Rural Hospital Summit

October 2023

Hauora Taiwhenua Rural Health Network

Rural Hospitals / Te Whare Taumata o Ngā Hōhipere Taiwhenua

Sixteen months ago, on 1 July 2022, the Pae Ora Healthy Futures Act became legislation establishing 'rural' as a priority population. Since then:

- Manatū Hauora produced the first Rural Health Strategy
- Te Pae Tata and the Health Workforce Plan includes rurally focussed initiatives,
- Te Whatu Ora and Te Aka Whai Ora are working to build their rural teams, and,
- Hauora Taiwhenua has an active and enthusiastic Rural Hospital Chapter: the united voice of rural hospitals!

A link to a Map of the Rural Hospitals and their Soap Box messages

Take a bow, Chapter members! Each of these achievements were identified as advocacy priorities in Rural Hospital Summits since the first event in 2019! This shows we can influence government policy and drive change! And, we will work together to develop a better future for rural hospitals and the communities you care for.

This Summit Paper summarises the programme sessions with links to additional information including presentations made on the day. If we have captured something you said incorrectly, let us know and we will correct it.

The Summit Soap Box is a highlight of every Summit giving the opportunity to hear about the good, the great, and the not-so-great things happening across the country. It brings rural hospitals closer together, and to feeling that 'we are not alone.'

Themes that emerged from the Soap Box	
Workforce	Much of the workforce is overloaded, burnt out, and stretched to breaking point. This is an ongoing situation that is aggravated by the lack of parity in pay rates and work conditions, and in some places, a scarcity of affordable accommodation. Emergency Dept overload reflects the collapse of primary care afterhours services.
	A well trained and supported kaiāwhina team have a positive impact across the hospital services – reduced Did Not Attends, Average Length of Stay, improved discharge planning, and reduced readmissions.
	Conversely, gaps in this workforce, full Aged Residential Care facilities and higher-level hospital beds, and under resourced rural general practices cause significant stress on rural hospitals and can have a dire impact on health outcomes.
	Supervision of medical students, NZ Registered Exam placements, and International Medical Graduates can be difficult for rural hospitals to resource.
	Afterhours and Emergency Department support from Emergency Consults has been a game changer in Kaitaia, Te Kuiti, and Oamaru in particular.
Infrastructure	Many hospitals and satellite services have increased their resiliency in connectivity and electricity systems and expanded the range of specialist services to manage better in times of crisis.
	NGO operated rural hospitals are crumbling under the weight of budget blowouts, unable to fund capital improvements, or have access to the raft of resources that Te Whatu Ora hospitals have.
	Te Whatu Ora, a single national service, means not having to deal with 20 separate DHBs.
Leadership and engagement	Local leadership, ingenuity, crises, and Cyclone Gabrielle, give rise to common sense solutions that sometimes prevail over bureaucracy. It can unite communities in supporting their health centre.
Population trends	Some rural areas have had population shifts towards greater numbers of people who have higher needs, lower incomes and in some areas, really difficult social and community health issues. This contributes to increasing demands on Emergency Departments and adds to the complexity of patient needs.
	Other areas are experiencing rapid growth in population, tourism and holiday makers who are all reliant on facilities that were never built for this level of demand and are no longer fit for purpose.

Te Whatu Ora National Leaders welcomed the opportunity to join the Summit to talk about their work and initiatives that directly relate to rural hospitals. The team from Te Whatu Ora provided the Summit with real-time information about their work, and discussed how Chapter members will be able to contribute to it.

- **Abbe Anderson, National Director Commissioning** explained that place-based approaches (localities) will guide the development of a rural health system of care aligned to the Rural Health Strategy. We can expect this to include:
    - The review of Prime Response In a Medical Emergency (PRIME) and unscheduled care
    - Comprehensive care teams
    - Reducing inequities in funding models such as the National Travel and Accommodation Assistance Scheme
    - Partnering with communities and providers to design new models of care
    - Better access to medications and diagnostics
    - Development of rural generalism
    - Improved access to community radiology
    - National Telehealth Service.

Link to Te Whatu Ora Slides

- **Rachel Haggerty and Emma McDonough are leading a Rural Hospital Sustainability Project** that aims to stabilise service provision across the rural hospital network. The project recognises that there are:
    - Varying levels of clinical and workforce sustainability that results in fluctuations in capacity, both locally and across the network of rural hospitals
    - Variable service planning has come about through the 20 DHB system and led to inequitable health outcomes for our rural populations
    - Financial sustainability issues, and
    - Difficulties attracting and retaining rural workforce.

  To bring the project together, they will:
    - Develop a working group with rural Māori health, hospital management, community trust, clinicians, service planning, and financial expertise.
    - Have an action plan, outlining the steps to investing in the quality and safety of our rural hospital networks, ready towards the end of 2023.

'Our most deprived populations do not think to ask for what others expect.'

- **Mary Cleary-Lyons, the Interim Group Manager for clinical networks** will work across health agencies to develop consistency in delivery of hospital and specialist services.

  Resourced and supported by Te Whatu Ora and Te Aka Whai Ora, and incorporating strong whānau, consumer and community input, the networks will identify the care and services required at different levels, who should provide these services, and how they should be delivered.

  By June 2024, by way of three tranches, around 35 clinical networks will be established. As they will require considerable time from rural clinicians if they were to participate in every network, the Summit weighed up the merits of treating 'rural' as its own clinical network or ways that ensure the rural voice is included in each of them. The discussions did not come to any conclusions but will be a consideration as the project is rolled out.

Three rural hospitals' experiences of Locality Prototypes

Hauora Taiwhenua Chief Executive, Dr Grant Davidson, led a lively panel discussion about the experience of three rural hospitals involved in the locality prototypes, with an overview of this work from Te Whatu Ora.

All three rural hospital panel members said the most important learning from the development of locality plans is that this is a way of working that will be taken into the future, regardless of any changes to government, and their policies.

'Where strong relationships exist, anything is possible'.

Abbe Anderson, Te Whatu Ora,

- Regardless of which political parties are in government, place-based planning of services will be the way forward. Funding allocated through the localities at present, will be embedded into ongoing Te Whatu Ora budgets.
- Plans received from the 12 locality prototypes identified 60 priorities, with the top 12 of these sitting in the social determinants of health space – housing leading most of these. Locality plans will enable the system to measure what matters most to communities.

Dr Brendan Marshall, Clinical Director of Te Nikau Health Centre:

- This led health services to a better understanding of their place in the wellbeing of the community.
- This is a fundamentally different way of working that we will take with us into the future, regardless of any changes in government and policies going forward.

'Health, sit down and be quiet for a bit while iwi and local communities work out what they need!'

Frances Grover, Practice Manager at Queens Street Practice, Wairoa

- Establishing a Charter that describes how the participants from across the Wairoa district will work together is central to their Locality Plan. With this in place, the Locality working group was able to swing into action as the Cyclone Response Committee and work together in ways that would not have been open to them in the past.
- There is a lot of work in preparing their Locality Plan and while there was willingness to do this, without the support from the DHB, it is doubtful that the plan would have been written.

Karl Metzler, Chief Executive of Gore Health

- 'Health' found it challenging to take a seat at the back of the room and hand over their historically assumed control of locality planning to the Runanga. By drawing back from a 'solution first approach' and listening to the voices of the 1200 submissions, the plan focuses on the social determinants of health. It drives the collective realisation that unless we work together and challenge institutional racism, we will never stem the rapidly escalating burden of disease.
- Locality funding has enabled Gore Health to extend their oral health services beyond their long-standing contract for under 18-year-olds.

Three Concurrent Sessions Summarised Below

1. Rural Hospital Workforce Survey

Link to Survey Results

Dr Grant Davidson led a session looking at the results from the first survey; there have been nine responses from 24 rural hospitals received so far. The participants saw real value in the Survey because it will enable Hauora Taiwhenua access to up to date, empirical data in its advocacy with Government Agencies and others on behalf of the sector.

Feedback was that the workforce section caused some angst for those completing it. It was agreed that the assumption of the need for precise figures, for example, FTE numbers across various occupations, had made completing the survey more difficult than it needed to be, where in fact that level of detail is not necessary for the nationally aggregated data to be effective. We will simplify this section and convey the message that 'near enough is good enough' and look at separating the workforce section from other sections of the survey. This will make it easier for the survey to be completed by different parts of the organisation.

Respondents rating of the survey statement:
The overall 'health' of our rural hospital is sustainable

Overall, participants were keen to support the survey continuing next year and will be advocates among their peers to get involved. They are also willing to help further refine the questions and structure to make it relevant and easier to complete.

2. Rural Clinical leadership

Dr Jeremy Webber led a session discussing rural clinical leadership and ways to develop and influence local and national rural health direction. Consistent with the rest of the Summit this generated some healthy discussion with clinical leaders from across the motu.

Leadership was discussed in the three categories of clinical, management and governance and all agreed that focused training at pre- and post- fellowship would be of benefit. Our other discussions included:

- Asking Jeremy to propose an addition to the rural hospital clinical training handbook to include a position of clinical leadership during a Registrars' Rural Hospital clinical attachment (12 months over two sites).
- Supporting Registrars to attend 1-2 day leadership training during the final two years of training.
- Have recommended post graduate courses, e.g., RACMA leadership and management to consider at 2-3 years post fellowship.
- Recommending Jeremy to propose to the Conference Committee about having a governance workshop pre-conference.

We also discussed reconsidering opportunities for clinical mentoring because the existing educational facilitator model isn't achieving its intent. Specifically, to pair up mentorship during the Rural Hospital attachment and establish guidance for both mentor and trainee, to support career progression and opportunities for clinical leadership.

Lastly, we discussed current opportunities for those who are willing to participate in national leadership now.

3. Rural Hospital and General Practice contracts with Te Whatu Ora

Feedback from participants in this session indicated that most providers have contracts in place for the current financial year. However, as they were predominantly rolled over from the previous year this has resulted in:

- Purchase unit prices being at variance to the realities of service delivery costs.
- Variance between contracted volumes and actual volumes - in response to communities' need.
- Some contracts are short term, month by month in the worst situation, resulting in no ability to commit to employment and service delivery contracts.
- An increasing awareness of regional and local variances in the terms and conditions of provider contracts. On the positive side, there are a few providers who are happy with their contract with Te Whatu Ora as they have been able to negotiate contracts quite recently to agree acceptable terms and conditions.

Providers understand that the Rural Hospital Sustainability project will look at these things in detail and develop a direction for a more equitable and consistent future. However, in the immediate term, providers will continue to work with Te Whatu Ora managers who are shifting into region wide roles that will improve visibility over regional variances in contracting arrangements.

Summit Participants Rated the Summit:

Summit Summary

The Rural Hospital Chapter held a highly successful Summit that many participants have said meant they headed home feeling more positive about the future of rural hospitals.

The engagement with Te Whatu Ora leaders was a highlight of the Summit. Their commitment to working with the Chapter provided some confidence that the work will happen, and it will happen collaboratively.

The Chapter Committee and Hauora Taiwhenua team will keep you informed of any progress, ways you can be involved in the Rural Hospital Sustainability Project, and Rural Clinical Networks.