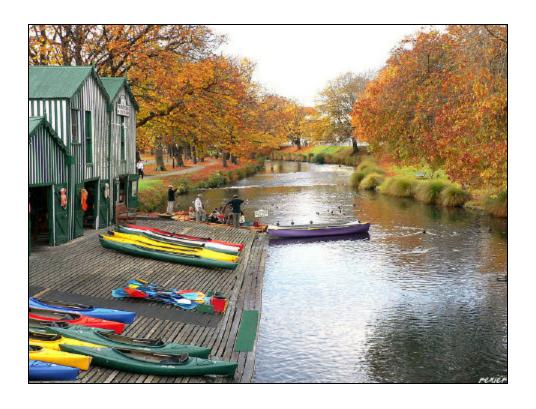
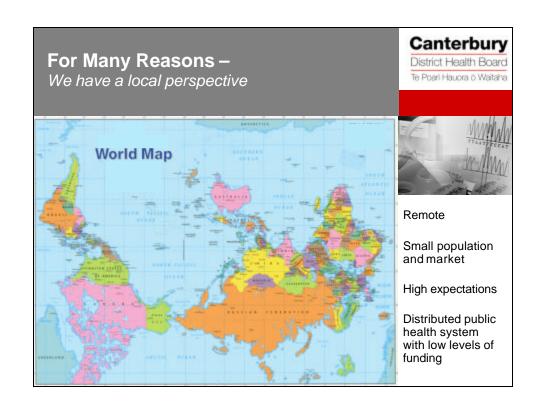


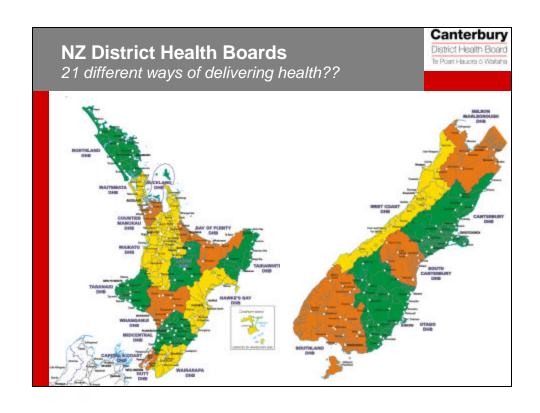
Creating a Proactive Management Culture Centred on Patient Care Across Multiple Hospitals (and Laboratories)

Trevor EnglishGeneral Manager, Hospital Support and Laboratories









NZ District Health Boards

Canterbury
District Health Board
Te Poart Hauces o Waltaha

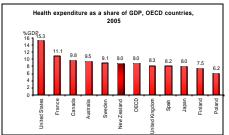
- 21 DHBs with a wide range in size and capacity
 - Base funding ranges from \$48m to \$870m
- · Devolved funding system 2001
- Cost \$12b
 - \$2b distributed by MoH Well Child, Maternity, <65 disability, NSU, Ambulance
- · Funding Hospital focused
 - \$2b to GP visits >18m visits p.a.
 - \$8b to Hospitals 700,000 discharges annually
- Research funding is relatively low
 - \$10 per head in NZ
 - \$35 per head in Australia

Northland Waitemata 516 Auckland 439 Counties Manukau 468 Waikato 355 Bay of Plenty 204 Lakes 102 Tairawhiti 45 Taranaki 107 Hawke's Bay 153 MidCentral 165 Whanganui 63 Hutt 141 Capital & Coast 282 Wairarapa 39 Nelson Marlborough 135 West Coast 32 South Canterbury 55 Otago 185 Southland 110

Source: Statistics NZ population projections, Sep 2007.

How Does NZ Compare?

Canterbury District Health Board Ta Poart Hauora & Waitah

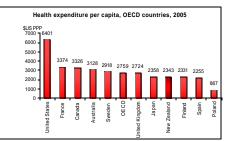


NZ spending level is ok:

- Spend at OECD average given GDP -
- Per capita spend is modest

NZ spending level:

- A lot less than our nearest neighbour
- Challenged by the size and capacity of the population
- Low personal spending on health



Health Expenditure Growth

Canterbury District Health Board Te Poert Hauora o Waltahi

We have the same drivers!

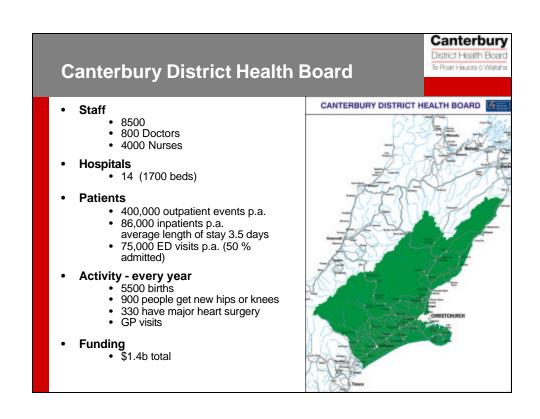
Demand side

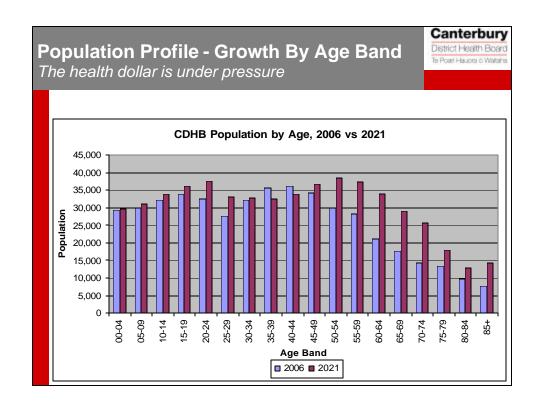
• Population health: rising obesity/chronic disease; disability? • Demographics: ageing and ethnicity factors; pop. growth • Expectations: rising age of median voter; technology fuels demand; rising incomes

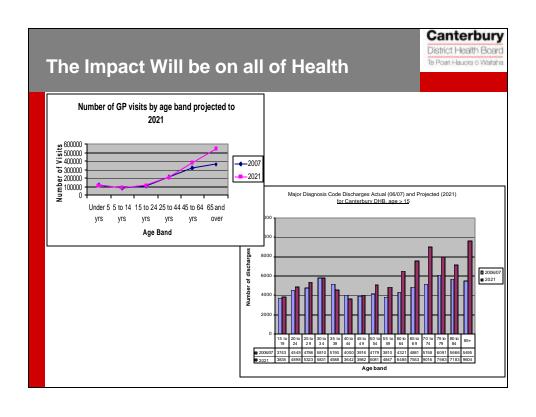
Supply side

Technology: keeps expanding beneficial scope of system Workforce: highly skilled; global; English-speaking market Models of care: determine hospital admission rates • Productivity: how to beat Baumol's cost disease?









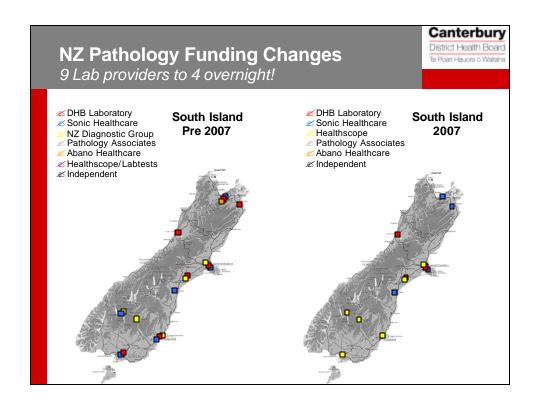
The Problem – Change is Coming



- Funding model changed by the Government (2004)

 Now they expect results
- Hospital & Specialist Services is growing and demanding more
- Emergency Department in public crisis for overcrowding
- The community sector is under pressure
- Demand across the sector continues to outstrip resources and this is expected to get worse





Our Chief Executive's View on NZ Health



- We punch above our weight internationally
- Improvement is occurring it's evolutionary (slow)
- Risks abound. The health workforce and NZ lifestyles need to be addressed urgently
- The next likely leaps forward
 - Fewer hospitals
 - Stronger primary and GP systems
 - Addressing non communicable disease
 - System wide coherence
 - Improved quality and reduced waste in variation