

New zealand healthcare: impact of health targets and policy



**ASSIGN
BUSTER**

Analyse the impacts of health targets, campaigns and policy on the New Zealand healthcare demand by using the following determinants:

1. User fees
2. An aging population
3. Increased Immunisation requirements
4. Helping smokers to quit
5. Better diabetes and cardiovascular services
6. More convenient health care in the community

Increased Immunization

MINISTRY OF HEALTH TARGET: *“ 90 percent of eight months old will have their primary course of immunization on time by July 2014 and 95 percent by December 2014. The quarterly progress result includes children who turned eight months old during the three month period of the quarter and who were fully immunized at that stage.”*

It has been shown that the increase rates of children having immunization has a significant contribution in improving the New Zealand's children health as evidenced by reducing the number of long-term disability triggered by illnesses.

The Ministry of Health site one example of the impact of immunization where there is a significant decrease of pneumococcal infection in babies. Since this pneumococcal vaccine introduced in New Zealand, the number of children contracting this virus under two years old has halved (from over 96 percent dropped to 46.4 percent). Those children infected with this virus gets very

susceptible and the worst thing will happen was to die if left untreated or developed worst complication.

It is also reported that in this modern time, families having a children under two years old is now keen on visiting primary health care services often for vaccinations. The improved rates of contact was seen specifically for Maori and Pacific children as manifested by decrease in the number of hospital admissions for Maori and Pacific children for illnesses.

“ By creating an immunization target, tracking immunization events on National Immunization Register and raising the importance of immunization for the children, they will have taken huge strides in recognizing and addressing children health needs” (Ministry of Health 2002).

Better help the smokers to quit

MINISTRY OF HEALTH TARGET: *“ 95 percent of hospitalized patients who smoke and are seen by a health practitioner in public hospitals and 90 percent of enrolled patients who smoke and are seen by a health practitioner in general practice are offered brief advice and support to quit smoking.”*

Indeed, smoking is dangerous. Smoking is said to kill about 5000 individuals each year in New Zealand and diseases that are smoking related are a major prospect rate to the health sector. Majority of the smokers want to quit and the government introduces a simple effective way that can be provided regularly by both primary and secondary care.

Last 2007, the Ministry of Health published an update for Smoking Cessation Guidelines which they call it ABC approach. It will help the healthcare workers specifically the frontlines of health such as doctors, nurses and other healthcare professionals to understand the key steps in helping those individuals who smoke to quit on smoking. This approach is to *Ask* people about their smoking status and document their response, provide a *Brief* advice on how to stop smoking regardless of their motivation and desire to quit and provide an evidence-based *Cessation* treatment. This approach does not use to replace the smoking treatment yet this is to provide a key strategies to help in educating and bringing the awareness to every individual who smoke to stop smoking. This approach is also used to lessen the smoke-related hospital admission.

Though it is very hard to stop smoking completely, it is said that one out of forty people who receive a good advice using ABC approach will help them to stop from smoking. The government believes that a little help can make all the difference.

Better Diabetes and Cardiovascular Services

MINISTRY OF HALTH TARGET: “ *90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.*”

Diabetes and Cardiovascular conditions foresees as a future major health burden in New Zealand. This two conditions said to be the major cause of morbidity in New Zealand and majority affects Maori, Pacific and South Asian peoples. As the people ages, and the lifestyle change, these conditions are possibly to increase significantly.

<https://assignbuster.com/new-zealand-healthcare-impact-of-health-targets-and-policy/>

This condition is greatly preventable with lifestyle changes and treatments for those who are at risk individuals. As of now, it is considered as a major and growing reason of disability and premature death. According to report given by Ministry of Health there are nearly 200, 000 individuals diagnosed with diabetes and there are also thousands of people who have diabetes but not yet had it diagnosed.

Through this targets with the aim of an increase percentage of the entitled peoples will have their cardiovascular risk assessed in the last five years, increase percentage of individuals with diabetes will avail free checks annually and an increase percentage of individuals with diabetes will receive improved diabetes management. The government will help to improve the health condition of those person suffering from this condition and will be able to live the life as normal as possible.

The New Zealand government specifically the Ministry of Health is working to manage the existing issue. They are developing number of innovative programs underway to reach those people. They are making sure that those person having diabetes and cardiovascular problem are being managed effectively and are making the necessary changes to reduce the risk. They are now coordinating with the District Health Boards, Local Government and some Non-government organizations to attain the target for better assessment of this two conditions at specified time.

Aging population

New Zealand has an ageing population. This is one of three demographic trends that characterize recent changes in New Zealand's population

<https://assignbuster.com/new-zealand-healthcare-impact-of-health-targets-and-policy/>

structure: declining fertility, the ageing of the baby boom generation and an increase in average life expectancy. As a result, the composition of New Zealand's population pyramid is changing, with a widening at the top in the older age groups (Stephenson and Scobie 2002).

“ New Zealand is not alone in addressing the implications of population ageing. Many countries are facing the prospect or reality of an increase in the proportion of the population aged 65 and over. One of the main concerns created by an increasing older population is the impact this might have on the demand for and provision of health care and disability services (Ministry of Health 2002d).”

“ Changes in the trends in age-specific illnesses will have an impact on the demand for future health and disability services. It indicates that it is not old age per se that results in increasing health costs and demands, but the increased survival of people with poor health into old age. Increased demand for health services may relate to the growth of unhealthy lifestyles in Western countries, with a reliance on processed foods, reduction in exercise and an increase in sedentary jobs. These are associated with increasing obesity, diabetes and heart disease (Jackson 2002). “

Therefore, the potential impact of population ageing on health systems is closely linked to theories about how trends in disability associated with chronic medical conditions and increases in life expectancy might interact with the demand for health services.

User Fees

The momentum towards achieving health target strengthened the concerns around sustainable health care financing and adequacy of the financing arrangements in this country. There is a necessity of increasing several options to finance health services in other areas of New Zealand and of these options is the institution of user-fees for health. Notably, these fees are charges imposed at the use of idea for different phase of health services and they might be charged as registration fees, consultation fees, fees for drugs and medical supplies or charges for any health services rendered, such as outpatient and inpatient care.

Experts who promote user charges in health services view it as a pricing device which signals users and providers of health services as well as health planners in charge of health service outlets on how to manage health resources through payment for services.

All the New Zealand residents and citizens can avail the health services for free provided by the government. However, due to the increase in the number of patients visiting to hospitals or any other public facilities there is a long queue before they can be scheduled to ask for a medical advice. And because of this, there is also an increase demand for medical professionals to work in a government facilities to serve for the patients. The government must allocate health care workers enough to solve this issue, they have to properly manage everything such as providing free medicines as well as to manage the number of staff and making sure that there is a less number of staff turn-over to manage the costs.

More convenient community healthcare

<https://assignbuster.com/new-zealand-healthcare-impact-of-health-targets-and-policy/>

This target by the Ministry of Health was met already. Ever since they began to change the healthcare delivery system of New Zealand the health of every individual in the community has a significant improvement.

There is a lot of New Zealanders seek for medical advice and treatment from the health services. And it is said that 90 percent of those contacts occur in the community sector. It is called primary health care because it is the first place that people's health needs are met.

In 2009, the Ministry of health began to improve their services in the community. They introduce a better, sooner and more convenient approach in delivering health services in the community. This is to focus mainly on the individual health and achieve a better health outcome thereby decreasing the number of individuals going to hospitals if their condition doesn't need an immediate medical treatment. If the person has to be admitted in the hospital the community will going to provide a referral for the person to be admitted in the hospital.

In effect the new approach is removing barriers and creating a continuous health service. After all, from the patient's point of view is that they don't necessarily know who the person treating them, they do care about whether the services they receive are good.