin injections or insulin pumps for survival. Failure to maintain proper blood sugar levels can pose life-threatening risks and lead to severe health complications such as kidney failure, eye disease, foot ulcers, and an elevated risk of heart disease.

Managing type 1 diabetes involves frequent blood sugar checks and insulin adjustments to maintain safe levels. Historically, this required manual finger-prick tests several times daily, offering only sporadic and challenging-to-interpret data.

Recent advancements have introduced Continuous Glucose Monitors (CGMs), capable of continuous blood sugar level monitoring. CGMs enable users to detect high or low blood sugar levels in real time and provide comprehensive, day-and-night data analysis. CGMs have revolutionised type 1 diabetes management, improving blood sugar control and reducing the risk of long-term complications.

Despite CGMs being widely funded in countries like the UK and Australia, they remain unfunded in New Zealand, imposing an annual cost of several thousand dollars on type 1 diabetics. This is particularly challenging for young people and their families who are forced to choose between paying for the best available technology to manage their health or going without and suffering worse long-term health outcomes.

National will make life for these young people just a little bit easier, by funding access to CGMs for type 1 diabetics under the age of 18. Diabetes NZ estimates this can be achieved with an annual investment of \$5.2 million, representing a weekly subsidy of \$50 per eligible child or young person to access CGM technology.



⁶ Ministry of Health - [link](#).

6. Extending postnatal stays to three days

Mothers of newborn babies are currently entitled to stay for up to 48 hours in a postnatal facility, where they receive help and support on how to care for and feed their baby along with postnatal visits from their midwife.

Unfortunately, many women don't realise this and at times are pressured to leave early. In some cases, funding for postnatal stays is used for other purposes which means some mums can't even access the existing 48-hour entitlement. National wants to ensure women have access to postnatal care and that this funding is always available for this purpose and women get the care they are entitled to.

While some mothers are comfortable going home within 48 hours after giving birth, others would prefer to spend a bit longer in this environment.

To address these issues, National will ring-fence existing funding to ensure it is only used for postnatal stays and invest an additional \$19.1 million a year to extend free postnatal stays from two to three days.

We will also require mothers to be advised of their entitlement by the Lead Maternity Carer.

Giving mothers this extra time and extra flexibility will result in positive outcomes for mother, baby, and family, with up to three days in a supportive postnatal environment.

National will also incentivise more Kiwis to study midwifery, by paying their student loan repayments up to \$4,500 a year for the first five years of their career if they enter into a bonding agreement to work in their profession in New Zealand for at least five years after they graduate.

Read more about our plan for [Delivering more nurses and midwives](#).



7. Investing in Dunedin Hospital

A National government will build the hospital Dunedin needs, delivering all the beds, operating theatres and radiology services that Labour removed.

The cost of this commitment is \$29.5 million and will be fully funded as part of the next National government's programme of capital investment.

This will cover 23 inpatient beds, two operating theatres, and a PET scanner at Dunedin Hospital.

It has been six long years with almost no progress in Dunedin and meanwhile, the health of patients suffers. The South deserves a hospital that will be fit for purpose for generations, not a patch up job.

The previous National Government committed to delivering the hospital that people in the South needed, and we will follow through with that promise. National knows how to get things done, and it is past time to accelerate this painfully slow-moving project.



8. Combatting youth vaping

According to the most recent New Zealand Health Survey, the number of New Zealanders aged 15 to 17 who vaped every day quadrupled in three years, from about 2 per cent in 2019 to about 8 per cent last year.

While vaping has played a role in the continued reduction in smoking rates in New Zealand, the Government has been too slow to act to combat the worrying rise of vaping among young people.

Vaping may be considered less harmful than smoking, but the evidence shows that an increasing number of young Kiwis who would never have taken up smoking are now becoming addicted to vaping.

We simply can't allow the trade-off for helping adults quit smoking to be a generation of teenagers becoming addicted to nicotine.

National will enforce recently introduced measures to combat the rising use of vaping among young people, including:

- Limiting the availability of cheap, disposable vapes by requiring all vaping products sold in New Zealand to have removable or replaceable batteries.
- Restricting the establishment of new vape shops within 300 metres of schools.
- Prohibiting the use of enticing flavour names designed to appeal to young people.
- Reducing the maximum concentration of nicotine allowed in vaping products.

National will also introduce additional measures to combat youth vaping, including:

- Increasing the maximum fine for retailers caught selling vaping products to minors to \$20,000.
- Suspending retailers who are caught selling vaping products to minors repeatedly from selling any regulated product (including tobacco) for up to 12 months.
- Capping the total number of vape stores in the country at 600.
- Banning vape products from being visible from the street.

National will urgently implement and enforce these measures. If they are not having the intended impact in terms of combatting youth vaping after 18 months, we will consider further action, such as plain packaging, further restrictions on outlets, requiring vapes to be kept out of sight in-store, or making vaping prescription-only.

9. Better mental health

New Zealanders have made good progress breaking down the stigma around asking for help with mental health. But when people do ask for help, they often find a mental health system that is too hard to access; it is too slow, too bureaucratic, and not innovative enough to deal with growing demand.

The result has been a significant and increasing level of unmet need, with the number of people reporting they are unable to get the professional help they need increasing by 80 per cent compared to when Labour took office.⁷

Despite big spending promises, Labour has not delivered the improvement in mental health services and outcomes New Zealanders urgently need, with the Mental Health and Wellbeing Commission finding improvements in services had not materialised despite \$1.9 billion in funding announced in 2019.⁸

At the same time, the Government's disruptive restructure of the health system is diverting much needed time, effort, and resources away from where the need is greatest – on the frontlines and in our communities.

According to the New Zealand Health Survey from the Ministry of Health, unmet need for professional mental health support increased between 2017 and 2022:

- 8.8 per cent of adults reported an unmet need for professional help for their emotions, stress, mental health, or substance use in 2022, up from 4.9 per cent in 2017.
- Young adults reported the highest rates of unmet need for professional help, with 16.2 per cent at 15–24 years and 15.6 per cent at 25–34 years.
- Children experiencing unmet need for professional help also increased (according to their parents), rising from 4.5 per cent in 2017 to 6.2 per cent in 2022.

With economic conditions continuing to deteriorate, there is growing concern among mental health professionals that things are only going to get worse, as financial pressures build on Kiwi families.

According to a recent Ipsos Mental Health Survey, one in two New Zealanders reported having felt severely stressed and/or depressed in the past year, with concern about personal finances taking over as the most impactful factor affecting New Zealanders' mental wellbeing.

"The cost of living crisis is adding pressure into the lives of New Zealanders every day. From the Ipsos Issues Monitor we know that inflation / cost of living is the number one issue our country is facing. This survey shows it's not only taking a toll on our wallets, but also on our mental health. Finances now have the biggest effect on our mental wellbeing."

Amanda Dudding, Ipsos New Zealand⁹

National will improve the delivery of mental health services by investing in community providers who can demonstrate they are delivering better mental health outcomes for more New Zealanders. We will also invest in growing the mental health workforce to increase access, bring down wait times and reduce unmet need.

⁷ Mental Health and Wellbeing Commission Press Release, 22 March 2022

⁸ Ministry of Health – [link](#).

⁹ IPSOS – [link](#)

9.1 Mental Health Innovation Fund

One reason for the lack of material progress on mental health is that Labour, as with so many other areas, is trying to run everything from Wellington. This inevitably results in slow decision-making, low levels of innovation, and resources being tied up in unnecessary bureaucracy and red tape while community organisations who are making a difference on the ground miss out.

National says we need to move faster and with far greater urgency in mental health. This means accepting and embracing the fact that Government does not have all the solutions. There are amazing organisations out there in our communities working tirelessly to improve mental health outcomes; offering better services at lower cost than anything the Government has been able to deliver over the last six years.

The NGO sector can achieve this by embracing technology, developing innovative operating models, or simply by understanding their communities better than bureaucrats in Wellington.

But they could be doing so much more. National wants to back these community organisations to keep innovating and delivering better mental health outcomes for more New Zealanders.

National will do this through the Mental Health Innovation Fund (MHIF), which will see up to \$20 million in matching funds distributed to community mental health organisations who can demonstrate they are delivering strong results for Kiwis in need with the money they are already investing.

Rather than running everything through Wellington, the MHIF will support innovative community providers like Mike King's Gumboot Friday to scale up their already successful operations so they can reach more Kiwis in need.

To apply for co-investment funding from the MHIF, NGO's will need to demonstrate they can:

1. Increase access to mental health and addiction support.
2. Protect public specialist mental health services by reducing demand.
3. Develop capacity in the mental health workforce.
4. Use technology to drive productivity.
5. Deliver scalable solutions for unmet need.
6. Evidence positive social return on investment.



Case Study – Gumboot Friday

Through Gumboot Friday, I Am Hope supports young people aged 5-24 to access mental health support. Gumboot Friday's counselling platform allows young people to have access to free sessions with a qualified mental health practitioner of their choice.

Gumboot Friday offers an alternative pathway to mental health support than the long wait times of public mental health services. Young people can access the Gumboot Friday counselling platform themselves or be referred.

A young person can expect a reply from their practitioner of choice within 48 hours and counselling typically begins within two weeks. Gumboot Friday sponsors the first two sessions which are either in person or online sessions. If more support is required Gumboot Friday sponsors up to a maximum of six sessions.

All Gumboot Friday practitioners are registered and are required to have a current annual practising certificate and are police vetted.

A Social Impact Assessment by ImpactLab found every dollar invested in I Am Hope delivers \$5.70 of measurable good to New Zealand.¹⁰

In the year to September 2022, Gumboot Friday delivered more than 19,000 free counselling sessions that helped over 12,000 young people. The total cost of fees paid to Gumboot Friday counsellors was \$2.46 million. Under National, Gumboot Friday would be in a position to roughly double the number of free counselling sessions they deliver for that same \$2.46 million to over 38,000 a year.¹¹

Read more about the [Mental Health Innovation Fund](#).

¹⁰ I Am Hope Gumboot Friday Counselling – ImpactLab Report - [link](#)

¹¹ Gumboot Friday - [link](#)

9.2 Growing the mental health workforce

A major barrier to increasing access to mental health services is a lack of trained mental health professionals, particularly psychiatrists and psychologists.

Since Labour came to office six years ago, the total number of psychiatrists contracted to the public health system has fallen by almost 17 full-time equivalents (FTEs) and the number of unfilled vacancies has more than doubled. Over the same period, unfilled vacancies for psychologists have increased by 145 per cent.¹²

If we're serious about addressing the growing mental health crisis in New Zealand, we need to ensure we are training enough specialist mental health professionals to fill vacancies in our health system so we can reduce wait times and speed up access to critical mental health care.

National will increase the number of psychiatrist registrar training places available each year and develop a network of internship hubs to boost the number of available training places for psychologists.

National will also expand the clinical psychologist internship hub model to increase our supply of new clinical psychologists. The traditional model of a clinical psychology internship is a single intern under one supervisor. Under the internship hub model, one supervisor is responsible for up to five interns, allowing for a more efficient use of supervisors who are in short supply and currently a bottleneck in our training pipeline.

National will

- Increase the number of psychiatrist registrar places to 50 a year on average (from a current average of around 37).
- Double the number of clinical psychologists being trained each year from 40 to 80 over the next four years by expanding the internship hub model.

9.3 Minister for Mental Health

There has been a clear absence of leadership and accountability in the mental health space, with no one minister responsible or able to coordinate an all-of-government response to our mental health crisis.

To ensure more progress is made on delivering better mental health support and services to New Zealanders, and to increase accountability, National will establish a Minister for Mental Health.

The Minister will be responsible for ensuring taxpayer money invested into mental health is actually delivering an improvement in mental health outcomes for New Zealanders in need.

¹² WPQs 22339 and 20951

Cost (\$M)

Initiative	2024-25	2025-26	2026-27	2027-28	Four-year total
Immunisation incentives for GPs	\$52.0	-	-	-	\$52.0
13 new cancer treatments	\$70.0	\$70.0	\$70.0	\$70.0	\$280.0
Targeted free prescriptions	-\$76.2	-\$79.0	-\$81.8	-\$79.9	-\$316.8
Breast cancer screening to 74	\$1.8	\$6.6	\$6.6	\$6.6	\$21.6
Delivering more nurses & midwives	\$56.8	\$56.8	\$56.8	\$59.2	\$229.6
Training more doctors	\$2.1	\$7.2	\$13.0	\$26.2	\$48.5
Three-day postnatal stay	\$19.1	\$19.1	\$19.1	\$19.1	\$76.6
Type 1 diabetes CGM for <18s	\$5.2	\$5.2	\$5.2	\$5.2	\$20.8
Filling Pharmac funding hole	\$181.0	\$181.0	\$181.0	\$181.0	\$724.0
Mental Health Innovation Fund	\$5.0	\$5.0	\$5.0	\$5.0	\$20.0
Training more psychologists	\$1.0	\$2.1	\$3.3	\$4.5	\$10.9
Training more psychiatrists	\$2.6	\$5.2	\$7.8	\$10.4	\$26.0
Total	\$320.4	\$279.2	\$286.0	\$307.3	\$1,193.2

Capital

The capital establishment cost for a third medical school is expected to be \$380 million, with the Crown contributing up to \$280 million (pending a final business case) and the remainder being raised by Waikato University. The Dunedin Hospital fit out will cost \$29.5 million in capital.

Funding

Funding for these commitments will come from Budget Operating Allowances (except for funding to increase the breast cancer screening age to 74 which will come from cost pressure allowances). Capital costs will be funded from the Multi Year Capital Allowance.

In addition to these specific commitments, National has earmarked approximately \$1.4 billion in each of the next four Budgets to cover health sector cost pressures, as outlined in National's Fiscal Plan.

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