RAUTAKI
Te Tai Tokerau Hauora

Tautetia te hapori whānui
Community Engagement

INSIGHTS DOCUMENT

Defining the direction and priorities for health services delivery and wellbeing in Te Tai Tokerau

Initial feedback captured from Communities and Health Workforce across Te Tai Tokerau
November 2019 – February 2020

Work in progress: 9 July 2020

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Tai Tokerau

Kupu Arataki

Ka tīmata ai te Poari Hauora O Te Tai Tokerau ki te ahu whakamua hei rautaki hauora hōu mō Te Tai Tokerau.

Hei whakarato he haerenga teitei mō te tuku whakaritenga hauora me te whakapai ake te oranga i roto i ō tātou rohe.

Kia tino whakapūmautia te rautaki kia whakakorea ngā mahi ngoikore, kia uru atu ngā whānau katoa ki roto ngā ratonga hauora, hei whai oranga.

Ko te urunga atu o ngā kaiawhita whānui, me te hauora mātauranga ki ngā take rite anō ki ngā whakaaro o te kāwanatanga e pā ana ki ngā mea tuatahi hauora me te hauātanga rautaki puta noa te motu.

Ngā kuhunga mai ngā hui tata o te hapori, kia mau ngā whakaaro, kōrero me ngā papamahi o ngā kaiawhita e pā ana ki ngā mea tuatahi o te hauora o Te Tai Tokerau

Ko te rautaki, kia uru atu ngā rōpū hauora katoa, ngā tari kāwanatanga me ngā kaunihera a rohe.

Background

Northland DHB is developing a new health strategy for Te Tai Tokerau.

It will provide high-level direction for delivering health services and improving wellbeing in our district.

The strategy will strongly emphasise the elimination of inequities in access to services, the way they are provided, and in health outcomes.

The process includes broad community and organisational engagement, combined with health intelligence and alignment with Government priorities and national health and disability strategies.

Input from recent community engagements, online feedback and planned engagement workshops will capture what we all want to say about health priorities for Te Tai Tokerau.

The development of the strategy will be inclusive of all health services, government agencies and local councils.

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Introduction

This document is an evolving piece of work that continues to be updated as the strategy is developed.

Your input is important.

This feedback will inform the basis for the health strategy for Northland.

Northland DHB is developing a strategy that describes how the health sector in Northland must transform to achieve equity and meet current and future challenges. We asked our communities and health workforce about their experiences and interactions with health services in Te Tai Tokerau.

This was undertaken through a series of community hui, clinical workshops and online submission between October 2019 through to February 2020. We have captured these conversations here under some emerging themed headings.

We welcome any further comment that you, our communities and health workforce, would like to contribute.

- Are there any gaps?
- Would you add anything further?
- Have you thought of any additional solutions to overcome the barriers and issues?

Please send any feedback to:
healthstrategy@northlanddhb.org.nz

Emerging Themes - What we Heard

The barriers and the opportunities: communities and service providers talk about their experiences of health services and wellbeing in Te Tai Tokerau.

Equity of Health Outcomes

Awareness and good intentions are not enough because inequities aren't changing.
The system needs radical overhaul – it needs to be rebuilt.

What people told us

- Most people now support change, but inequities persist so the system is still racist.
- Years of top-down approaches, tinkering, ad hoc changes and empathy haven't made any real difference for Māori.
- Bias isn't always conscious. Even with the right mindset and good intentions, inequities still persist.
- It's not just about health services, because the causes of health inequities lie in poverty and society.
- Northland DHB is genuine about wanting to address inequity, but the organisation has not made it part of the fabric or modus operandi. Maybe it is not yet mature enough?
- Māori working in health services are increasing in number, but still don't reflect the makeup of our population.
- Traditional practices and medicines are not acknowledged, valued and supported. If that changes we need to avoid capture by mainstream services.
- Lack of understanding about increasing cultural diversity in Northland.
- A lack of capability and training of the health workforce to respond to Māori need.

Solutions

- Give Māori resources and autonomy to design solutions that are best for Māori.
- Continue the public debate about Te Tiriti o Waitangi, colonisation and institutional racism so everyone comes to an understanding of what they truly mean.
- Comply with Te Tiriti in all areas of work, governance, management and day-to-day delivery of services.
- View and experience the health system through Māori eyes to see how it feels and understand the challenges they are faced with.
- Explore ways of making the voices of the most vulnerable heard and understood.
- More Māori are needed in senior roles, management and governance, because that's where decisions are made.
- Tap into networks out in communities, use bottom-up approaches, build on what already exists.
- Identify implicit bias and explore ways of reducing it.
- Work alongside Māori leaders (not just consult with) to design contracts to improve Māori health outcomes.
- Language should be strengths-based rather than always describing deficits.
- Flexibility to support the achievement of equity at an individual level, not just based on deprivation status.

Services for Rural Communities

Access to services – GPs, community services, hospital services – is hard for rural communities and it's getting harder.

What people told us

- Services have been increasingly centralised in Whangarei, so rural people have to travel more and more.
- There are many challenges people face when they have to travel distances to appointments.
- Public transport is seldom an option and is not very flexible.
- It is hard to see a GP because appointments are often not available until days or even weeks later. In the meantime, health conditions get worse.
- After hours services are limited or non-existent. If they are available rural people often need to travel long distances to see a doctor.
- There are fewer and fewer GPs around now because so many are retiring, and there's a high turnover of new ones. Building a trusting relationship with a family doctor who knows a person's history has been lost. It's frustrating having to repeat the same story over and over again.
- Limited services available to rural communities mean that rural community volunteers have to step in.

Solutions

- Provide the right resources to support people in communities to address the needs they identify, so that many basic needs can be dealt with locally.
- Acknowledge the unique needs of rural areas and develop relevant solutions. Provide more services in the community through mobile clinics and on marae so it is easier for people to attend them. "You come to us" rather than "we go to you".
- Support communities to keep aged care in their own communities.
- Telehealth is a great option for people in more isolated areas (that have internet coverage) to save a lot of travelling.

Social Determinants

A great deal of illness is caused by things we can prevent, but nowhere near enough effort is put into dealing with them. National and local government organisations in Northland could achieve a lot, but they don't work together enough or try innovative things.

What people told us

There is insufficient acknowledgement of the importance of, and lack of action on:

- alcohol
- tobacco
- sugar
- local agencies (local government, government departments)
- internet, social media
- prevention and early intervention.

- There are many challenges around poverty in Northland: poor quality housing, unhealthy social environments, lack of employment, drug and alcohol misuse.
- Poverty leads not just to poorer health outcomes but also stress and anxiety which are contributors to mental health and substance addiction issues.
- Those who can least afford it have the poorest health. The less they go to services the worse their health will get, and that only makes inequities worse. Financial barriers affect people accessing care – not just the cost of the service themselves but the cost of travel, time off work and so on.
- Agencies don't work together and combine efforts to make a difference.
- Our young people have services available at school to support them, however there is a gaping hole for youth in our community once they have left school.
- Remoter areas of Northland have poor internet coverage, so they don't have the same information and learning opportunities and won't be able to use new communication tools such as telehealth.
- It is hard to find healthy food choices that are affordable. Often the cheapest options are unhealthy ones.

Solutions

- Supportive communities are healthy communities, and isolation and loneliness have powerful effects on mood and health. Some communities already function well, but others need support and encouragement.
- The health sector should strengthen connections with government departments and local councils and together:
  - develop joint policies, practices and innovative cross-sectoral solutions to address social determinants
  - ensure health and wellbeing are considered in policy decisions, especially in local councils.
- Grow investment in public health to promote health (food, exercise), prevent ill-health (water quality) and encourage enabling and nurturing behaviours (traditional approaches, parenting). Make healthy choices the easy choices.
- Invest in youth health and wellbeing initiatives to prevent downstream issues. Have open discussion about the challenges they face.
- Communities feel strongly about some causes of ill health – especially alcohol, sugar, unhealthy food policies and housing – so Northland's organisations should advocate on our behalf to the government to change legislation.
- Employees of public sector organisations should set a healthy example.
- Learn from business and advertisers by using their savvy marketing techniques to get healthy messages across.

Demographics

> **Population growth and a population that is rapidly ageing and transient are putting additional demands on already stressed and overstretched services.**

What people told us

- Population growth and a rapidly aging population are putting additional demands and stresses on already overstretched services.
- During the summer the influx of visitors to the region causes a population explosion which makes it even harder for locals to access services.
- Large numbers of transient people come from the cities to Northland, placing pressure on services. Often they don't enrol with a GP, or can't because the books are full.
- Families newly arrived in Northland struggle to gain a foothold. Many of them can't even register with primary care because their books are closed, and this compounds equity issues.
- Northland DHB is funded according to its population, and because not everyone engaged in the last Census, the organisation got millions less funding than it should have.
- Places such as Mangawhai and Kerikeri are perceived, incorrectly, not to have vulnerable populations so they miss out on specialised services or funding goes elsewhere.

Solutions

- Encourage people to complete the next Census to boost Northland's funding.

Community Driven / Mobilise the Community

> **Recognise that communities already have many strengths. Empower communities to achieve wellbeing, and that will prevent or delay demands on services.**

What people told us

- Recognise that communities already have many strengths.

Solutions

- Support our communities to develop, grow and thrive.
- Listen to and involve us when policies are developed.
- Ask us about how the health system should be run differently.
- Create or support community solutions that are designed with us.
- Enable positive, healthy relationships and connected communities, to strengthen resilience and to help us to achieve change and be responsible for our own wellbeing.
- Encourage more public conversations and leadership within the community.

System Complexity

> **The health system is too complex, confusing and scary. It's hard to know where to find the right information or who to ask.**

What people told us

- It is difficult to understand and navigate the health system because pathways through it are cumbersome and complex.
- It's hard to find out what services are available, and when we want to know more we don't know where to look or who to turn to.
- The criteria about who gets treatment and who doesn't are unclear, and there are inconsistencies around who is entitled to what.
- After being told about a diagnosis and treatment plan, people are often left feeling confused and unsure about exactly what to do.
- People do not want to enter 'the system' because they fear they'll lose control.
- Health services across the system don't talk to each other – they operate in silos.
- Current privacy rules restrict the ability of full whānau support for patients.
- There aren't enough advocates for patients' rights. Processes for laying a complaint should be clearer.
- PHO/PHE boundaries are not clear in the south-east of Northland and that creates confusion and inconsistencies.

Solutions

- Make all the parts of the system work together better.
- Make processes simpler so people can understand them.
- Give us a single first point of contact to go to when we are unsure or need information.
- Employ Health Navigators who understand the system and can guide people through it.
- Reduce compliance demands on primary care.

Models of Care

**Everyone knows models of service are rigid and clunky, but little ever changes.
Models of service and funding are not equitable, appropriate, accessible, timely and holistic.**

What people told us

Service design

- The way the health system is currently structured is not working. Providers don't collaborate and their services are fragmented and aren't linked well.
- Services are available at times and locations that suit the services, not patients and whānau.
- Service structures are historic and aren't being redesigned with prevention (upstream, child, social/economic) in mind.
- Models of care are not designed to take account of the needs of people, communities and rural areas, and that only makes inequities worse.
- Good ideas are not spread. Services that aren't working well don't copy ones that are.
- GPs have capacity only for disease management; appointments aren't long enough for sufficient discussion around health promotion and improvement for their patients.
- Quality of care (including diagnosis) is inconsistent and seems to depend on individuals.
- Our practices are defined by our training. It is hard to think outside the model we work under.

Funding

- The DHB gets more than its fair share of funding. When it gets more money from the government it keeps the lion's share of it for itself and doesn't pass it on to NGOs.
- There is too much money going into hospital services and not enough upstream for prevention and early intervention.
- Funding models are inconsistent and uneven across the health sector. They often create the wrong incentives and don't help to improve equity.
- Target-driven funding doesn't shift the dial.
- Funding should be centred around patients or follow the patient, instead of just being given to organisations.
- Many people use alternative health practitioners because they contribute to health and wellbeing, but they are dismissed by mainstream services.

Solutions

Identify models that are working well and reproduce them in other areas.

Service design: involving the community

- Ask the community what their priorities are and how the system should be designed. Listen to the voices of those with lived experience and involve them in developing and improving services.
- Involve whānau in service planning, help them to understand the system and hold it accountable.
- Adapt services to meet the needs of each local community, and check in with us regularly.

Data and evidence

Data and evidence should be used to prioritise and monitor, and to support informed, rational decisions about service design, investment and disinvestment.

Use data to:

- improve equity
- improve responsiveness to consumers and communities
- demonstrate effectiveness of upstream, preventive initiatives
- take the politics out of decision making.

- Identify on what 'works' by concentrating on information that measures outcomes and shows how services are making a difference.
- Utilise technology – telehealth, multimedia, shared patient record – to create better outcomes for patients and improve efficiency.

Changing the approach

- Co-locate services into super clinics/hubs, and include a wellness focus.
- More home visits to improve access to services.
- Doctor-supported care rather than doctor-led care.
- More acceptance and use of natural and wellness remedies – don't discount.
- Holistic and rongoa practitioners should work alongside clinical practice and be funded.

Affordability

- Remove financial barriers for patients and whānau so cost is not a barrier to access (especially for poorer people).
- Investigate ways to make transport for patients more accessible, affordable and timely.

Workforce

There aren't enough staff across the health system to meet needs and there's no forward planning.

Staff are so busy and pressured that they don't have time to plan or improve services.

Power imbalances and lack of respect across professional groups hinder change.

What people told us

- There are long waits to access general practice because there aren't enough GPs to meet the need and they are hard to recruit and retain, especially in rural areas. Locums are used to fill gaps, but they don't know about the local area or the patients and whānau.
- The patient-doctor relationship is suffering, there isn't as much trust, people have to retell their story, and conditions are not treated early enough.
- Imbalance of power and lack of respect between professional groups and from management hinders decision making, reduces service quality, wastes effort, limits change and takes the focus off patients and whānau.
- Staff would love to have the time to take a preventive approach with patients and help them manage their health and wellbeing, but workload and other pressures prevent that, which adds clinical risk.
- High staff turnover means we are always training new staff, which makes it hard to maintain quality of care, experience, and cope with variety and complexity.
- Future workforce shortages are predictable locally and nationally, but there's no forward planning.
- Some professional groups are harder to attract to Northland.
- Slow recruitment processes hinder the ability to fill gaps and relieve pressures.
- Part-time health workers are not back-filled, causing gaps in the system.
- DHB has higher pay rates, so it attracts staff from other providers, leaving them with retention issues and skill shortages.
- Insufficient professional development opportunities for rural and non-DHB staff.
- Work pressures and lack of resources lead to more sick leave.

Solutions

- Plan workforce with an eye to the future to create a 'pipeline'.
- More flexible and diversified workforce roles would enable more effective care and use resources more efficiently.
- Train staff in all services to understand and adopt a kaupapa Māori approach and to improve communication with whanau.
- The composition of our health workforce at all levels should reflect our population. The workforce should come from our community if possible.
- Attract Northland clinical staff from outside the region back into Northland.
- Improve equity in skill development by making Northland DHB training available to NGO staff across Northland.
- Improve workforce planning for the annual summer population influx and develop a locum pool across all services in Northland.
- More listening and response by ELT and managers would improve morale in the workforce.
- Put feedback loops in place so individual voices are heard and valued.
- Address pay inequities across gender, and between Northland DHB and NGOs.
- Market Northland as an attractive place to come to.
- Live the values, embed them so they underpin everything.
- Adequately resource supervision and self-care to keep all staff well and healthy.

Communication

It is difficult to find out what's going on with my care – sometimes even my GP can't find out.

When I do get information it is confusing, full of medical jargon, and I feel unsure about what I should do next.

What people told us

- The referral system is inconsistently run and poorly communicated. Patients want to find out about progress on a hospital referral, but the GP doesn't have information from the DHB.
- Coming to a specialist appointment is hard because we have to arrange transport and childcare and so on. It is even harder when appointments are made at short notice and may only last for a few minutes, and we've had to take a whole day off.
- Specialties and departments within the DHB don't communicate well with each other, and people get lost in the system.
- Forms are confusing because they are complex and full of terms I don't really understand.
- Information from a specialist usually doesn't make sense because it is long, there are lots of technical words and the letters express things in such a complicated way.
- After going to hospital I feel unsure about what I should do to look after myself or what the future treatment plan is. I feel even more vulnerable than I was before.
- GPs identified other specific problems: many services fail to respond to requests for information from GPs; criteria around waiting times and specialist services are often unclear; they make the effort to be involved in surveys, pilot projects and reports but then don't hear anything back about them.

Solutions

- When we are given a hospital appointment, think of it from our point of view – how much notice we get, how far we have to travel, how hard it might be to arrange things, what time the appointment is.
- Improve health literacy throughout the system. Review the way we present language on forms and in clinical information.
- Simplify discharge letters by using bullets points instead of sentences, and plain language wherever possible.
- Improve communication between GPs and hospitals so everyone – including the patient – is clear about what is going on with their treatment.
- Improve the DHB's internal referral systems.
- Improve communication between PHE and GPs.
- Make policies, especially new ones, simple and easily understood by the average person. More information to explain policies.
- Use staff to transfer skills and knowledge to people in the community.
- Increase contact between ELT and frontline staff, especially in the community.

Collaboration Across the Health Sector and with the Community

Plans and projects to improve services don't involve all the providers, services and staff that they should.

Design services around what people tell us they need.

What people told us

- Many people don't engage with the system not because they don't care or don't want to, it's because services don't suit our needs and they don't listen to us.
- 'Invisible' groups such as youth especially need to be listened to because they have their own special characteristics that are different from the rest of the population.
- New services and models of care are designed with the best of intentions, but without enough discussion and collaboration with other service providers. There is no vision or future plan – for example what are they doing about the future GP workforce?
- Technology platforms and software are inconsistent across the sector, and that hampers information flows and quality of care.
- It is hard for providers to keep up with the latest developments in health services. We are all so busy and under-resourced that we have little or no capacity to do our own research or organise training.
- Silos between and within organisations waste time, resources, impede client flows and frustrate clients, whānau and staff.

Solutions

- Develop and strengthen health sector relationships, partnerships and pathways to create one system that's smoother for patients to negotiate.
- Talk to the community, listen well, and hear the lived experience. We'll tell you how to design services differently and better, and that will improve things for both sides.
- Take a co-design approach with communities and providers to improve existing services and design new models of care.
- Extend access to shared technology platforms such as MedTech to other health service providers.
- The DHB has the resources to make clinically focused hui available to all providers in Northland, and that would benefit the whole health system.

Attitudes and Approaches to Change

Everyone agrees the system needs to change, yet it doesn't encourage innovation and risk-taking.

What people told us

- New ideas aren't encouraged in case mistakes are made, yet taking risks and making mistakes is part and parcel of innovation.
- High-level aspirations aren't followed through into practice and policies are formed but not embedded or reviewed, so there's a disconnect between intention and practice.
- Too much is decided by feeling and opinion, who has the most influence or the loudest voice, and not by using data or evidence.
- Data is held within each provider when some of it might be beneficial to others.
- Organisations and people generally feel threatened by transformational change.
- Ministry of Health doesn't lead, advocate or show political will.
- Staff would like time to consider the way they practice and how they could improve quality, but the pressures of time and workload prevent that.
- Progress is hindered by insufficient respect, time, empathy, understanding, involvement at individual, whānau, community and organisational levels.
- Health professionals sometimes blame patients, disrespect them and don't listen properly.
- Policy development often fails to consider connection with other policies and unintended consequences.

Solutions

- Use data properly to make rational, evidence-based decisions.
- Share data across the system.
- Encourage new ideas and innovative approaches.
- Set aside a fund for really innovative ideas and solutions.
- Develop a climate in which risk-taking is okay.
- Professional groups should respect each other and keep in mind that everyone has something worthwhile to contribute.
- Mitigate power imbalances by changing leadership models and employing mindful and reflective practice.
- Give all staff training in project management and quality improvement.
- Use a rational, planned approach to change management.

Appendix 1 – Specifics about Services and Issues

The engagement we did for the Strategy focused mainly on high-level, big-picture issues that affect how the whole health system is designed and works. A lot of people commented on issues in specific services or issues which affect them. These are important and should not be lost so they are recorded here for those services to address.

Services for Māori

- Employ Māori to support Māori patients in the Emergency Department, especially at busy times, and to help navigate hospital services.
- Reinstate Kaumātua and Kuia Council to support Māori in hospital.

Primary Care

- Co-locate services, such as pharmacy and general practice.
- Use nurse practitioners and pharmacies more to help keep people at home and minimise impact on health services.
- Allow pharmacists to work at the top of their scope. Remove barriers to pharmacies offering new services.
- Expand MDT (multidisciplinary team) model throughout primary care.
- Improve access to primary care by offering services by telephone.
- Screening in primary care needs to reflect national priorities.
- Increase use of Green Prescriptions.
- More health improvement practitioners in primary care.
- Further embed Neighbourhood Healthcare Homes practices to free up time and resources.
- Neighbourhood Healthcare Homes practices get 20 percent more funding than non-NHH practices (most of which are smaller) which creates an inequity.
- Evening appointments with GPs so working people can attend. Northland DHB should take over all after-hours primary care to improve access and equity.
- Doctors should see patients within the context of their whānau.
- More GPwSI (GPs with special interest) would reduce demands on secondary care, though it would mean more training.
- Place second year house officers in Northland GP surgeries to help the workforce crisis.
- Simplify the criteria surrounding primary care to create less paperwork and bureaucracy, and more flexible patient care.
- Forego part of medical student loans to bond GPs for a time.
- Ministry of Health should fund incentives for GP rural recruitment.

Child and Youth Services

- Education sector leadership described a high mental health need among children but a lack of services to meet them.
- Youth clinics and counselling services are not equitably funded throughout Northland. Adolescents should not have to pay for these services.
- While services for youth exist in some schools and communities, for youth post-school there is often nothing (especially mental health support) – there's a gaping hole.
- Specific needs of youth (withdrawal spaces, neutral listening ear etc) aren't catered for.
- HEADSSS assessments should be done for all secondary students regardless of year level or decile.

Maternal Health

- Cost of services for pregnant women in primary care is a barrier. Some antenatal care has to be paid for, but all of it should be free.

Mental Health Services

- Change the way we describe mental health – mental wellbeing v mental distress.
- More preventive approach to mental health.
- Invest in mental health community-based solutions and review inpatient services approach.
- More support workers / support groups for people with mental health problems and their whānau.
- There is a lack of after-hours support services for mental health and suicide assessment.
- Crisis intervention and alcohol and drug facilities are underfunded, though there is growing need for such services.
- Insufficient accommodation options for mental health patients.
- More and better support for mental health patients after discharge.

Older People

- Access to Needs Assessment and Service Coordination takes months. The assessment process is long and complex.
- Communities told us they want to keep their older people local, near to what is familiar to them and close to whānau and the support they provide. They want to provide local age-related

residential care, but the system favours big providers because of economies of scale.
- Provide resources to enable older people to reside on or their near marae or community.
- More home-based care and support to keep older people and those who have long term conditions out of hospital.
- There is high demand for home-based support services and respite care, but the Ministry of Health subsidy for respite care covers only part of the cost.
- More home based support services would keep older people at home longer and reduce their need for health services, but you can't get these services unless you have a personal care need.

Disability

- Increase disability care services and improve facilities.

Allied Health

- Allied health resourcing needs to increase alongside medical services.

Screening

- Screening services sometimes are not culturally appropriate so people don't take them up.

Oral Health

- Unaffordable adult oral health services leads to poorer health.

Social Work

- More social work support in the community.
- Resources and funding for social needs such as budgeting.

Hospitals

- Follow-up services after discharge from secondary care are inadequate.
- Lengthy waiting times for specialist services and in the Emergency Department.
- Some people don't keep their appointments.
- Better post-discharge care to improve patient safety.
- Bring specialists to the community; have multiple specialists in one outreach clinic.
- Bring a group of people from one geographical area to specialist services.
- Discharge hubs as transition for patients returning to home – would need upskilling etc.
- Expand MDT (multidisciplinary team) model to throughout secondary care.
- Equipment
- Address gaps in assessment for and accessibility to equipment available from the DHB.

Palliative Care

- Gaps in expertise and equipment for generalist hospice care.
- Fund MOSSs (Medical Officers Special Scale) for palliative care.

Travel

- Travel reimbursement amount is too slow, process takes too long.

Trauma

- Identify and address trauma in individuals to recognise its fundamental role in influencing ill health.

Patient Support Groups

- Provide carer workshops for whānau support in the home. Facilitate patient support groups (eg pre-diabetes) to encourage the adoption of healthy behaviours.

Funding

- Fund NGOs and Māori health providers the same as the DHB and PHE. Show them they matter and show them respect.
- Consider different funding models that will motivate the right behaviours, especially for primary care.
- Primary care should be salaried to encourage preventive approaches and early intervention (which fee-for-service funding doesn't).
- Fund primary care across Northland via a formula (similar to the Population Based Funding Formula the Ministry uses to fund DHBs) so it is fairly distributed.
- Funding should follow patients. Funding should follow needs across the health sector.
- Shift 15 percent of secondary resources into the community.
- Abolish VLCA - Very Low Cost Access, so it doesn't benefit the wealthy.

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