

# Briefing to Incoming Cabinet Ministers



## Leaders Debate: 28 September 2023

**Paddy Gower:** “Do you think that nurses who work for GPs should be paid the same as nurses who work in hospitals?”

**Christopher Luxon:** “Yes. Whether they’re in aged care, whether they’re at GP community practices, whether they’re in the DHB equivalent system they should be paid the same.”

**Paddy Gower:** “So you will do that if you win?”

**Christopher Luxon:** “Yes.”

Aotearoa New Zealand’s leading primary, community, and telehealth care organisations welcome the campaign commitment from the now Prime Minister, to achieve pay parity for their nursing and health care workers.

This briefing expresses our support for Mr Luxon’s commitment, reinforces the importance of pay parity for our sector, and seeks to understand how the new Government intends to implement pay parity.

We are also writing to seek a meeting between our sector representatives and the new Minister of Health.

## Who are we?

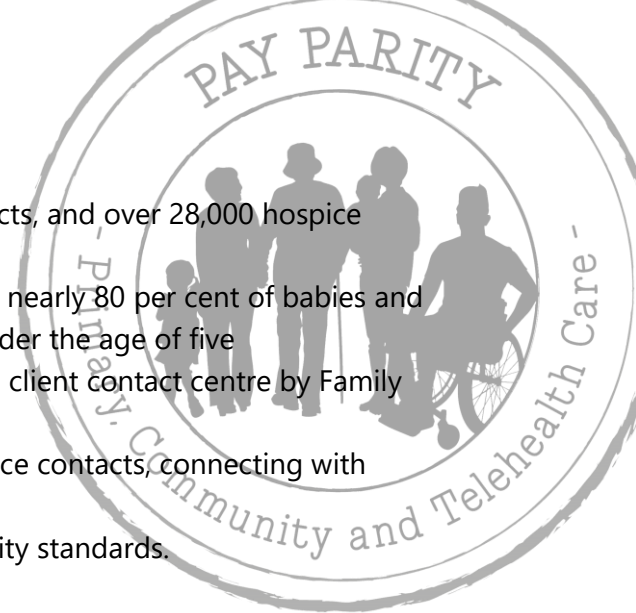
Collectively we represent services that support New Zealanders from cradle to grave. We’ve come together for the first time because we fear communities are missing out on critical health care.

**We are:** Whānau Āwhina Plunket; Family Planning New Zealand; Te Kahu Pairuri o Aotearoa – Hospice New Zealand; Aged Care Association; Home and Community Health Association; Access Community Health/Hauora Tara-Ā-Whare; Whakarongorau Aotearoa/New Zealand Telehealth Services; The Royal New Zealand College of General Practitioners; General Practice New Zealand; Hauora Taiwhenua Rural Health Network; General Practice Owners Association of Aotearoa New Zealand; Practice Managers and Administrators Association of New Zealand.

Between our organisations, we have the privilege and responsibility to provide true cradle-to-grave care. Every year we:

- deliver 21 million contacts with patients at general practices
- deliver 170,000 client contacts for sexual and reproductive health
- provide home and community support services to more than 100,000 people
- support over 10,000 hospice patients who die

- provide 481,500 hospice patient and whānau contacts, and over 28,000 hospice inpatient bed days
- provide Well Child Tamariki Ora (WCTO) services to nearly 80 per cent of babies and have contact with 290,000 whānau with tamariki under the age of five
- provide 24/7 PlunketLine for parents and a national client contact centre by Family Planning
- respond to over 2.2 million national telehealth service contacts, connecting with nearly 1.6 million individual people
- provide clinical and community education and quality standards.



### **Why is parity important?**

We wholeheartedly support the recent historic pay equity settlement for Te Whatu Ora nurses and healthcare workers, which benefits those in the public health sector. However, this settlement has created a stark pay gap with those working in the funded sector across primary, community, and telehealth care. This gap is now estimated at between 15 and 35 per cent.

The impact that the pay gap has on recruitment and retention, and subsequently the delivery of essential health services, has reached crisis point and can no longer be ignored. The combined picture is bleak, with workforce shortages crippling service delivery.

We fear we will no longer be there to meet our combined mission of assisting New Zealanders to start well, live well, and die well.

The primary, community, and telehealth care workforce complete the same education, undertake additional training and skills development as Te Whatu Ora staff, and provide vital care and support to thousands of people every day. There is no justification for them not being remunerated equally.

### **What is the scale of the issue?**

In an unprecedented situation, Family Planning has had 189 days of closures across its clinics during the first four months of the 2023 financial year due to insufficient nursing staff.

A number of hospices have reduced their inpatient beds, and the sector is facing ongoing challenges in recruitment. Furthermore, there are grave concerns about having to use finite financial reserves or resort to higher levels of community fundraising.

The Aged Care Association reports that more than 1,000 aged care beds have closed permanently.

A rapid data collection run by General Practice New Zealand in September attracted responses from 246 general practices, with 43 per cent of respondents reporting they had closed or restricted services due to a nursing workforce shortage. This is impacting services such as immunisations, cervical screening, diabetic annual reviews, cardiovascular risk assessments and opening hours. While only a snapshot, the survey results correlate strongly with research carried out by GenPro in August which showed 54 per cent of responding

member practices had reduced services in the last six months. GenPro results also showed 43 per cent had nursing vacancies with an average of two nurses per practice having quit in the last six months.

Whānau Āwhina Plunket has 35 nurse vacancies, potentially impacting 140 Well Child Tamariki Ora core contacts to pēpi and tamariki every day.

### **Who's impacted?**

The impacts of pay parity are being felt across every corner of New Zealand. Community, primary care, and telehealth nurses and health workers care for and treat millions of New Zealanders, including our most vulnerable elderly, hapū māmā, pēpi and tamariki, and those who are dying.

### **For instance:**

When GP services begin to crumple, these people are forced into an already overrun hospital system that is also at its breaking point. This is evidenced by Te Whatu Ora's Clinical Performance Report 1 April - 30 June 2023<sup>1</sup> which shows preventable hospital admissions are up nationwide. For babies and pre-schoolers, the rate shot up by 35 per cent in the year to June, in Auckland the rate was up by more than 60 per cent. Most of these children had illnesses such as asthma, pneumonia, respiratory and ear, nose and throat infections, gastroenteritis/dehydration and skin infections. Many if not most of these children could have avoided hospital if they had timely access to quality health care in the community in a timely fashion.

The same Te Whatu Ora report also shows children fully immunised for age at 24 months is 83.1 per cent for total population, but only 69 per cent for Māori - both far below the target of 90 per cent. Nurses make up the majority of the immunisation workforce, with the majority of immunisation events taking place in general practice.

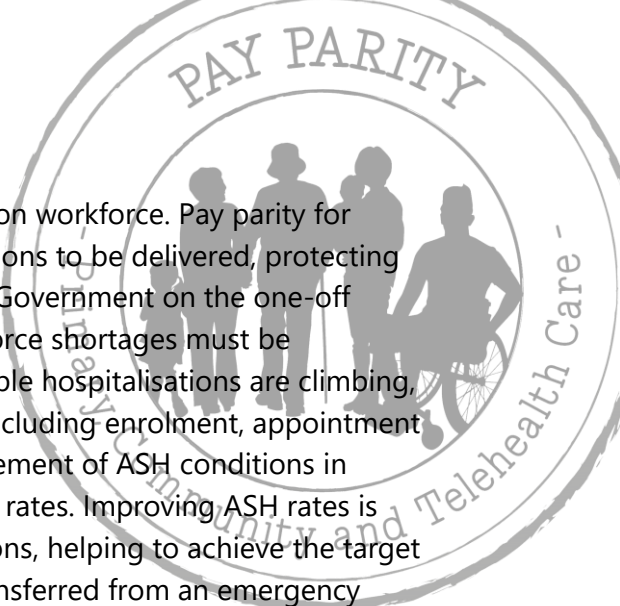
Hospices are being forced to make some tough decisions. The options are reducing services to fit with available staff (including reducing inpatient beds, restricting admissions, and reducing community care) or using finite reserves to increase salaries to match Te Whatu Ora, which is unsustainable even in the short term.

Young people are particularly impacted by closures across Family Planning's network of clinics. About 1 in 6 of the young people (16 to 19 years old) who use Family Planning services are not enrolled with another regular health provider and 1 in 5 of them do not know where else to go to get contraception. Some 80 per cent of consultations at Family Planning are led by a nurse working at the top of their scope. When recruitment and retention are not possible – in large part because of the pay gap with our hospital colleagues – our ability to offer services is hugely disrupted.

### **What is the value add with pay parity?**

Restoring health targets and boosting immunisation rates are part of National's plan to focus relentlessly on results and outcomes.





General practice nurses are the backbone of the immunisation workforce. Pay parity for general practice nurses will enable more childhood vaccinations to be delivered, protecting individuals, communities and saving lives. To work with the Government on the one-off immunisation incentive programme, general practice workforce shortages must be addressed. Achieving pay parity is essential. Rates of avoidable hospitalisations are climbing, particularly for our tamariki. Timely access to primary care including enrolment, appointment availability, extended opening hours, and consistent management of ASH conditions in general practice are key interventions known to reduce ASH rates. Improving ASH rates is expected to help reduce emergency department presentations, helping to achieve the target of 95 per cent of patients to be admitted, discharged, or transferred from an emergency department within six hours.

A snapshot survey of general practices showed around 43 per cent of respondents had closed or reduced services due to a nursing workforce shortage.<sup>2</sup> Pay parity was a leading cause of the retention and recruitment issues.

Hospice helps people with a life-limiting illness live well at home and keeps them out of hospital. A rough estimate of public health system savings, using Australian figures and hospice patient numbers from 2022, is between NZ\$87.5m and NZ\$117.8m. Add to that the fact that hospices currently fund over a third of the cost of delivering clinical services, and the economic benefit to the government and public health system is even greater. Nurses are the largest health professional group within hospice and are critical to this community-based care model being successful.

Pay parity for hospice nurses will ensure our communities and health services are better off. When hospice nurses stop leaving for higher paid roles in Te Whatu Ora services, the hospice workforce will stabilise, and service access will improve, including inpatient specialist care. A stable workforce will help sustain hospice services so this essential service will still be here when our communities, whānau-family, and people with a life limiting illness need care.

At Whānau Āwhina Plunket, the lack of pay parity for nurses and healthcare workers is seeing staff leave for higher paying jobs in hospitals, hampering the ability to provide vital care and support designed to keep tamariki well and out of the ED waiting room.

Providing Aotearoa New Zealand's largest health and wellbeing support service for whānau with tamariki under-five, Plunket nurses, kaiāwhina and community karitāne play an important role in keeping the community healthy.

Plunket fully supports National's health target of improving immunisation rates so 95% of two-year-olds are receiving their full age-appropriate immunisations. Low childhood rates are a huge risk to the health of our tamariki and an urgent priority for funding and action at a national level. We want to support the recommended solutions from the Immunisation Taskforce, training our nurses as vaccinators for immunisations, we cannot do this if we do not have the staffing to carry out our core services.

Whānau Āwhina Plunket has been short of 35 nurses and nine kaiāwhina or community Karitāne, so in reality potentially missing 140 visits to whānau with tamariki under-five every day. That's 140 missed opportunities to promote immunisation, identify health issues early,

and link whānau to other health and social support services they may need to give pēpi the best start in life.

Family Planning offers the following sexual and reproductive health services: contraception, sexually transmitted infection (STI) testing and treatment, menstrual and menopause management, pregnancy testing, abortion, cervical screening, and investigation of some cancers. While some sexual and reproductive health services treat illness or health problems, most are preventative and promote good health and wellbeing. They prevent cancers, unintended pregnancy, and infection. Sexual and reproductive health care is essential health care. At Family Planning, pay parity would see our network of 29 clinics fully open, with clients able to make booked appointments or come to the drop-in clinics preferred by our younger clients. With the known shortage of appointments in primary care, pay parity would support us to fully recruit to our vacancies and offer appointments to clients unable to be seen elsewhere in primary care. Finally, pay parity would be an acknowledgement that the skills of our nursing staff are valued and recognised.

Whakarongorau Aotearoa // New Zealand Telehealth Services is a very good example of the challenges of pay disparity. The number one reason for staff turnover is pay, particularly in comparison to Te Whatu Ora pay rates. Recent strike action evidences this and saw the restriction or unavailability of some health, mental health and sexual harm support services for two 24-hour periods. Pay parity for telehealth nurses will mean better attraction and retention of qualified nurses, less time spent on retraining and upskilling and more focus on supporting increasingly complex calls and call volume, which means more opportunities for impactful triage, taking pressure out of the overall system and directly reducing the number of people presenting to E.Ds.

**Finally,**

National and international research has long since proven that primary and community care is essential to a well-functioning health system. The implications of the loss of care, early intervention, and prevention delivered in the community is catastrophic.

The incoming government must address nurse pay parity in the funded sector urgently. We require 100 per cent pay parity with Te Whatu Ora employed nurses and healthcare workers if we are to keep providing essential services in our communities. The cost of achieving pay parity in the funded sector needs to be fully costed and covered separately by Treasury, as has been the case with directly employed staff. We cannot afford to pay more, and it is putting services at risk.

**Signed by:**

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Maura Thompson, Chief Executive Officer, General Practice New Zealand



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Dr Grant Davidson, Chief Executive, Hauora Taiwhenua Rural Health Network

Paul Goulter, Chief Executive, New Zealand Nurses Organisation

Lynne Hayman, Chief Executive, Royal New Zealand College of GPs

Fiona Kingsford, Chief Executive, Whānau Āwhina Plunket

Jackie Edmond, Chief Executive, Family Planning New Zealand

Glynis Sandland, Chief Executive Officer, Whakarongorau Aotearoa/New Zealand Telehealth Services

Murray Penman, Chair, Home and Community Health Association

Katherine Rich, Chief Executive Officer, New Zealand Aged Care Association

Androulla Kotrotsos, Chief Executive, Access Community Health and Board Member, Home and Community Health Association

1. <https://www.tewhātuora.govt.nz/publications/clinical-performance-report-1-april-30-june-2023>
2. <https://gpnz.org.nz/publications/nursing-pay-gap-impact-on-services-in-the-community/>