DECEMBER 2020

BRIEFING TO THE INCOMING MINISTER OF HEALTH

HON ANDREW LITTLE

Hon Peeni Henare
Associate Minister of Health - Māori Health

Hon Ayesha Verrall
Associate Minister of Health

Hon Aupito William Sio
Associate Minister of Health - Pacific Peoples

Hon Damien O’Connor
Minister for Rural Communities

Hon Chris Hipkins
Minister Covid-19 Response

Hon Carmel Sepuloni
Minister for ACC
Tenā koe Ministers

Congratulations on your new portfolios. We look forward to working with you to help shape a brighter future for the health and wellbeing of rural communities in New Zealand.

We want to be frank with you, rural health in New Zealand is in crisis. The workforce is depleted, stressed and concerned about their ability to sustain the level of support their communities need. The funding formulas for rural health are woefully outdated, including provisions for afterhours and remote rural emergency responses. This situation is exacerbated by the lack of availability of broadband in rural areas that restricts access to many technological advances in effective health provision.

There are not enough rural health professionals being trained to fill the current gaps in health provision, let alone forecasts of significant growth in demand. There is also a dearth of empirical data to measure the inequitable health outcomes in rural communities compared to urban centres. Without this data, and the ability to reliably update it, there is no clear way to establish targets and hold health authorities to account.

The NZ Rural General Practice Network, and our rural health network partners, have come together to present this briefing paper to outline the major issues we face. These have been recognised for many years, but because our rural health professionals are passionate about their work, they have kept their heads down and got on with their jobs, believing that rational decisions will be made by those in power that will improve their work conditions. Unfortunately this has not been the case and their plight is hidden behind the much more visible urban health concerns. The attention given to major urban hospitals, the need for new cancer therapies and the multiple morbidities more frequently lobbied for in large urban populations are much easier targets for mainstream media and their audiences.

There are over 700,000 Kiwis living rurally in New Zealand and many of the remote rural communities have high populations of Māori. These communities are the backbone of New Zealand’s post Covid-19 recovery, providing over 50% of GDP through farming, forestry, agriculture and tourism. The Health and Disability System Review clearly identifies that the health outcomes for these populations trails their urban counterparts and needs immediate attention.

The time for reflection is well over, and the time for action has come. The rural health workforce is beyond breaking point and many are walking away. The fact that half of the workforce is due to retire in the next 5 – 10 years only adds to the urgency for action.

We want this term of government to be a positive experience in which we work with you and your team to establish and implement a plan of action that will ensure short and long term solutions to the issues we raise. This will mean working collaboratively across Ministeries and building on the agile and innovative solutions that came out of NZ’s response to Covid-19.

We want to meet with you to discuss this collective Briefing and ways we can work together to ensure our rural communities are vibrant and healthy places to live, work and raise families. We look forward to receiving an invitation from your office for a face-to-face meeting to discuss these issues and actions we can take together to address them.

Ngā mihi nui

Dr Grant Davidson
On behalf of the five rural health network partners
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Since the Rural General Practice Network was established over 20 years ago, when its main purpose was to support rural GPs and their families, the focus has broadened to include rural hospitals, nurses, and students studying towards a rural health career.

In this Briefing you’ll read details about how the Network supports not just rural general practices, but the wider rural health sector. From our locum contracts with the Ministry of Health, to our key events and our engagement with rural communities, we put our rural lens across all levels of the health and disability sector.

Despite this, rural health is still in an unacceptably poor state with one of the most urgent issues being the rural health workforce crisis. GPs, nurses and allied health professionals are aging and are not being replaced by younger people. The understaffing and excessive demands of rural general practice has led to higher levels of stress and burn out across our members and fellow rural health professionals.

We know that rural people have worse health outcomes, and we know that this is particularly true for rural Māori. We know that there is more we can do to bring a united voice to these issues so the Network is working with our rural health partners to establish a united and consistent rural health voice. We believe this will enhance the clarity and focus of the key messages from the five networks included in this Briefing.
Our Team

The NZ Rural General Practice Network is governed by a Board chaired by Dr Fiona Bolden. It’s members include doctors, nurses, research academics and service managers who live and work in rural NZ. Their collective expertise focuses the Network on critical issues impacting on rural health services and the impact they have on the health and wellbeing of rural NZ.

Dr Grant Davidson was appointed in March 2020 as the Network’s Chief Executive when Dalton Kelly retired after five years in the role. Grant is supported by a multi-skilled senior management team with many years experience living and working across the rural health, workforce recruitment, education, and social sectors.

The Network’s NZLocums team is held in high regard by the health sector. Their expertise across national and international recruitment of rural doctors and nurse practitioners was acknowledged when they were awarded the 2019 Seek Annual Recruitment Medium Recruitment Agency of the Year.

Our Members

- **48 Students**
- **502 Doctors**
- **225 Reception**
- **260 Practice Administration**
- **807 Nurses**
- **79 CEOs or GMs**

- We represent **1900** rural health professionals
- There are **185** rural general practices and **148** are members of the Network
- They provide care for **569,838** registered patients
- This represents **12%** of NZ’s total population
The Network’s overarching goal is ‘healthy rural communities’ and our members know they have a crucial role to play in achieving this.

While there is currently a lack of quantifiable evidence of the extent to which the health outcomes of NZ’s rural population are significantly poorer than urban populations, health and academic experts agree that this is true.

And more alarmingly, the Wai 2575 findings tell us that NZ’s health system is failing Māori. We know that this is especially true for rural Māori.

The Network maintains that, if our goal to address the inequity in health outcomes across NZ is to be achieved, the 700 000 people who live and work in rural NZ must be considered a priority population. As a priority population, rural NZers need a 10 year Rural Health Plan that describes how we will work together to set and achieve targets, hold authorities to account and establish rurally appropriate funding models.

This will require the establishment of a Rural Health Directorate within the Ministry of Health to oversee and be accountable for the implementation of the Plan.

The four strands of the Network’s Vision guide the work we do and much of our engagement with Government and its Ministries. We discuss our priorities and current work plan linked to each strand in the Briefing that follows.

1. Grow our rural workforce from within the heart of rural NZ

2. Be the trusted and united voice of rural health

3. Improve rural Māori health outcomes

4. Provide excellent and sustainable service to our members

DISCUSSION WITH THE MINISTER

- Rural New Zealanders need a 10 year Rural Health Plan
- The establishment of a Rural Health Directorate within the Ministry of Health
1.1 Rural Health Workforce Crisis

There is an ongoing shortage of doctors, nurses and allied health professionals in rural areas. This is acknowledged as a serious issue in the Health and Disability System Review and negatively impacts on health outcomes for rural communities.

The existing rural health workforce is aging, with 50% signalling they will be retiring in the next 5 – 10 years. Those still practicing find the demands for 24/7 after hours care and emergency responses, and the lack of replacement staff, to be stressful. Many are burnt out.

Current funding models for small rural practices, with dispersed patient communities, make these practices financially unsustainable. Many are choosing to leave their rural practices to work in urban areas, or overseas where the work conditions and pay allow them and their families more balanced lifestyles.

We are not training enough health professionals who are focussed on working rurally. Critical barriers such as funding and working conditions need urgent review if this is to be rectified.

There is no magic bullet. What is required is acknowledgement that this is an urgent issue and that short, medium and long term solutions need to be co-designed and appropriately funded. These range from addressing the immediate need through the recruitment of locum doctors to long term solutions that include encouraging young people into rural health careers and training programmes that will equip them with the skills to thrive in rural areas.

In the short term we must continue to remove barriers to enabling internationally trained health professionals to cross our borders and relieve the pressure on the rural health workforce.

1.2 Rural Interprofessional Health Training

At the Network’s Rural Health Conference in April 2019, the Minister of Health, the Hon. David Clark, announced Government’s commitment to developing an inter-disciplinary model of training the future rural health workforce.

The Network acknowledges that this initiative has been a priority for the Coalition Government in the 20 months following that announcement but on-the-ground action has been painstakingly slow and marginally engaged with rural health expertise.

However, in July 2020, the Network’s Chief Executive and several Board Members were invited to join the Ministry of Health Workforce Directorate’s Working Group to provide advice on this initiative. We understand that the Minister will be briefed on the outcomes of the Working Group’s discussions and recommendations for urgent action.

The Network maintains that the success of this innovative initiative is dependent on the empowerment of rural health expertise in the governance of its design and implementation, and the allocation of an appropriate multi-year budget.

We look forward to working with Government to bring a nationally distributed, interprofessional training and education programme to reality.
1.3 Rural Health Careers Promotion Programme

The Network respects international evidence of three strong predictors of successful recruitment and retention of graduates into rural health careers:
1. Being raised rurally
2. Having had lengthy rural placements in undergraduate training programmes, and
3. Completing lengthy rural placements in post graduate training programmes.

Our rural health careers promotion programme is based on the first of these three predictors. In partnership with the Students of Rural Health Aotearoa (SoRHA) we deliver a programme that aims to encourage rural secondary school pupils to consider a career in health.

SoRHA members travel in small groups across rural areas, facilitating interactive workshops with Year 9 and 10 school pupils. They discuss options for tertiary study, ways to optimise rural entry pathways, scholarships and specific Māori support schemes. They also share information about their own studies and journeys though them. They invite the pupils to use simple medical equipment to stay engaged in the workshop and spark an interest in rural health careers.

SoRHA members also benefit from the programme by being immersed in a wide range of rural communities, spending time visiting rural hospitals, general practices, dentists and other health services. They build their own network of rural health relationships along the way which in turn strengthens their passion for rural health.

The Ministry of Health has recognised the importance of the programme and recently entered into a contract with the Network for this year’s activities.

We acknowledge that the outcomes of this initiative will take some years to demonstrate impact in the form of increased numbers of rural health graduates, but we are confident that the programme will achieve its aims and be well received by secondary school pupils. We will continue to work with the Ministry to assess the merits of extending the contract beyond the current term.
1.4 NZLocums Recruitment of Rural Health Professionals

The Network advocates strongly for a rural health workforce pipeline that over time will ensure the sustainability of a multi-professional rural health workforce. However, until that is achieved, the most tangible contribution the Network makes is through our long standing contract with the Ministry of Health for the recruitment of locum doctors into rural general practice.

Through this contract rural doctors and nurse practitioners are able to get the locum support needed to either take an annual break from their work or fill gaps in their team that result from the rural health workforce crisis.

In the year ending 30 June 2020 we placed 116 locum doctors in rural general practices for varying lengths of time.

To ensure a constant pool of candidates, NZLocums runs a continuous international recruitment programme that supports internationally trained doctors through immigration and registration requirements, and introduces them to our health system.

The expertise and reputation of the NZLocums team was integral to the trust Government placed in the Network to deliver a demanding Covid-19 programme of support to rural general practices discussed in section 1.6.

1.5 Internationally Trained Medical Professionals Immigration Issues

The success of the NZLocums initiative relies on a steady supply of trained and experienced doctors and nurses being willing and able to immigrate to New Zealand. Covid-19 has introduced a number of barriers that is making this extremely difficult to achieve.

With the borders closed to non-New Zealanders, we need an ongoing exemption to enable internationally based health professionals to get visas. While these exemptions were originally allowed, we have experienced significant difficulties in getting them extended with enough notice to allow for registration and immigration planning. The additional barriers caused by the costs of quarantine, and the inability to book quarantine places that have all but prevented the entry of doctors into NZ are of great concern.

The Network has been working with the Ministries of Health, Business, Innovation and Employment, and Immigration to address these barriers. The frustratingly slow response to the issues raised directly contributes to the stress factors in rural primary care. We want to work these Ministries to design a more streamlined process for the immigration of health professionals through the Covid-19 international border controls.
1.6 Covid-19 Pandemic Emergency Roving Locums (PERL)

From early in 2020, the Network has been involved in the Ministry of Health’s Covid-19 response, as it was quickly recognised that pandemic responses in rural communities would be significantly different to those in urban settings.

Ensuring rural communities have reliable access to primary care services, while at the same time enabling access to Covid-19 testing and treatment, and a future vaccination programme, is a top priority for our team. We continue to provide advice to the Ministry about the vulnerability of rural general practices as a result of the increased workload and the risk of medical teams becoming ill or needing to self-isolate for long periods of time.

The Network is proud to have been asked to deliver Government’s response to these risk factors through a one-off contract known as PERL (Pandemic Emergency Roving Locums) that provides vulnerable rural general practices with fully funded short-term locum medical and nursing staff.

Since April 2020 48 practices have received locum support for the equivalent of 132 weeks of doctor, nurse practitioner or practice manager services.

The PERL contract ensures we are in regular contact with all rural general practices throughout the pandemic response. It has made us very aware of the severe impact and pressure placed on the rural health workforce. The initiative will continue through until March 2021 so practices can access this support if there are community outbreaks and further stresses put on the rural health workforce.

1.7 Covid-19 response within our team

The Network’s in-house sustainability has been shown to be robust by the pandemic response as all staff were able to work effectively from home throughout the Level 3 and 4 lockdowns.

The ability to effectively engage with each other, the Network members and key partners means we have been able to maintain our workplan for the year, while at the same time managing the additional demand that resulted from the PERL initiative.

We continue to improve these systems as we recognise the contribution they make to our being a carbon neutral, climate friendly organisation. We also recognise the positive impact that reduced commuting time has on the wellbeing of our staff who live across the greater Wellington region, and frequently travel nationally.

DISCUSSION WITH THE MINISTER

- Funding and governance of interprofessional rural health workforce training
- Removing immigration barriers for medical professionals
- Ongoing commitment to the rural health careers promotion programme
BE THE TRUSTED AND UNITED VOICE OF RURAL HEALTH

2.1 A United Rural Health Voice

The Network was formed in the early 1990s by a group of rural GPs who were passionate about providing health care to rural communities and wanted to support each other and their families to do so.

Since then, through increased membership and external contracts, the Network has developed sufficient scale in its operational team to allow it to provide a ‘home’ and administrative support for other rural health groups.

This broadened skillset, and the Network’s positive reputation as a strong advocacy group that is able to work with central government to develop rural health policy and practice, has expanded the organisation’s focus.

As a result of this, the governance of the five rural health networks introduced in this Briefing are exploring options to move from the current structure of five unique organisations with associated membership, to a united organisation that better reflects the wider rural health community.

The Networks have already adopted this approach in their combined Rural Health Manifesto (Appendix 1) and will work together to advocate for its implementation in the year ahead.

The five Networks are working towards a decision from their members on the proposal to form a united rural health voice by mid-2021.

2.2 National Rural Health Conference 2021

In most years, the Network hosts members and rural health stakeholders at the National Rural Health Conference. Like so many other conferences, Covid-19 caused the cancellation of our 2020 conference.

We are optimistic that with a cautious blend of mitigating options, the National Rural Health Conference 2021 being planned for 29 April - 1 May 2021, in Taupo, will go ahead.
2.3 The Network Works With Others

The Network is proud of its reputation as a credible representative of the rural health perspective by Government, the Ministries of Health, Business Innovation and Employment, Immigration, ACC, and many multi agency forums.

Since 2012 the Network has acted as the Chair of the National Rural Health Advisory Group whose members represent DHBs, PHOs, MOH, ACC, St John, Rural Hospitals, Rural General Practice and rural health providers. The group meets quarterly to provide advice to government on policy and implementation, and to identify issues of interest or concern to members.

The Network is an active member of the General Practice Leaders Forum whose members include NZ Medical Association, General Practice NZ, NZ Nurses Organisation, and Royal NZ College of General Practitioners.

The Network is the Chair of the National PRIME Committee which oversees the programme of work of the agencies involved in this service.

The Network is an active member of the Rural Health Alliance Aotearoa NZ (RHAANZ) and not only provides practical support for, but is an enthusiastic participant in, the annual Ruralfest event.

2.4 Planning for a Covid-19 Vaccination Programme

Primary care has been at the forefront of rural NZ’s Pandemic response evidenced by the fact that over 50% of Covid-19 testing has been done by general practice services. The rollout of a Covid-19 vaccination programme will be reliant on the same network of services, and more so in rural areas. The complexities associated with effective communication, vaccination supply, and workforce capacity will be compounded in rural and remote communities.

The Network wants to ensure that a rural lens is cast over this critical programme of work from the outset. Our expertise is available to the Ministry of Health as soon as it is ready to engage with us on how to roll the Covid-19 vaccination out to the rural population.

DISCUSSION WITH THE MINISTER

- Our five rural health network’s proposal to form a collective Network that speaks with a united voice on rural health issues.
- Our invitation to the Minister to open our National Rural Health Conference on 30 April 2021 in Taupō.
The Health and Disability System Review clearly highlights the unacceptable disparity in health outcomes between Māori and Non-Māori. The Treaty Claim (Wai 2575) found that the health system is not meeting the requirements of the Treaty for Māori and therefore places responsibility on all organisations to be proactive in closing these gaps.

Rural New Zealand has high proportions of Māori. Some regions, such as Northland and the East Cape, have communities comprising 75% Māori and many have compounding issues such as high unemployment, high deprivation and poor access to health services.

We are particularly concerned with the higher mortality rates for Māori in rural communities before the age of 35, compared to equivalent Māori populations in urban areas.

The Network believes the first step in achieving equity for Māori is to help remove cultural bias (often unintentional) through initiatives that enhance understanding. This starts ‘at home’ and so we are embarking on an initiative to increase the cultural capability of our own organisation and members.
The Network partners with a Kaumātua group, Te Rōpū Ārahi, chaired by Kaumātua Bill Nathan of Te Atiawa to ensure we:

- Adopt a bicultural approach to tino rangatiratanga / governance
- Are supported to apply culturally responsive practices both within our own organisation and with the rural Māori communities we work with
- Are supported in our relationships and collaboration with rural Iwi, Hapū and Whānau.

In the first instance we will ensure we are operating in a manner consistent with Te Tiriti o Waitangi by working with Te Rōpū Ārahi to co-create a Tikanga guide that staff and Board will be trained and supported to use. Once this is evaluated, we will offer the Guide to our members for use in their own practices.

Aotearoa New Zealand needs health professionals that reflect the communities in which they live and operate. With Māori representing 15% of the population, it is simply unacceptable that only 6% of practicing doctors are Māori. This undoubtedly contributes to poorer health outcomes for Māori.

The Network’s commitment to addressing this is seen in our rural careers initiatives (Section 1.3) that have a strong focus on identifying Māori youth and ensuring they have access to appropriate information and role models to inspire them towards rural health careers.

We also support the affirmative action programmes that encourage entry of students from Māori and rural backgrounds into tertiary training and education programmes through their existing quota systems.

**DISCUSSION WITH THE MINISTER**

The rollout of the Network’s Tikanga Guide to all rural general practices.
4.1 Financial Sustainability of Rural General Practice

The Network holds grave concerns about the financial sustainability of rural general practice and the impact this has on equitable access to health services, and ultimately, rural health outcomes. The Health and Disability System Review recognises that primary care funding models are long overdue a complete overhaul. This is arguably more so for rural health services that juggle the disproportionate relationship between lower volumes of patient activity with the expectation of access to the full gambit of health services (including 24/7 afterhours and emergency response).

The Network knows this underfunding is a principle factor in the ongoing depletion of the rural health workforce and must be remodelled and ringfenced to protect the integrity of it. When Tier 2 services are devolved to rural localities close to whanau support, appropriate levels of funding and infrastructure must follow them.

We are ready and willing to engage with the Ministry in developing new fit-for-purpose funding formulas that incorporate relevant rural weightings. Without this we will see further demise in rural health outcomes across this nationally significant priority population.

4.2 PRIME, Urgent Care and After Hours Services

The Primary Response in Medical Emergency (PRIME) service was established as a result of a Ministry of Health Study 'Roadside to Bedside: A 24 Hour Clinical Integrated Acute Management System for New Zealand’ 1999.

It is a contract that sits between the Ministry of Health and St John, who then contract with 70 or so rural general practices whose medical staff work with St John in their response to both accident or medical emergency calls.

In recent years the Network's advocacy has focused on the major deficit in funding for PRIME services particularly where the number of emergency call outs are high eg Te Anau, Coromandel and MacKenzie Basin.

This year we have endeavoured to unbundle the issues that sit behind the logistical and financial risks of the PRIME service. We have realised that the extremely high risk to the personal safety of the often solo doctor or nurse responding to the call out has now alarmingly exceeded our concerns about the financial issues.

The Network is in the early stages of a multi-agency project to consider PRIME in the context of all after hours and emergency care needs of rural communities. This includes Network members, DHBs, PHOs, ACC, Ministry of Health, St John, and Homecare Medical (telehealth services) so that potential solutions align with the implementation of the Health and Disability System Review.

This project is expected to be completed by mid-2021, and will contribute to a greater understanding of the unique facets of rural primary care that sets it apart from urban services.
4.3 Rural Health Data

The Health and Disability Systems Review acknowledges that rural health outcomes trail those of their urban counterparts. This is widely accepted across rural health, academic and community agencies, but there is little hard data to support this.

In order to argue for better outcomes for rural communities through implementation of evidence based changes, it is important to have baseline data about mortality and morbidity and indicators of health outcomes in rural communities. Having these figures allows targets to be set, intervention outcomes to be measured, and agencies to be held accountable.

We are working closely with the data analysis team within the Health Workforce of the Ministry of Health to produce interim figures that look at mortality differences between urban and rural populations. Unpublished data from this work has been used to produce the graphical information in this Briefing.

We are also working with this team to predict rural GP workforce requirements over the next ten years. These are encouraging first steps in producing data that will enable informed decision making in future years. We encourage the Ministry of Health to continue to expand this work.

The Network is actively supporting Otago University’s Health Research Council funded project to establish a definition of ‘rural’ as it pertains to health. This research is forecast to be completed late in 2021 and will provide a robust platform from which rural health outcomes can be researched and understood.

4.4 Rural Broadband and Mobile Connectivity

The Network is a member of the Technology Users of Aotearoa NZ (TUANZ) whose advocacy for equitable connectivity is critical to the work we do, and closely aligned to health outcomes of rural NZ.

Unreliable broadband and cellular phone connectivity is depriving rural communities of the opportunity to access the rapidly advancing technology in telehealth and virtual health services. Through our membership with TUANZ the Network is aware of the regularly reported achievements of RBI1 and RBI2 initiatives. However, the other side of this data that would show the vast gaps in connectivity is not readily available and so the extent of this problem is not quantified or well understood.

Our members tell us that their ability to offer telehealth and virtual consultations to many of their patients is significantly discounted by connectivity issues. Improved broadband and cellular phone access would contribute solutions to the rural health workforce crisis, improve access to diagnostic and specialist consultations, and the health and safety of medical staff working alone on emergency or after hours call out.

DISCUSSION WITH THE MINISTER

- Review of rurally appropriate funding models for primary care including afterhours and emergency services
- Closing the gaps in rural health outcome and workforce data
- Reliability of rural broadband and mobile connectivity
Kia ora, my name is Ben and I’m one of the co-chairs of Students of Rural Health Aotearoa (SoRHA).

SoRHA was developed in 2018 because although there are a number of different rural health clubs in tertiary institutions across the Motu, we realized that with a concerted multidisciplinary and nationwide effort we could do more. Through our promotion of rural health careers both to pre-tertiary or secondary school students and current tertiary students we hope to future proof our rural health workforce and achieve more equitable rural health outcomes.

SoRHA is supported by the New Zealand Rural General Practice Network and this year in 2020 have contracted with the Ministry of Health to deliver the rural health careers promotion program. We’ll be visiting over 60 schools around the country and thousands of secondary school students will take part in the programme that promotes health careers as an option in recognition that those rural rangatahi are more likely to go on to serve rural communities in the future. We’re really excited about our relationship with the Ministry of Health and their support of us through this contract and our ongoing relationship with the Rural General Practice Network. We’re proud of what we’ve achieved to date and looking forward to what we can achieve together in the future.

If you’re keen to get in touch feel free to give us a call and we’ll look forward to hearing from you.

DISCUSSION WITH THE MINISTER

We want to discuss the importance of a nationwide whanau centred approach to recruiting and supporting rural people into rural health careers.
National Rural Health Conference

The National Rural Health Conference is a big event on the SoRHA calendar with our members involved in all levels of conference planning and facilitation. From chairing sessions to presenting their own research and topics of interest, SoRHA members make the most of the opportunity to get to know each other and build valuable relationships with rural health professionals from across the country.

Each year the Rural General Practice Network sponsors a number of places for SoRHA members to attend the conference. For many of our members this support provides the first opportunity to participate in a conference of this nature so we are looking forward to the return of the National Rural Health Conference in 2021.

Using Technology to Connect and Learn

SoRHA works closely with RGPN to connect our members with the rural health and academic sectors. This year we have facilitated a number of virtual seminars that were attended not only by SoRHA members but also the wider public.

Seminars held this year included a forum with tangata whenua who are working rurally in dentistry, medicine, nursing and allied health, a showcase of rural health opportunities and an online rural health careers sessions that offered advice to senior secondary school students planning their tertiary study.

We are working closely with RGPN on our work programme for next year which will include more virtual seminars, rural school visits and noho marae.

VISION

Whanaungatanga, Korero, Tautoko
Connect, Inform, Support

MEMBERSHIP

SoRHA members are linked to the Rural Health Clubs at each of the four medical schools and many other tertiary training institutes. It brings together students of medicine, nursing, dentistry, and allied health in the only NZ wide multidisciplinary rural health student network.

PURPOSE:

• To provide a voice for tertiary students who are interested in improving health and wellbeing outcomes for all rural and remote New Zealanders
• To promote rural health careers and encourage all students who are interested in practising in rural health.

www.sorha.org.nz
We recently held our second Rural Hospital Network Summit in which rural hospitals, regardless of whether they are operated by DHBs, community trusts or iwi organisations, came together to talk about what is important to them. One of the biggest topics discussed this year was how we improve the understanding, beyond our own Network, about the role we play in the health of rural NZ.

We understand that over the years the role has changed. Many rural hospitals are now the health hub of their community bringing primary and community care together with secondary hospital services. We worked as a team during the Summit to prioritize the issues and discussed options and solutions to address them. Most importantly, we talked about the contribution rural hospitals will make to the implementation of the Health and Disability System Review.

I encourage you to have a look at the Rural Hospital Summit paper that we published and the priorities we decided on for this year. It’s not surprising that they align with the Rural Health Manifesto that we prepared with the other Rural Networks included in this briefing as we increasingly speak with a united rural health voice.

I look forward to working with you and your team to address these issues so together, we can be part of an effective rural health system.
In 2019 the Network held its inaugural Summit inviting clinical and non-clinical leaders from all rural hospitals to participate.

In September 2020 we held our second successful Summit in which we shared information about our successes and challenges.

The resulting Rural Hospital Summit report is endorsed by all Summit participants and will guide the Network’s advocacy for the ensuing year. The four key issues and actions that we will work with our rural health network partners to advocate for are:

1. The development of national leadership and strategic direction across the rural health sector. Establish accountability for rural health outcomes through the development of a 10 year rural health plan and a rural health directorate within the Ministry of Health.

2. Increase sector wide understanding of the role of rural hospitals within both their own rural communities, and the NZ health system.

3. A cross government approach to developing a by rural, for rural, in rural health workforce plan, that sits inside the Rural Health Plan, and includes interprofessional education programmes, and short term responses to the rural health workforce crisis.

4. Organisational stability across rural hospitals regardless of whether they are owned and operated by a DHB or an NGO through restructuring funding to reflect the realities of delivering services in rural areas.

Rural Hospital Locums

The Network is in the process of finalising a report commissioned by the Ministry of Health to assess the need and options for a rural hospital locum doctor service. The aim of this work is to clarify the anecdotal view that there is a need for a nationally coordinated service, similar to the rural general practice locum service referred to Section 1.4 of this Briefing.

LINKS

www.nzrhn.co.nz
RHAANZ membership is focused on strengthening the health and wellbeing of people living and working in Aotearoa NZ. Our strength lies in the diversity of our membership from rural contracting, technology, education, regional and local authorities to rural hospitals, and general practice.

Yes, RHAANZ invests its time and energy into identifying key issues that impact on the health and wellbeing of rural communities, but we focus more on seeking solutions to them, and bringing people together to shift talk into action.

The Health and Disability System Review recognized that rural health outcomes are unacceptably poorer than urban Aotearoa. RHAANZ is ready and willing to contribute to turning this around through rurally focused solutions we know can be found in rural communities.

Like my colleagues in this Briefing, we agree that having five separate rural health networks with a common vision for ‘healthy rural communities’, muddies the waters and slows down action. We are committed to working together to establish a collective rural health voice and rural hauora solutions.

You’ll see this in action at RuralFest 2021 when we look forward to constructive discussions with yourself and other Ministers and Members of Parliament. We are keen to set a date in February or March 2021 and would like to discuss this with you.

**DISCUSSION WITH THE MINISTER**

- Plans for RuralFest 2021
- Bringing the Rural Community voice to the implementation of the Review
RURAL HEALTH ALLIANCE AOTEAROA NZ

MEMBERSHIP:
37 national, regional, private and public organisations that include agri-business, District Councils, Health and wellbeing digital technology and connectivity, education and rural community groups.

PURPOSE:
RHAANZ represents a united rural community voice focused on improving the health and wellbeing of those who live and work in rural NZ.

RuralFest

RHAANZ held its first RuralFest in 2016 when representatives of its member organisations came together to identify common ground issues they agreed were impacting on health and wellbeing of rural New Zealanders. They spent the first day drawing out key themes and priorities that emerged from their combined perspectives and on the ground experience. Overnight, the group prepared high level policy statements and potential calls to Government for action.

On the second day, with the support and coordination of Parliamentary staff, RHAANZ members spent the morning in Parliamentary offices, discussing the policy statements with the Minister of Health, the Minister for Primary Industries and Rural Communities, and about 40 MPs from across the main political parties. In a series of friendly and constructive meetings, the key issues were discussed, solutions and calls to action emerged.

Since then, RuralFest has become an annual event, held in non-election years in early November, and in February or March following an election. Members of Parliament and RHAANZ members enjoy the opportunity to work positively on specific issues that put life and actions into Government’s Rural Proofing Policy.

Rural Health Road Map

RuralFest discussions inform RHAANZ’s annual Rural Health Road Map that outline the key issues, ‘Calls to Action’, and bold solutions that become the priority for the year ahead.

The key issues identified in the Rural Health Road Map 2019 solidly reflect the Health and Disability System Review report that states:

"we have seen rural communities forced to make do with a level of service accessibility that is simply unacceptable".

RHAANZ is looking forward to working with Parliamentary teams and the Ministers of Health and Rural Communities to bring RuralFest 2021 together early in the year.

Seeking the Rural Community View

RHAANZ broad membership provides a unique opportunity for Government to consult with organisations that understand the rural community view. In the past year, the Ministry of Health Workforce Directorate has availed itself of this resource and consulted on its Medium Term Rural Health Workforce Plan. It has also included RHAANZ members in its operational advisory groups when needed.

RHAANZ has begun its engagement with the Review Transition Team and looks forward to bringing the rural community focus to this important work.

www.rhaanz.org.nz
Rural communities are fundamental to the heartbeat of Aotearoa NZ and rural nurses are a large and critical part of the rural health workforce that supports them. Rural Nurses NZ was established in 2017 by rural nurses to support and connect our workforce. We do this through communication and knowledge sharing initiatives like our website, our closed Facebook group and our regular education webinars which have been growing exponentially.

In order to effectively respond to the needs of our rural communities we need to invest in research into the key issues and challenges they face. To that end, Rural Nurses NZ recently completed research into the motivators and barriers for nurses who are interested in transitioning to rural careers and enhance the sustainability of our future workforce. Another challenge for us is in accessing robust data that will allow us to gauge and understand our rural nursing workforce. We want to work with the Nursing Council and the Ministry of Health to address this in the future.

We work closely with our rural health colleagues with whom we share goals and aspirations for the future of both our rural health workforce and the health of our rural and remote communities. We look forward to continuing to work closely with them and the Ministry of Health so that we can achieve better outcomes for our rural communities.

**DISCUSSION WITH THE MINISTER**

We want to discuss the importance of establishing a robust rural nursing workforce database.
MEMBERSHIP
700 rural nurses who work across rural and remote hospitals, rural and remote general practice, academia and health education.

PURPOSE:
We work with our members and other rural health networks to:
• Advocate for, with and on behalf of rural nurses across NZ
• Provide consistent clinical direction and practical support for rural nurses, many of whom work in remote and isolated settings
• Use innovative ways to enable rural nurses to network and learn together.

Understanding the Rural Nursing Workforce
Rural nursing is a specialist field of nursing that combines a broad range of clinical skills with the ability to build trusting relationships with our patients and the many agencies and communities involved in their care. Yet there is little known about ‘rural nurses’ as a professional body: who we are, where we work, and what we do.

We are currently advocating for a change in the way data regarding the rural nurse workforce is collected so we can close the gaps in knowledge and provide more targeted support for the future rural nursing workforce. Rural Nurses NZ intend to discuss this issue with the Ministry of Health Workforce Directorate in the near future.

Rural Interprofessional Health Education Hubs
Rural Nurses NZ is a member of the Ministry of Health Workforce Directorate rural health inter-professional education hub working group. Our participation in the working group ensures the future development of the rural nursing workforce is included in the design of this dispersed education model from the outset.

Using Technology to Connect and Learn
Rural Nurses NZ are proud to be a key partner with Mobile Health to deliver a comprehensive education programme to the rural health sector. Since January 2020 the programme has delivered:
• 167 education sessions
• 10938 attendees
• 12100 hours of Continued Professional Development

Details of upcoming webinars and recordings of webinars held this year can be seen here: www.mobilehealth.co.nz

LINKS www.mnz.org.nz
Approximately 700,000 people live in rural New Zealand, equivalent to our second largest city. Through dairy, agriculture, tourism, forestry, fishing, horticulture and viticulture rural NZ contributes over 50% of our country’s export dollars.

Rural health outcomes are recognised as being poor, and this is especially so for Māori; with some rural communities comprising as high as 75% Māori, many living in serious economic deprivation.

Many rural people:

- Have long waits for appointments to see health professionals and are less likely to be referred to diagnostic and specialist services.
- Struggle to afford the costs of time and travel to manage their health, with transport being a significant barrier.
- Have little or no access to specialist mental health and addiction services and crisis response.

The Government has set a goal of equitable health care for all, no matter their location, gender, age or ethnicity.

The members of our five rural health networks reach across rurally based industries, farming, health and social services, rural health professionals and hospitals, and local government.

APPENDIX

RURAL HEALTH MANIFESTO

2020

HEALTHY, ACTIVE, CONNECTED AND VIBRANT RURAL COMMUNITIES

We require a rural health plan with three areas of focus:

1. SUSTAINABLE FUNDING:
   respects the financial and clinical realities of providing services rurally

2. WORKFORCE DEVELOPMENT:
   a rural health workforce pipeline: by rural, for rural, in rural

3. DIGITAL & CONNECTIVITY:
   digital literacy; affordable data; access to devices; reliable connectivity
“The rural population often feels they are invisible to urban decision-makers.”

THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:

• A ten-year Rural Health Plan that assures those living in rural areas have equitable access to health professionals, diagnostic services, social services, specialist services and crisis response.
• An integrated rural health system that is whānau and people-centred, uses data-driven targets and ensures accountability to outcomes; including health equity for Māori.

TO SUCCEED THE RURAL HEALTH PLAN NEEDS THREE THINGS:

1. SUSTAINABLE FUNDING
Rural health professionals are struggling to make a viable living under the current financial models. They are generally paid less than their urban counterparts, provide care for a dispersed population that requires significant travel time and cost, and need to be available 24/7 to service emergency needs. This is causing an exodus of rural health professionals to urban settings, where both income and lifestyle are easier to balance.

THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:
Locality specific funding solutions that support sustainable and equitable rural health outcomes including emergency care and after-hours support.

2. WORKFORCE PIPELINE
The rural health workforce is in crisis. There is a shortage of rural doctors, nurses and others, with insufficient numbers being trained and upskilled to meet the shortfall. This situation is going to get worse, with an aged demographic signaling over 50% heading into retirement within 5-10 years. Our current reliance on importing health professionals from overseas is not sustainable. A new and different approach to training, upskilling, recruiting, and retaining rural health professionals drawing on international experience is needed. Research shows that training rural people, in rural locations, leads to rurally-based health professionals who stay.

THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:
The development and funding of inter-professional training and upskilling that is embedded and distributed nationally across rural areas. This must recognise all professions that contribute to the well-being of rural communities. The training and upskilling needs to include approaches that assure equity for Māori.

3. DIGITAL & CONNECTIVITY
Covid-19 has shown that the opportunity to access healthcare from a distance, including specialist input and advice, is greatly enhanced by connectivity (cell phone and broadband). Rural populations are being deprived of this opportunity but have the most to gain from focused investment in reliable connectivity. Access to affordable data, adequate devices and the skills to use them, is equally important.

THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:
A commitment to ongoing investment beyond the current Rural Broadband Initiative project, to ensure that rural connectivity is of an equivalent quality and accessibility as urban. A recognition that rural people have a right to devices and training to enable them to access the healthcare and information they need to live a full, safe and healthy life.

LINKS
Rural Hospital Summit • Rural Health Road Map • Rural Proofing the H&D System Review