

Friday, 13 October 2006

Anne Duncan  
Ministry of Health  
PO Box 5013  
Wellington

Dear Anne

**Supplementary submission to the Ministry of Health review of the Rural Ranking Scale (RRS)**

This supplementary submission is to be considered alongside the Network's earlier comprehensive response.

The Network has the following comments about this review:

- **Lack of basic planning, process and protocols:**

Given the significance of this review and the potential impact on rural practitioners the Network was very surprised and concerned to learn that the Ministry did not develop a Terms of Reference, Research Protocols or a Project Plan prior to starting this review. In its 10 April paper submitted to the Ministry of Health, the Network recommended a process to achieve early and full consultation. An excerpt from this paper is as follows:

**Process for reviewing of the rural ranking score:**

*Given the potential impact that any changes in definition of "rurality" could have on rural practitioners, the Network requests that in accordance with the undertaking by the Associate Minister of early and full consultation that a review process be established which fully engages with the sector and includes*

1. *The establishment of a review committee which has representation from rural stakeholders*
2. *The development (by the review committee) of terms of reference, including purpose, scope, methods, consultation plan and timeline*
3. *A review of the New Zealand documentary data related to the definition of "rurality" and the functioning of the rural ranking score. This should include consideration of the Ministry's early GIS "rurality" project.*
4. *A review of international data on "rurality"/rural indices with a particular focus on the Australian and Canadian literature*
5. *The surveying of rural ranked general practitioners and their rural teams on the ways in which the current rural ranking score system is working and ways in which it could be more effective and efficient.*
6. *Engagement with other stakeholders for whom the definition of "rurality" is a significant strategic and/or operational issue*
7. *Where possible an analysis of the impact of the current definition of rurality on the objectives of the primary health care strategy as it applies to rural communities*
8. *An analysis of specific issues impacting on Maori rural health practitioners and rural Maori communities*

**We believe that issues that need particular attention are:**

*The impact of the current rural funding structure on the rural workforce recruitment and retention  
Variability (e.g. amongst DHBs) in how criteria are applied in relation to rural ranking scores and discretionary points*

*An analysis of the components of rural practice and rural communities which are relevant for a rural ranking score e.g. demographic profiles of rural communities, deprivation indices, fluctuations in practice populations (e.g. tourists), ability of area to recruit and retain staff.*

From information gained under and Official Information Act request it is clear that the Ministry only produced a basic Project Plan for this review on the 7<sup>th</sup> of September after the Network pressed for a copy and several weeks after the first RRS review consultation letter, dated 13 August, had been sent to CEOs of DHBs.

The lack of basic best practice raises serious concerns around the Ministry's approach to a review around a ranking scale that has fiscal implications for rural GPs and their communities in excess of \$32,000,000.

- **Less than 50% of Eligible GPs received the survey:**

The Network made the Ministry aware that less than 50% of eligible rural GPs had received the survey. Whilst this was later corrected, it was only due to the Network's diligence that the error was discovered.

- **How many rural nurses received the survey?**

What consideration was given to the importance of surveying rural nurses? The Network recommends that Rural Nurse Specialists providing primary care On Call should be considered for a rural ranking and that adequate levels of funding should be increased to support them.

The Network would like to know how many primary care rural Nurses (general practice or otherwise) received the Ministry's survey directly? And what weighting has been given to their responses.

- **Survey Analysis:**

The Network is not convinced that the questionnaire is of sufficient value to be able to draw any tangible conclusions around the complexity of defining rurality or ascertaining the need or rationale to change the current RRS.

We question the weighting of responses given to DHBs, PHOs and sector organisations not directly affected by the rural ranking scale versus the weighting given to rural practitioners directly affected.

At the time of writing, the Ministry has still not produced a research analysis protocol for this Review. The Network remains to be convinced that the analysis will have any veracity.

- **Outcome determined before Review responses submitted:**

There is evidence to suggest that the Ministry have already determined that there will be a new Rural Ranking Score and that nurses, or at least midwives, will be included.

A predetermined outcome before the Review responses are received, no Project Plan until 3 weeks after surveys are sent out and no research protocol implies that all is not as procedurally correct or transparent as it should be.

- **Increased numbers – More Money:**

The current funding has made an important difference to rural primary care at PHO, general practice and community levels. The funding has been allocated to rural community initiatives as well as supporting the tenuous balance of complex rural general practice.

If there are to be an increase in the numbers of rurally ranked practitioners, then government MUST increase the funding accordingly and this should be channelled through the PHO alongside other rural primary care funding.

The Network would strongly oppose a position that has the potential to destabilise the provision of rural primary care services or results in a loss of funding to rural practitioners.

- **Assistance to the RRS Review:**

Having received no response to our paper of 10 April or to subsequent enquiries, the Network met with Susan Wauchop (responsible for Rural Health in the MoH) on June 22<sup>nd</sup>. At this meeting the Network offered to seconde an available member of their team across to work for the Ministry and assist them with the RRS Review. This person was to start immediately and report solely to the Ministry for this review for a period of around 3 – 4 months.

This offer was not taken up. It was not until 3 months later in early September that the Ministry came back again to the Network, by which time we had assigned this person to work other work including the Network's own response to the RRS Review.

Because the Network holds the most comprehensive and current database of rural practitioners in NZ, we also offered to assist the Ministry's RRS Review by offering to post out the surveys and accompanying letters to all rural practitioners (GPs and Nurses). This offer was not taken up.

Dr Jim Primrose's quote in the NZ Doctor 20 September stating "the Ministry had attempted to liaise with the network but had not had a response" is not simply misleading but is blatantly untrue.

## **Closing Statement**

The Network has canvassed rural practitioners widely around this Review to ensure an extensive response rate. We understand from the volume of feedback from our rural practitioners and PHOs, that the Ministry has received a strong response. Given the extensive workloads of rural GPs, we recommend the Ministry takes time to give due weighting to each rural practitioners reply, many of which will be from a practice perspective rather than a single individual.

It is time for the Ministry to 'hear' the voice of rural practitioners who are most affected by this change.

The Network is the lead national rural general practice organisation representing rural doctors, nurses and practice managers. We have the support of our General Practice Leaders Forum colleagues (IPAC, NZMA, RNZCGP), which represents 100% of all general practice in New Zealand, as well as support from the NZNO and numerous PHOs representing rural communities.

The Network does not seek to embarrass the Ministry however believes the concerns we have raised around the lack of process in a review of this significance are extremely valid. We are also genuinely concerned at the potential lack of inclusion of rural nurse specialists in the review to date and we strongly recommend that the review must consider a risk analysis around funding and the implications of increased practitioners on current funding models.

Your consideration of the Network's two papers in response to the Ministry's Rural Ranking Scale Review is appreciated. Should you wish to discuss any aspect of the Network's response please feel free to contact me by email or directly on my cell phone 021 924 149.

Yours truly,

A handwritten signature in black ink, appearing to read 'Adrienne Steele', with a stylized, cursive script.

Adrienne Steele  
Chief Executive