Rural Proofing the Health and Disability System Review

Published July 2020.
The Health and Disability System Review is a once-in-a-generation opportunity for Aotearoa to address the fundamental inequities our rural communities face in accessing health services. The Review has, for the first time in living memory, provided an end-to-end review of the entire health system and recommended a programme of massive reform.

We support many of the Review’s recommendations, including reform of the health funding model, rationalising the number of DHBs and the creation of a Maori health authority, but reform on this scale will take the best part of a decade. Rural communities cannot wait that long!

The System Review highlights the significant healthcare challenges in the rural sector but fails to make clear recommendations around how to address them. Accordingly, we have applied the Government’s Rural Proofing Policy across the System Review and propose key actions that will contribute to improving the health and wellbeing of rural NZ.

The development of a specific rural health plan that brings together:

1. Sustainable funding for rural health services;
2. A clear plan for ensuring a vibrant rural health workforce;
3. Harnessing the power of digital technology and data to enable better healthcare decisions and services.

We do not have to wait for the system-wide restructuring recommended in the Review to start work on these interrelated actions. The future of healthcare services in rural communities hinges upon them being delivered rapidly.

With an election pending in September and the implementation of the Review sitting with a future Government, our commitment is to tirelessly advocate for these priorities to be addressed.

Beyond doubt, today’s rural healthcare services are facing serious and ongoing structural challenges but we are confident that the Health and Disability System Review offers much cause for optimism. We look forward to working with you to ensure every person living and working in rural NZ has equitable access to health services when and where they need them.

Our key actions

“...The Review considers that a more deliberate approach should be taken to planning for rural services.”

We think that addressing the myriad of issues that impact on rural health outcomes depends on having a clear plan and specific accountabilities.

A rural health plan will provide a clear pathway to a system which delivers equitable healthcare and sets out how the current obstacles will be overcome.

The approximately 700,000 people who live rural will need to be treated as ‘priority populations’ based on what we currently know about their level of need and access to healthcare.

There is a growing body of evidence about the level of disadvantage that rural communities have in accessing healthcare. This will become even more apparent once research led by Otago University, that is currently underway, provides a clear and consistent definition of the term ‘rural’ as applied to health in New Zealand.

The Review recognises the importance of rural communities being more involved in the design and delivery of the healthcare services their community needs. Through the recommended locality based planning and ability to allocate ring fenced resources, rural communities will be empowered to determine the outcomes they need and will work together to achieve these.

The NZRGPN will advocate for:

• The development of an integrated Rural Health Plan incorporating the essential elements of workforce, funding, digital systems and connectivity.

What the Review says about locality-based planning

The Review recommends that next generation of 8-12 DHBs will adopt a locality planning approach for primary, community and home-based services (Tier 1 services). They’ll be responsible for the health needs of anywhere between 20,000 – 100,000 whose availability may be linked to council boundaries, iwi, or natural borders.

They’ll also be responsible for services that are currently nationally funded and contracted including general practice, disability, maternity, Well Child/Tamariki Ora and population health.

The purpose of this approach is to:
• Build community engagement
• Empower local assessment and service design
• Enable diversity of service models, innovative approaches, and collaborative efforts.

On the positive side issues such as afterhours services, PRIME, and urgent care may be better aligned in the context of locality planning and service commissioning.

What the Review says about Tier 1 and 2

The Review establishes a Tiered structure to health service planning and funding which may be helpful from an urban perspective but is not a good fit with the realities of providing health services rurally. We are aware of examples within NZ where these lines are blurred to enable integrated service models.

Funding for Tier 1 services will be ring fenced; PHOs and will be phased out; Alliances will not be mandatory; DHBs, advised by Locality plans, will take over the commissioning of Tier 1 services, including general practice.

Rural Hospitals and other Tier 2 services

There are currently numerous approaches to reducing the burden of travel and reducing hospital and specialist Did Not Attends, but the delivery of these varies across DHBs. Future service planning should prioritise addressing this variability.

The National Travel and Accommodation Scheme (NTA) reviewed in 2018 is important in improving access to specialist and hospital services.

DHBs will be expected to have plans in place to support patient transfer but ambulance services will continue to be planned and managed nationally (NASRO).
The ability to deliver adequate and equitable rural healthcare services is dependent on sustainable funding levels across the network of locality based services. The Review rightly says that general practices are a critical part of Tier 1 services, yet ironically they’ve shouldered the burden of a long period of low funding increases for Vote Health. It also says that the current contracting arrangements are not fit for purpose especially since capitation rates are based on data that is 20 years old.

The disproportionate ratio between lower volumes of patient activity within a rural health service yet collectively presenting with a full range of health care needs, and the increasing costs of locum staffing and service compliance, contribute to an unsustainable business platform for many smaller rural health services.

The NZRGPN will advocate for:
- A review of capitation funding models
- Pay parity for medical and nursing staff working in tier 1 services with their colleagues working in tier 2 services
- Realistic funding for rural emergency and after hours services.

SUSTAINABLE FUNDING FOR RURAL HEALTH SERVICES
The combination of a lack of a clear plan for rural health service delivery and inadequate funding has contributed to arguably the most pressing challenge facing the rural health sector – its rapidly declining workforce.

The Review identifies workforce as one of the three interrelated enablers of its recommended NZ Health Outcomes and Services Plan.

This requires urgent action. We must work faster to establish a comprehensive rural health workforce pipeline starting from attracting students into rural health careers through to tertiary education, onsite professional development and supporting those who want to ease into retirement.

A rural health workforce plan will target resources, and increase accountability for the rapidly growing gap between the health needs of rural communities and available healthcare services.

Such a plan will aim to achieve a vibrant and highly-valued multi-professional rural health workforce that is developed and supported within rural communities, and retained through pay parity, excellent working conditions and realistic rosters and workloads.

The NZRGPN will advocate for:

- Building a rural health workforce plan that guides the development of a vibrant and highly valued multi-professional rural health workforce.

Covid-19 has taught the whole of New Zealand a valuable lesson around the importance of technological solutions to everyday challenges, including our access to healthcare.

Most people – the Review Panel included – would agree that the rapid development of virtual consultations via videoconferencing is one of the gains from the Covid-19 response that needs to be embedded into the future of rural health service delivery.

However, this has not been without its challenges as many rural communities trail the rest of the country in terms of reliable and consistent digital connectivity.

If digital technology is to play a role in helping rural communities effectively access healthcare, then high-quality connectivity must support this and rural communities must be supported in embracing the use of this technology.

Good quality data and the systems to manage it efficiently and effectively must lie at the heart of a modern health system. Rural health professionals must have full access to the data and information systems they need to provide joined up and well informed care for their patients. This data will, in turn, drive evidence-based decision making and improvements to rural health systems.

The NZRGPN will advocate for:

- Digital technology solutions for rural communities, supported by modern, reliable connectivity and support for the increasing digital capabilities of rural communities
- Data and research on rural health that will help drive evidence-based decision making and system improvement.

**Figure 2:** NZRGPN’s version of developing workforce plans for the future.