

RHAANZ Rural Health Road Map 2019

Growing healthy rural
communities in Aotearoa
New Zealand



RHAANZ calls Government to action:

Establish a
Rural Health
Commissioner

Confront the
rural health
workforce
crisis front on

Recognise the role
of rural hospitals
in the health
and wellbeing
of vibrant rural
communities

Ensure safe and
reliable maternity
services for all
rural women

Equitable
distribution of
Government's
investment in
mental health
and wellbeing

Equitable
investment in the
use of technology
to enhance access
to health services

Held annually in November, RuralFest is a two day event hosted by the Rural Health Alliance Aotearoa NZ (RHAANZ) during which representatives of its member organisations meet to decide on the key issues impacting the health and wellbeing of the 600,000 people living outside of New Zealand's major cities.

The first day of RuralFest 2019 is spent in Committee drawing out key themes and priorities that emerge from the combined perspective and on the ground experience of member organisations.

On the second day, RHAANZ members visit Parliament and this year, presented their findings to the Minister of Health, the Honourable Dr David Clark and around 30 Members of Parliament from across the four main political parties. In a series of friendly and constructive meetings, the key issues were discussed and solutions explored.

Based on the firm belief that 'rural communities need rural solutions' RHAANZ members called on Government to cast the lens of its own Rural Proofing Policy across the development and implementation of all government policies in order to cease and ultimately reverse, the inequities rural New Zealanders face in accessing health services.

The key issues identified this year were solidly reflected in the Government-commissioned Health and Disability System Review Interim report that states: 'we have seen rural communities forced to make do with a level of service accessibility that is simply unacceptable'.

RHAANZ acknowledges that while successive governments make strong statements of commitment to improving health and wellbeing outcomes of rural communities, progress and substantive actions that make a real difference have been too little, too slow.

In this Rural Health Road Map 2019, which is informed by RuralFest 2019, RHAANZ members make 'Calls to Government to Action' bold solutions, take fresh approaches, and enable innovative change.

We look forward to working together and with Government on this year's calls to action.

THE CRITICAL ISSUES IMPACTING RURAL NEW ZEALANDERS IN 2019

The key issues raised by the RHAANZ membership this year are not new. Despite successive government policies and the dedication and commitment of those working in the sector two major concerns continue to dominate:

1. **Inequity of access for rural people to timely health care and treatment, and consequential poor health outcomes; and**
2. **The worsening and now critical rural health workforce crisis.**

These two concerns completely align with the Health and Disability System Review Interim report which recognised a rural health service near crisis, in need of form and structure, and forced to make do with a 'simply unacceptable' level of service accessibility.

OUR OVERARCHING PRIORITY: ESTABLISH A RURAL HEALTH COMMISSIONER

New Zealand's relatively simple government structure should in theory, be able to address the inequitable access of rural New Zealanders to health services, and in so doing, stem the escalating rural health crisis. Optimal benefits of many years of government and agency investment and the consistent efforts of the inordinate array of stakeholders mandated to improve the health and wellbeing of rural New Zealanders, have not been realised.

Robust leadership, cross sector cohesion and effective accountability are essential to rectifying the current situation and achieve gains that could be possible through a reorganisation of the current systems. Of equal importance to this reorganisation is the implementation of solutions proposed in this year's Rural Health Road Map and Governments current policies and initiatives including those resulting from the Health and Disability System Review.

RHAANZ proposes that a simple and efficient approach to developing this leadership, cohesion and accountability is through the establishment of a Rural Health Commissioner. An independent Commissioner, based on the successful Australian model, will work alongside all stakeholders to break down barriers, enhance relationships and broker solutions that will collectively address our rural health crisis.



RHAANZ Calls Government to Action:

Government works with RHAANZ and key stakeholders to establish an independent Rural Health Commissioner.

RHAANZ FIVE CRITICAL ISSUES CONTRIBUTING TO THE RURAL HEALTH CRISIS

Underpinning our call for a Rural Health Commissioner, RHAANZ members identified five critical issues that require prioritisation and make Calls for Government to action.

1. Confront the rural health workforce crisis front on

There is consensus: the rural health workforce is at crisis point.

Many rural health professionals are: burnt out; tired of sacrificing personal and family time to respond to accidents, emergencies and after hours cases without being paid, for free; frustrated at subsidising the cost of travelling to see patients who live beyond the town boundary – especially young mothers and babies; losing sleep at night worrying about finding enough staff to meet the health needs of their communities and not knowing who is going to replace them when they retire.

Urban centric contracts for community based services especially midwifery do not reflect the realities of working in rural areas, and financially disadvantage those who choose to do so.

These issues facing our rural health workforce are uniquely different to those of their urban counterparts. RHAANZ maintains that a national approach to developing the health workforce will most likely be developed in an urban centric manner, and so will simply not provide the leadership and direction required to address the factors contributing to the widely acknowledged rural health workforce crisis. Health professionals training in rural areas are disadvantaged financially and face multiple barriers to achieving their qualifications which, as strong evidence supports, impacts significantly on recruitment and retention.

RHAANZ Calls Government to Action:

- Work with RHAANZ and key rural health stakeholders to develop a **Rural Health Workforce Plan** with agreed outcomes, actions and the resources needed to achieve these. The Plan will span all community based services, kaiawhina and kaimanaaki, maternity, early childhood, whanau ora, through to medical, nursing, pharmacy, allied health and specialist services.
- All Vote Health funded service contracts are viewed through the lens of the Rural Proofing Policy to level the playing field across urban and rural service providers.

2. Recognise the essential role of rural hospitals in the health and wellbeing of vibrant rural communities.

Rural hospitals are the source of much innovation, genuine service integration, and they fill gaps left by an overwhelmed rural primary care sector. They are home to many community based services and are embedded in some of our most vulnerable communities.

Rural hospitals do not fit a homogenous model; the facilities are in varying states of repair, they manage vast differences in access to diagnostic and medical resources; and grapple with complex and siloed funding arrangements. Their reliance on high cost locum medical staff to ensure continuity of service erodes their financial and clinical sustainability.

RHAANZ Calls Government to Action:

The development of a **National Rural Hospital Strategy** to guide the development of rural hospitals as the hub of health and wellbeing within the rural communities they serve; build on existing pockets of excellence and locally developed solutions; identify and address barriers to seamless patient pathways across primary, secondary and tertiary services, urgent and after hours care; and enable innovative service models and the use of technology to bridge geographic divides. The Strategy will provide the foundation for funding formulas that reflect the tyranny of distance, low volumes and workforce limitations.

This strategy may fit within the context of an all-encompassing National Rural Health Strategy.

3. Ensure safe and reliable maternity services for all rural women so that a child born and living in rural NZ has every opportunity to benefit from Government's focus on the first 1000 days of life. In any rural community, key to this a vibrant primary maternity unit that is well connected to local health and social services and acts as a magnet for the midwifery workforce.

Constant threats to these crucial rural health services come from all directions including the criticality of the midwifery workforce, the continued closure of rural primary maternity units; and provider-centric record keeping systems and protocols. The impact of these threats are compounded by the current urban-centric contracting framework that ignores the geographic and demographic realities of rural midwifery services.

RHAANZ Calls Government to Action:

- Prevent the closure of any further primary maternity units
- Include the retention and recruitment of the rural midwifery workforce in the Rural Health Workforce Plan
- Redevelop urban centric contracting models to reflect the rural midwife role
- Remove barriers to cross-provider record sharing.

4. Equitable distribution of Government's investment in mental health and wellbeing. Second only to the persistent theme of inequity across all of the key issues, is the prevalence and impact of mental distress, crisis or enduring illness, and substance abuse issues in rural communities. Yet in many parts of rural NZ, communities experience significant challenges in accessing specialist services and have limited access to the range of services required to support recovery.

RHAANZ applauds Government's *He Ara Oranga*. However the benefits of future investment in mental health and addiction services will not extend into the homes of rural New Zealanders unless a pro-active view is taken to factors such as: who the service provider is; their proven ability to provide support in rural communities; procurement processes that reflect this and enable a wide range of rural facing organisations to engage, and ensure that resultant service contracts reflect the realities of providing services in rural areas. These measures will contribute to equitable access to mental health and addiction services for all New Zealanders regardless of where they live.

RHAANZ Calls Government to Action:

Ensure the Rural Proofing Policy underpins the implementation of He Ara Oranga:

- The establishment of the Mental Health Commission
- Procurement of mental health and addiction services
- Ensure service contracts reflect the realities of rural service provision.

5. Use technology to enhance access to health services

Despite gains made through various rural broadband initiatives and corresponding projects, mobile and broadband connectivity continues to be an issue for many areas of rural New Zealand. At the same time, rapid increase in the range and quality of telehealth and technology based health services means rural New Zealand is increasingly reliant on high speed connectivity and the required infrastructure. Local internet service providers play a critical part in linking many rural communities to this technology. Their access to the underlying technology such as relevant radio spectrum must be protected to ensure people living in rural NZ have reliable access to the internet.

Access to improved connectivity is only one technology that has the opportunity of improving rural New Zealanders access to services. It is an important enabler of other innovative services. For example: many rural New Zealanders have poor access to diagnostic services and find getting to an appointment in an urban centre both costly and hugely time consuming.

New technology such as compact ultra sound, echo, digital retinal camera and stress exercise test equipment are more readily available and affordable and improved connectivity is high on everyone's agenda. RHAANZ is confident that through the increased use of mobile platforms similar to that in use by the existing Mobile Surgical Bus service, it is realistic to take diagnostic testing equipment to where the people are, anywhere in rural New Zealand.

RHAANZ Calls Government to Action:

- Ensure local internet service providers (WISPs) retain access to GURL radio spectrum
- Investigates mobile service platforms for rurally provided diagnostic tests.



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