



**Hauora
Taiwhenua**
Rural Health
Network

THREE YEAR RURAL HEALTH PLAN

Hauora Taiwhenua Rural Health Network ‘goes live’ on 1 July 2022. We will be the united voice of rural health services and organisations that are committed to influencing and improving rural health and wellbeing outcomes. Through evidence-based advocacy we will advocate for collaborative approaches that establish:

- Rural accountability across the Māori Health Authority, Health NZ, and Ministry of Health through the establishment of a Rural Health Directorate with all bodies having both national and regionally located representation
- Significant connection between Hauora Taiwhenua and national, regional, and local rural health policy and implementation groups e.g., National Rural Health Advisory Group, National PRIME Committee, General Practice Leaders Forum
- Robust funding platform from which Hauora Taiwhenua enables cross agency engagement with the rural health sector and the communities they care and advocate for

1

The Health System will reinforce Te Tiriti principles & obligations so that the unacceptable level of inequities experienced by Māori living in rural communities are addressed

2

Rural people will have Health System support to help them stay well in their own communities with health outcomes equitable with other New Zealanders

3

Rural people have equitable access to high quality Emergency or Specialist care when they need it

4

Digital services & technology will enable rural people to access care from within their home and/or communities at equitable levels of affordability to other New Zealanders

5

The rural health workforce is available, valued, well trained and supported

The Interim NZ Health Plan will include a ‘rural chapter’ and will focus on actions within 5 key system changes that Health NZ will implement over a 3-year time frame. The Hauora Taiwhenua Interim Council members have prioritized initiatives under each of the 5 Health NZ system changes, where those system changes have been focused in this plan to lead to better health outcomes for rural communities. We will work with each other, and government agencies to bring these to fruition.

1 The Health System will reinforce Te Tiriti principles & obligations so that the unacceptable level of inequities experienced by Māori living in rural communities are addressed

It is well documented that Māori living in rural and remote rural communities in NZ have very poor health outcomes compared to other New Zealanders. The average lifespan of Māori is 7.5 years less than the average New Zealander¹. Over 50% of rural GPs are international graduates and less than 4% of GPs are Māori². There is growing recognition that Māori respond better to health care delivered by Māori and/or in a manner that is culturally safe and consistent with their tikanga. This has led to the establishment of a Māori Health Authority and was recently evidenced in the COVID vaccination programme for Māori by Māori³.

Key Actions to 2024:

- Māori Health Authority, Iwi-Māori Partnership Boards, and Māori Health providers collaborate with Hauora Taiwhenua to improve rural Māori access to health services
- Develop baseline data that will enable accountability for rural Māori Health outcomes
- Trial a funded implementation of the Hauora Taiwhenua Tikanga Guide and training in rural general practices and rural hospitals to enhance clinical and non-clinical relationships with Māori (Iwi, hapū and whānau)
- Develop and implement a weighting methodology, in partnership with Hauora Taiwhenua, to ensure the funding of the capital and operational costs of providing rural health services is sustainable for these high-needs populations
- Identify opportunities and training to expand and enhance Māori clinical, non-clinical and kaiawhina workforces

What success will look like:

Equity of access of culturally safe health and wellbeing services for rural Māori leading to equitable health outcomes.

2 Rural people will have Health System support to help them stay well in their own communities with health outcomes equitable with other New Zealanders

Rural New Zealanders do not have access to the same range of services, at the same level of affordability, that are available to other New Zealanders. They often need to travel large distances, at significant cost, for diagnostic services, specialist care and treatment. This isolates them from their family, support networks and communities. Currently no consistent definition of rurality exists to measure specific health outcomes and hold health agencies to account for inequities. Because of this health outcomes for rural people lag behind those of other New Zealanders.

Key Actions required by 2024:

- A fully resourced rural locality prototype is developed in partnership with Iwi Partnership Groups and Hauora Taiwhenua, incorporating all health and social needs. This is used to inform future rural / remote locality planning and commissioning at sustainable levels
- Resource and support rural health services to ensure appropriate workforce: community ratios in rural areas
- Provide a system of core rural diagnostics services that are reliable, affordable and accessible
- Nationally plan and establish the role of rural hospitals as part of an integrated health system for rural communities
- Establish a research fund to provide key data that provides understanding of the key issues and trends in rural health and wellbeing
- The Geographical Classification of Health is adopted by all Government Agencies to provide clear, comparative health and wellbeing data for rural communities

What success will look like:

Rural populations are able to access affordable primary and community care support close to home. This will ensure rural health outcomes are equitable with those living in other parts of New Zealand. Rural health outcomes can be measured for rural communities and accountabilities established.

3 Rural people have equitable access to high quality Emergency or Specialist care when they need it Currently rural people have limited access to reliable afterhours, urgent care, and emergency services. These services are not provided in a nationally consistent manner to ensure timely and coordinated access to specialist appointments, diagnostic imaging, and medical treatment. Funding does not adequately recognize the increased cost of providing these services in rural areas to provide equitable outcomes.

Key Actions required by 2024:

- Urgently review, reconfigure, and fund rural afterhours and PRIME services
- Apply learnings from the rural locality prototype to a planned roll out of sustainably funded, integrated, rural hospital, primary maternity, emergency and afterhours service in rural communities
- Establish funding to enable reliable access to emergency ambulance and patient transfer services for rural regions
- Establish a nationally facilitated acute virtual consultation service, including emergency reviews, to ensure these services are available through rural hospitals
- Build the requirement into contracts for other medical specialists to support GPs by carrying out rural face-to-face and virtual consults
- Establish and resource clinical staffing standards (qualifications and ratios) for rural hospitals

- The role of rural hospitals in an integrated rural emergency care system is understood and funded

What success will look like:

Rural populations, and those travelling through rural areas, have access to timely, high-quality emergency care and specialist support that is funded sustainably.

4 Digital services & technology will enable rural people to access care from within their home and/or communities at equitable levels of affordability to other New Zealanders

The health system is moving more towards on-line, virtual, tele-health services in order to efficiently deliver key services. Many rural communities and families do not have access to reliable and affordable connectivity (mobile or broadband) to be able to take advantage of these services. This includes access to the hardware and the knowledge to utilize this technology.

Key actions required by 2024:

- A national health data specification is developed and mandated across health service provider Patient Management Systems to increase access and sharing of patient data across platforms
- Government resources accelerate the rollout of RBIII
- An equity fund is established to meet the costs of connectivity to alternative broadband providers for rural families unable to utilize existing services
- Community internet hubs are established and made available, with training and support on hand, for remote rural communities.
- Telehealth consultations are systematized across all health care pathways that allow for both regular rural health and specialist health consultations

What success will look like:

Rural communities have access to digital health services equitable with other New Zealanders

5 The rural health workforce is available, valued, well trained and supported

The rural health workforce is in crisis and this crisis remains unaddressed. While solutions have been proposed, minimal action has been taken to mitigate this in both the short and long term.

Currently, rural specific training programmes are poorly resourced and promoted. The Division of Rural Hospital Medicine training programme contributes to the rural hospital doctor workforce, but there is no equivalent rural pathway for General Practice, Nursing, Maternity and Allied Healthcare to produce a sustainable rural health workforce.

Research has clearly shown from overseas studies that training rural people, by rural people, in rural communities develops a health workforce that stays and works in those communities when they are given the right incentives. To date this has been ignored.

The rural workforce that exists must be well supported to ensure retention and prevent the crisis worsening.

Key actions required by 2024:

- Fund and implement a new rural interprofessional, cross-institutional, training programme at tertiary level to ensure the long-term supply of adequate numbers of health and wellbeing graduates: in rural, by rural, for rural.
- Continue to provide funding for rural locum services: GPs, nurses and midwives. Extend this to include rural hospitals.
- Research the number of graduates annually required for various health professions that need to provide a sustainable workforce in rural New Zealand
- Develop a 5-year rural workforce strategy for the upcoming Health Plan (2024-27) and associated Budget bids, that ensures:
 - appropriate numbers of interprofessional, cross-institutionally educated and trained healthcare graduates
 - funding to ensure specialist professions can be developed in rural areas
 - appropriate numbers of Māori are trained in each health profession
- Incentive systems are put in place to retain trained health professionals in rural New Zealand, such as
 - targeted incentives for staying in rural communities
 - parity of pay and working conditions across urban/rural irrespective of health service business structures
 - housing, transport, and schooling arrangements to make family life sustainable

What success will look like:

Rural communities are supported by a skilled, experienced and culturally appropriate health workforce, with rural career pathways that encourage the continued growth and retention of that workforce and their families.

1. <https://www.stats.govt.nz/news/growth-in-life-expectancy-slows>

2. https://www.mzcgpc.org.nz/GPPulse/RNZCGP/News/College_news/2021/College_of_GPs_releases_latest_Workforce_Survey_data.aspx

3. <https://www.nzherald.co.nz/kahu/by-maori-for-maori-health-leaders-call-for-revamp-of-maori-health-system/CTDJ2S6CJ7I6HEOADWYSJAOPZY/>

1

Rural Māori Equity

- Collaborate to improve rural Māori health outcomes
- Data provides the basis for improving rural Māori health outcomes
- Trial roll out of Hauora Taiwhenua Tikanga guide & training across rural practices & rural hospitals
- Appropriate funding for high needs rural populations
- Prioritise the development of the rural Māori health workforce

2

Rural Health System

- Fully resource a rural locality prototype
- Increase access to core diagnostic services
- Fully integrate rural hospitals into the system
- Research fund to provide key rural data
- Geographical Classification for Health adopted by government agencies

3

Rural Emergency Services

- Reviewed and funded rural afterhours & emergency services
- Rural locality prototype informs a planned rollout of sustainable models
- Virtual emergency consultation services for rural hospitals
- Medical specialists available for virtual & face-to-face rural consults
- Funding for reliable rural ambulance and transfer services
- Rural hospitals integrated into emergency services

4

Rural Connectivity

- Data specification to allow patient data sharing across PMS
- Accelerated rollout of RBIII
- Funding to connect all rural families
- Community internet hubs & support
- Telehealth integrated into rural Health Care Pathways

5

Rural Health Workforce

- Funded interprofessional rural health training across disciplines
- Funded and expanded rural locum services
- Research workforce needs for sustainability
- Develop a 10 year rural health workforce plan
- Incentivise rural health workforce retention

THREE YEAR RURAL HEALTH PLAN



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