

Hauora Taiwhenua: Briefing to the Incoming Minister, 2023 Tracking progress on our 20 Point Action Plan

RuralFest, May 2024

Hauora Taiwhenua: Briefing to the Incoming Minister, 2023

Tracking progress on our 20 Point Action Plan



THE RURAL ISSUE: Improving Rural Health Outcomes:		What rural communities need:
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.		To ensure 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
What the Coalition Government must do to achieve vibrant rural communities		Progress, Actions, Comments
1	Establish system level performance indicators of the Rural Health Strategy and implementation of Te Pae Tata.	<ul style="list-style-type: none"> Discussions with Ministry of Health monitoring progress on the Rural Health Strategy. Provided consultative advice to University of Otago Rural Health Indicators Research project. Snapshot of Rural Health 2024 released at RuralFest 24. RuralFest 24 will be held on 7 May 2024. Minister for Rural Health & Mental Health opened National Rural Health Conference (NRHC). Minister for Rural Communities attended NRHC and met with Rural Communities Chapter. Working as part of GPLF to develop and advise on appropriate System Level Measures
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 and RuralFest that encourages cross-party participation.	
THE RURAL ISSUE: Active Rural Voice in the Design and Implementation of Rural Initiatives:		What rural communities need:
The six health strategies must be implemented with authentic rural consultation and expertise. Failing to do so, risks urban centric service models and commissioning arrangements. 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>Rural input into the design, implementation, and monitoring of any intervention that aims to improve rural health outcomes.</p> <p>Rural solutions need rural input: Mana motuhake /self- determination.</p>
What the Coalition Government must do to achieve vibrant rural communities		Progress, Actions, Comments
4	Establish and resource a national, multi- agency rural health advisory forum, that is inclusive of, but independent of government agencies.	<ul style="list-style-type: none"> Creation of Rural Health desk in Te Whatu Ora Need to understand and reinforce links with rural desk at MPI. Until HNZ establish rural sector consultation processes, they, and other agencies (HNZ & ACC) are invited to HTRHN Council Meetings to share information and seek sector input and advice. Sector wide input to HNZ draft Rural Workforce Training Plan expected early May. Connecting rural sector expertise with HNZ initiatives as they come on stream. Providing rural input into workgroups that are helping design Te Pae Waenga: the next implementation plan for HNZ
5	Embed rural expertise in both governance and operational groups responsible for delivering the Rural Health Workforce Plan.	
6	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: Recognise the Increased Costs of Providing Rural Health Services: <ul style="list-style-type: none"> 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. 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. 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. 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. 		What rural communities need: <ul style="list-style-type: none"> Immediate action to prevent rural health services collapsing under financial strain, before rurally designed and appropriately funded models can be put in place for: <ul style="list-style-type: none"> Non- HNZ rural hospitals. Rural General Practice including afterhours, urgent care, and PRIME services. Midwifery and other allied health profession services. The immediate action must include funding for pay parity across all health professions to stop the bleed of the rural health workforce to HNZ operated services, offshore, or choosing another profession entirely.
What the Coalition Government must do to achieve vibrant rural communities		Progress, Actions, Comments
7	<p>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. 	<ul style="list-style-type: none"> Coordinated workshop with NGO Rural Hospitals and HNZ (March 2024). Working with sector to ensure NZNO is seeking equity claims against all primary care and Rural Hospital facilities. Facilitating collaborative approach to advocating for pay parity across all rural health services. HTRHN and HNZ facilitated workshop to launch the redesign of unplanned and urgent care services – that includes PRIME. Change in ACC legislation to include the paramedic workforce is at the consultation phase.
8	With urgency co-design, rurally sustainable service models and funding formulas (based on the Sapere Report findings).	<ul style="list-style-type: none"> Convening a cross agency workshop to co-design definition of ‘rural’ that can be applied to service models, delivery, or funding decisions. Providing rural representative to the Capitation Working Group. Provided rural representative to Capitation Review Technical Advisory Group at Te Whatu Ora Seeking Te Whatu Ora to contract Sapere to provide analysis on increased costs in delivering health services rurally.
9	Commission new, fit for purpose rural funding formulas through high trust, long-term, contract arrangements.	
THE RURAL ISSUE: Access to Mental Health and Addiction and Diagnostics Services for Rural: <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>		What rural communities need: <p>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.</p>

What the Coalition Government must do to achieve vibrant rural communities		Progress, Actions, Comments
10	Develop a nationwide network of rurally accessible, culturally acceptable, and multi-disciplinary mental health and addiction services (in person and telecare)	<ul style="list-style-type: none"> • HNZ (& Te Aka Whai Ora) Mental Health and Addiction BIM: stocktake by service type, and geographic location completion date end of 2023 – yet to be released
11	Fund and provide specialist support for rural general practice and rural hospital based diagnostic services - this may include regular visiting mobile diagnostic services.	<ul style="list-style-type: none"> • Support Mobile Health's display of mobile diagnostic services at Parliament on May 6th. Follow this up with RuralFest on May7 to reinforce key messages. • Work with HTRHN member organisations to support ultrasound training for rural midwives. • Govt changes to NTA processes and increase in funding of \$18 Million. • Met with Ministry of Health to ask for rural analysis of NTA utilization.
12	Redesign the National Travel Assistance Scheme to so that finance is not a barrier to accessing health services for rural whanau.	
13	<p>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). <p>In high-needs, prioritised areas, establish and fund community hubs with infrastructure, free data and user-assistance that enables access to telehealth and social services.</p>	<ul style="list-style-type: none"> • Quarterly meeting with Ka Ora. • Hosting Ka Ora in HTRHN Mystery Creek Fieldays booth in June 2024 • MPI through their Rural Communities programme have funded the establishment of community hubs (around 30). Have asked for information about how these are going, and if they are used to assist access to health services. • Promote availability and uptake of Remote User Scheme Grants for rural and remote households (\$2000 per household)
<p>THE RURAL ISSUE: 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 Networks 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>What rural communities need:</p> <p>Co-design and Implement a Rural Workforce Plan that will lead to a supply of interprofessional health workers for rural communities that will ensure 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 and work in rural areas.</p> <p>Expedite the proposed Waikato Medical School that is focused 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.</p> <p>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 live and work in NZ by removing financial, regulatory and immigration disincentives.</p>
What the Coalition Government must do to achieve vibrant rural communities		Progress, Actions, Comments
A rural health workplan that targets:		<ul style="list-style-type: none"> • 100 extra medical placements in existing medical schools. Increased funding for RMIP programmes

14	Rapid progress on the development of the Waikato Medical School and growth of rural training programmes at Auckland, Otago, and other tertiary institutions.	in both medical schools
15	<ul style="list-style-type: none"> • Work with the Network to establish a joint Department of Rural Health that: • Coordinates training placements nationwide engagement with rural practices. • Shares limited academic knowledge and resources across institutions. • Ensures support for rural practices hosting students with teaching time and infrastructure costs. 	<ul style="list-style-type: none"> • Input into Te Whatu Ora working groups developing an 18-month rural workforce plan under Te Pae Waenga • Govt has signed an MoU with Waikato University to progress a 3rd Medical School. • HTRHN facilitating discussions about how this could be coordinated more effectively using both national and place-based / community approaches. Initial discussions with Med Schools, RNZCGP and HNZ. • Advocating for a National Interprofessional School of Rural Health/Joint Centre of Rural Health that would provide the best way to coordinate placements and share limited academic resources.
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.	HNZ has received our request for evaluation data on current relocation cost pilot and advice on their intention for the continuation of this beyond June 30, 2024.
17	Funded NZREX general practice pathways, and similar general practice training pathways for domestic health students.	Lobbying to support continuing NZRex training initiatives
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.)	Lobbied for educational incentive payments as an easy-win for Govt to support rural members of GP Team at reasonable cost – based on current Australian incentive models.
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.	Contract has been renewed so the programme will continue for a further 12-month term till December 2024
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.	See (18). Also promoting models of interdisciplinary training prototypes that recognize and reward training time of experienced rural staff in training and mentoring those coming into professions.

