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# He mihi

Whakataka te hau ki te uru Whakataka te hau ki te tonga Kia mākinakina ki uta Kia mātaratara ki tai E hī ake ana te atākura He tio, he huka, he hau hū Tīhēi mauri ora. Cease the winds from the West
Cease the winds from the South
Let the breezes blow over the land
Let the breezes blow over the ocean
Let the red-tipped dawn come
With a sharpened air, a touch of frost,
a promise of a glorious day.

#### Tēnā koutou katoa,

It is with much pleasure to report on behalf of Te Rōpū Ārahi.

Te Rōpū Ārahi partners with the New Zealand Rural General Practice Network to enhance the achievement of the Network's objectives for equitable quality healthcare for rural communities.

Our purpose is to achieve 'well-being and flourishing Māori' by finding 'creative and innovative rural solutions' and support the Network to achieve its goals.

#### We do this by:

- Assisting the Network to actively align to the principles of Te Tiriti o Waitangi – partnership, participation and protection; and to support and promote the current and future rural health workforce.
- Developing a governance model that supports a bicultural approach to tino rangatiratanga.
- Ensuring staff members receive training and support to effectively engage with Māori.
- Assisting the Network to develop culturally responsive practices internally and within rural Māori communities that reflects its organisational tikanga and commitment to achieving health equity in rural communities.
- Assisting the Network to improve connections by facilitating the development of relationships with Iwi, Marae, Hapū and Whānau to achieve health equity outcomes.

On Wednesday 24 February 2021 the NZRGPN Board meeting was held at Pipitea Marae, Wellington. At the pōwhiri, Board Chair Dr Fiona Bolden, Chief Executive Dr Grant Davidson, new Board members and Network staff were introduced. The Board's joint publication *Tikanga Guide* was formally introduced and with Karakia and Waiata it was formally adopted. The advice and assistance of Skills Active Aotearoa in the *Tikanga Guide* is acknowledged.

In April 2021 at the Annual Conference of the NZRGPN, the Network and Te Rōpū Ārahi signed a *Kawenata*, a partnership agreement. This *Kawenata* signifies an agreement to work together in partnership to improve health outcomes for rural Māori and all rural communities. It strengthens our relationship and ensures we are working with a united voice for a better future for rural health.

Much has been accomplished and many have contributed to the demands throughout the year. Especially those front-line health workers who worked tirelessly for the benefit of many.

But new challenges lie ahead as we work towards an expanded and more inclusive organisation later in 2022 and the soon to be established Health New Zealand and the Māori Health Authority.

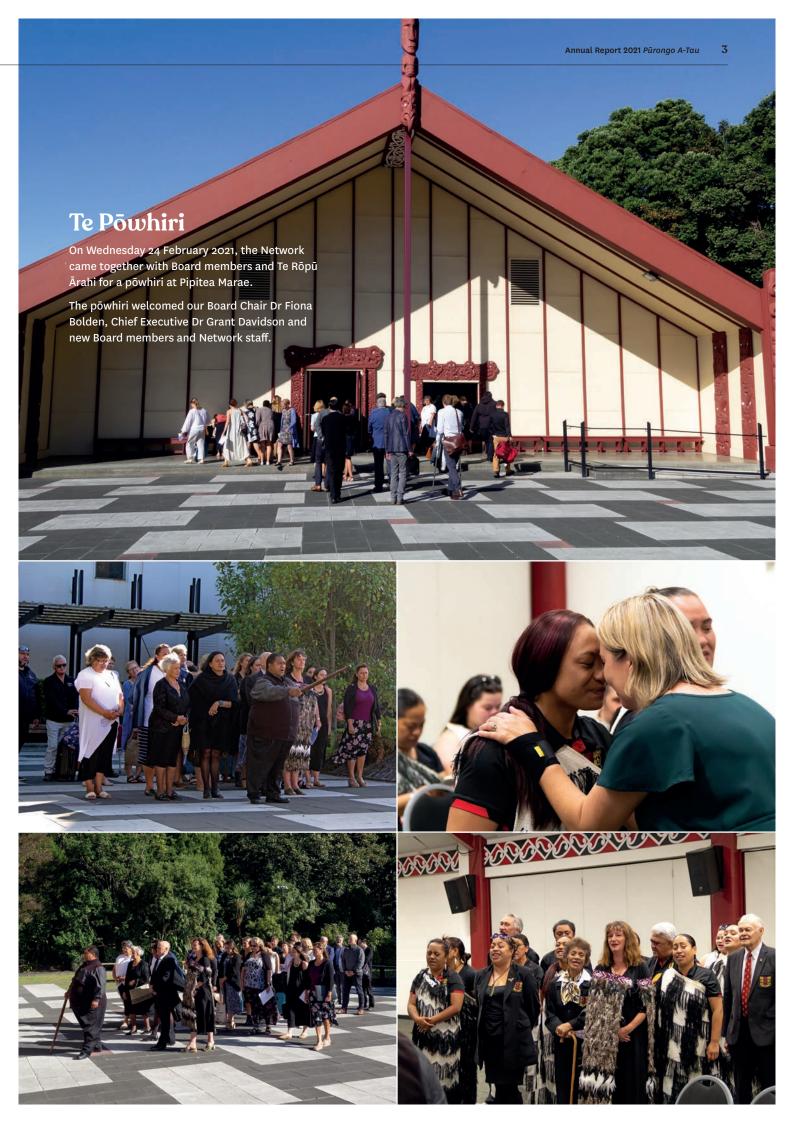
Ma te Atua koutou e manaaki.

Bill Nathan

Chair, Te Rōpū Ārahi

wender







# Chair's report Te pūrongo o te Tumu Whakarae

Kia ora koutou,

I write this report after another year of change and uncertainty with COVID dominating our work and lives. We've been swabbing potential COVID patients for over 12 months now and this year turned our focus to the COVID-19 vaccine and how this would roll out to our rural communities. It is still an ongoing challenge, but I am proud of the rural health workforce for your efforts to vaccinate and protect your communities as the next challenge of Delta heads our way.

I am mindful that the risk of burnout is higher than ever, and many of you including myself, are working overtime, afterhours, and sometimes for days or weeks on end to keep your communities healthy and safe. Your efforts do not go unnoticed.

At NZRGPN, we are committed to our vision of healthy rural communities. We are focused on four key priorities: being the united and trusted voice of rural health, growing our rural health workforce, improving health outcomes for rural Māori, and providing an excellent and sustainable service to our members.

#### A trusted and united rural voice

In recent years, NZRGPN has acknowledged the importance of being more inclusive of all those who work within rural health, including rural communities. We want to strengthen our rural voice whilst at the same time identifying and addressing individual issues relevant to each group. We believe that uniting with one voice is essential to the sustainability and growth of rural health care in Aotearoa.

At our AGM in May 2021, the Board put forward the proposal to members to form a new organisation named Hauora Taiwhenua Rural Health Network. This new organisation would allow the expansion of the Network, based on a commitment to Te Tiriti. The majority of members voted in favour of transitioning to Hauora Taiwhenua and since then we have begun developing the detail around the structure of the organisation.

#### Improve rural Māori health outcomes

We recognize that a key part to creating Hauora Taiwhenua is fulfilling our obligations under Te Tiriti. Hauora Taiwhenua has a partnership structure at its core and has built upon our longstanding relationship and guidance with Te Rōpū Ārahi. Before our recent AGM, the Board signed a

kawenata (partnership agreement) with Te Rōpū Ārahi as a declaration of our commitment to work with one another to strengthen our objective of equitable healthcare for rural communities. With Te Rōpū Ārahi, we have produced a Tikanga Guide for the Network and have been developing Tikanga training for Network staff. We aim to make this training available to all those in rural health in the future.

#### Grow the rural health workforce

We know that training rural people within rural places and by rural practitioners increases retention and expansion of the rural health workforce. We have continued to advocate for this but have been met with little support from the Government. Throughout the last 12 months, we have focused on promoting rural health careers in rural schools with the successful rural schools tour programme led and organised by the Network and Students of Rural Health Aotearoa (SoRHA). It is only with support from the Ministry of Health that we can run such a valuable programme and reach thousands of rural school students. Through this programme, our student voice continues to grow, and having student representation on our Board has proven to be invaluable.

#### Service to our members

NZLocums, our rural locum service continues to provide rural practices with both long- and short-term locums despite the huge challenges we have faced in bringing overseas locums into the country during the pandemic. We are fortunate to still be the only locum service that holds a contract from the Ministry of Health to provide this service, and this contract has been essential to supporting rural practices.

In addition, our Pandemic Emergency Roving Locums (PERL) contract, which provides multidisciplinary support to practices affected by COVID, has been a great way of giving practical help to practices. We are grateful to our pool of NZ based locums who have been part of this service. PERL was awarded the Blue Star award for Best Service at the 2020 New Zealand Primary Health awards, a fantastic achievement for the team.

To add to our recruitment work, our Ministry of Health Nurse Practitioner contract has enabled the team to recruit and place Nurse Practitioners for selected rural health providers. This contract is an important addition to our work to support chronically under-staffed practices, and to promote the role of nurse practitioners in rural New Zealand.

We continue to advocate in a broad range of areas on behalf of our members and along with Chief Executive Dr Grant Davidson and General Manager for Advocacy Marie Daly, we have prominent seats on the National Rural Health Advisory Group, the General Practice Leaders Forum, and National PRIME Committee.

Recently we welcomed Dr Jeremy Webber to our team as the Clinical Director for Rural Health who will help drive our advocacy and work particularly with the Transition Unit to ensure that rural has a specific place in the NZ Health Plan.

Over the last 12 months we have made more media appearances than ever before, bringing public attention to the challenges facing rural health. We have made a concerted effort to ensure your voices are heard and we will continue to speak loudly on behalf of rural health and rural communities.

One of my highlights in 2021 was coming together in May for a vibrant conference in Taupō, particularly after our 2020 Conference was cancelled. This event was incredibly informative and engaging and it was also a great time catching up with fellow colleagues in person.

I would like to end by thanking my fellow Board members, including Deputy Chair Dr James Reid and Secretary Rhoena Davis, for their support over the last 12 months. I especially want to thank Te Rōpū Ārahi, Bill Nathan, and my kaumātua Russell Riki. I also acknowledge and thank our Chief Executive, senior management team and Network staff who work tirelessly for our members and for the wider rural community.

Ngā mihi aroha,

**Dr Fiona Bolden** Chair





# Chief Executive's report

# Te Pūrongo o Te Tumuaki Whakahaere

It has been just over a year since I began my role as Chief Executive of the New Zealand Rural General Practice Network. Starting in the middle of New Zealand's first ever lockdown due to a major pandemic was an interesting time to be introduced to the health industry. I read everything I could about the Health and Disability System Review and the myriad of organisations and acronyms that are involved in health delivery and policy in New Zealand.

I have always made a pledge to myself to only work for organisations where I believe both in the work that they do, and where I think I can make a difference. Having worked and recreated in many rural areas in New Zealand, and around the world; there was no doubt that I had a strong belief in the need for a strong and equitable rural health system. It became my challenge to positively impact that outcome.

Coming into the organisation I was immediately taken by the passion of the Board, staff and members. I would like to acknowledge former Chief Executive Dalton Kelly for passing over an organisation that was in good financial health and backed by a strong team who worked hard for its members.

The Board made it clear that their priorities were to progress their efforts to consolidate the rural health voice under a new cooperative structure, move towards an organisation and Kaupapa that supported a Te Tiriti approach to its work, and continue to meet the needs of its members who were stressed, understaffed, underresourced and undervalued by the health system. Easy!

The first thing I did, when lockdown eased, was to tour rural New Zealand, visiting rural practices and rural hospitals, to talk to our members about what they did, what their stressors were, and what we could do to help. Thanks to those doctors, nurses and administrators who gave me some of their valuable time and insight into what it is like to work in rural health. The information and insights shocked and motivated me.

After twelve months in the role, what am I most proud of? Several things come to mind that we, as a very small and dedicated team, have achieved together.

We have acknowledged the role of mana whenua by working with our kaumātua group, Te Rōpū Ārahi, to welcome both Fiona as Chair of the Network, and me as new Chief Executive, through pōwhiri at Pipitea Marae.

We have worked with Te Rōpū Ārahi, staff and my former colleagues at Skills Active Aotearoa to develop and publish a Tikanga Guide for the Network, so that we could start a journey of learning to walk in partnership with tangata whenua in all that we do.

We signed a kawenata with Te Rōpū Ārahi to recognise an agreement to work in partnership, honouring the principles of Te Tiriti o Waitangi, in order to enhance health and wellbeing in rural communities throughout Aotearoa.

We worked with our partners (hospitals, nurses, communities, and students) and Te Rōpū Ārahi, to codesign a structure and constitution for a new collective organisation that could unify and strengthen our voice for rural health and wellbeing with government and others.

We were gifted the name, Hauora Taiwhenua Rural Health Network, as a flag under which we could promote our unifying voice.

We travelled the country, visiting rural practices and communities, to get their thoughts on transitioning to a collective organisation and being welcomed and given the clear message, that if it will make a difference, get on with it.

We presented the final concept of Hauora Taiwhenua to members at the AGM in May 2021, the majority of whom mandated the move forward with acclaim.

We analysed the Health and Disability System Review and developed some clear advocacy points for rural health including workforce, sustainable funding, Māori health outcomes, digital connectivity, and a rural health plan.

We got in front of politicians pre- and post-election to clearly advocate for these priorities.

We arranged webinars to engage members with politicians and health officials on key subjects affecting rural health.

We supported rural practices through the COVID planning and management phases. This included negotiating and managing a Ministry funded Pandemic Emergency Roving Locums (PERL) initiative which resulted in 113 locum placements being made to relieve a tired and stressed workforce.

We negotiated the engagement of a rural health expert to join the Ministry's COVID Vaccination Immunisation Programme with the appointment of Thames-based Dr Jared Green.

We worked with the collective of PHOs keenly interested in rural health, led by Helen Parker of Pinnacle PHO, to jointly fund a Clinical Director of Rural Health, to drive efforts in giving coordinated rural clinical input into the Health Reforms. This resulted in the appointment of Dr Jeremy Webber based in Taupō.

We worked with volunteer students from SoRHA (Students of Rural Health Aotearoa) to visit over 100 rural secondary schools and kura, promoting health and wellness careers.

We showed over 5000 students that health careers are possible for anyone in a rural school.

We supported the work of a team from Otago University to develop a Geographical Classification for Health that will finally allow us to get definitive data for key rural health metrics – to hold agencies to account for equitable health outcomes in the future.

You can see that our team have been incredibly busy – and that our work has resulted in tangible outcomes.

I want to acknowledge the whole team: our staff, our Board and Te Rōpū Ārahi. None of this would have been accomplished without all parts contributing to the whole. Bill Nathan, as our kaumātua, has been instrumental in his guidance and considered approach to challenging conversations that have resulted in positive change.

I am looking forward to seeing how we can drive further change in the year ahead to make the most of the opportunities afforded by the Health Reforms. We are getting one chance at making sure rural health gets its rightful focus in these reforms. I believe we are well positioned to make that voice heard loudly and clearly!

**Dr Grant Davidson**Chief Executive



We work with...

# 4 partner organisations

Rural Health Alliance Aotearoa New Zealand (RHAANZ), Rural Hospital Network (RHN), Students of Rural Health Aotearoa (SoRHA), Rural Nurses New Zealand (RNNZ)







**22** 

stakeholder organisations



235
rural
schools



General Practice Leaders Forum (GPLF), National Rural Health Advisory Group (NRHAG), National PRIME Committee

# Who we are

### **Our staff**

### Tō tātou kaimahi

#### **Denise Brennock**

Finance Manager

**Christy Lange**Relationship Manager

NZLocums &
NZMedJobs Team

Rebecca Alo Executive Assistant

and Board Secretary

Marie Daly General Manager Advocacy

Angie Rahme Relationship Manager NZLocums & NZMedJobs Team

Jason Ng
Recruitment Co-ordinator
NZLocums &

NZMedJobs Team

Rumer-Grace Archer Communications Advisor

Luke Baddington Senior Relationship Manager NZMedJobs NZLocums &

NZMedJobs Team

Project Coordinator NZLocums & NZMedJobs Team

Linda Reynolds

General Manager

Membership Services

**Esther Maxim**Rural Health Careers
Programme Coordinator

**Dr Grant Davidson**Chief Executive

Jacinta Sanders General Manager Workforce Recruitment NZLocums &

NZMedJobs Team

Jenny Butt Senior Relationship Manager NZLocums & NZMedJobs Team

Not present at time of photo:

Dr Jeremy Webber | Clinical Director, Rural Health
Debra Wilson | Relationship Manager, NZLocums & NZMedJobs Team
Ayumi Sakakibara | Programme and Events Coordinator, NZLocums & NZMedJobs Team

Melissa Sommerville

# **Our Board**

# Tō tātou poari

Wilson Mitchell Student Sub-Committee Co-Chairperson

> Dr James Reid **Deputy Chairperson**

Dr Kyle Eggleton North Island Representative

> **Ray Anton** Treasurer

.....

Kristi Daniel Western Middle North Island Representative



Francis Bradley Student Sub-Committee Co-Chairperson

**Rhoena Davis** Secretary

> **Rhonda Johnson** South Island

Dr Fiona Bolden Chairperson

Representative

Judith Macdonald Southern

North Island Gemma Hutton Representative Northern South Island

Representative

Not present at time of photo:

Dr Grahame Jelley | Northern North Island Representative Dr Rory Miller | Eastern Middle North Island Representative Dr James MacMillan Armstrong | Southern South Island Representative

# Covid-19 response Te whakautu kōwheori-19

Over the last year, we have witnessed the unpredictability of life with COVID-19. We've seen alert levels fluctuate, case numbers rise and fall, and the threat of the Delta variant loom over us. The responsibility of managing this within rural communities has been immense and has fallen largely on General Practice.

Our rural practices and health professionals stepped up to this challenge. They've adapted to providing telehealth consultations overnight, donned PPE gear, set up drive through testing centres, delivered vaccinations in carparks, created red and green zones in their practices, all while providing ongoing day-to-day and emergency healthcare, being on call, and managing virtual and in-person consultations. Many of our practices have also been doing this while seriously understaffed and overworked.

Our general practices across the country, both urban and rural, have shown incredible commitment and resilience over the last year and continue to go above and beyond to protect their communities.

We are proud to walk alongside them and work together to shape a better future for rural health.



COVID-19 testing centre wellington (source: Wikimedia Commons, CC 4.0 license Photographer: Ballofstring)



# **Our Strategy**

#### Tō tātou Rautaki

Our Strategic Plan 2019-2021 outlines our strategic priorities and the work we intend to do to achieve them. This plan will help us make our vision of healthy rural communities a reality.

#### **Our Vision**

Healthy rural communities

#### **Our Strategic priorities**

#### Improve rural Māori health outcomes

We are doing this by working in partnership with Te Rōpū Arahi to improve our engagement with Māori in everything we do.

# Grow our rural health workforce from within the heart of rural New Zealand

We have built on existing relationships and developed new ones so that we can work together to address the rural health workforce crisis.

Encouraging young New Zealanders to take up a rural health career is a key focus of this work.

# Provide excellent and sustainable service to our members

We are optimising benefits to our members from the continuity and excellent delivery of our NZLocums contract with the Ministry of Health.

We take advantage of opportunities that arise from our existing relationships and expertise.

We provide a platform upon which our members are informed about, and able to discuss and collaborate on issues that are important to them.

#### Be the trusted and united voice of rural health

We are fostering a culture of partnership, effective governance and robust constitutional processes that will underpin a united and trusted rural health voice.

We aim to be the source of soundly based views and advice on issues that are important to our members and the communities they serve.

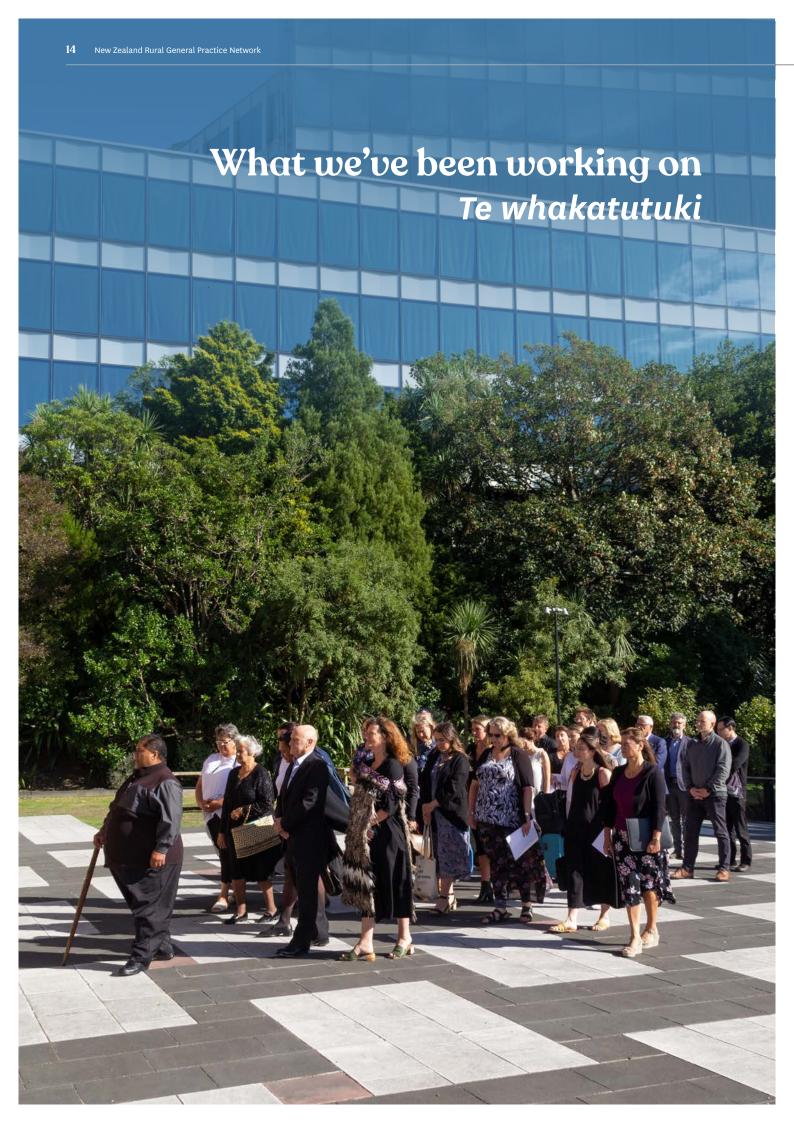












# Improve rural Māori health outcomes

# Whakapai ake i ngā hua hauora Māori

The Network works in partnership with its Treaty partners, Te Rōpū Ārahi as part of our commitment to enacting the principles of Te Tiriti o Waitangi.

Te Rōpū Ārahi and our Kaumātua provide wisdom and guidance to enable us to meet these obligations and achieve our goal of equitable health outcomes for Māori.

#### Tikanga Guide

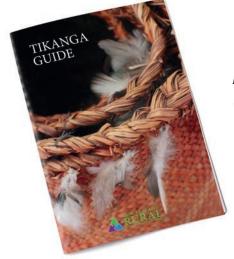
In 2020, the Network worked with Te Rōpū Ārahi to produce a Tikanga guide for staff and the Board. This guide contains information to support staff who seek an understanding of Te Ao Māori, the Māori worldview, and will empower them to use those tikanga principles within their work.

Our familiarity with tikanga will help us to work with our Māori communities, patients, co-workers as well as national and local leaders.

#### **Kawenata Signing**

In April 2021, the Network and Te Rōpū Ārahi signed a Kawenata, a partnership agreement.

This Kawenata signifies an agreement to work together in partnership to improve health outcomes for rural Māori and all rural communities. It strengthens our relationship and ensures we are working with a united voice for a better future for rural health.



### Mā whero mā pango ka oti ai te mahi

With red and black the work will be complete





Te Rōpū Ārahi

# Grow our rural health workforce

### Whakanuia a maatau kaimahi hauora taiwhenua

#### Rural Health Careers Promotion Programme

Our Rural Health Careers Programme, run in partnership with Students of Rural Health Aotearoa, underpins our efforts to grow our rural health workforce and address the rural health workforce crisis.

Over the last year, we have promoted rural health careers through rural schools' trips, noho marae, practice visits, career expos and conferences. These activities target rural tertiary and secondary school students, and particularly rural Māori students, to encourage them to pursue careers in rural health. Promoting rural health careers to students is a vital part of our long-term solution to the rural health workforce crisis and will ensure we have a strong and sustainable future workforce.









#### **Rural School Trips**

The rural school trips are the foundation of the Rural Health Careers Promotion Programme, involving groups of tertiary students touring rural regions to visit rural schools and host interactive health career workshops with pupils. This initiative has proven to be invaluable for rural school pupils in engaging them in discussions about their futures and the health career pathways available to them.

# Sixth-year medical student rural placements

In 2021, the Network jumped on the opportunity to promote rural general practice to sixth year medical students who couldn't travel overseas for their 12-week placements due to COVID-19.

Working with RHAANZ, Mobile Health and the University of Otago, the Network put together rural placement offers that included the opportunity to spend time in a rural hospital and the Mobile Surgical Unit, along with time in a rural practice.

These placements aim to give students positive experiences of work and life in a rural practice and community to increase the likelihood of them choosing to work in a rural area after they graduate.

66 One of the most valuable things I've learnt is that medicine is not just about diagnosis and treatment. It's things that you learn by being in the environment. 99

Jeremy Chua spent 12 weeks in 2021 split between Otautau Medical Centre, Dunstan Hospital and in the Mobile Surgical Unit.





# Our key achievements...

Media **Mentions** 

























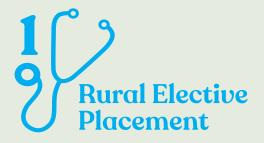


of Health



















### Provide excellent and sustainable service to our members

### Whakarato ratonga pai me te pumau tonu ki o tātou mēma

#### Advocating on behalf of rural health

Our advocacy has focused on issues most important to you and our vision of healthy rural communities.

We are committed to listening, questioning, analysing and responding to the issues that impact on the health and wellbeing of rural general practice and rural communities.

Over the past 12 months we have made the call to government for the issues facing rural health to be addressed. We have done this through our rural-proofing the Health & Disability System Review document, our Rural Health Election Manifesto, and the Briefing to the Incoming Minister.

We also hosted a political panel webinar with the four major political party health spokespeople and hosted National Party Spokesperson for Health Dr Shane Reti to announce the National Party's health policy.

Earlier this year, Health Minister Andrew Little opened our National Rural Health Conference and spoke about the Health Reforms and the opportunity for addressing and improving rural health outcomes.

During Conference, Associate Health Minister Peeni Henare introduced the new Māori Health Authority and a political panel provided the opportunity to talk about the Health Reforms in more depth from a rural perspective.

Our key opportunity to advocate for rural communities lies in the upcoming consultation over how the detail of the reforms will be shaped and implemented by the Transition Unit. Our ongoing focus is ensuring our rural voice is heard in those key discussions and that our key priorities are addressed.

#### **Uniting against COVID-19**

We have focused our COVID-19 response on continuing to provide locum support so stressed rural health professionals can take a break. We have advocated strongly to overcome barriers in the way of bringing international doctors into the country including border closures, costs of managed isolation, and the lack of managed isolation availability.

Our advocacy has helped extend the border exemption for critical health workers, allowing us to bring international doctors into the country until March 2021 and beyond.

With the COVID-19 vaccine roll out kicking off early in 2021, we have supported our practices to become vaccinating clinics by sharing advice and information through webinars and keeping members up to date with regular announcements. We have ensured specific rural issues are communicated back to the Ministry of Health, and we continue to share information and advice with members through different channels.

# Taking a community-focused approach to vaccination He waka eke noa | We're all in this together

Pihanga Health in Turangi put their community at the heart of their approach to delivering the COVID-19 vaccination.

After being involved in Group 1 and 2 vaccinations, the practice adapted their process for the rest of the rollout to ensure it worked effectively for their community.

Alongside Lakes DHB and Tūwharetoa Health, they ran a Community Vaccination Hub over several weekends during which they managed to deliver 4,500 doses.

Following this, the practice began its own vaccination clinic on a Thursday evening to continue delivering vaccines.

Practice Manager Hilary Morrish-Allen says they focused on creating an atmosphere of manaakitanga for their community.

"So we have to make it really welcoming, we have to make it very much a part of a social aspect for our community," she says.

"Tea, coffee, biscuits, a lot of people to talk to, to keep people comfortable."

They also took an approach that reflected the size of their small rural community, which meant vaccinating everyone right from the beginning.

"We were staying focused on the outcome - to get as many people in our community double vaccinated as we could."

#### **Pandemic Emergency Roving Locums**

The Pandemic Emergency Roving Locums (PERL) initiative, established at the beginning of 2020, has been vital in enabling us to provide critical and urgent support to rural practices effected by the COVID-19 pandemic.

The Network has advocated for extensions of this funding to allow us to provide ongoing support and in acknowledgement of the fact that the effects of COVID-19 restrictions can be felt by practices long after they are present.

#### **PERL wins Best Service Award**

The New Zealand Rural General Practice Network was proud to receive the Blue Star Award for the Best product/service or campaign for our PERL services at the New Zealand Primary Healthcare Awards in May 2021.

This award recognises the dedication of the Network, NZLocums, and our locum doctors to our rural practices and communities during a time of uncertainty and we are all very proud to have received this award.

We received 92

**PERL Applications** 

We made 113
PERL Placements



#### Peter Snow Award 2021

Kerikeri GP and Board member Dr Grahame Jelley was announced as the 2021 recipient of the Peter Snow Award.

The Peter Snow Memorial Award recognises an individual for their outstanding contribution to rural health either in service, innovation, or health research.

Grahame was nominated for his service as a rural General Practitioner and his dedication to rural health for more than 30 years. Grahame is known to have a kind and supportive manner with all the staff he works with and those he cares for, and his rural perspective is also acknowledged and appreciated by all.

"I've worked with Grahame during my career as a GP and from my experience he is an incredibly kind and genuine person and is very deserving of this award."

- Dr Fiona Bolden.



# Former Board member recognised with New Year Honour

Among 13 doctors receiving New Year Honours in 2021, former Network Board Chair and longstanding GP and leader Dr Tim Malloy was named an Officer of the New Zealand Order of Merit for services to health.

Dr Malloy has been a dedicated rural GP for more than 30 years and has been involved in practice leadership through the New Zealand Rural General Practice Network since the early 1990s.

As former Chair of the Network, Dr Malloy has overseen the development of the NZLocums scheme, the PRIME (Primary Response in a Medical Emergency) scheme and the ACC Rural contract.

In 2020, Dr Malloy launched the new General Practice Owners Association (GenPro), which he chairs.

He is a director and shareholder of Coast to Coast Health and is currently based as a GP at Wellsford Medical Centre, where he and his colleagues have developed a virtual multi-disciplinary integrated family health service to provide high-quality primary care to the local community.

Dr Malloy has been a powerful advocate for primary and rural health care, his patients, and GPs throughout New Zealand and is dedicated to ensuring rural communities receive more equitable access to health services.

Photo: Mahurangi Matters





# National Rural Health Conference 2021

# Huihuinga hauora taiwhenua

We were delighted to host the National Rural Health Conference at Wairakei Resort in Taupō in April 2021.

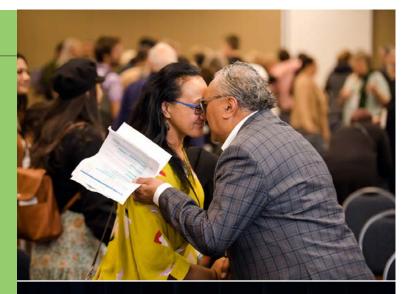
This was the first time in 18 months that rural health professionals were able to get away from their practices and communities, share stories, experiences, network, learn from each other and let their hair down.

It was a special and memorable experience for all and highlighted the power of meeting together kanohi ki te kanohi, face to face.

He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata

What is the most important thing in the world?

It is people, it is people, it is people









#### **NZLocums Achievements**

Our NZLocums team have driven our recruitment service to New Zealand rural practices over the last 12 months despite the barriers they faced bringing international doctors into the country due to the pandemic. They have shown incredible perseverance to deliver on our contract with the Ministry of Health and provide vital support for our rural health services.

In November 2020, we expanded our specialist recruitment knowledge into GP urban recruitment and started recruiting other positions such as practice managers; and hence we created NZMedJobs. Our team are now known as NZLocums & NZMedJobs.



Sheryl Eden is the first Nurse Practitioner recruited as part of this contract and has been placed at Tuatapere Medical Centre where she has been making a positive impact in the practice and community.

#### **Recruiting Nurse Practitioners**

Our Nurse practitioner recruitment initiative has been a valuable way of providing permanent support to rural practices.

Throughout 2020 and 2021 our NZLocums team successfully placed three full time Nurse Practitioners and two part time Nurse Practitioners in Kokiri Trust Taumarunui, Toi Ora Ōpotiki, Waiau Trust Tuatapere, Ngati Hine Trust Kawakawa and Coromandel Family Health.

This work was done as part of our Nurse Practitioner contract with the Ministry of Health which aims to promote the Nurse Practitioner role and to help grow the Nurse Practitioner workforce in New Zealand.



#### Our performance

#### **Rural Recruitment Service**

We assist eligible rural health providers with recruitment of long-term and permanent Rural General Practitioners and Nurse Practitioners.

PLACEMENT TARGET 2020/21

PLACEMENTS MADE 2020/21



70

**57** 

#### Rural Locum Support Service

We ensure that eligible providers can access up to two weeks locum relief per 1.0 FTE, per annum.

PLACEMENT TARGET 2020/2021

PLACEMENTS MADE 2020/2021



90%



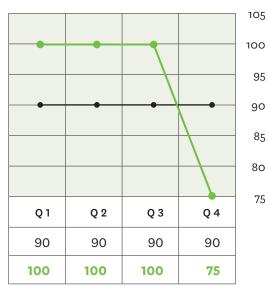
96%

NUMBER OF PLACEMENTS

#### **LONG TERM PLACEMENTS**



#### **SHORT TERM PLACEMENTS**



#### Length of locum placements

LESS THAN 3
MONTHS

3-12 MONTHS





### Be the trusted and united voice of rural health

# Te reo pono me te kotahitanga o te hauora taiwhenua

#### Hauora Taiwhenua

The Network Board developed the idea for Hauora Taiwhenua Rural Health Network in collaboration with other rural health groups. This acknowledges the increasing priority of being a united and trusted voice for rural health.

During a time of contestable funding and an increasing number of health-related voices, along with a multitude of other challenges facing the rural health sector, the Board grappled with how best to position the Network to ensure it continues to have a powerful and united voice.

The Board introduced to members at the November 2020 AGM the proposal to establish a collective organisation with our rural health partners named 'Hauora Taiwhenua Rural Health Network'.

#### Member Roadshows

In January and February 2021, the Management team supported by local board members visited members in over 30 locations to discuss the proposal to establish Hauora Taiwhenua Rural Health Network.

The feedback from our members was incredibly valuable and we received a wealth of support for the proposal to form Hauora Taiwhenua Rural Health Network.

The majority of feedback was a strong message from our members, new and old, to 'just get on with it! 99

#### Green light for Hauora Taiwhenua

At the AGM in May 2021, there was a huge show of support from members, the majority of whom voted in favour of the proposal to form Hauora Taiwhenua Rural Health Network.

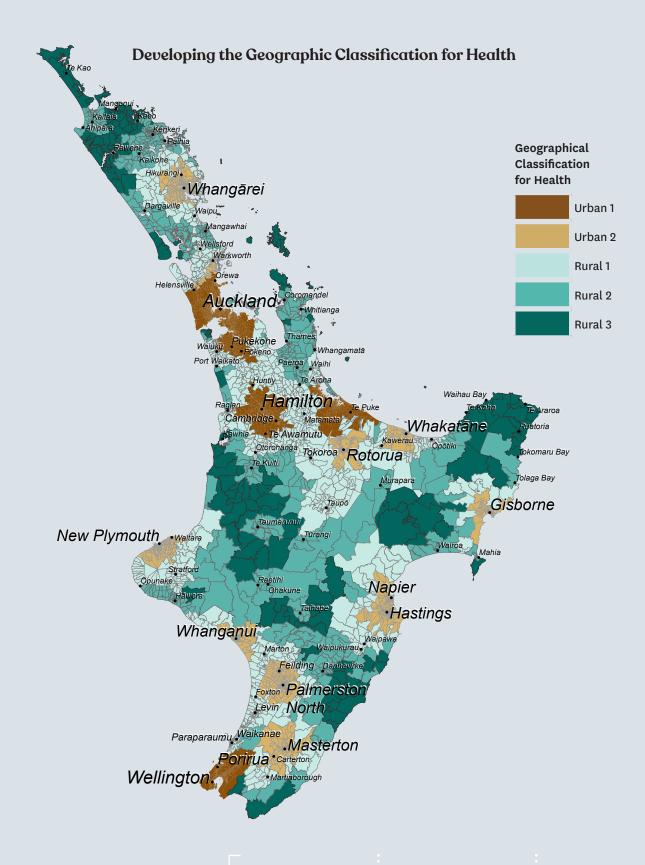
This is a significant step in the evolution of the Network and builds on the strong legacy created by previous members and officers of the Network.

Members will be asked to support the permanent transition to Hauora Taiwhenua Rural Health Network when the Board report back on the transition progress at the AGM in 2022.









Breakdown of rural practices and their registered patients by rurality

#### Rural 1

97 rural practices 429,572 patients

**59%** of rural patients

#### Rural 2

75 rural practices 265,407 patients

**36%** of rural patients

#### Rural 3

22 rural practices 33,175 patients

5% of rural patients

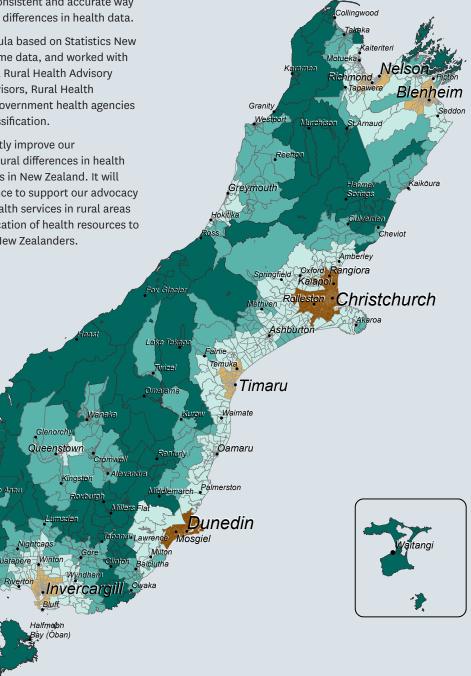
Throughout 2020 and 2021, Network member and Associate Professor Garry Nixon from the Department of General Practice and Rural Health at the University of Otago has led a significant project to develop a Geographic Classification for Health (GCH).

The GCH will aim to provide a consistent and accurate way of identifying urban versus rural differences in health data.

Garry and his team used a formula based on Statistics New Zealand population and drive time data, and worked with the Ministry of Health's National Rural Health Advisory Group, Academic and Māori advisors, Rural Health professionals, and a variety of government health agencies to produce a fit for purpose classification.

This classification will significantly improve our understanding of urban versus rural differences in health outcomes and access to services in New Zealand. It will ultimately provide sound evidence to support our advocacy for more equitable access to health services in rural areas and inform more equitable allocation of health resources to better meet the needs of rural New Zealanders.

The report outlining the GCH and its development is available online at: https://blogs.otago.ac.nz/rural-urbannz/methodology-report-on-the-gch/



Total 194 rural practices

**728,154** patients

The GCH has enabled the Network to better understand the communities our rural general practices care for.

# **Financial Statements**

# Summarised Statement of Financial Performance\*

For the year ended 30 June 2021

	2021	2020
Income		
Income Received	5,706,853	4,837,473
Less: Direct Costs	2,782,810	2,517,822
Gross Profit	2,924,043	2,319,651
Less: Expenditure		
Amortisation	5,449	5,116
Audit Fees	4,200	11,150
Legal Fees	19,813	17,723
Depreciation	19,589	28,482
Kiwisaver Employer Contribution	47,736	50,259
Long-term Employee Benefits	4,954	6,192
Rent	156,528	156,527
Salaries & Wages	1,523,617	1,398,403
Advertising	67,823	163,191
Conference & Trade Shows	197,496	61,464
Other Expenses	556,585	499,372
Total Expenditure	2,603,790	2,397,879
Net Surplus/(Deficit)	320,253	(78,228)
Total Comprehensive Revenue and Expense	320,253	(78,228)

#### **Summarised Statement of Financial Position\***

For the year ended 30 June 2021

	2021	2020
Equity		
Accumulated Funds Account	2,865,830	2,545,577
Total Equity	2,865,830	2,545,577
Represented By:		
Current Assets	4,948,417	4,751,809
Fixed Assets	51,753	69,752
Intangible Assets	38,538	43,987
Total Assets	5,038,708	4,865,548
Current Liabilities	2,172,878	2,319,971
Total Liabilities	2,172,878	2,319,971
Net Assets	2,865,830	2,545,577

# **Financial Statements**

#### Summarised Statement of Cash Flows\*

As at 30 June 2021

	2021	2020
Cash Flow from Operating Activities		
Cash was provided from	5,450,415	6,807,495
Less: Cash was applied to	5,092,094	5,045,964
Net Cash Inflow/(Outflow) from Operating Activities	358,322	1,761,531
Cash Flow from Investing Activities		
Less: Cash was applied to	(123,507)	1,634,611
Net Cash Inflow/(Outflow) from Investing Activities	123,507	(1,634,611)
Net Increase/(Decrease) in Cash and Cash Equivalents	481,828	126,920
Cash and Cash Equivalents at the Beginning of the Year	468,789	341,869
Cash and Cash Equivalents at the End of the Year	950,617	468,789

#### Summarised Statement of Changes in Net Assets/Equity\*

For the year ended 30 June 2021

	2021	2020
Balance at the Beginning of Year	2,545,577	2,623,805
Net Surplus / (Deficit)	320,253	(78,228)
Net Assets/Equity at the End of Year	2,865,830	2,545,577

<sup>\*</sup> The above financial information has been extracted and summarised from the 30 June 2021 audited accounts of the New Zealand Rural General Practice Network, for which an unmodified opinion was issued. The summary financial report does not provide a complete understanding as provided by the full financial report of the financial performance and financial position of the entity adopted on 25 November 2021. The data represents the performance of the New Zealand Rural General Practice Network activities. A full set of accounts is available to Members of the Society upon request to the Chief Executive.

**Dr Fiona Bolden**Chairperson

Treasurer

Vlay Ant

Dated: 25 November 2021

#### Notes to the Financial Statements

#### Statement of Accounting Policies

For the year ended 30 June 2021

#### **Statement of Compliance**

These Financial Statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice ("NZ GAAP"). They comply with the Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR"), as appropriate for Tier 2 not-for-profit public benefit entities. NZRGPN qualifies as a Tier 2 reporting entity as for the current and prior periods has had between \$2m and \$30m operating expenditure and does not have public accountability. These Financial Statements were authorised for issue on 25 November 2021 by the Executive Board. The Summary Financial Statements are compliant with PBE FRS 43.

#### Functional and presentation currency

The Financial Statements are presented in New Zealand dollars (\$) which is NZRGPN's functional and presentation currency. All financial information presented in New Zealand dollars has been rounded to the nearest dollar.

Covid-19 Covid-19, a new virus worldwide, has resulted in the New Zealand Government declaring lockdowns for non-essential businesses and organisations during and after the year ending 30 June 2021. The full financial statements can be referred to for a description of the effects of Covid-19 on the NZRGPN. The Board considers there will be minimal financial impact as a result of the pandemic on NZRGPN.

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#### INDEPENDENT AUDITOR'S REPORT

To the Members of New Zealand Rural General Practice Network Incorporated Report on the Audit of the Summary Financial Statements

#### **Opinion**

We have audited the summary financial statements, which comprise the summarised statement of financial position as at 30 June 2021, the summarised statement of financial performance, summary statement of changes in net assets/equity and summarised statement of cash flows for the year then ended, and related notes, are derived from the audited financial statements of New Zealand Rural General Practice Network Incorporated for the year ended 30 June 2021.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements, in accordance with PBE FRS 43 Summary Financial Statements issued by the New Zealand Accounting Standards Board.

#### **Summary Financial Statements**

The summary financial statements do not contain all the disclosures required by Tier 2 Public Benefit Entity (PBE) Financial Reporting Standards as issued by the New Zealand External Reporting Board (XRB). Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon. The summary financial statements and the audited financial statements do not reflect the effects that occurred subsequent to the date of our report on the audited financial statements.

#### The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated 30 November 2021.

#### **Emphasis of Matter**

Without modifying our opinion, we draw attention to the COVID-19 note which outlines the possible effects of the COVID-19 pandemic on the entity.

#### Executive Committee's Responsibility for the Summary Financial Statements

The Executive Committee is responsible on behalf of the Society for the preparation of the summary financial statements in accordance with PBE FRS 43 Summary Financial Statements.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) 810 (Revised) Engagements to Report on Summary Financial Statements.

Other than in our capacity as auditor we have no relationship with, or interests in the Society.

**BAKER TILLY STAPLES RODWAY AUDIT LIMITED** 

Baker Tilly Staples Rodway

Wellington, New Zealand

16 December 2021





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