Whakatāne District

17-August-2022

10:00 - 10:15. House-keeping if any.

10:15 – 10:45. Victor Luca, 'Federation AGM Debrief and our Health Remit'.
10:45 – 11:45. Brendan Horan 'Cancel Culture, Politics and People Today'

Additional issues from members?
11:45 – 12:00. Morning tea

What do we do?

We advocate (lobby) on behalf of our members.

***Lobbying* -** any attempt by individuals or private interest groups to influence the decisions of government.

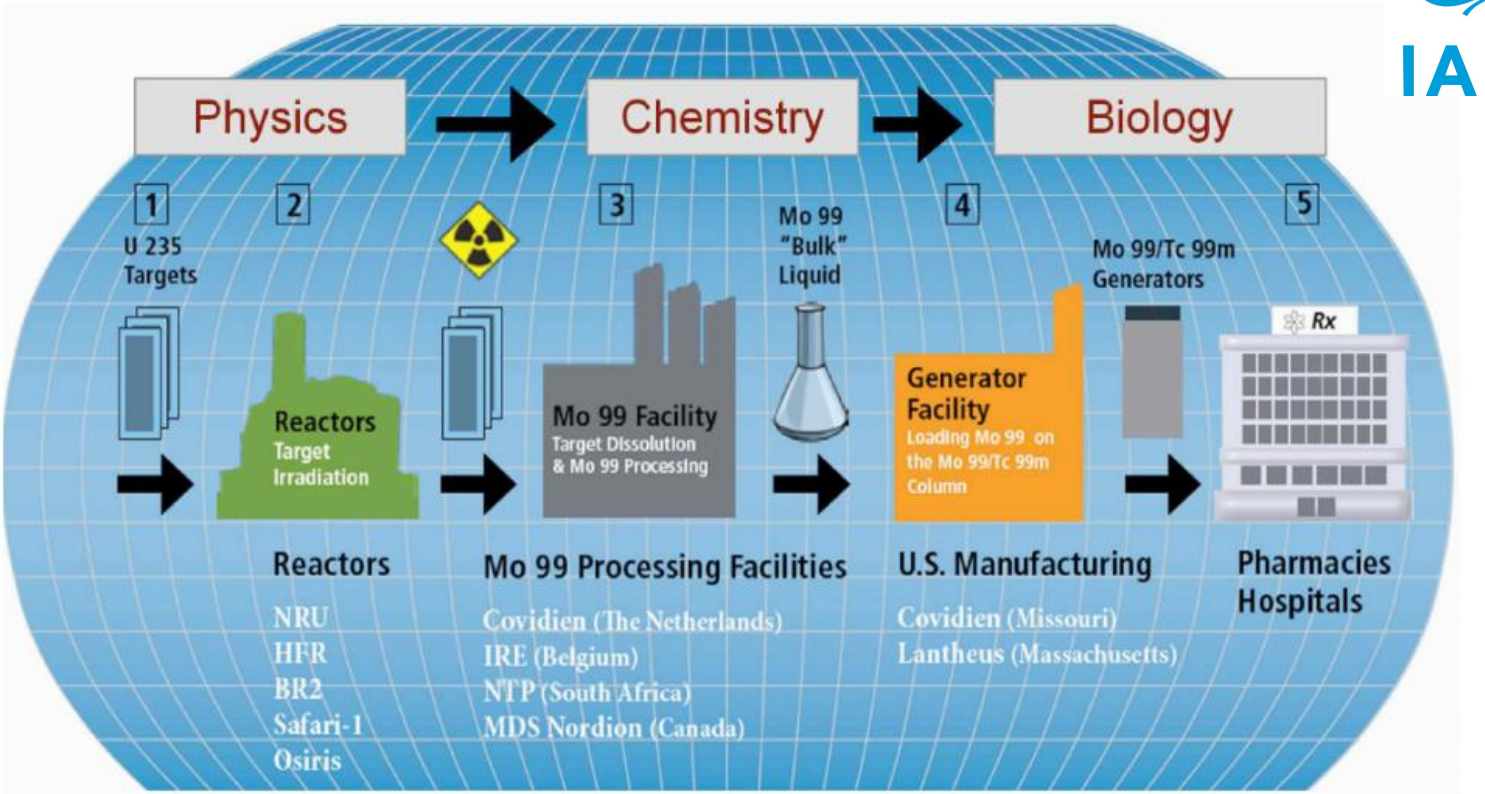
1. Health ← Remit to national AGM
2. Cost of living ← Work in progress (rates payers association)
3. Transportation ← Supporting EBV
4. Banking
5. Climate change (environment, energy)
6. Water and land resources (Spatial planning)
7. Flooding
8. …
9. ..

IAEA-Sponsored Mission – Buenos Aires, Argentina

Dan Beninson
Instituto de Tecnología Nuclear

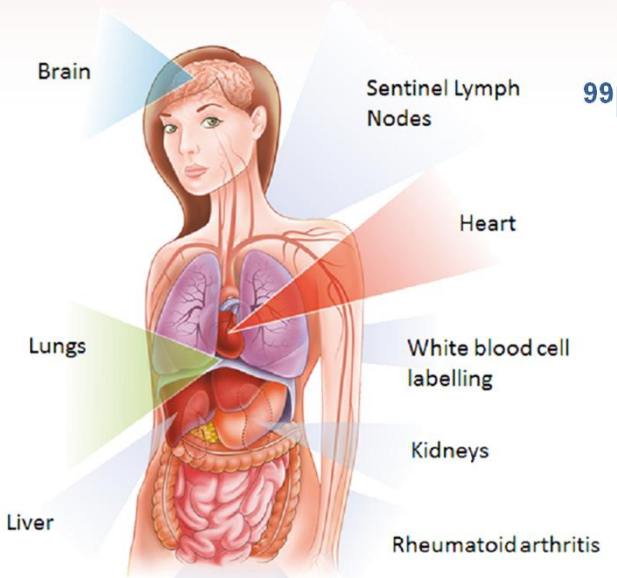
23-May-22 – 23-Jul-22
Victor Luca

IAEA



IAEA-Sponsored Mission – Buenos Aires, Argentina

23-May-22 – 23-Jul-22

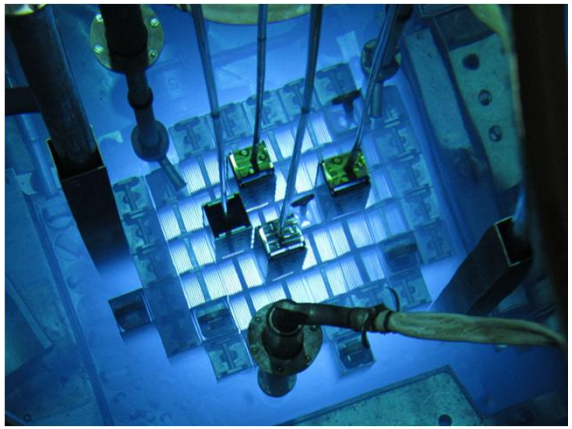


^{99}Mo ^{99m}Technetium Generators

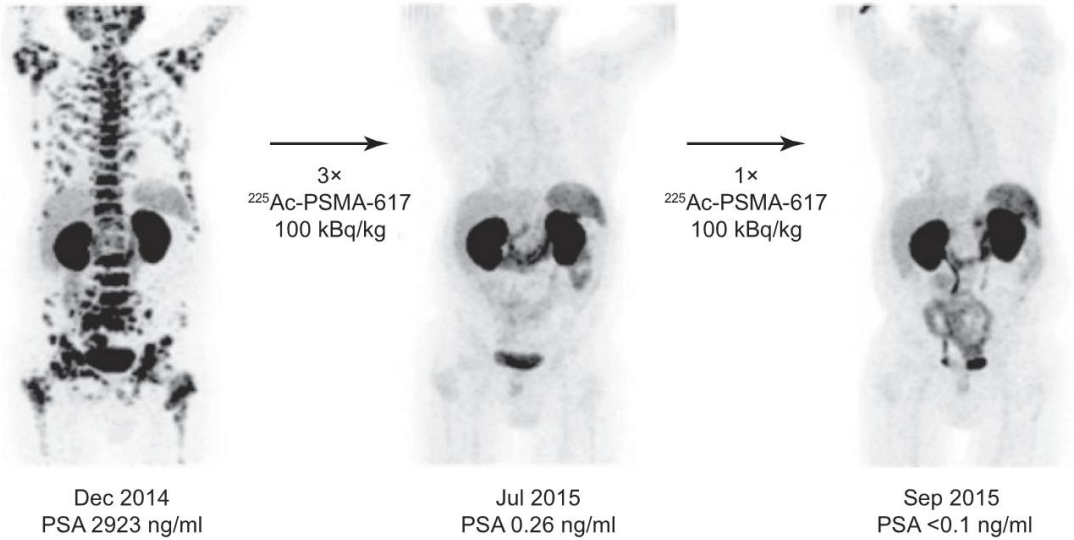
Cardiology, Neurology, Oncology

Other diseases

^{99}Mo accounts for 30 million diagnostic procedures annually



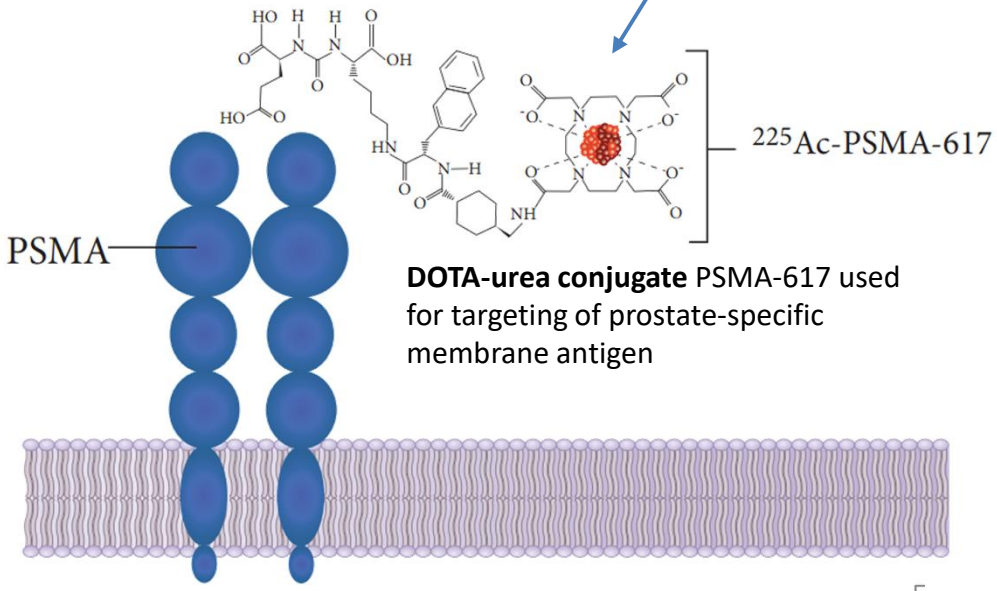
Targeted Alpha Therapy with ^{225}Ac



^{68}Ga-PSMA-11 PET-CT-scans and prostate-specific antigen (PSA) levels of a patient before, during, and after treatment with four doses of ^{225}Ac-PSMA-617.

Dark areas show tumor activity, including bone marrow infiltration.

DOTA (1,4,7,10-tetraazacyclododecane-1,4,7,10-tetraacetic acid)

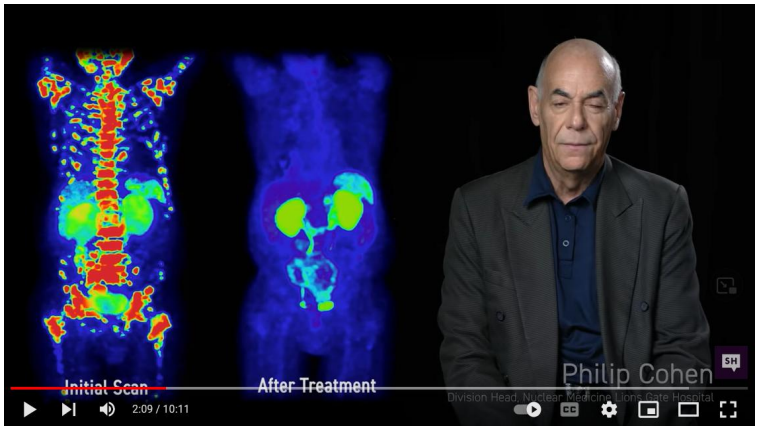


DOTA-urea conjugate PSMA-617 used for targeting of prostate-specific membrane antigen

The Rarest Drug on Earth

21,701 views, Sep 6, 2018

Video on TRIUMF's initiatives with ^{225}Ac.

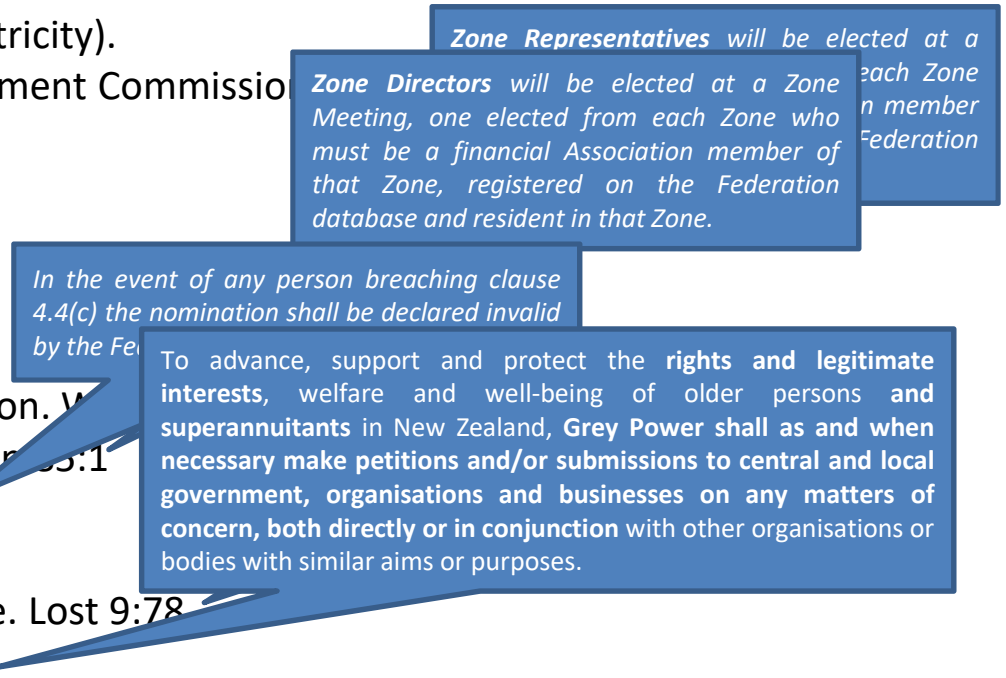


Grey Power Federation AGM

Wellington, 26-28 July 2022

House keeping – President's report, Financial Report, Standing Orders …

John Collyns - Retirement Villages Association.
Sharnie Warren – CEO Pulse Energy (GP Electricity).
Dr Susie Morrisy – Director of Policy – Retirement Commissio



Remits

Constitution Remits

Board Remits

- **Remit 1:** Zone Representative Election. W
- **Remit 2:** Zone Director Election. Wo :1
- **Remit 3:** Nominations. Won 83:4

Zone-endorsed Remits

- **Remit 4:** Federation Board Structure. Lost 9:78
- **Remit 5:** Discriminatory Taxes. Won

Association remits

- **Remit 6:** Office Holder Eligibility. Lost

Policy Remits

Board Remits

- **Remit 7:** Investment Policy for Board Funds. Won

Federation AGM

That Grey Power lobby the Government to provide specific financial support to local authorities to develop Council-owned senior housing.

That Grey Power lobby the Health Minister to provide a mechanism for funding essential, but affordable, dental work for those on low and/or fixed incomes to prevent deterioration

That the current GP policy to lobby Government to change its health policy and remove fluoride from our town water supplies be struck out.

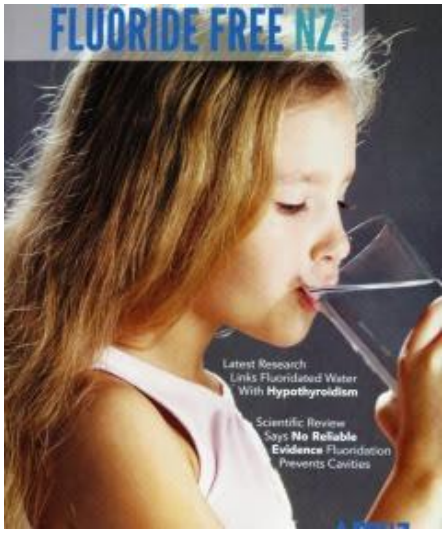
Policy Remits (ctd)

Zone-Endorsed Remits

- **Remit 8:** Senior Housing Financial Support. Won
- **Remit 9:** Supergold Local Authority Bond Issue. Withdra
- **Remit 10:** Zone Boundary Review. Won.
- **Remit 11:** Health System Privatization. Won 85:2 (proxy
- **Remit 12:** Volunteer Reduction. Won 65:22
- **Remit 15:** Councils' Pensioner Housing. Won 80:2
- **Remit 16:** Funding for Dental Work. Won 89:0

Association Remits

- **Remit 13:** Water Fluoridation Policy. Won 55:24
- **Remit 14:** Proxy Voting for Electronic Meetings. Withdrawn.



Rachel O'Connor (Te Puke) - Lead Advisor - NZ Human Rights Commission.
Carolyn Cooper – Aged Care Commissioner.
Peter Denman – Workable.
Hon Dr Ayesha Verrall (video to be made available to members).

National Advisory Group Reports

Hon Dr Ayesha Verrall

- Compared NZ COVID response with that of USA. We should have had 19,000 deaths and have lost 1,900 lives and so have saved thousands of lives.

- FACT: As we age we depend more on the health system. 'Build back a better stronger health system'.

- Working to improve services for people with dementia.
- GP (Jan) have posited that seniors aren't receiving the support they are need.
- Aged care commission is to receive complaints.
- All seniors should benefit from what technology offers. Two providers are delivering these training services throughout the country.
- Clear evidence that people over 50 find it harder to get back into paid work. Older people's action plan has been launched.
- Seniors aren't exempt from housing pressures. They are building more housing than any government after 1970.

- Government also committed to letting older people live longer and better lives.
- **This government cares about seniors!**

New Zealand's Health System Under the Microscope

Victor Luca

Scientist & District Councilor

27-Jul-22, Grey Power AGM, Wellington

REMIT 11 – HEALTH SYSTEM PRIVATISATION

Moved: Whakatane / Seconded: Papamoa & Districts/Tauranga & BoP

That Grey Power lobby to halt the ongoing privatisation of our Health System without a sound economic case for each implementation and corresponding solid evidence of improvement to the health outcomes of New Zealanders.

Explanation:

Our present health system is undeniably a two-tier system giving preferential access and superior treatment to those that can most afford it, and evidence suggests that it is becoming increasingly privatised [1], [2].

- Today about 35% of New Zealanders have private health insurance [2] enabling the insured to get prompt and premium treatment while the remainder get the waiting list. Many Grey Power members cannot afford private insurance.
- It is well known that the public system subsidizes the private system [3].
- The level of privatisation of the system over time is increasing by stealth, suggesting that the *for profit* motive is becoming more entrenched.
- Our primary healthcare providers, General Practitioners, effectively operate private businesses. Many folk struggle to pay the consultation costs.
- Pathology services are almost completely privatised (a virtual monopoly) and other specialist services, such as dentistry, radiology, cardiology and urology are already either partially or fully privatised.
- Your ability to get healthcare in our supposed public universal system depends on your position on the socio-economic ladder irrespective of race, culture, colour, religion, etc.
- Health authorities can show no proof that privatisation has led to economic efficiencies or improvements in health outcomes.

If we continue down the present path of increasing privatisation there is a danger that we will end up with a health system that resembles that of the United States, which has the highest costs by far of any in the OECD countries and the worst outcomes by far [4]. The appalling response of the fully privatised US health system to the COVID pandemic is strong evidence of the failure of fully privatised systems.

The belief that private is better and the market will deliver must be dispelled if better outcomes for Grey Power members and their descendants are to be achieved.

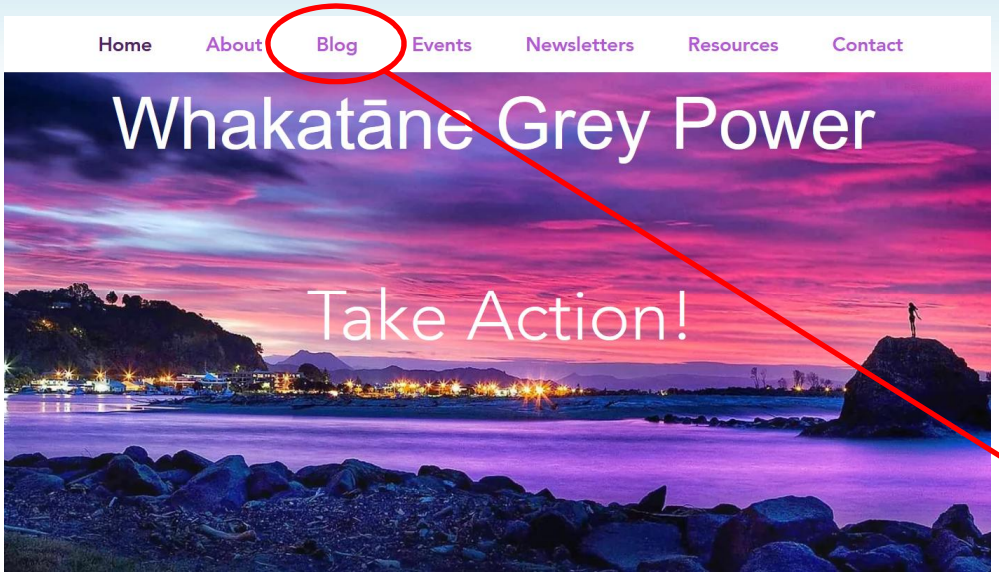
References:

[1] For an analysis of our health system see this presentation given to Grey Power members in October 2020.
https://www.whakatanegreypower.com/events-1

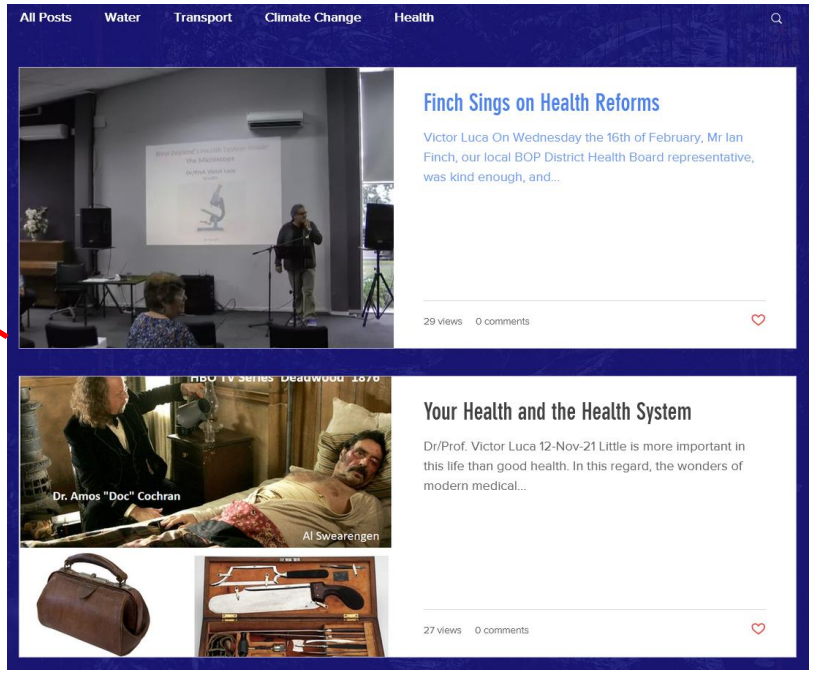
[2] See Grey Power quarterly magazine for a review paper.
https://www.whakatanegreypower.com/post/your-health-and-the-health-system

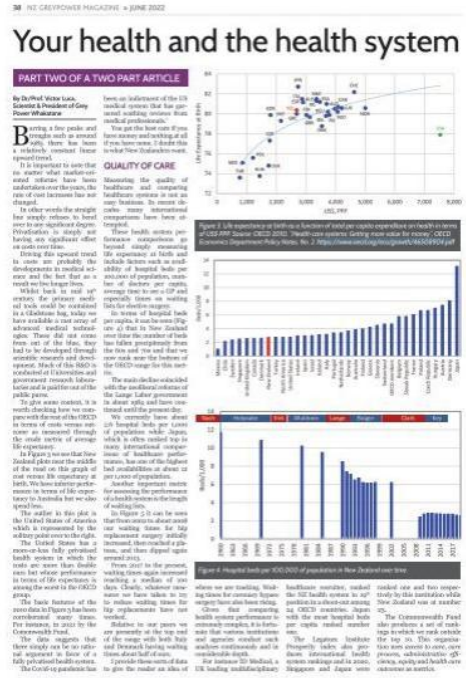
[3] Penno, E; Sullivan, T; Barson, D; Gauld, R. Private choices, public costs: Evaluating cost-shifting between private and public health sectors in New Zealand. *Health Policy* 2021, 125, 406-414.

[4] Geyman, J. COVID-19 has revealed America's broken health care system: What can we learn? *Intern. J. Health* 2021 51(2), 188-194.



www.whakatanegreypower.com





Your health and the health system

PART TWO OF A TWO PART ARTICLE

PRIVATISATION BY STEALTH

Health System of the late 19th Century

19th century, the **Gladstone bag**

What is a Modern Health System?

Prevention **Diagnosis** **Treatment/Cure**

A modern health system is an extremely complex machine with many moving parts and involving many different disciplines & sub-disciplines:

e.g. Oncology, immunology & allergy, hematology, dermatology, cardiology, urology, anesthesiology, endocrinology, gastroenterology, rheumatology, nephrology, neurology, gynecology, pathology, psychiatry …

and myriad equipment and instrumentation for diagnosis and therapy.

Chronology of New Zealand Health System

Our health system has been in constant evolution as health knowledge and science has improved and political and economic ideologies have come and gone.

1840 - Treaty of Waitangi 1840, New Zealand becomes a nation.
1840 - First case of Smallpox.
1841 - First colonial surgeon appointed.
1842 - Harbor act to provide regulation of harbors for quarantine.
1845 - NZ land wars.
1847 - First public hospital.
1848 - Maori begin to use hospitals.
1849 - Release of a pamphlet on smallpox in Māori.
1851 - First census.
1854 - Scarlet fever and measles outbreaks.
1857 - Appointment of qualified doctors solely as Native Medical Attendants.
…

MINISTRY OF HEALTH
MANATŪ HAUORA

Chronology of the New Zealand Health System

1938 - **Social security act of 1938** lays the foundations for NZ's '**public' health system**.

1983 - **Area Health Boards Act** passed. 70% of expenditure was allocated by these boards.
Dual system of public-private provision developed.

Social Security Act of 1938

1938, No. 7.] *Social Security* [2 GEO. V

New Zealand.

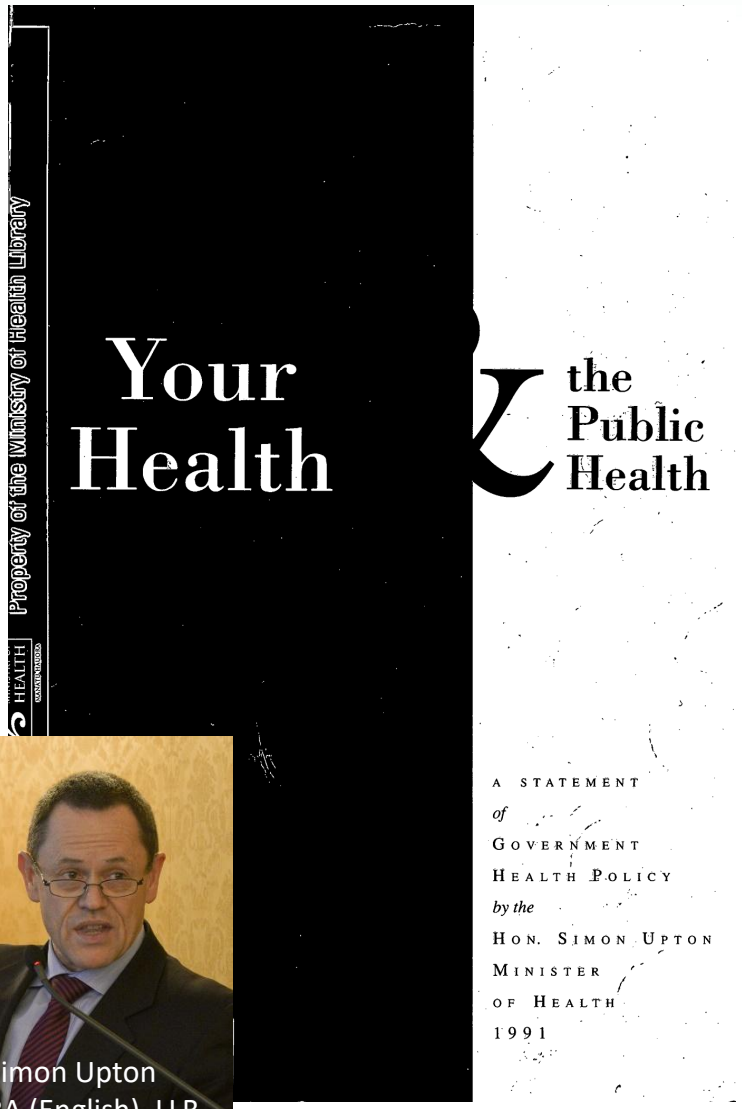
The SSA was supposed to ensure the following:

- Universal availability and healthcare as a fundamental right without barriers to access;
- Equal access to the same standard of treatment;
- Preventive rather than curative focus;
- Integrated not fragmented services between primary and hospital-based care;

1. Gauld, R. Questions about New Zealand's health system in 2013, its 75th anniversary year. *NZ Medical Journal* **2013**, *126,* 1380.
2. Goodyear-Smith, F.; Ashton, T. New Zealand health system: Universalism struggles with persisting inequities. *The Lancet* **2019**, *394,* 432-442.

1991 – Health Reforms

[Green and White Paper 'Your Health and the Public Health']



Simon Upton
BA (English), LLB

Attempt to create efficiencies by 'mimicking' a private market in the public sector.

Unsuccessful because of community and professional skepticism.

Introduction of 'user pays' for hospital stays in the early 1990s drew public ridicule and was abandoned.

Encouragement of private insurance models, but these received critical opposition.

The corporate model failed to improve hospital financial performance and as early 1996 the government's own monitoring agency reported that "the pace of performance improvement seems … to have weakened since the reforms"

Barnett, P. & Bagshaw, P. Neoliberalism: what it is, how it affects health & what to do. *NZ Medical Journal* **2020,** *133(1512)*, 76.

1984-1990 – Rogernomics reforms of the Lange government.

Roger Douglas - "Once the program begins to be implemented, don't stop until you have completed it. The fire of opponents is much less accurate if they have to shoot at a moving target".

Period characterized by a preference for:

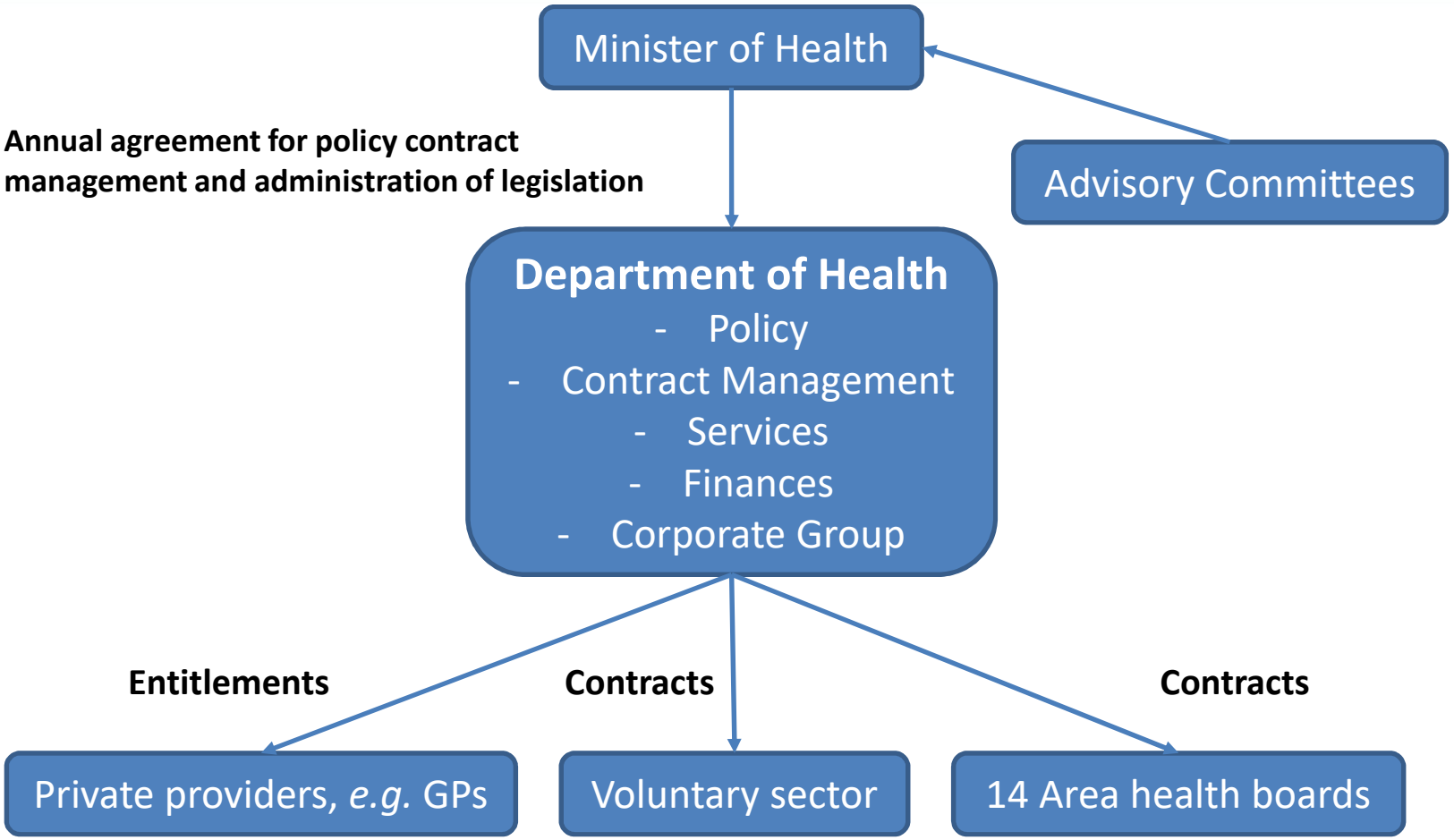
- Private provision
- Competition
- Labor flexibility
- Contractual arrangements

Certainly there were strenuous efforts to privatize in the 90s!

No attempt to make major labor or welfare reform but attempts were made to create a market for healthcare. This was resisted by labor supporters and health professionals.

1993 - 4 Regional Health Authorities (RHAs) were established. Purchasing and provision of health services were separated. The 14 **Area Health Boards** were reconfigured into 23 **Crown Health Enterprises (CHEs)** structured **as for-profit organisations** and subject to ordinary company law. Public health services were unbundled and a separate public health purchasing agency, the Public Health Commission, was established.

The structure of New Zealand's health system circa 1992



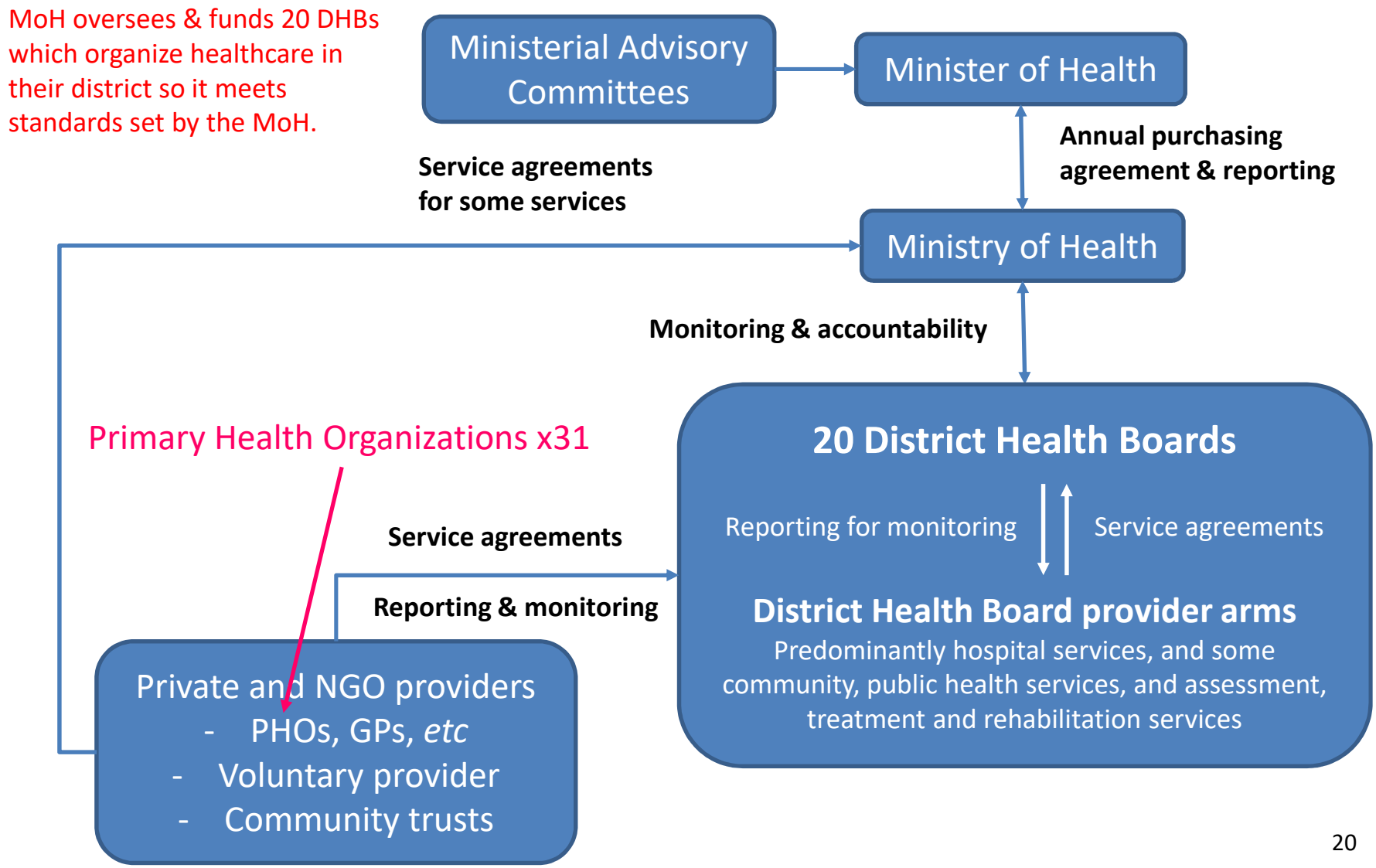
1997: National-New Zealand First Coalition Government, through the Coalition Agreement on health, reformed the structure of the health system.

1998: 4 RHAs were combined into one national purchasing agency, the **Health Funding Authority (HFA)**. The 23 CHEs were reconfigured as 24 not-for-profit Crown-owned companies and renamed **Hospital and Health Services (HHSs)**. Health and Disability Services Amendment Act 1998.

2000: The Labour-Alliance Coalition Government initiated a health system reform. In 2001, **21 District Health Boards (DHBs)** were formed. Primary Health Organisation (PHOs) were developed in 2002 to manage primary care, including general practitioners and their services. New Zealand Public Health and Disability Act 2000.

Our Health System – Who Does What?

The structure of New Zealand's health system circa 2008



Geographic Location of DHBs

Responsibilities:

- Setting strategic directions and objectives.
- Deciding the level, mix and quality of services which are provided.
- Conduct oversight and monitoring.

Operate within the parameters of the New Zealand Health Strategy, NZ Disability Strategy and nationwide minimum service coverage and minimum quality standards (such as the Health and Disability Code of Rights)

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

4x Appointed members
7x Elected members

17x IWI

Maori Health Runanga

DHB Board

CEO

Finance, Audit & Risk Management Committee (FARM)

Bay of Plenty Hospital Advisory Committee (BOPHAC)

Combined Community & Public Health Advisory Committee/Disability Services Advisory Committee (CPHAC/DSAC)

Financials - year end position 2020 - deficit of **$23.7M**. Operating deficit $15.9M (67%) with remainder of $7.8M (33%) linked to the **unanticipated impact** of COVID and Whakaari.

The $7.8M contribution to our overall deficit is **not part** of the **annual plan or budget**. It is also important to note that the forecast operational deficit was originally $16.5m.

BOPDHB – 7 Democratically Elected Members

Responsible for planning and funding health services for their geographical areas

Bev Edlin (elected)
DBA, MBA, FICS, CMinisD

Hori Ahomiro (elected)
MIS (Hons) BSW, Reg SW, Dip Ad. Ed. Clinical and Mataora

Mark Arundel (elected)
Pharmacist

Geoff Esterman (elected)
General Practitioner

Marion Guy (elected)
BN, PG Dip. MN, QSO

Pete Chandler, CEO
Originally trained as an operating theatre practitioner in the United Kingdom's National Health Service, Chandler practised clinically for 12 years, specialising in major trauma and cardiothoracic surgery.

Sharon Shea - Interim Board Chair
MSc Comparative Social Policy, Distinction (Oxon), BA/LLB (Auckland)

Pouroto Ngaropo

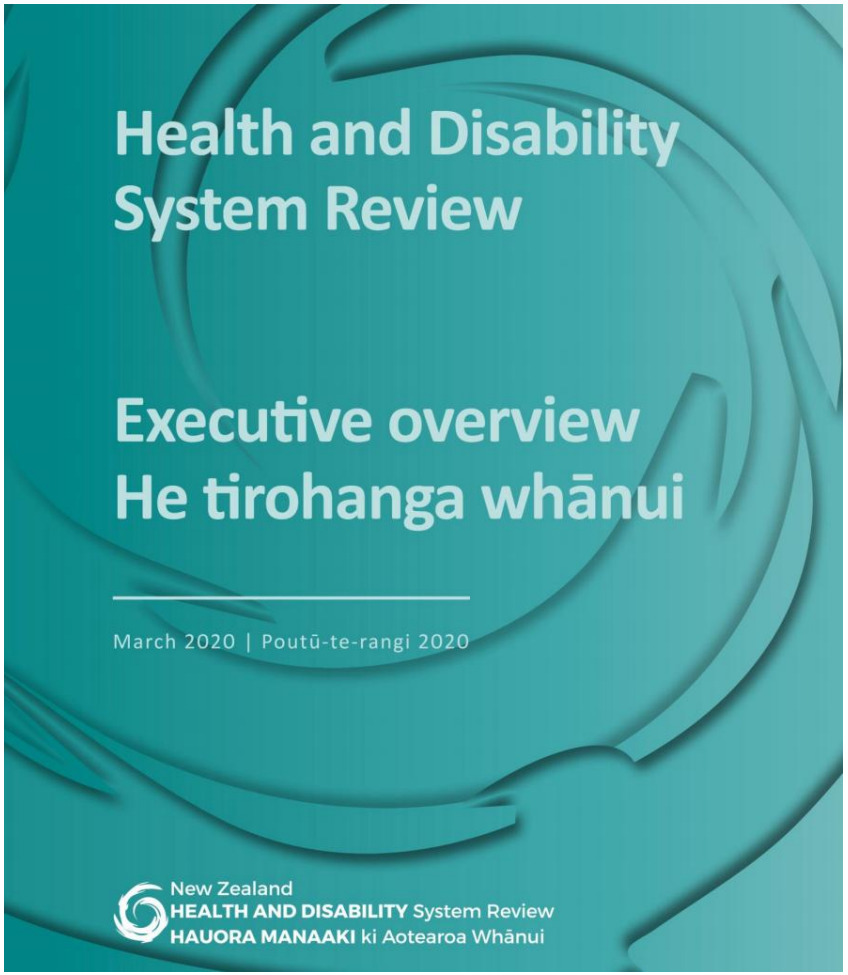
Ian Finch (elected)
Optometrist

Ron Scott (elected)
JP CMInstD MNZATD

Leonie Simpson
LLB/BA

Arihia Tuoro
Master of Business in International Business Management
Diploma in Corporate Management

Situation 2020



https://systemreview.health.govt.nz/

Why we should be skeptical about big health reform
Ben Heather, Jun 17 2020

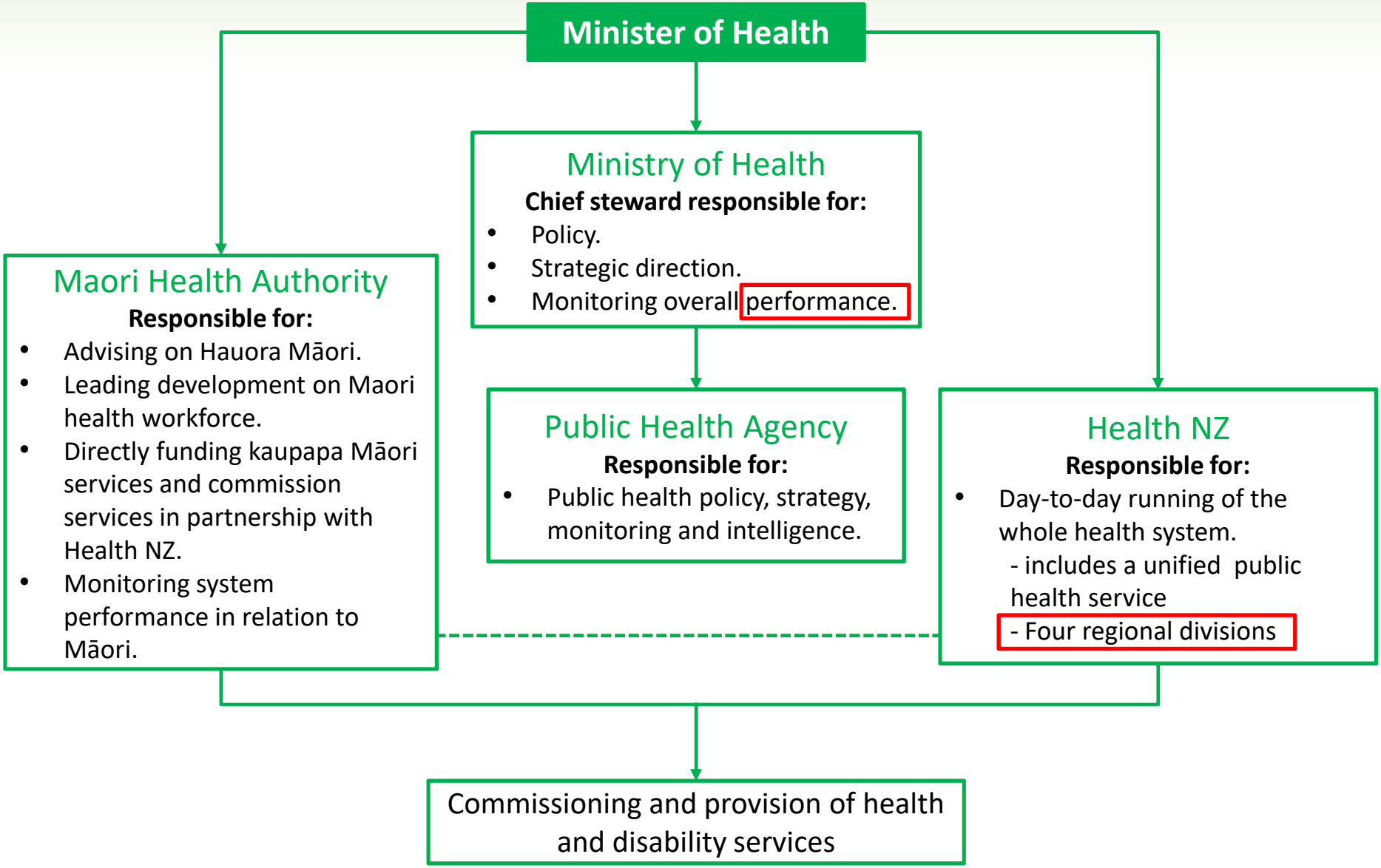
Outside the scope of the Review are
private health insurance (although its interaction with demographic drivers of health care need is in scope)

Heather Simpson
Chief of Staff to Prime Minister Helen Clark

Dr Winfield Bennett
Shelley Campbell (CEO, Cancer Society)
Prof. Peter Crampton (Dean, Otago Medical School)
Dr Lloyd Mcann (CEO, Mercy Radiology, Chairman NZTA)
Sir Brian Roche (CEO, NZ Post Group)
Dr Margaret Southwick

https://systemreview.health.govt.nz/about/expert-review-panel/

New Structure from 1-July-22



Health System Performance

Typical Metrics

No. doctors & nurses per capita

No. of hospital beds

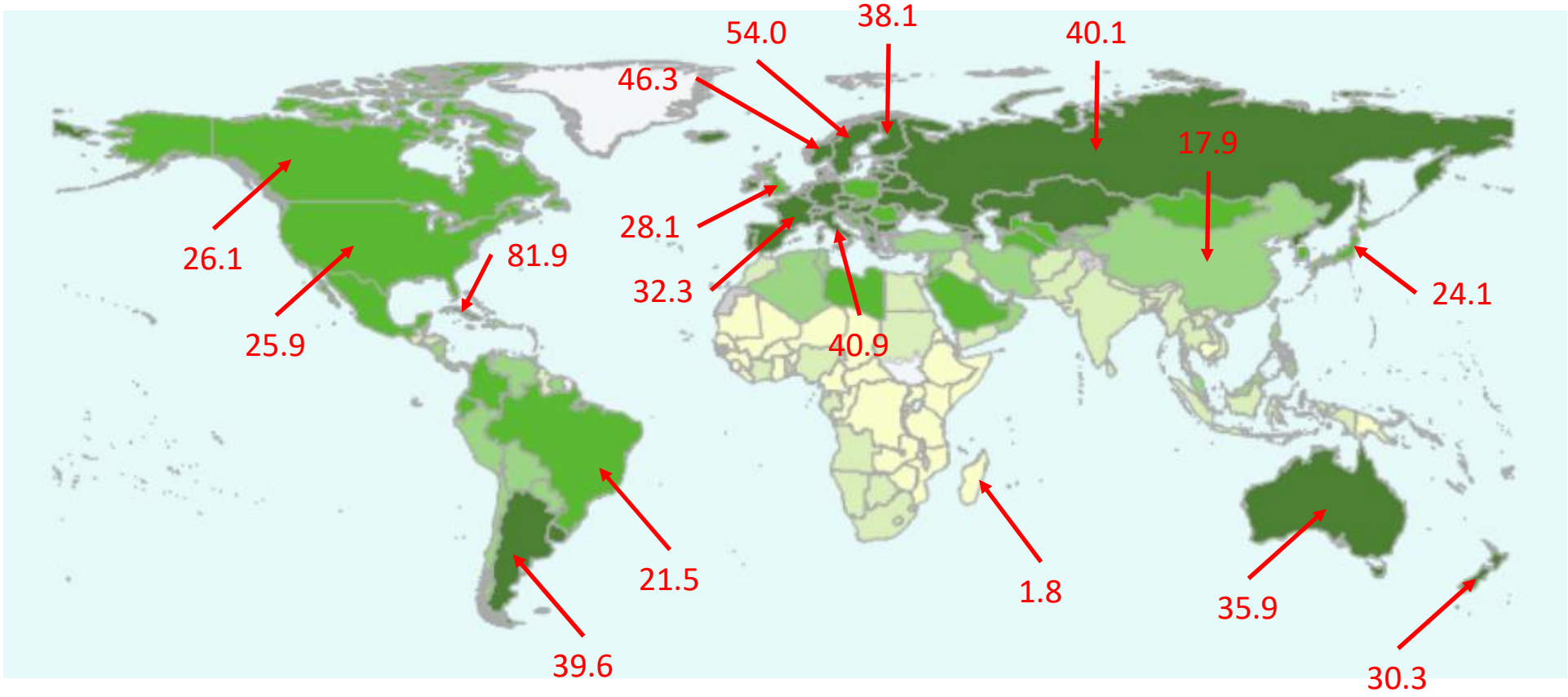
Ave. life expectancy

Availability of equipment and instruments

Waiting lists

Healthcare spending as a % of GDP

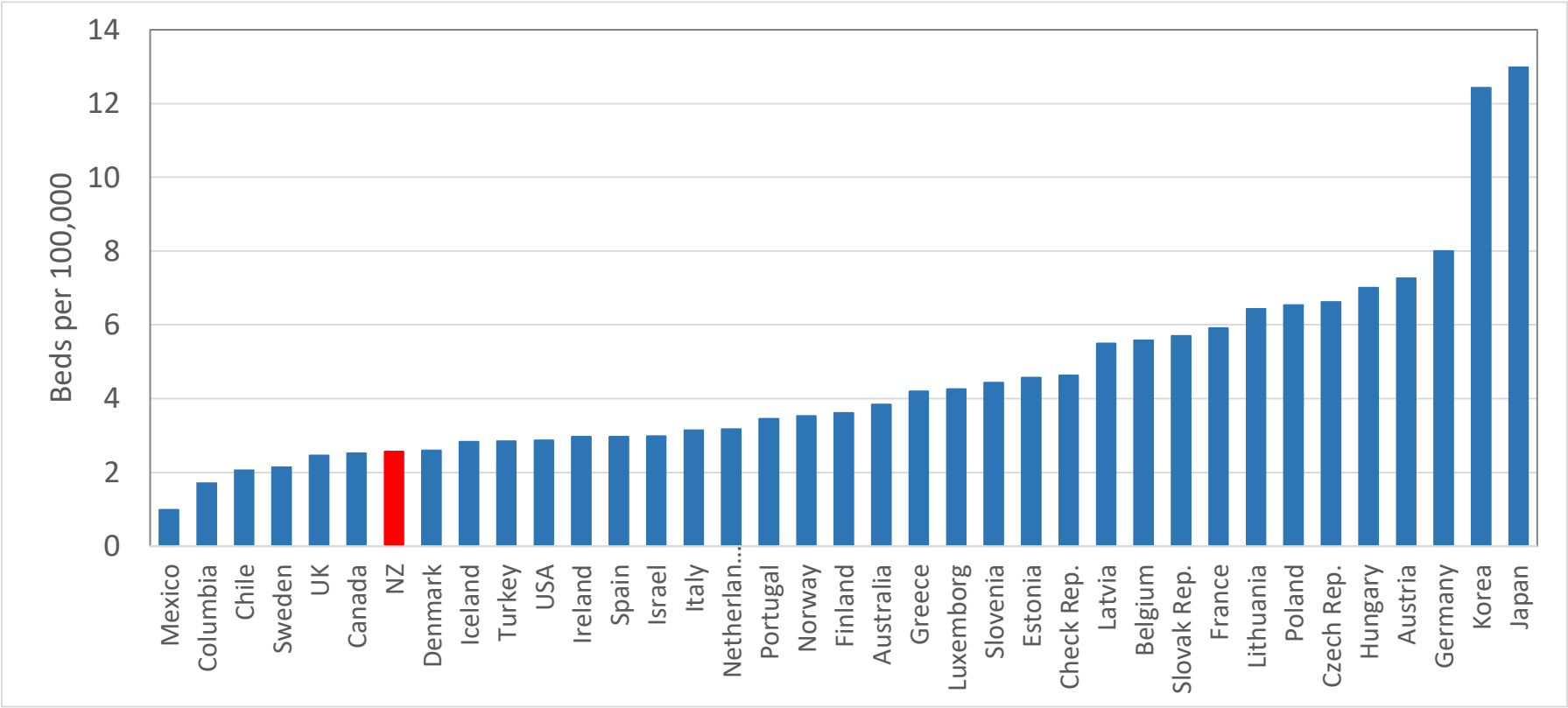
Medical Doctors per 10,000 of Population



We are in the middle of the pack

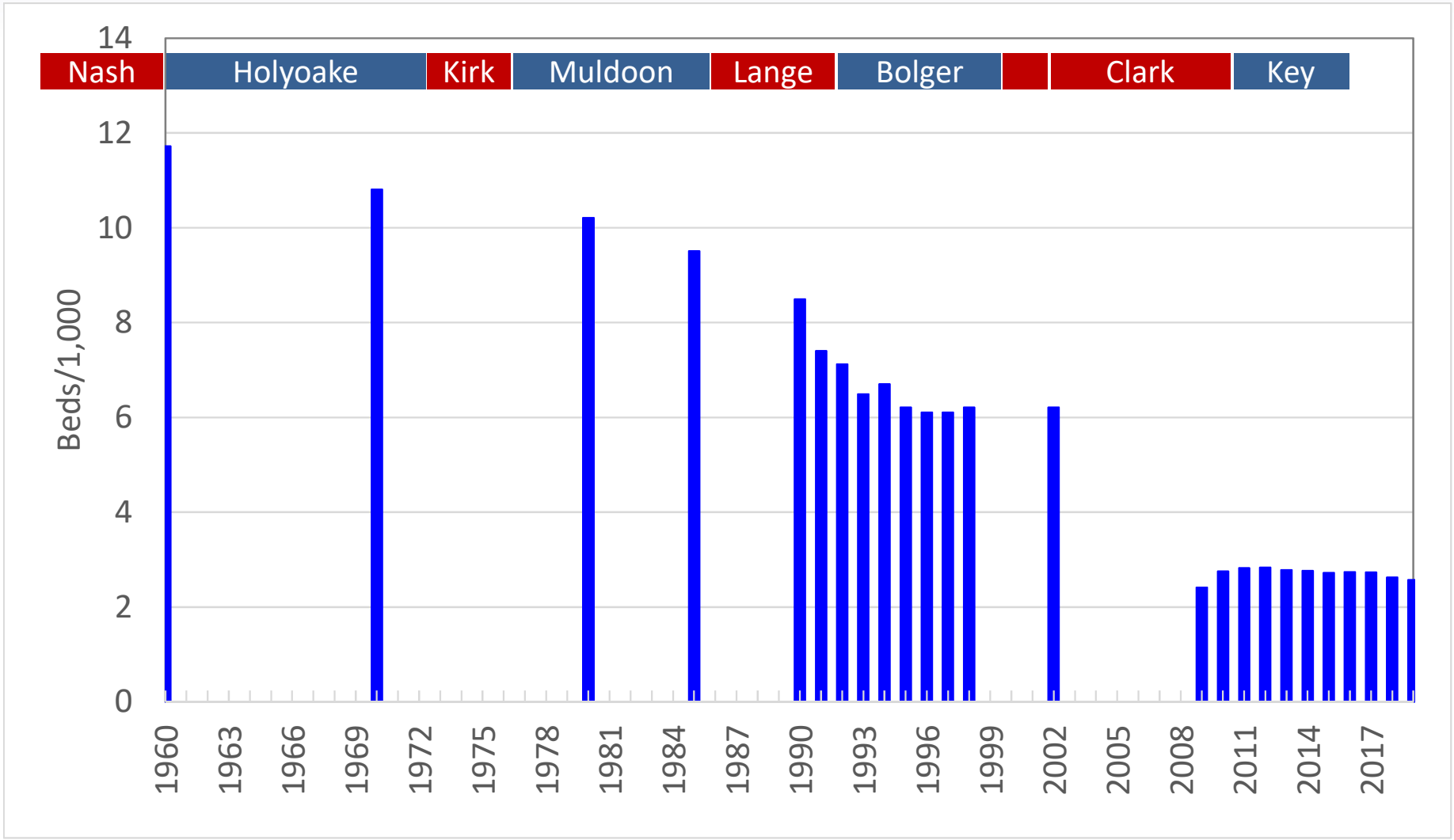
Hospital Beds-per-1,000 Population

How we Compare with OECD Countries?

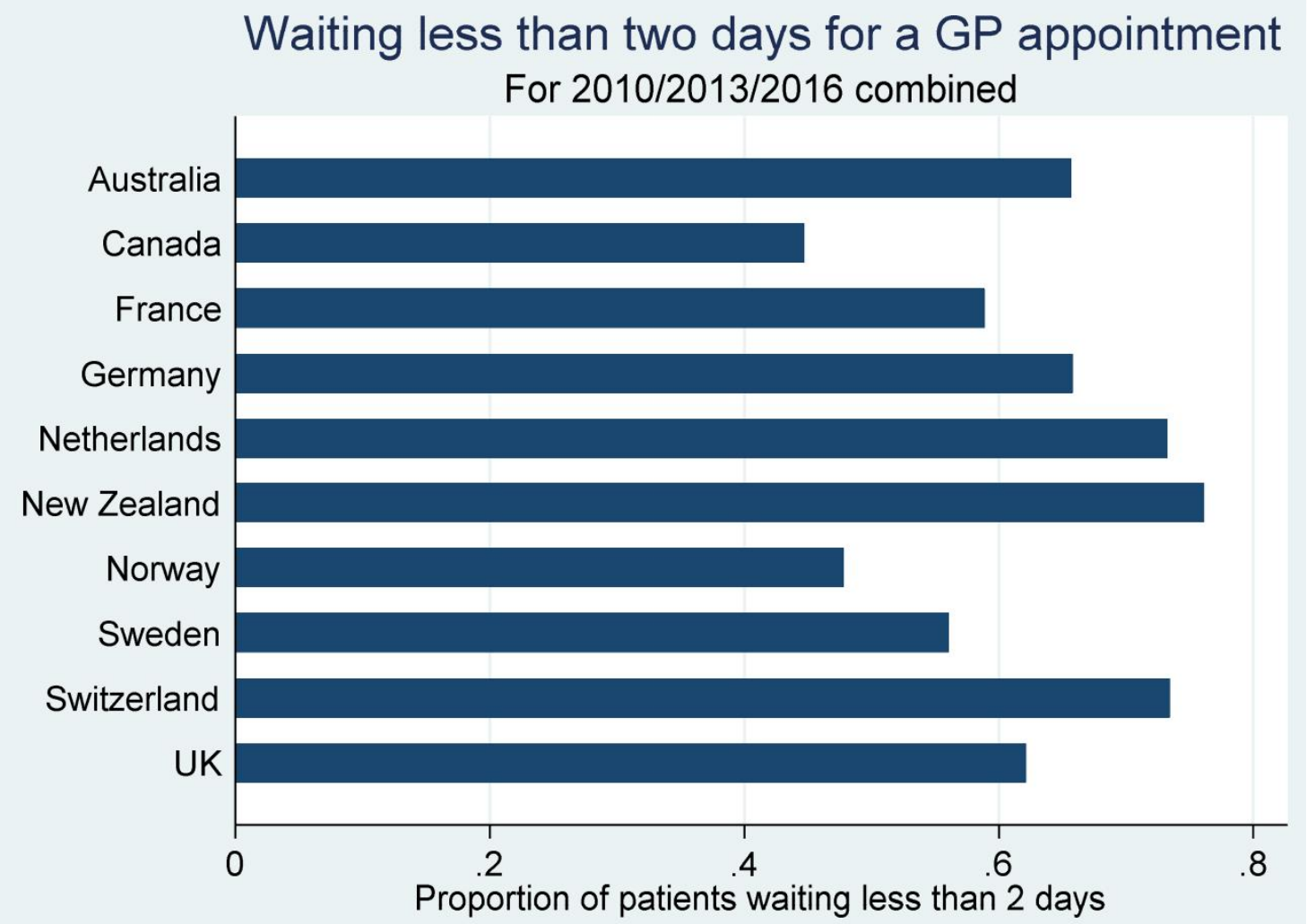


https://data.oecd.org/healthcqt/hospital-beds.htm#indicator-chart

Beds per 1,000 of Population



Time to see a GP



But only found data for a limited number of countries

The Medical Workforce – Doctors by Ethnic Group

Table 1: Proportion of doctors by ethnic group (%)

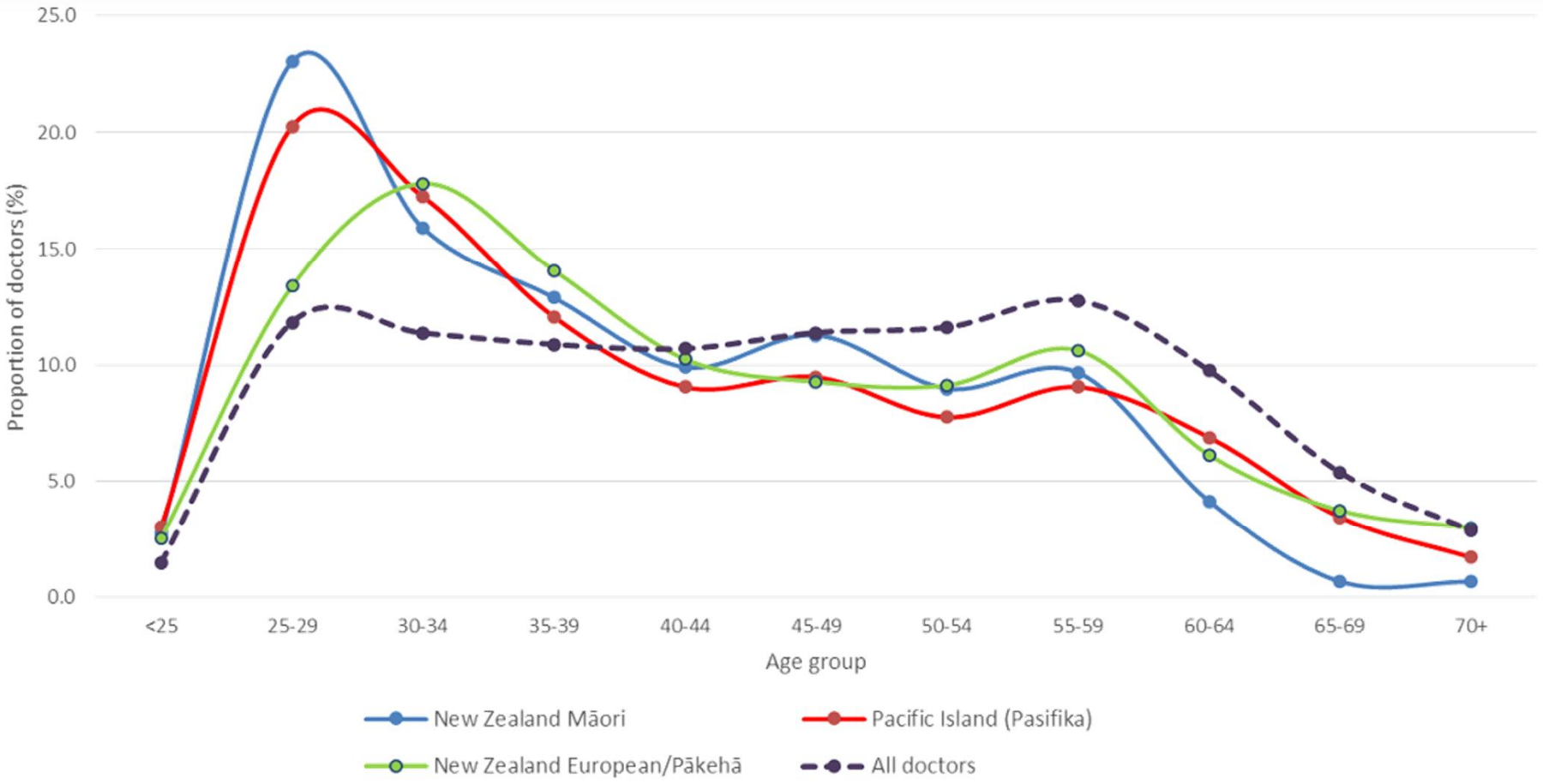
Ethnicity	2000	2005	2010	2015	2018
Māori	2.3	2.6	3.0	3.4	3.5
Pacific Island (Pasifika)	1.1	1.5	1.3	2.0	1.8
Chinese	4.5	5.4	5.3	5.9	5.8
Indian	4.5	5.1	5.9	6.0	5.5
Other non-European	7.6	10.8	9.9	11.9	10.6
Other European[1]	-	15.4	19.7	20.5	19.5
NZ European/Pākehā	76.5	57.5	53.3	51.4	51.0
Not answered	3.2	1.5	1.5	2.4	2.3
Refused[2]	0.2	0.2	0.2	-	-
Total[3]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Medical Council of New Zealand - The New Zealand Medical Workforce in 2018

This is a serious problem!

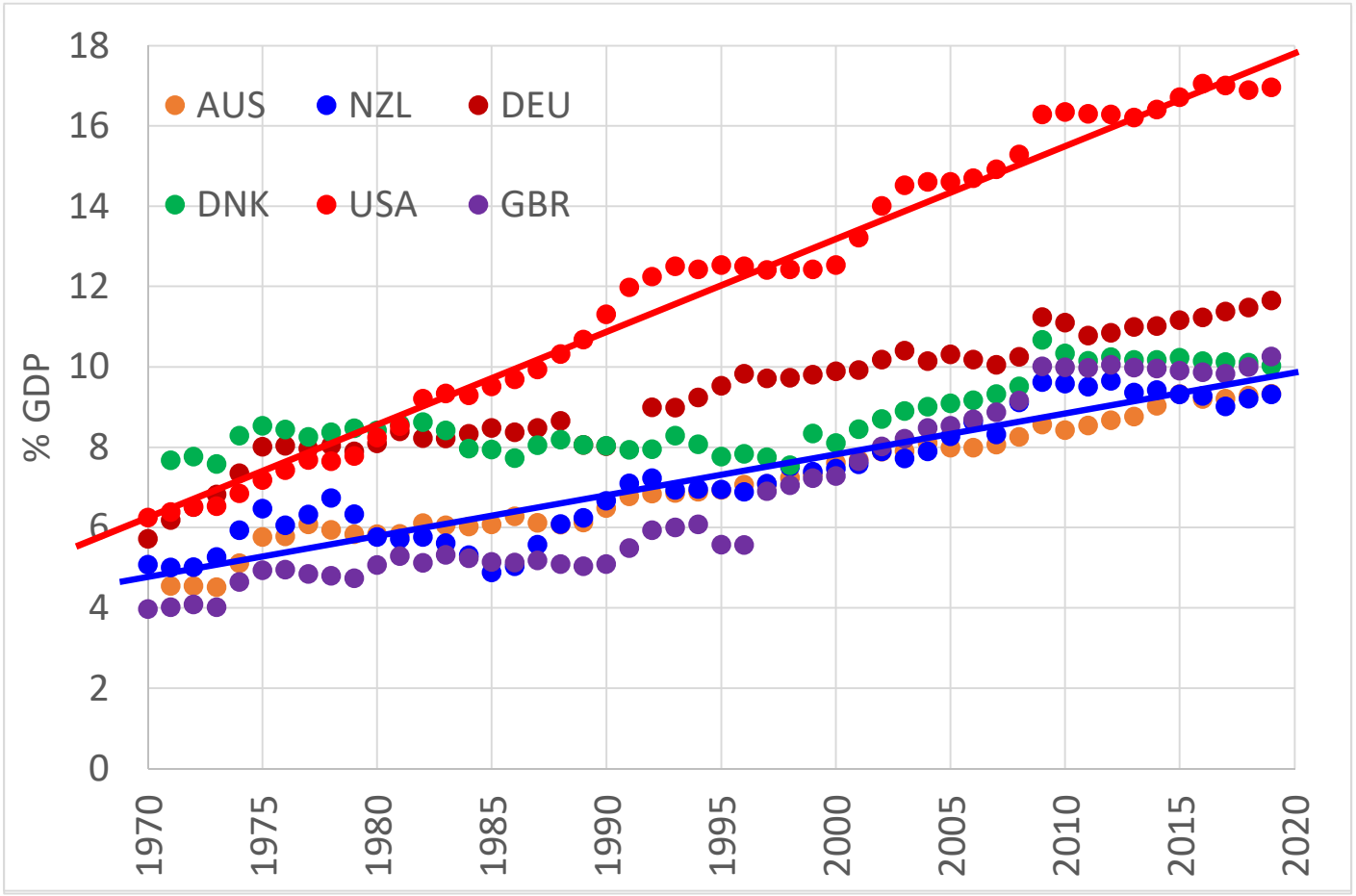
How do you staff a Māori Health System without sufficient Māori doctors?

The Medical Workforce – Doctors by Age Group



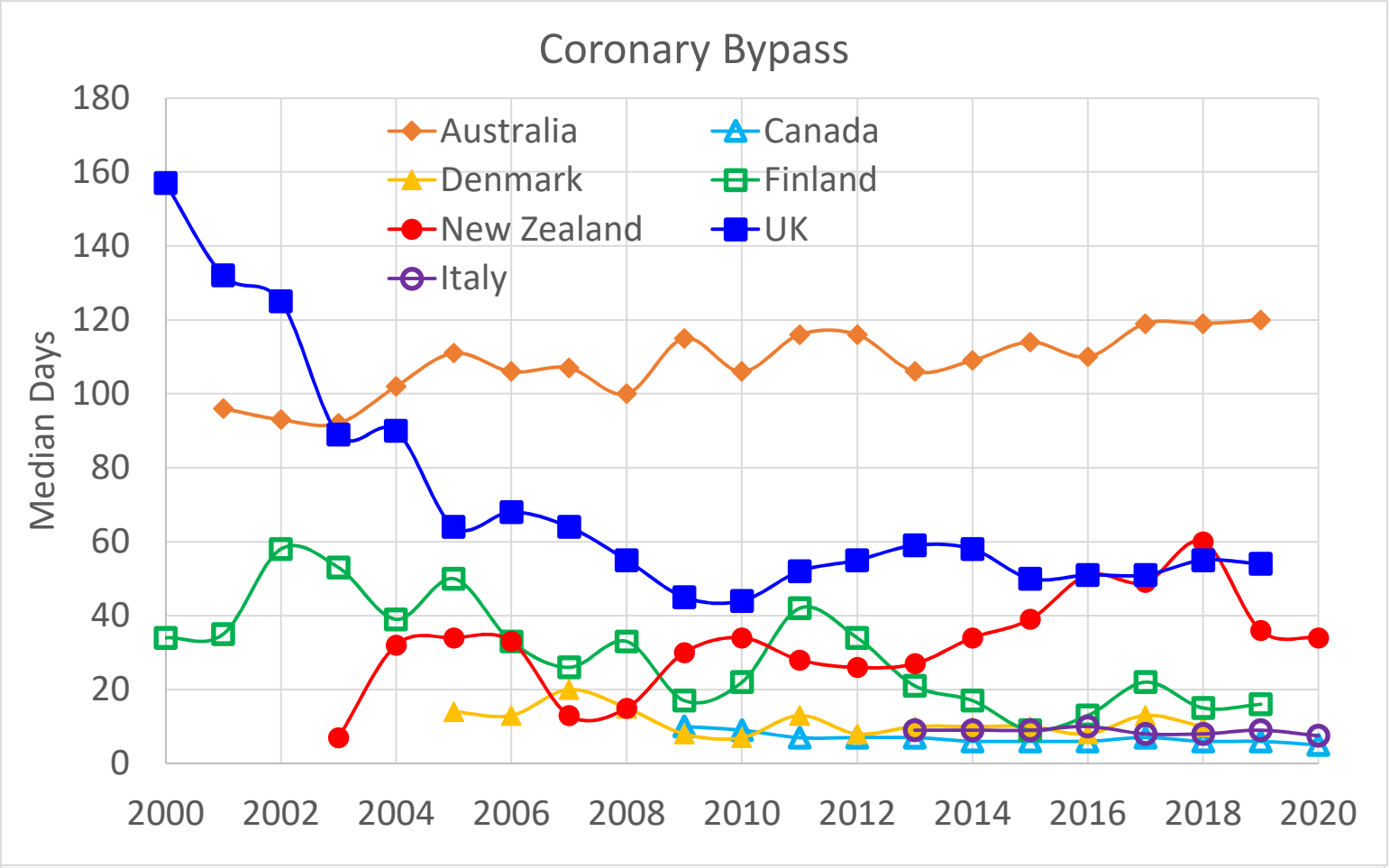
Source: Medical Council of New Zealand - The New Zealand Medical Workforce in 2018

Healthcare Costs?

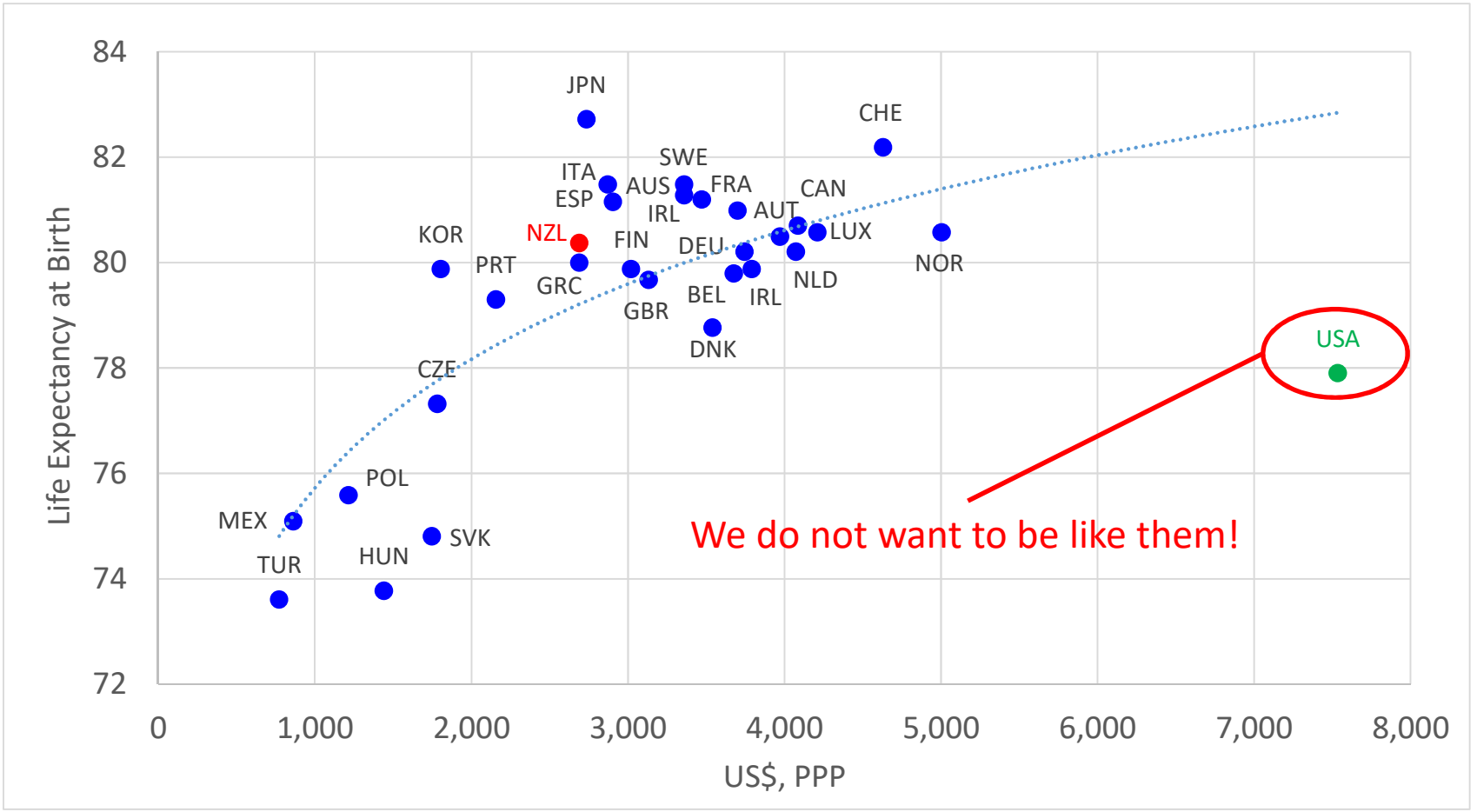


Total health spending was 9 percent of GDP in 2017.[2] Public spending accounted for 78.68 percent of total spending.

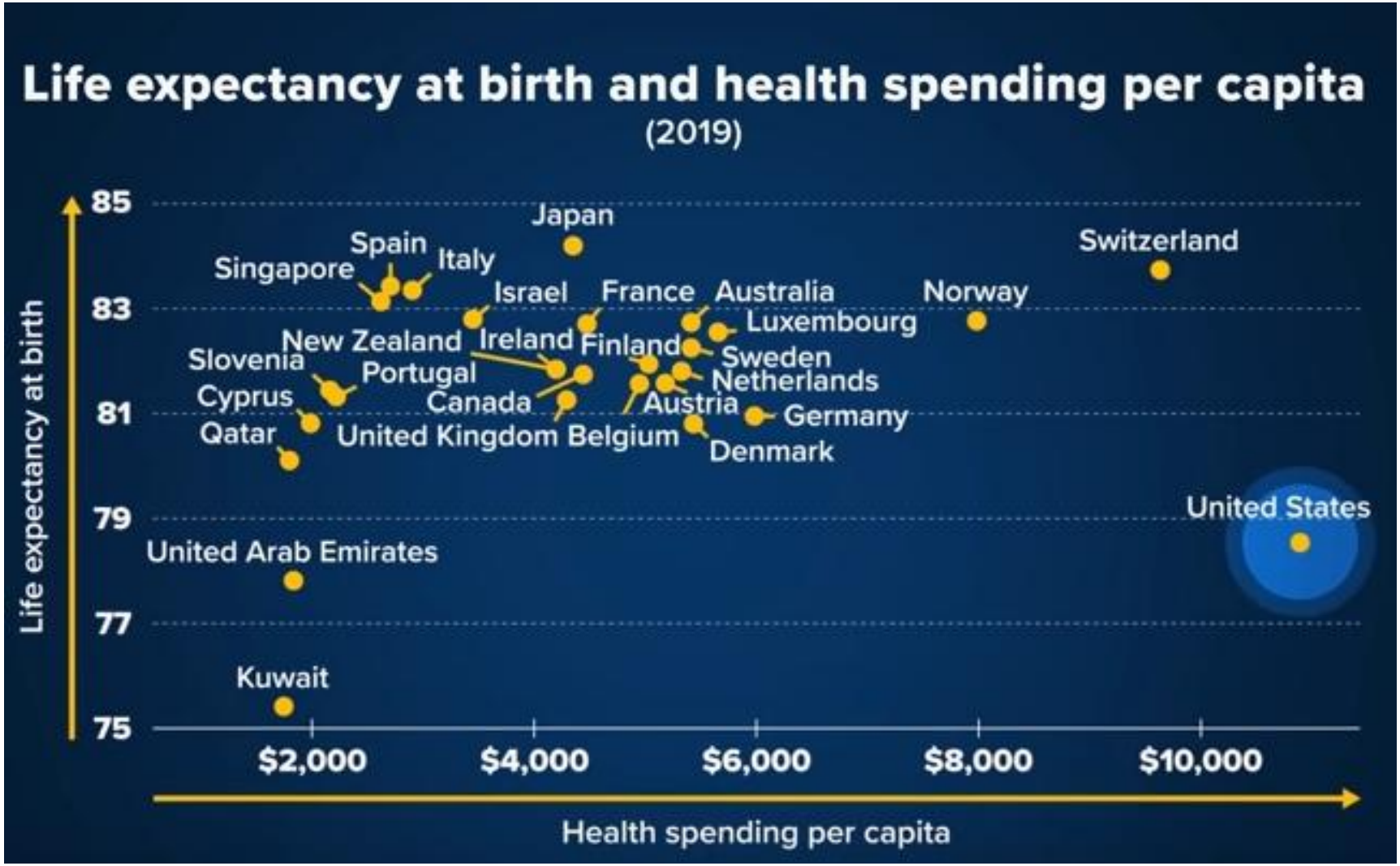
Waiting Times for Elective Surgery



OECD - Health care systems - getting more value for money 2010



OECD 2010, "Health care systems: Getting more value for money", *OECD Economics Department Policy Notes,* No. 2. https://www.oecd.org/eco/growth/46508904.pdf



[Why U.S. Health Care Is Getting More Expensive]

US Health System Covid-19 Response

III. The Health Care Crisis in the United States

COVID-19 Has Revealed America's Broken Health Care System: What Can We Learn?

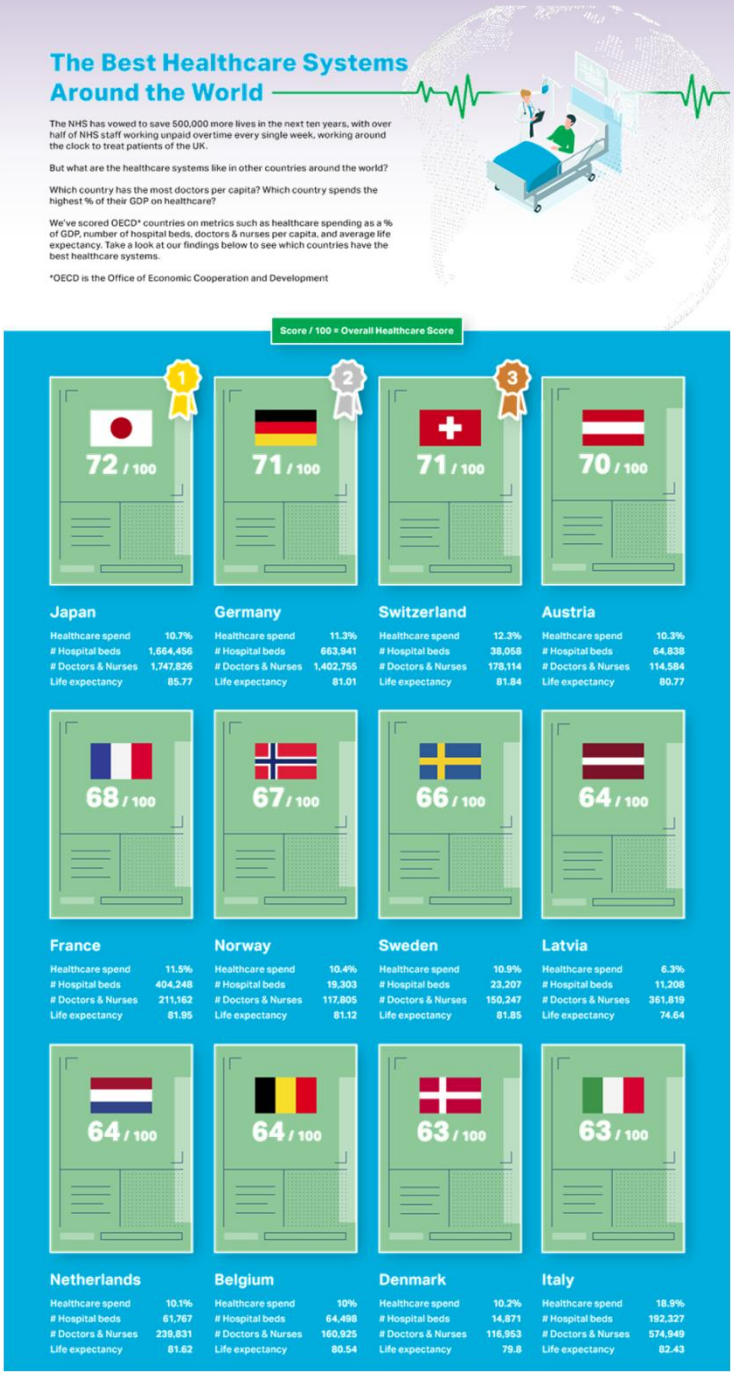
International Journal of Health Services
2021, Vol. 51(2) 188–194

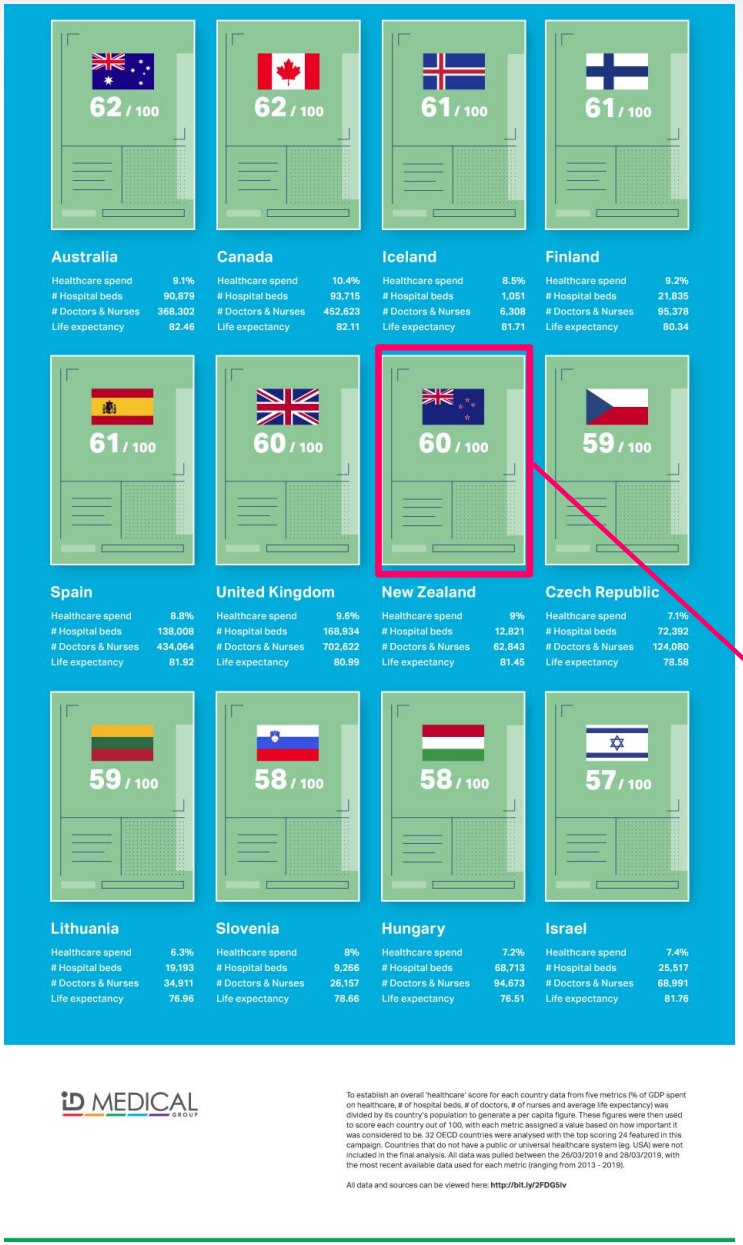
DOI: 10.1177/0020731420985640
journals.sagepub.com/home/joh
SAGE

John Geyman[1]

Abstract

The COVID-19 pandemic has exposed long-standing system problems of US health care ranging from access barriers, uncontrolled prices and costs, unacceptable quality, widespread disparities and inequities, and marginalization of public health. All of these have been well documented by international comparisons. Our largely privatized market-based system and medical-industrial complex have been ill equipped to respond effectively to the pandemic. The accompanying economic downturn exacerbates these problems that further reveal the failures of our largely for-profit private health insurance industry, dependent as it is on continued government subsidies while it profiteers on the backs of vulnerable Americans. This article brings historical perspective to these problems, and provides markers of the extent of our unpreparedness and ineffective response to the pandemic. Coherent national health and public health policies are urgently needed based on evidence-based science, not political pressures. Financing reform is necessary, such as through single-payer Medicare for All. Eight takeaway lessons are summarized that can help to inform now best to rebuild US health care and public health, an urgent task for the incoming Biden administration.





Metrics

Healthcare spending as a % of GDP

No. of hospital beds

Doctors & nurses per capita

Ave. life expectancy

19/24 position

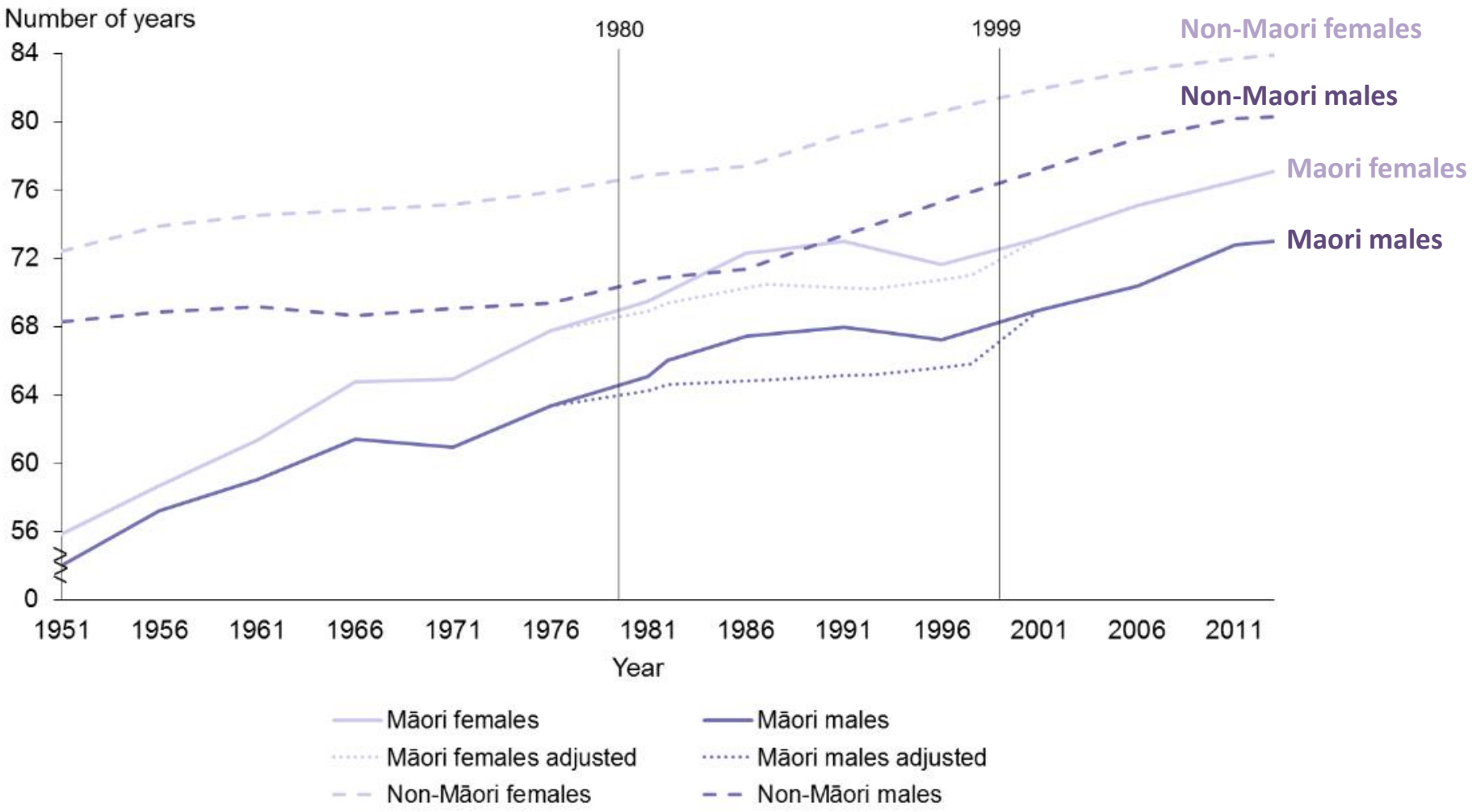
THE LEGATUM PROSPERITY INDEX™ 2020

Creating the Pathways from Poverty to Prosperity

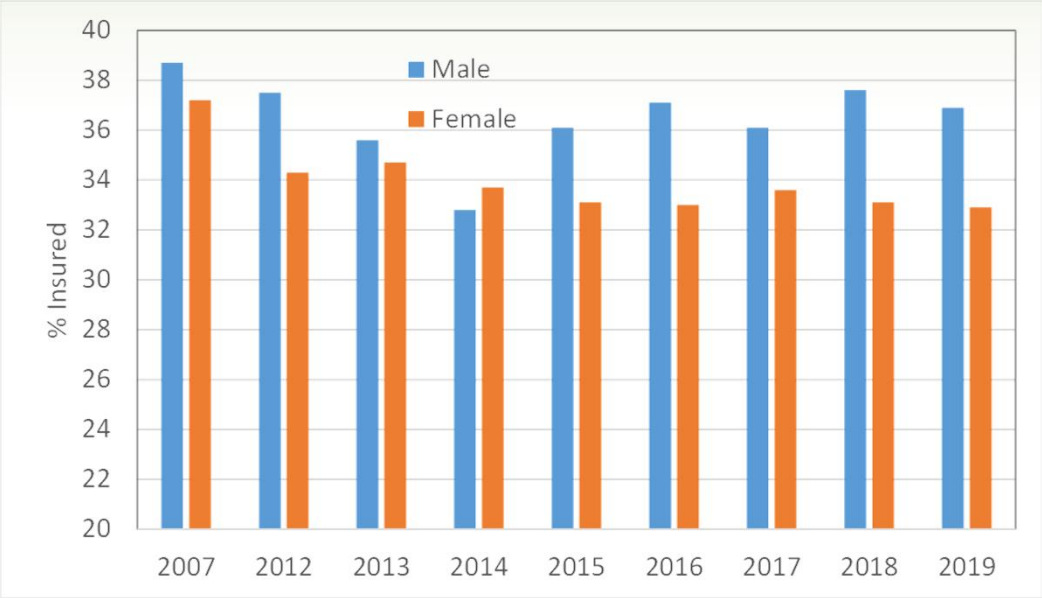
LEGATUM INSTITUTE

RANK	COUNTRY												
ADJUST PILLAR WEIGHTING		x1	x1	x1	x1	x1	x1	x1	x1	x1	x1	x1	x1
15	Singapore	9	92	25	18	1	2	1	2	6	1	1	90
19	Japan	7	31	18	140	13	10	13	27	20	2	9	18
28	South Korea	35	42	29	139	18	36	17	10	24	3	2	71
3	Switzerland	1	12	7	9	15	3	11	1	5	4	12	6
11	Iceland	5	9	12	4	22	28	22	19	22	5	14	20
1	Denmark	10	2	3	1	6	6	8	8	1	6	3	8
2	Norway	2	1	2	2	2	11	25	9	8	7	8	9
9	Luxembourg	3	6	8	28	24	7	10	3	7	8	36	11
4	Sweden	14	3	6	7	8	16	6	7	3	9	16	1
31	Italy	23	24	39	64	40	31	24	51	30	10	35	46
54	China	87	159	90	42	48	40	46	23	60	11	57	141
24	Spain	29	15	26	26	26	27	12	44	14	12	26	38
17	Hong Kong	6	46	19	72	3	1	3	12	18	13	4	33
25	Malta	15	20	24	22	38	26	34	13	12	14	34	105
6	Netherlands	13	5	4	8	9	8	2	5	2	15	7	44
30	Israel	116	51	23	30	16	25	36	22	17	16	24	118
8	Germany	22	11	9	15	17	5	5	4	4	17	27	19
20	Taiwan, China	8	26	20	44	14	9	19	14	25	18	10	89
16	Australia	18	16	10	19	12	23	30	32	19	19	11	21
22	France	39	23	21	40	19	22	14	28	15	20	29	17
5	Finland	16	4	1	3	5	14	9	20	9	21	5	2
12	Ireland	12	8	14	16	25	13	28	6	13	22	13	15
7	New Zealand	25	10	5	5	4	15	23	24	26	23	15	4
23	Belgium	31	18	17	79	23	21	15	29	21	24	18	55
13	United Kingdom	21	19	13	12	7	12	7	16	10	25	17	25

Health Disparities – Māori versus Non-Māori



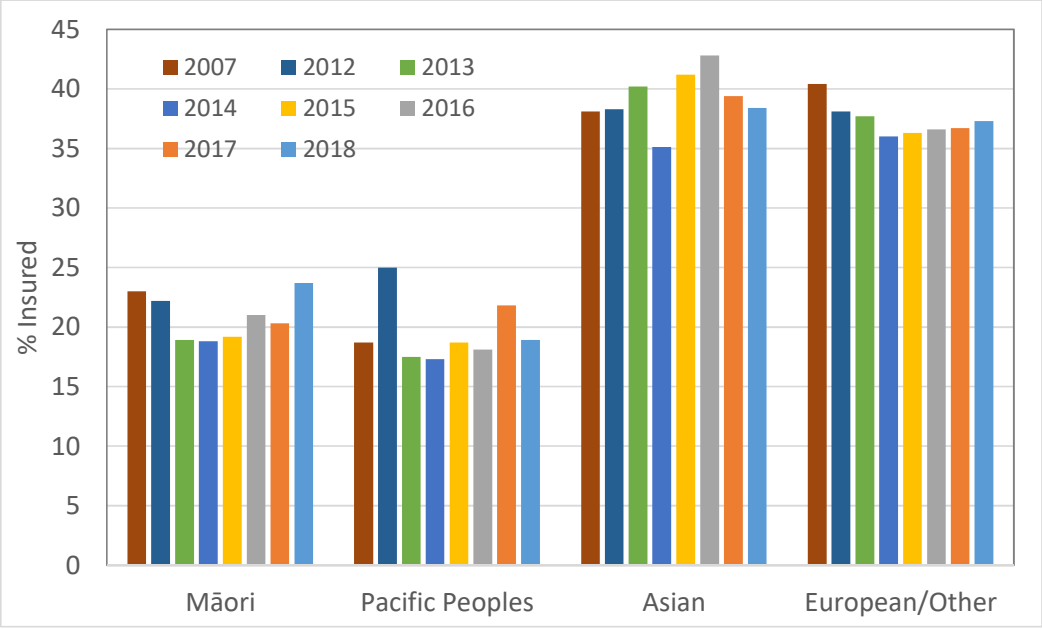
Private Health Insurance in NZ



50% of New Zealanders held private insurance in 1992.

But private insurance only funded 4.8% of total health expenditure.

Scott, Reform of the New Zealand health care system. *Health Policy* **1994,** *29,* 25-40.

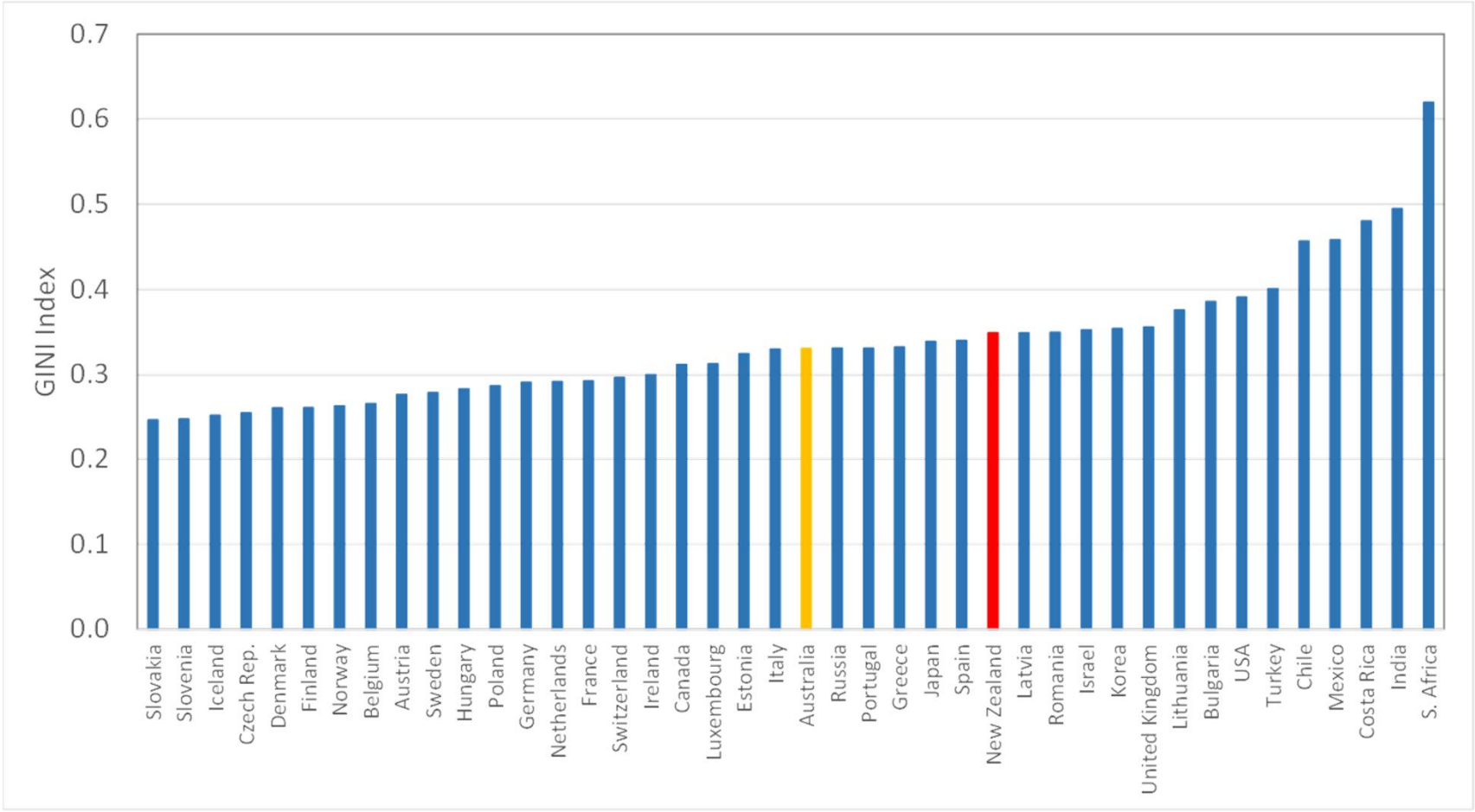


Almost half of the population have some private health insurance but this accounts for only 6% of total health expenditure.

Ashton. Health care systems in transition - New Zealand_Part 1: An overview of New Zealand's health care system. *J. Pub. Health Med.* **1996,** *18(3)*, 269.

The Medical System and Wealth Gap

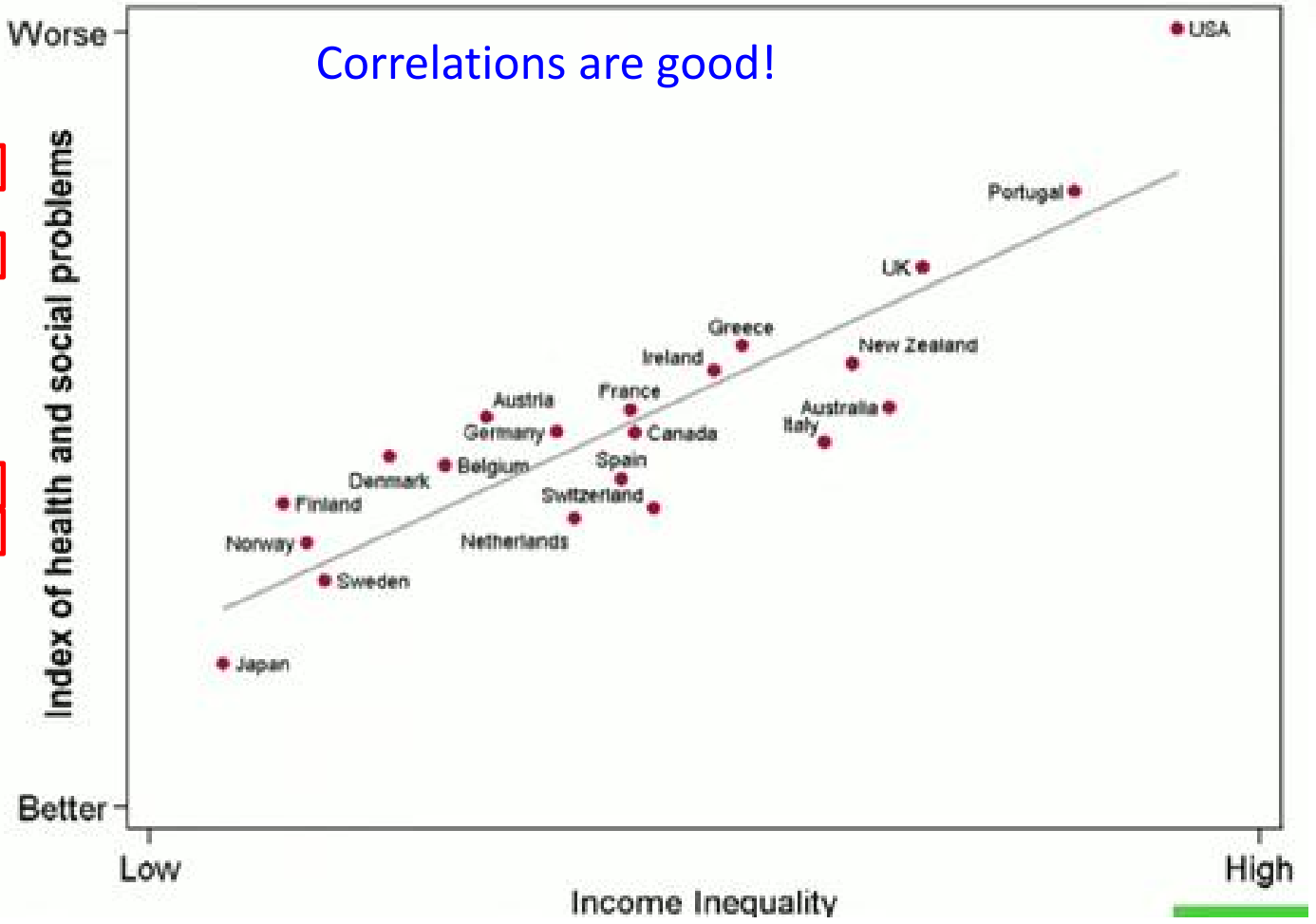
GINI = 0 (everyone equal)
GINI = 1 (Everyone unequal, one resident earned all income)



Health & Social Indicators v Income Inequality

Index of:

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility



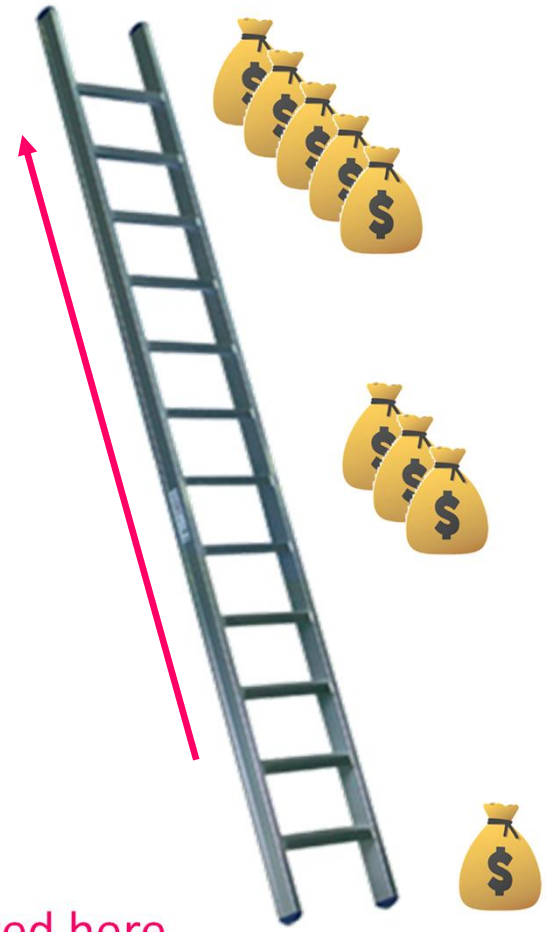
Source: Wilkinson & Pickett, The spirit level: Why greater equality makes societies stronger. Bloomsbury Press 2010

Slowly Increase the Temperature and the Frog Doesn't Notice being Boiled to Death

We have a 'just enough' and 'just-in-time' health system that has been stripped down to the bare bones. The for-profit motive is alive and well.

The more wealthy (insured) get the prompt and premium service while the rest get the waiting list!

The Socio-Economic Ladder



Māori are more concentrated here.

But not exclusively a Maori problem!

Victor Luca

OIA Request to the Ministry of Health

MINISTRY OF HEALTH
MANATŪ HAUORA

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

16 September 2020

Victor Luca

By email: victorlucanz@gmail.com
Ref: H202006251

Dear Victor Luca

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) which was refined on 27 August 2020 to:

> *"Any documents including parliamentary papers, white papers and so forth that underpinned the science and business case for the consolidation of New Zealand's pathology laboratory services"*

New Zealand has a devolved health and disability system in which district health boards (DHBs) are responsible for selecting and managing their providers of laboratory services. As such, the Ministry does not hold any information on the science and business case for the consolidation of New Zealand's pathology laboratory services. Therefore, your request is refused under section 18(g) of the Act. You may wish to contact each individual DHB regarding your request.

Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request.

Please note that this response, with your personal details removed, may be published on the Ministry website.

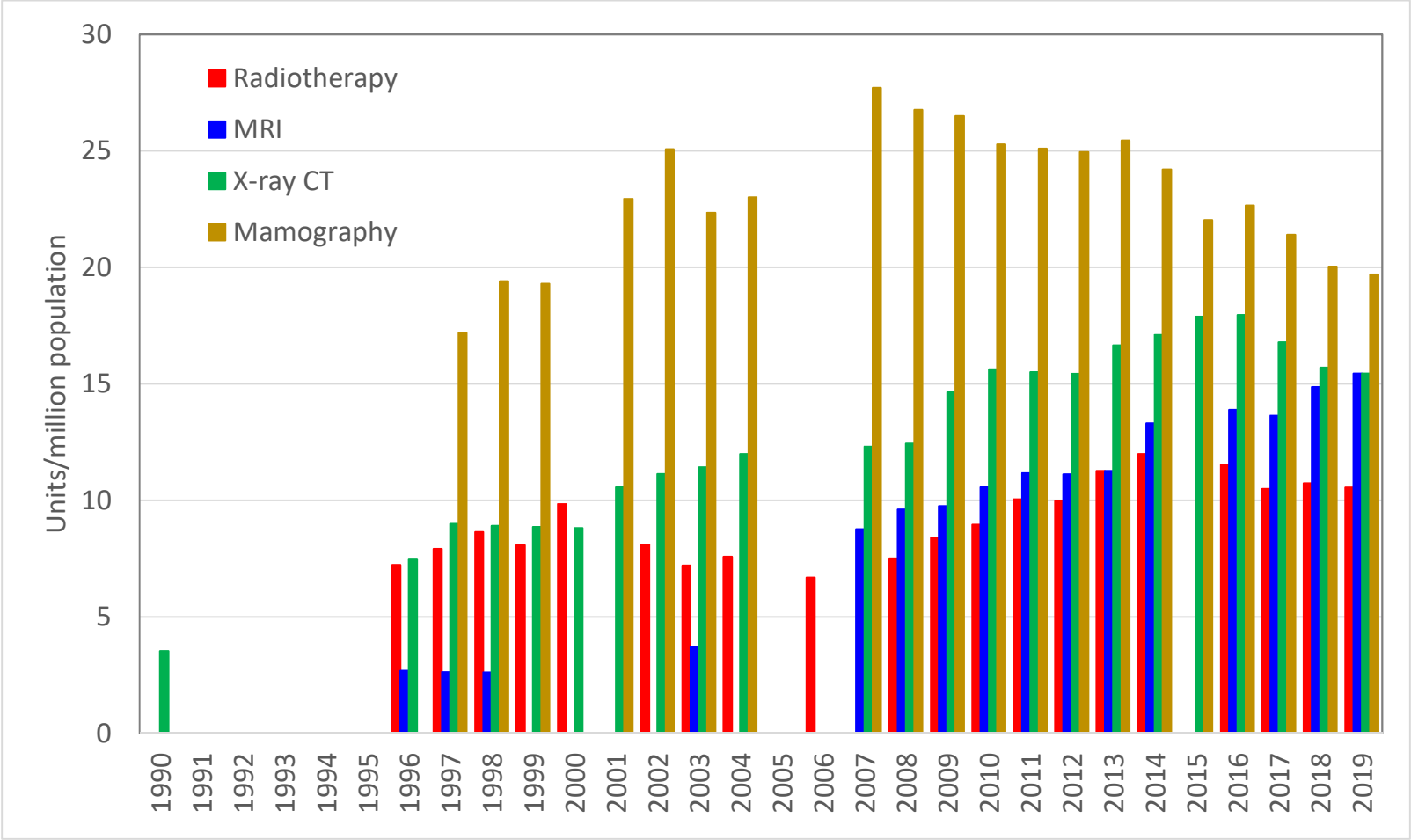
Yours sincerely

Dr Andrew Simpson
Chief Medical Officer

How Well Equipped Are We?

OECD Data

MRI - 15 units per million of population in 2020



20 OIA Requests to Compile Data on Diagnostic Imaging

MRI Imaging					
	DHB	**Number**	**Capital Funding**	**Operating Funds**	**2020 Throughput**
Northland					
1	**Auckland_DHB**	3	ADHB	ADHB	13,593
2	**BOPDHB**	4	Private	Private	5,091
4	**Counties Manukau Health - Middlemore**	3	DHB	Middlemore	9,538
5	**Hawke's Bay**	1	HB_DHB	HB_DHB	2,185
6	**Hutt Valley & Capital & Coast DHB**	1	HV_DHB	CC_DHB	6,561
	Hutt Valley & Capital & Coast DHB	1	HV_DHB	HV_DHB	
7	**Lakes_DHB**	1	Lakes_DHB	Lakes_DHB	4,014
8	**Mid Central DHB**	1	Mid Central_DHB	Mid Central_DHB	6,151
9	**Northland_DHB**	1	Northland_DHB	Northland_DHB	4,421
10	**Taraiwhiti_DHB**	1	Hauora Tairāwhiti	Hauora Tairāwhiti	2,094
11	**Taranaki_DHB**	1	Taranaki_DHB	Taranaki_DHB	
12	**Waikato_DHB**	2	Midland MRI Ltd	Private	11,804
13	**Wairarapa_DHB**	0	NA	NA	1,050
14	**Waitemata_DHB**	2	W_DHB	W_DHB	8,602
15	**Whanganui**	1	WDHB/ACC	WDHB	
Southland					
16	**Canterbury_DHB**	5	Canterbury_DHB	Canterbury_DHB	10,431
		5	Private	Private	3,054
17	**Nelson-Marlborough_DHB**	2	Private	Private	4,712
18	**South Canterbury_DHB**	1	Public	Public	2,314
19	**Southern District_DHB**	2	SDHB	SDHB (Dunedin-Southland)	4,222
20	**West Coast_DHB**	5	Private	Private	748
	Total	**43**			
	% Private	**37.21**			

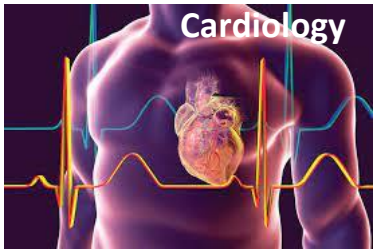
Diagnostics - Dr Leonard H. (Bones) McCoy's Tricorder

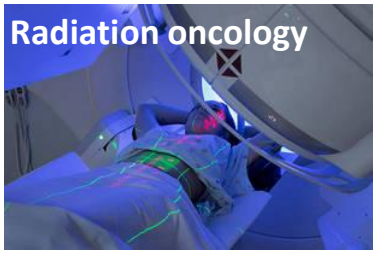
Wave the instrument over the body and you get an instant readout of health status and a diagnosis.

If only we had it!

Level of Privatization of Specialist Services?

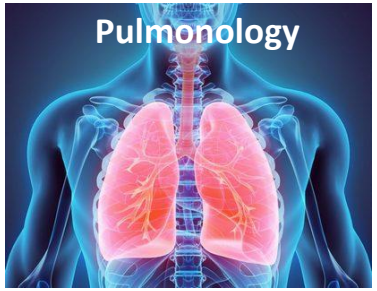
75% Private

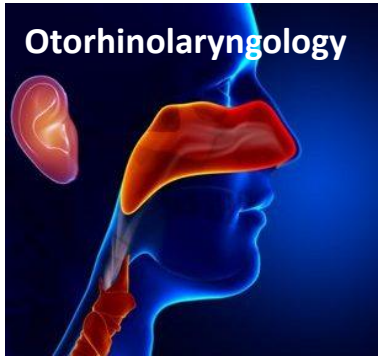




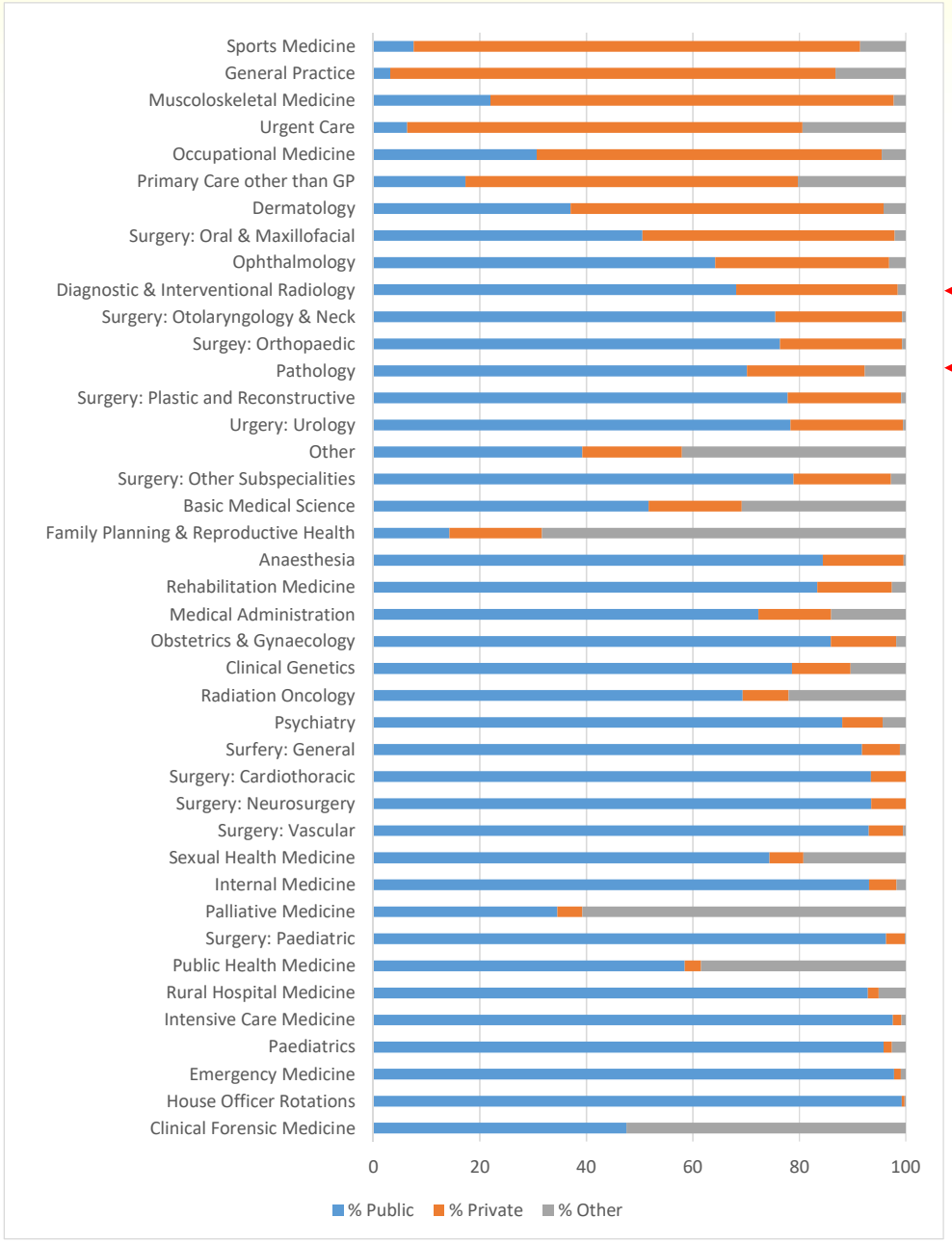
(Diagnostic imaging)

40% Private





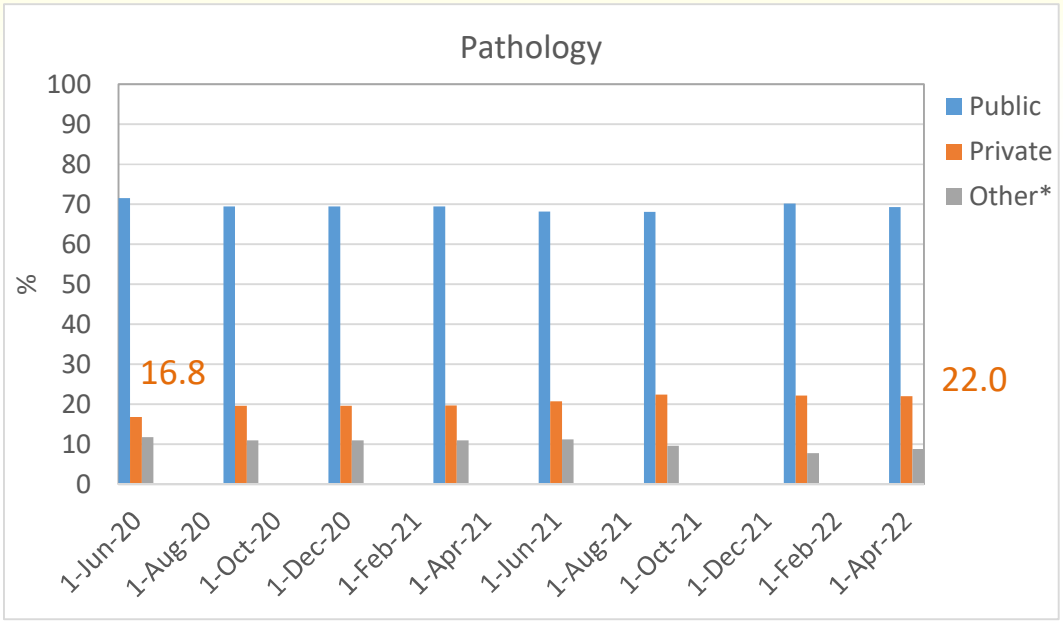
Medical Specialty Workforce Data (Source: MoH)



FTE – Full Time Equivalents

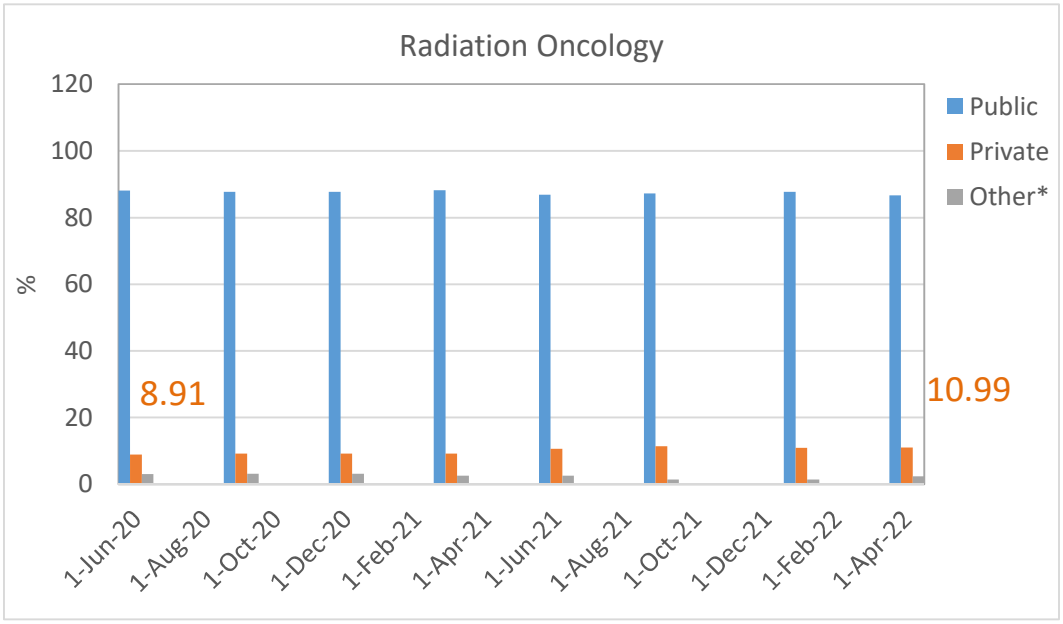
No data prior to 2020!!

Medical Specialty Workforce Data (Source: MoH)



FTE – Full Time Equivalents

31%



23.3%

MRI, X-ray CT, PET, SPECT & Ultrasound by Numbers

MRI Imaging					
	DHB	**Number**	**Capital Funding**	**Operating Funds**	**2020 Throughput**
Northland					
1	**Auckland_DHB**	3	ADHB	ADHB	13,593
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12	**Waikato_DHB**	2	Midland MRI Ltd	Private	11,804
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		5	Private	Private	3,054
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19	**Southern District_DHB**	2	SDHB	SDHB (Dunedin-Southland)	4,222
20	**West Coast_DHB**	5	Private	Private	748
	Total	**44**			
	% Private	**36.36**			

Communications – Data Gathering

From: Maria.Moller@bopdhb.govt.nz
Subject: OIA Request - Pathology & Laboratory Services
To: victorlucanz@gmail.com
21-Oct-20

On behalf of Debbie Brown, Senior Advisor Governance and Quality

Dear Mr Luca

We refer to your request of 13 October 2020.

"Any documents including parliamentary papers, white papers and so forth that underpinned the science and business case for the consolidation of New Zealand's pathology laboratory services".

Pursuant to clause 18(e) of the Official Information Act the BOPDHB cannot provide this information on the grounds that the information you have requested does not exist the DHB.

Kind regards.

Maria Moller
PA to Senior Advisor Governance & Quality

Manaakitanga

Governance & Quality / CEO Office
Bay of Plenty District Health Board| Tauranga Hospital | Cameron Road | Private Bag 12024 | Tauranga 3143
T: 07 579 8545 | E: maria.moller@bopdhb.govt.nz | W: www.bopdhb.govt.nz

We refer to your request of 13 October 2020.

"Any documents including parliamentary papers, white papers and so forth that underpinned the science and business case for the consolidation of New Zealand's pathology laboratory services".

Pursuant to clause 18(e) of the Official Information Act the BOPDHB cannot provide this information on the grounds that the information you have requested does not exist the DHB.

Response to 2nd OIA request to BOPDHB

Date of response: 11-Jun-21

Request

Please provide the following information:

1. I wish to know if the BOPDHB has any information relating to past decisions to contract diagnostic medical laboratory services to the private company Pathlab or other private entities rather than keep service provision in the public domain?

2. I am similarly interested in information relating to the privatization of radiology services in the Bay of Plenty.

In other words, how is the privatization of such diagnostic services being justified?

By 'information' I mean documents such as business cases, science cases, white papers, meeting minutes, reports and so forth.

Response

Pursuant to clause 18(e) of the Official Information Act the BOPDHB cannot provide this information on the grounds that the information does not exist.

As of today, neither the Bay of Plenty DHB nor the Ministry of Health has been able to point me to any documents that provide evidence for enhanced economic efficiencies or improved patient outcomes resulting from reforms undertaken over the past 40 years.

Why not! Could it be that there is no evidence?

The medical-industrial complex generates large profits for the private sector but largely depends on government spending.

Mainstream explanations for privatisation (Megginson & Netter, 2001) claim that the private sector increases economic efficiency, but critical scholars have shown that the evidence is far from conclusive.

The nobel prize winning economist Professor Joseph Stiglitz observes that 'the theoretical case for privatization is, at best, weak or non-existent'.

Mercille, J. Neoliberalism and health care: the case of the Irish nursing home sector. *Critical Public Health* **2018,** *28,* 546-559.

Communications

From: david.skegg@otago.ac.nz
Sent: Monday, 19-Jan-21 10:32 AM
To: victorlucanz@gmail.com
Cc:
Subject: Our Health System

Sir David Skegg KNZM OBE FRSNZ is a New Zealand epidemiologist and university administrator.
Emeritus professor. Dept. Preventive & Social Medicine, University of Otago

Dear Victor

Thank you for your message. You are certainly right that pathology, and at least some radiology, services tend to be concentrated in the private sector in New Zealand. **And yes, I'm afraid we do have a two-tier system** – although at least patients are not asked to pay for pathology services.

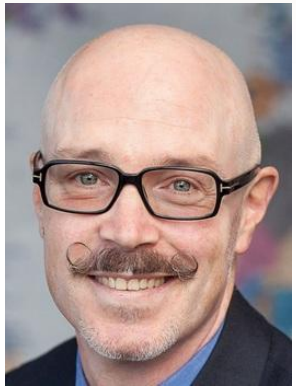
I was interested to see the response to your request from the Ministry. **They are clearly stating that there is no national strategy about such matters, which is surprising and concerning.** All I can recommend is that you take up their suggestion to ask some individual DHBs why they have decided to outsource these services.

Good luck with this!

Best wishes for 2021

Communications

From: Robin Gauld robin.gauld@otago.ac.nz
Sent: Monday, 12-Oct-21 9:22 AM
To: Victor victorlucanz@gmail.com
Subject: NZ health system under the microscope



Professor Robin Gauld
Pro-Vice-Chancellor and
Dean, Otago Business School

Thanks Victor,

Your analysis is spot on. I think Andrew Little has a solid value set and wants to solve some of these problems. I did have the privilege of speaking with him just before the new reforms were announced. I suggested that inequity would not be solvable unless the public private sector arrangements were investigated and measures put in place to address the problems. He said they have not really looked at that.

I also think we need to be looking at some form of **social insurance** which then would mean where a patient goes for treatment will not much matter as everyone would receive the same level of funding and equity would sit at the heart of such arrangements. This is how it works in Germany and some of the East Asian countries. It's not perfect and creates a different set of incentives that have to be managed.

All the very best and keep in touch.

Communications

Dr Lloyd McCann
CEO of Mercy Radiology & head of digital health for parent company Healthcare Holdings

Zoom Meeting: 8-Sep-21

He seems to share similar ideology to me. He talked about privatization creep but he could give no guarantees that it would stop.
He tells me that I am right that I should be able to get a business plan.
He emphasizes that there has to be accountability with Service Level Agreements being met.
Lab Tests Ltd is the dominant market player in pathology. It has a virtual monopoly.
He talked about pricing and competition implying that the public sector is not as efficient as the private sector.
He gave the example of the cost of a chest X-ray.

- In Auckland under the private system the cost is $65.
- In Christchurch under the DHB-dominated system that X-ray costs $225.

Health & Disability System Review 2020

Expert review panel
Heather Simpson (Chair)
Dr Lloyd McCann
Dr Winfield Bennett
Sir Brian Roche
Shelley Campbell
Dr Margaret Southwick
Professor Peter Crampton

Māori expert advisory group
Sharon Shea (Chair)
Associate Professor Sue Crengle
Dr Dale Bramley
Takutai Moana Natasha Kemp
Associate Professor Terryann Clark
Linda Ngata

Tried 4x to meet with Hon. Kiritapu Allan

A Dearth of Evidence to Support Case for Consolidation of Pathology Services

VL6

"Research suggests that examining past successful consolidation projects and performing **further research on consolidation are merited**".

Shah, Consolidation of the microbiology laboratory: A mini review of finances and quality of care. *Lab. Medical Winter* **2013,** *44(1),* 86

Dancer *et al., J. Hospital Infection* **2015,** *91(4),* 292-298. DOI: 0.1016/j.jhin.2015.08.17

"It is also true to say that there is **minimal scientific or other evidence to justify decisions on service amalgamation**."

Sautter *et al., J. Clinical Microbiology* **2015,** *53(5),* 1467.

"He and his colleagues achieved overall laboratory **cost savings of 20%** as a result of laboratory consolidation at the Detroit Medical Center in the 1980s."

"Although cost savings associated with core microbiology laboratories are clear, less certain is our understanding of the impact of the core laboratory on patient care."

VL6 The restructuring of laboratory services at Detroit Medical Center, for example, improved productivity to 13% higher than that of its peer institutions, and lowered the cost per test to 20% below its peers.

Victor Luca, 10/6/2020

What is Money?

Cowry shell money, *Cypraea moneta*

Electrum Carthaginian shekel, c.a. 310–290 BC

Song Dynasty – first paper money
970-1279AD

Where will the Money Come From?

Series of 1928

Bretton Woods conference 1944
Established the new world order.

The US effectively abandoned the gold standard in 1933.

By 1971 the US had completely severed the link between the dollar and gold.

1971 ushered in a new era of unfettered money creation.

The Era of Unfettered Money Creation

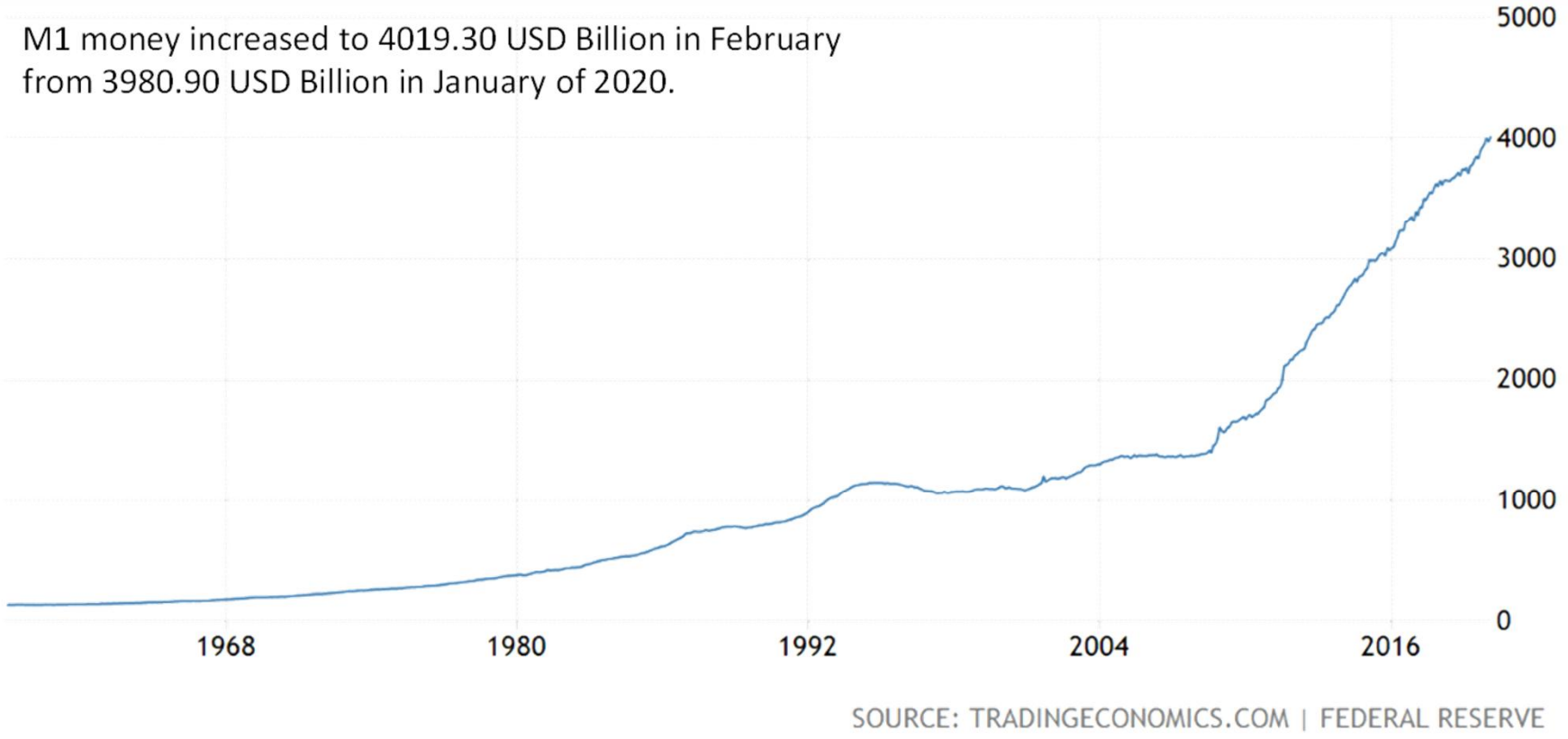
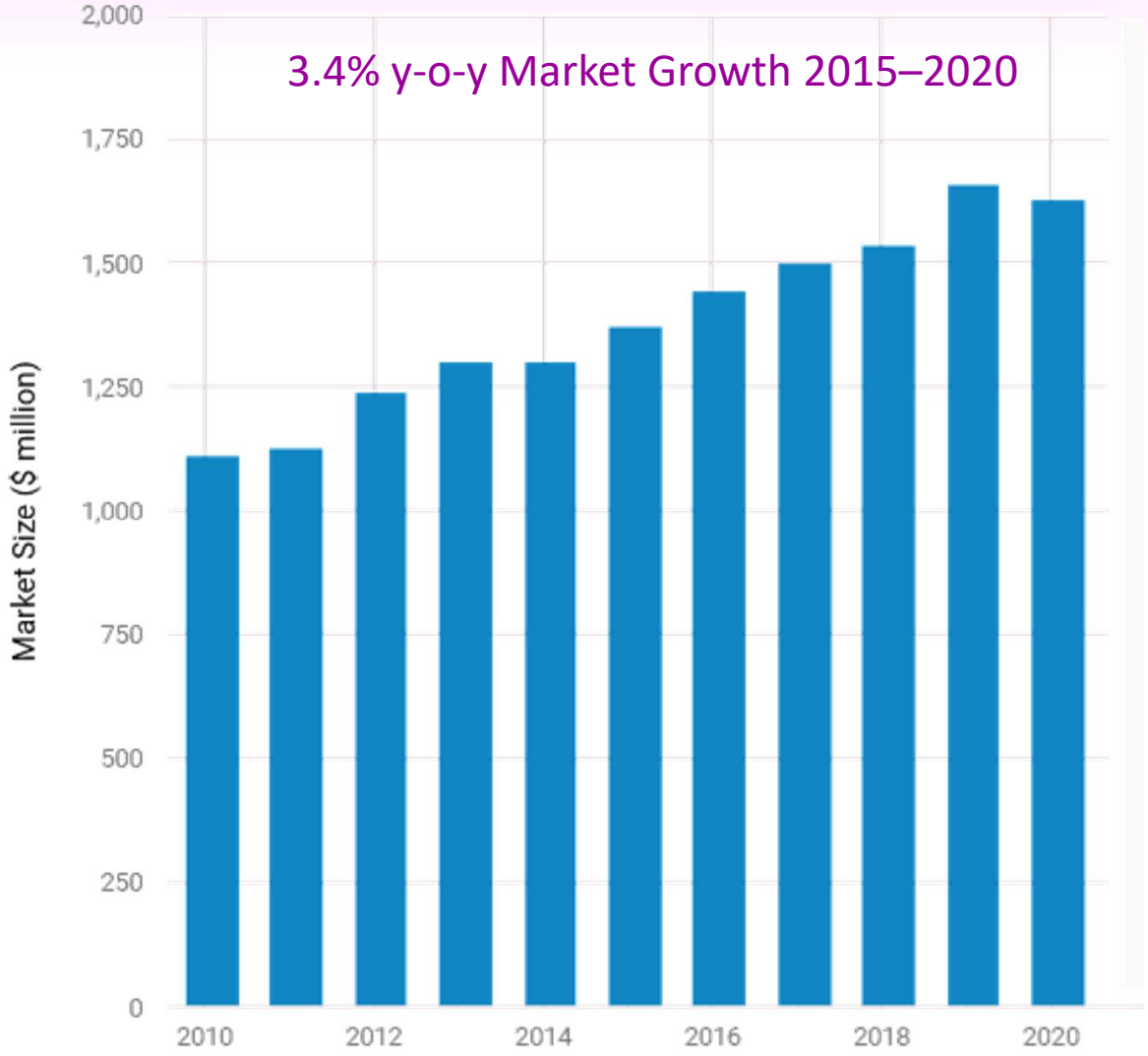


Figure 1. Exponential growth of M1 money supply. Source: Trading Economics, Federal Reserve.

New Zealand Health Insurance Market Size 2007–2027



The market didn't fix housing and it wont fix health!!

Thank You