



**Hauora
Taiwhenua**
Rural Health
Network

Briefing for the Incoming Ministers of the Coalition Government

December 2023

Rt Hon Christopher Luxon

Prime Minister

Hon Dr Shane Reti

Minister of Health

Minister for Pacific Peoples

Hon David Seymour

Associate Minister of Health (Pharmac)

Hon Matt Doocey

Associate Minister of Health

Minister for Mental Health

Minister for ACC

Hon Casey Costello

Associate Minister of Health

Hon Mark Patterson

Minister for Rural Communities

Hon Melissa Lee

Associate Minister for ACC

Minister Media and Communications

Hon Shane Jones

Minister for Oceans and Fisheries

Hon Louise Upston

Minister Community and Voluntary Sector

Hon Judith Collins

Minister Science Innovation and Technology

Hon Tama Potaka

Minister Māori Development

Hon Penny Simmonds

Minister Tertiary Education and Skills

Hon Todd McClay

Minister of Agriculture

Minister of Forestry

Minister of Hunting and Fishing

Minister of Trade

Hon Nicola Griggs

Associate Minister of Agriculture





**Hauora
Taiwhenua**
Rural Health
Network

Our Vision

*Kia tipu matomato ngā
hapori i Aotearoa*

*Healthy and thriving rural
communities in Aotearoa
New Zealand*

Introducing Hauora Taiwhenua Rural Health Network

Congratulations on your role as Minister under the new coalition Government. It is an exciting time to come into our health sector. While many say the sector is in crisis, it equally presents us with opportunities to reimagine a more equitable, and sustainable future.



This crisis is even more accentuated for those living in rural communities. Our recent stocktake of rural general practice has shown a sector where half of all practices report unmotivated/unenergized staff, and the great majority indicate their practices are in a state of unsustainable organisational 'health'. 60% are advertising for one or more GPs; and some of these have been advertising unsuccessfully for over three years. 70% of practices are operating at a patient: doctor ratio outside of acceptable limits promoted by the Royal NZ College of GPs. High numbers of nurses are leaving general practice for better pay and working conditions in Te Whatu Ora hospitals or offshore. Rural midwives are scarce, as are other allied health workers. The demand for emergency and urgent services in communities not immediately serviced by St John ambulance escalates dramatically with urban and international tourists during holiday seasons, placing many rural practices on the edge of collapse.

Thanks to the work led by Otago and Waikato Universities in developing the Geographic Classification of Health, we can now analyse population health data to better understand the inequities between rural and urban health outcomes. It provides evidence of what rural health professionals have always known: that across most age groups, rural people

experience poorer health outcomes, and rural Māori experience the worst health outcomes of all.

The same rural population that is underinvested in health services, is the economic driver of this country. Nineteen percent of the population is producing over 50% of the country's export earnings through industries such as agriculture, viticulture, aquaculture, and tourism. Yet, we are not valuing them through investing the tax they generate, back into accessible health services in rural and remote rural areas. Instead, those rural workers are required to drive great distances, at the expense of time and money, to attend specialist appointments and treatments in urban centres. Many delay their diagnosis, delay their treatments, or simply don't attend. Many can't afford to go. They are relying on the coalition government to help them.

Those same rural communities have been most impacted by climate change and the adverse environmental effects of that change: floods, droughts, loss of key infrastructure and roads all lead to increased costs to rural people in terms of living and getting products to market. Our rural medical staff are reporting an explosion in mental health issues for which, with little specialist help available to them, they are frequently poorly resourced to care for.



The recent establishment of Ka Ora, the rural afterhours telehealth support, is appreciated as a tool that can assist in relieving the pressures on rural general practice and increase access to out of hours care. It is not the solution to the rural health workforce crisis. Research shows that continuity of care, involving ongoing relationships with community-based health practitioners, is the single most effective determinant of longevity and keeping people from hospital admissions.

We also note that thirty five percent of our practices are still reporting that connectivity issues impact on their patients achieving good health care.

Hauora Taiwhenua Rural Health Network is a collective of rural health and community advocates, with wide interprofessional health interests, who are dedicated to achieving a vision of “Healthy and thriving rural communities in Aotearoa New Zealand.” We are ready and willing to work with you to implement effective changes based on evidence-based data and international best-practice.

Hauora Taiwhenua has established itself as a unified rural voice, able to reach into every rural community. The Pae Ora legislation, and our collective efforts withing the rural health sector, have laid the groundwork for better health outcomes in rural NZ. We need to do more, faster, and more effectively. This Briefing highlights issues that are critical to improving rural health outcomes and presents a 20 Point Action Plan to address them, that we would like to discuss with you. The Network is able and ready to work with government and its agencies to do this so our rural communities have the same opportunities to live healthy, thriving lives, as urban people do.

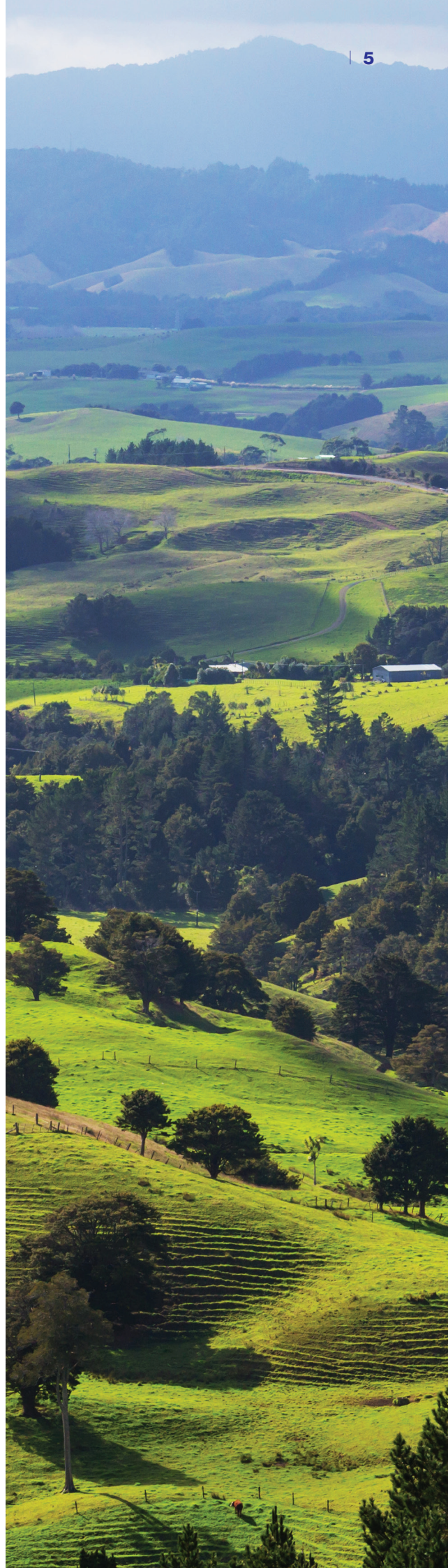
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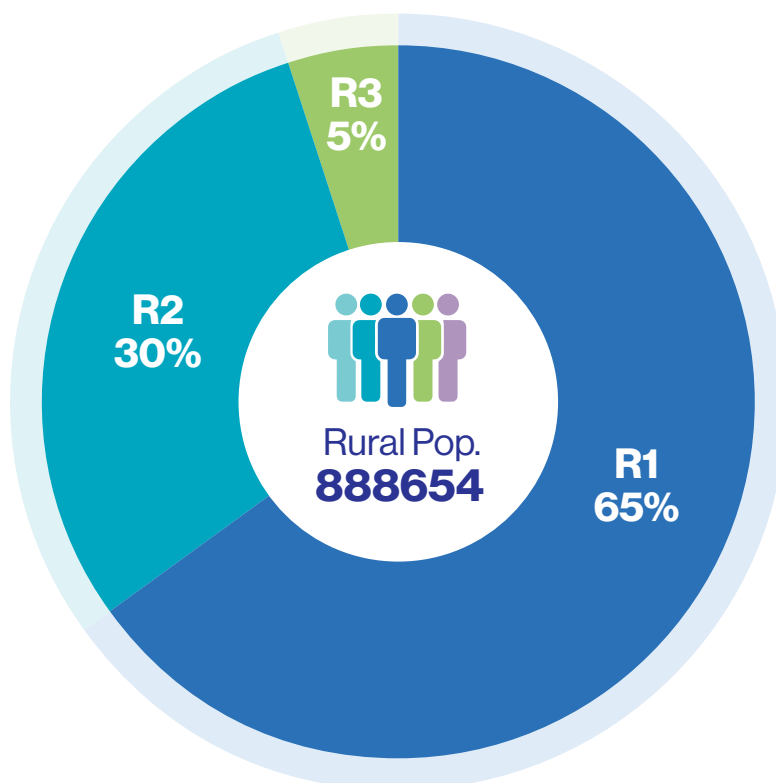
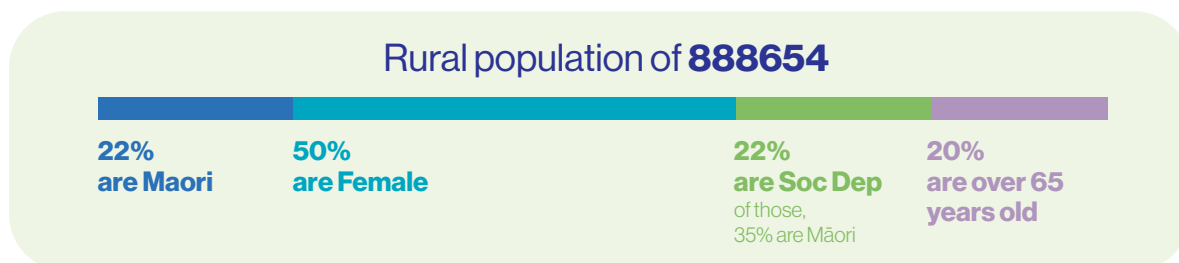
Dr Fiona Bolden
Chairperson



Dr Grant Davidson
Chief Executive



Who are our rural people? Where do they live?



R1 - 65%

total popn: **573093**

19% are Māori
50% are Female
13% are Soc Dep 4 & 5.
 Of those, 30% are Māori
19% are over 65 years old

R2 - 30%

total popn: **268344**

30% are Māori
49% are Female
8% are Soc Dep 4 & 5.
 Of those, 41% are Māori
20% are over 65 years old

R3 - 5%

total popn: **44217**

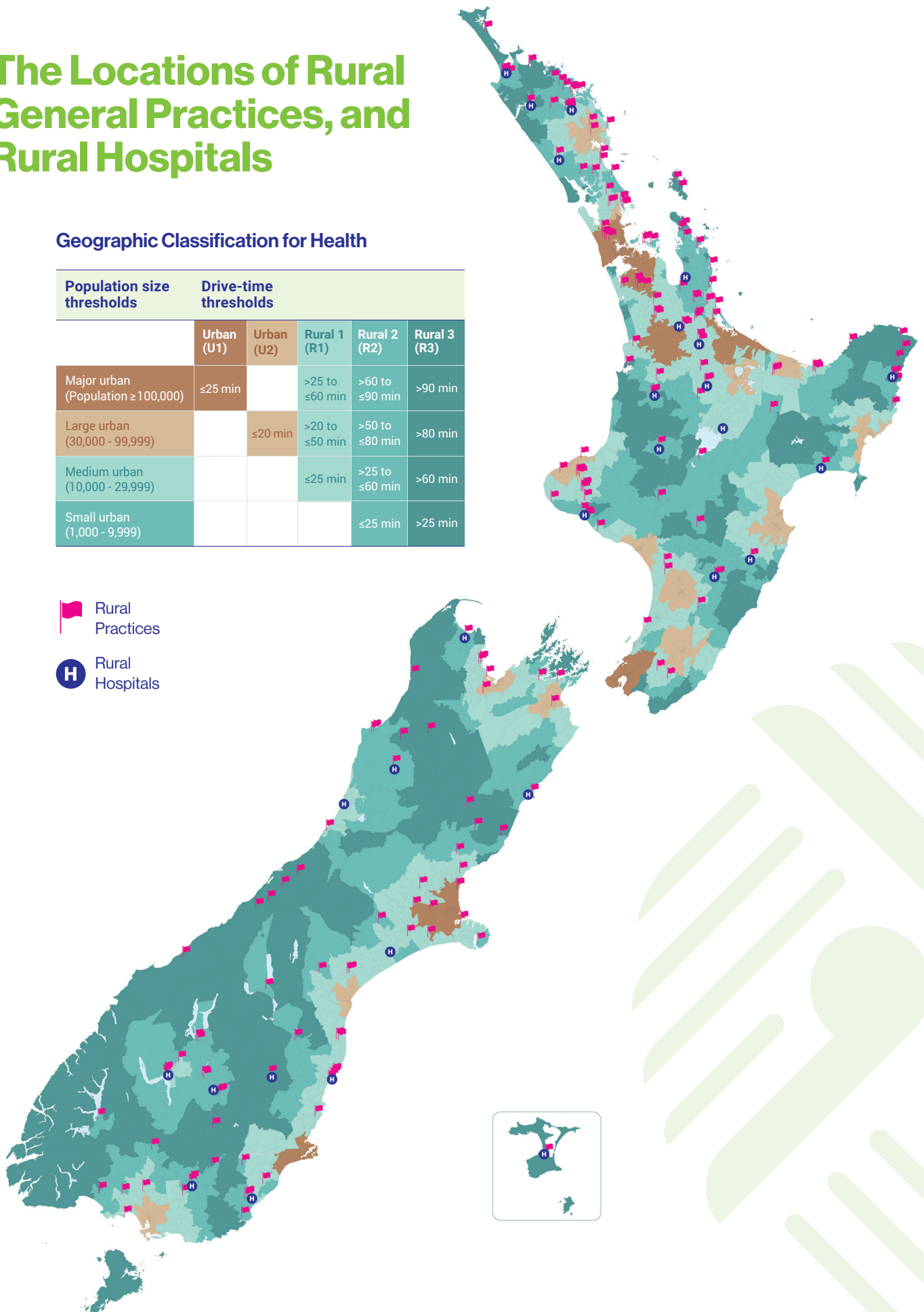
36% are Māori
48% are Female
2% are Soc Dep 4 & 5
 Of those, 54% are Māori
19% are over 65 years old

The Locations of Rural General Practices, and Rural Hospitals

Geographic Classification for Health

Population size thresholds	Drive-time thresholds				
	Urban (U1)	Urban (U2)	Rural 1 (R1)	Rural 2 (R2)	Rural 3 (R3)
Major urban (Population ≥ 100,000)	≤25 min		>25 to ≤60 min	>60 to ≤90 min	>90 min
Large urban (30,000 - 99,999)		≤20 min	>20 to ≤50 min	>50 to ≤80 min	>80 min
Medium urban (10,000 - 29,999)			≤25 min	>25 to ≤60 min	>60 min
Small urban (1,000 - 9,999)				≤25 min	>25 min

-  Rural Practices
-  Rural Hospitals



What rural health needs from the new Coalition Government – A 20 Point Action Plan

This Rural Health Action Plan will help ensure that the 19% of New Zealanders living in rural areas will achieve equitable health outcomes to those living in and near our cities. Fundamental to achieving this is Government investment into rural health services and facilities at a rate that is proportionate to the productivity of rural communities who generate close to 50% of this country's export earnings.

The rural issue	What rural communities need	What the Coalition Government must do to achieve vibrant rural communities
<p>Improving Rural Health Outcomes:</p> <p>Health outcomes for those living in rural communities are far worse than for those living in urban areas. Rural Māori experience the worst outcomes. These same communities drive the social and economic vibrancy of our country.</p>	<p><i>To ensure that rural communities have equitable health outcomes. To achieve this, the health and wellbeing of rural communities must be foremost in the mind of every Member of Parliament, Ministries, and government agencies.</i></p>	<ol style="list-style-type: none"> 1 Establish system level performance indicators of the Rural Health Strategy and implementation of Te Pae Tata. 2 Monitor and appropriately respond to rural health indicators at a system, regional and local level. 3 Facilitate regular meetings between the Network members and the government's 'Rural Caucus' forum (Rural Fest) that encourages cross-party participation.
<p>Active Rural Voice in the Design and Implementation of Rural Initiatives:</p> <p>The six health strategies must be implemented with authentic rural consultation and expertise because failing to do so, risks urban-centric service models and commissioning arrangements. (e.g the service delivery model for Health Improvement Professionals (HIPs) is based on population numbers that does not work in rural General Practices. Rural General Practices have lower numbers of registered patients so they have little or no access to this resource).</p> <p>Rural input, independent of Te Whatu Ora and Te Aka Whai Ora, is vital to the integrity and design of all rural initiatives, to ensure they meet the needs of rural communities and will be acceptable to them.</p>	<p><i>Rural input into the design, implementation, and monitoring of any intervention that aims to improve rural health outcomes.</i></p> <p><i>Rural solutions need rural input: Mana motuhake /self-determination.</i></p>	<ol style="list-style-type: none"> 4 Establish and resource a national, multi-agency rural health advisory forum, that is inclusive of, but independent of government agencies. 5 Embed rural expertise in both governance and operational groups responsible for delivering the Rural Health Workforce Plan. 6 Require that Manatū Hauora health strategies and their implementation through Te Pae Tata incorporate rural expertise (e.g. ensure that rural midwives and primary maternity services are included in every Kahu Taurima initiative and consulted in decisions relating to rural primary maternity facilities).

The rural issue	What rural communities need	What the Coalition Government must do to achieve vibrant rural communities
<p>Recognise the Increased Costs of Providing Rural Health Services:</p> <p>The Sapere report identifies the funding of General Practice is inadequate and projects that this is likely to be significantly worse in rural General Practice.</p> <p>Rural health services face untenable costs and challenges related to distance and low volumes of regular patients but massive seasonal surges, and the impact of climatic events.</p> <p>Year on year, Te Whatu Ora has failed to pass on annual cost of living increases to NGO hospitals they have allocated to their own services.</p> <p>Urban-centric service and funding models are a dismal match to the cost of delivering rural health services resulting in financial instability. Communities may be at risk of poorer health outcomes as a result of the reduction or withdrawal of health services.</p>	<p><i>Immediate action to prevent rural health services collapsing under financial strain, before rurally designed and appropriately funded models can be put in place for:</i></p> <ul style="list-style-type: none"> • <i>Non-Te Whatu Ora rural hospitals.</i> • <i>Rural General Practice including afterhours, urgent care, and PRIME services.</i> • <i>Midwifery and other allied health profession services.</i> <p><i>The immediate action must include funding for pay parity across all health professions to stop the bleed of the rural health workforce to Te Whatu Ora operated services, offshore, or choosing another profession entirely.</i></p>	<p>7 Immediately:</p> <ul style="list-style-type: none"> • Fund the cost to rural hospitals, general practices and allied health of meeting pay parity and pay equity across all health professions. • Provide financial relief to NGO rural hospitals to address year-on-year shortfalls caused by failure to pass on annual cost of living increases awarded to Te Whatu Ora hospitals in most years over the past decade. • Provide equitable funding for rural General Practices and rural hospitals for after-hours, urgent care and PRIME services. <p>8 With urgency co-design, rurally sustainable service models and funding formulas (based on the Sapere Report findings).</p> <p>9 Commission new, fit for purpose rural funding formulas through high trust, long-term, contract arrangements.</p>
<p>Access to Mental Health and Addiction and Diagnostics Services for Rural:</p> <p>Rural communities have very little, or no, access to secondary mental health and addiction services and limited access to primary mental health services. Delivery of mental health and addiction services (amongst other specialist services) through telehealth has challenges due to poor connectivity, lack of devices, unaffordable data, and lack of e-literacy.</p> <p>Rural communities often travel long distances to access diagnostic services that through rurally designed solutions and use of technology, can be provided locally (e.g. antenatal ultrasound scans can be very difficult for rural women to access, yet essential to the health and safety of mother and baby).</p>	<p><i>Prioritise funding that enables rural communities timely access to specialist and primary mental health and addiction services, mobile diagnostic services, connectivity solutions, and community hubs that ensure free data and assistance in utilising telehealth solutions.</i></p>	<p>10 Develop a nationwide network of rurally accessible, culturally acceptable, and multi-disciplinary mental health and addiction services both in person and using telecare technology.</p> <p>11 Fund and provide specialist support for rural general practice and rural hospital based diagnostic services - this may include regular visiting mobile diagnostic services.</p> <p>12 Redesign the National Travel Assistance Scheme to ensure that those living rurally know that finance is not a barrier to accessing health services.</p> <p>13 Fund connectivity solutions for rural communities to ensure that telehealth options are reliable and accessible tools:</p> <ul style="list-style-type: none"> • Identify rural health services that are not connected to fast broadband and fund these services as a priority. • Provide remote rural families/whānau with subsidised/free connectivity where current providers have not done this (e.g. subsidised StarLink connections). • In high-needs, prioritised areas - establish and fund community hubs with infrastructure, free data and user-assistance that enables access to telecare and health and social services information.

The rural issue	What rural communities need	What the Coalition Government must do to achieve vibrant rural communities
<p>Attract, Train and Retain a Skilled Rural Health Workforce:</p> <p>All evidence points to the fact that there is a health workforce shortage in New Zealand and this shortage is far worse in rural areas. The Network's survey of rural general practice shows that 60% of practices are advertising for one or more GPs as an example.</p> <p>This situation must urgently be addressed by investment into a plan that incorporates short, medium, and long-term solutions.</p>	<p><i>Co-design and implement a Rural Workforce Plan that will lead to a supply of interprofessional health workers for rural communities that delivers quality continuity of care. This should be based on the national and international evidence that rural-origin students, trained rurally by rural trainers, are six times more likely to return to, and work in, rural areas.</i></p> <p><i>Expedite the proposed Waikato Medical School that is focussed on rural general practice training while also growing the Auckland and Otago rural medical training programmes. In the long-term this needs to be multidisciplinary, with most students trained through this school undertaking long term placements and work experience in hospitals and general practice embedded in rural communities.</i></p> <p><i>While we work on longer term solutions that 'grow our own health professionals', we must fill the gap by enabling greater numbers of International Medical Graduates to choose to live and work in NZ by removing financial, regulatory and immigration disincentives.</i></p>	<p>A Rural Health Workforce Plan that targets:</p> <ol style="list-style-type: none"> 14 Rapid progress on the development of the Waikato Medical School and growth of rural training programmes at Auckland, Otago, and other tertiary institutions. 15 Work with the Network to establish a joint Department of Rural Health that: <ul style="list-style-type: none"> • Coordinates training placements nationwide to provide collaborative engagement with rural practices. • Shares limited academic knowledge and resource across institutions. • Ensures that rural practices hosting students are supported through teaching time and infrastructure costs. 16 Work with agencies and registration bodies to minimise barriers to International Medical Graduates coming to work in General Practice and extend the relocation cost pilot from beyond June 2024. 17 Funded NZREX general practice pathways, and introduce similar general practice training pathways for domestic health students. 18 Incentives for health professionals to work in rural communities so that they, and their families, are not disadvantaged by living in rural and remote areas (e.g. funding for schooling, housing, etc.) 19 Funding for an extended rural health careers promotion programme that attracts rural-origin students into health careers and provides STEM support and mentoring for those who need it. 20 Retain those in the rural general practice workforce who are coming towards the end of their careers by offering support, flexible work opportunities, pay and other incentives that aligns their expertise with Te Whatu Ora hospital employed Senior Medical Officers.



Te Mahere Rautaki Strategic Plan 2023 ▶ 2026

Commitment to Te Tiriti o Waitangi

Strategic Priorities

Advocacy

Identify opportunities that arise from:

- › Pae Ora and a Rural Health Strategy
- › Te Pae Tata – a rural health action plan, national rural health manager and team
- › Geographic Classification for Health
- › Inclusive and diverse membership
- › Equitable access to digital connectivity

Collaborative Partnerships

Work together with:

- › Our Network of engaged and valued members
- › Te Rōpū Ārahi, our Te Tiriti partner
- › Organisations that share our values and commitment to improving rural health outcomes

Developing our Capacity

Grow our organisations' reach through:

- › Being a reliable, stable and connected national organisation with robust infrastructure
- › Delivering a high performance rural locum service
- › Providing a national regional and local chorus of rural voices

Work Towards

Improving health outcomes for rural Māori

So that whānau who live and work in rural communities are able to live longer, healthier lives in the communities of their choice.

A vibrant rural health workforce

That is from rural communities, educated and trained in rural communities, well supported and funded to stay in rural communities, across every health profession.

To Enable

Accessible, sustainable and resilient health services in rural communities

For both whānau who live and work in rural and remote communities and are reliant on access to planned, acute and emergency health services now, and those who will do so, well into the future.

Ngā Uaratanga - Our Values



Our focus will be on:



Achieving equitable health outcomes for rural whānau



Monitoring rural health system performance and holding agencies to account for these



Equitable funding for rural health services



Increasing our influence on rural Māori health outcomes



Addressing the rural health workforce crisis



Building strength and organisational resilience into our Network



Ensuring everyone living in rural and remote communities has unrestricted access to the digital technology they need to access health care

Our Vision

Kia tipu matomato ngā hāpori i Aotearoa
Healthy and thriving rural communities in Aotearoa New Zealand



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