

Fw: Hauora Taiwhenua Newsletter July 2024

From: Mary Morrissey | PMAANZ Chair chair@pmaanzt.org.nz

To: EXECUTIVE EXECUTIVE@pmaanzt.org.nz

Date: Fri, 2 Aug 2024, 6:08 PM

Last one for now, FYI everyone, not sure who gets this email already,

Carole, can you please put up on website

Ngā mihi / Kind regards

He tauākī whakamaunga atu = "A declaration to climb that mountain"

Mary Morrissey

 chair@pmaanzt.org.nz

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From: Hauora Taiwhenua Rural Health Network <communications@htrhn.org.nz>

Sent: Friday, 2 August 2024 4:38 pm

To: Mary Morrissey | PMAANZ Chair <chair@pmaanzt.org.nz>

Subject: Hauora Taiwhenua Newsletter July 2024

Hauora Taiwhenua
Newsletter
July 2024



**Hauora
Taiwhenua**
Rural Health
Network





Welcome from Dr Grant Davidson, Chief Executive

Kia ora tatou

I am sure I was not the only one glued to the TV screen on Wednesday night watching the Olympic men's triathlon race unfold. There are not many events that can hold my interest for the better part of two hours, but this was one. The swimming leg was intriguing as competitors had to make strategic decisions as to how to cope with the current and eddies



imposed by a river course. The camera shots from above made me question the voracity of the testing that sanctioned the 'clean' status of the water. Hayden Wilde came out of the swimming leg over a minute behind the leading bunch as the cycling began. He quickly wiped half of this deficit away but then struggled to make further inroads into the gap to the leading bunch. He had to make contact before the final running leg of the race to have any chance of victory. And then NZer Dylan McCullough selflessly dropped back from the lead cycling bunch to meet up with Hayden and, over two laps, helped draft him through the gap to the leading group so that he was able to start the run leg of the race shoulder to shoulder with his major rival Alex Yee. All of New Zealand would firmly agree with Wilde's description of McCullough as a 'F..... legend' for sacrificing his race to put Hayden in contention. Most of the world, including the Olympic TV commentators, thought Hayden Wilde had run the perfect race and had the gold medal in hand, when 300m from the line, Yee found a final reserve of energy to run past Wilde and win the race as Wilde found his tank finally empty. What a race!

I have just finished visiting a range of rural hospitals across New Zealand from Canterbury to Northland. Often these rural hospitals are closely linked to general practice facilities working hand-in-hand to provide high levels of health care for their rural communities. Without exception, I saw those rural hospital staff and their rural general practice colleagues working in environments that were understaffed and underfunded. They were struggling to achieve their personal standards of high-level health care because of those constraints.

Hot Links

*Rural Research
Snapshot
highlights struggle
to have good
health outcomes
in rural areas.
Click below to
view:*

I can't help but reflect on the analogy of the health system leadership compared to what I am seeing in place in Paris to get our team members to a podium finish. To achieve our nation's goal of an Olympic Medal, the team is provided with the resources they need, a clear team plan, an understanding of the role that each team member needs to play and an organisational culture that can deal with ambiguity on race day. I do not see that clear leadership being displayed in our health system currently. While the goal is clear – an equitable health system irrespective of Postcode, the support structures are not there. There is no clear plan, resources are seriously scarce, and a top-down culture that shows a genuine commitment to partnership in solving problems with rural communities is seriously missing.

I am astounded by the reliance on individual sacrifices, such as that made by Dylan McCullough, where people in the regions cover additional shifts, work extra hours and go the extra mile because they believe strongly in the cause. However, without leadership, planning and resourcing, that short-term sacrifice will only result in long-term individual and team collapse and the demise of rural health services.

The Coalition Government have thrown the health reforms onto the scrap heap saying they were not working. The proposed alternative is a Commissioner given autocracy to restructure and save money. I have not seen a plan that the rural health team can get behind to win the 'health race'! I just see an increasingly murky River Seine with the instruction to swim faster.

We need to make use of the evidence that is readily available to the Government, to agree on the health services that rural communities need and then be realistic in funding the true costs of providing those services. If we took this approach to planning for and providing rural health services, I'm pretty sure we'd see that what might be viewed as over-spending in one area, would in fact result in massive savings to the national health budget, far greater than another restructure of 'back office functions', and without cutting services that, let's be honest, puts the lives of many rural folk at risk.

We have some opportunities in the next six months to help feed into a potential plan for the future of rural health. These include the review of capitation funding, the role of meso-level organisations, the review of urgent and unplanned care in rural health, and a new rural workforce plan soon to be unveiled. We are working hard to advocate for a more equitable distribution of funds in the future to ensure rural health gets a fair share and a sustainable future through those plans.

To advocate well, we also need clear evidence. One of our sources of this is our Annual Rural GP Stocktake Survey and Annual Rural Hospital Stocktake Survey. I know that filling in a survey is the

proverbial ‘pain in the arse’ for busy practice managers but we can’t argue effectively for change without clearly being able to demonstrate the current state of rural health services. If your practice or rural hospital hasn’t yet had a chance to do the survey, and given us that key evidence (ammunition) we need to fight for your future, please do so today!

So, despite the river being murky, the current being strong in our face, and the gap to the front seemingly an impossible distance, let’s pool our team talents to help create a great rural health plan and funding for the next three years – which is an opportunity that still exists. Through working as a team, which includes Health New Zealand Governance down through to front-line providers, we can collectively win this race!

Ngā mihi nui

Dr Grant Davidson

Chief Executive

Hauora Taiwhenua Rural Health Network

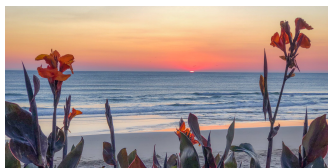


“

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Rural doctors relish chance to learn and

YOUR RURAL GENERAL PRACTICE STOCKTAKE SURVEY IS HAPPENING NOW!



[CLICK THE LINK HERE TO COMPLETE](#)



WE THANK YOU FOR YOUR MAHI.

IN CASE YOU MISSED IT!

Winter Webinar Series

In the last two weeks, Hauora Taiwhenua hosted two insightful webinars that brought our community together to discuss vital topics in healthcare. These sessions provided valuable knowledge and fostered engaging conversations, ensuring we stay connected and informed. Here's a brief recap of what you might have missed:

1. Understanding the process and have your questions answered around the development of the third Waikato Medical School:

- **Dr Ross Lawrenson**, Director of Medicine and Professor in Population Health, University of Waikato

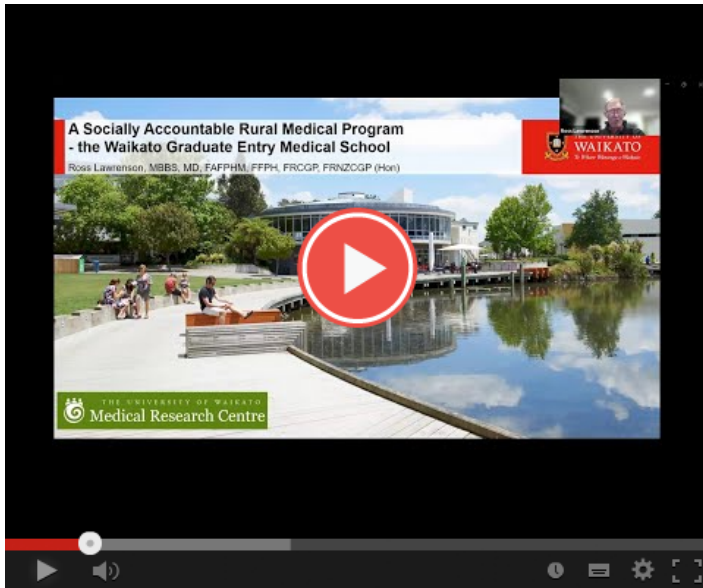
2. Navigating Assisted Dying in Rural Communities:

- **Michael Nestmann**, Manager Autonomy Team, Living Well National Commissioning,

– Health New Zealand

- **Dr Jo Scott-Jones**, Clinical Director, and Rural GP, Pinnacle Health

If you couldn't join us live, don't worry! Recordings of both webinars are available for you to watch at your convenience. Please find the link below for each. Keep an eye out for further invitations to our next Webinars to come from Hauora Taiwhenua.



The Development of the third Waikato Medical School



Navigating Assisted Dying in Rural Communities

Media Release

18 July 2024

Rural practices firmly reject Government's offer of funding as disgraceful

Along with representatives from other General Practices across the country, and their PHO colleagues, Hauora Taiwhenua Rural Health Network attended today's primary health care funding negotiations with Health NZ and rejected the offer as being disrespectful.

Although Health New Zealand had independently calculated the annual increase in providing health care as being 5.58%, the Government only offered a 4% increase on baseline funding, with the suggestion that practices could increase their patient co-payments by a significantly higher margin to cover the gap in funding. This was viewed as the Government putting a further burden on the average person who is already experiencing a cost-of-living crisis, let alone the financially disadvantaged who can't currently afford to visit their doctor. Once again, this will impact most on those in rural areas who are the greatest distance from healthcare and already struggle to pay for transport and the time off work needed to make the appointments – if they can get them!

The extra payments to recognise the increased costs of providing General Practice in remote rural areas and retaining medical staff in those areas was only increased by 4%. Payments for dealing with patients with complex health needs, those with high Māori populations and other flexible funding pools to meet community needs received no increase. The owners of the General Practices estimate that they need increases in excess of 14% to be financially viable in the long term.

Grant Davidson, CEO of Hauora Taiwhenua, noted that earlier this month Ministers Reti and Doocey their Government Policy Statement (GPS) that outlined their direction for health efforts over the next three years. In this document, there is a strong emphasis on improving the health outcomes of those groups with the highest health needs; including Māori, Pacific Peoples, Disabled, Women and those living in Rural Communities. There is a strong focus on health systems delivered closer to home and a directive to ensure a health workforce is retained, particularly in geographically isolated areas. Davidson said that *"this funding offer is a complete fail on behalf of Health NZ and its Board, who have the job of implementing the GPS and the Pae Ora Healthy Future Act, both of which placed a greater emphasis on General Practice."*

The Government will now progress with a compulsory variation to General Practice funding, implementing their payment options even though they have been rejected.

Chair of Hauora Taiwhenua, Dr Fiona Bolden, stated that *"this ongoing lack of funding for General Practice in rural areas will see further reduction in services in those areas. This will lead to more practices closing, no afterhours and emergency response, and increased preventable deaths, particularly among the most vulnerable families who are often isolated Māori with low incomes."*

She concluded that *“this is the latest slap in the face to hard-working and dedicated health professionals across rural New Zealand who are not seen to be supported by a Coalition Government who draw votes from these communities. It is a time when a Government should be building morale, trust and hope in their rural health system rather than taking it away.”*



Call for Expressions of Interest to join the NRHC Working Group

The National Rural Health Conference is a much-anticipated event in the rural health calendar and has been held for more than 30 years. Our next conference is scheduled for 2-3 May 2025 and will be held at Te Pae, Ōtautahi Christchurch.

We invite you to put your name forward to become a member of the Conference Working Group. The Working Group will be an active and engaged Group with a strong focus on outputs such as agreeing on Conference themes, programme development, income generation and communications.

We are looking for 6 keen members who can commit up to 10 hours per month.

Expressions of interest once received, will be collated and considered by representatives of membership and the Chief Executive.

A copy of the Terms of Reference is attached for your information. This includes information regarding duties and expectations for members of the Working Group. The meetings are likely to commence at the beginning of August.

Please submit your nomination by 5.00pm, Friday 9th August 2024, via e-mail to Jane Booth, GM Communications and Business Development. e-mail: jane.booth@htrhn.org.nz



[Terms of Reference - NRHC Working Group](#)

Tātai Whetū: Download our App Today!

Hauora Taiwhenua Rural Health Network

Tātai Whetū

Tātai Whetū is an educational resource produced by Hauora Taiwhenua to guide

TĀTAI WHETŪ

CONTENTS

Nau mai, haere mai.
Welcome to Tātai Whetū.
Tap a button to jump to that section.

HAUORA TAIWHENUA

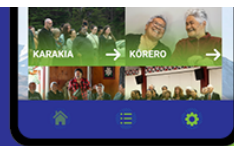
He pō, he pō, he ao, he ao.
Tākiri mai te ata, korihī mai te manu,
Ka ao, ka ao, ka awatea!
Papakū tū ana ngā tai ki te reinga,
Ka ao, ka ao, ka ao te rā!

It is night, it is night,
But it is day, it is day.
The morning is breaking, the bird is singing.
Behold the day, the day, the dawn!
The sea laps against the departing place of spirits,
Behold the day, the day, the risen sun!

and inform you in tikanga Māori.



App by GIWA



To download the app for your device, search 'Tātai Whetū' on the AppStore, Google Play or Microsoft Store; or scan the appropriate QR code.



Hauora Taiwhenua Rural Health Network welcomes expressions of interest from Rural Hospitals and Doctors who want to learn more about our Rural Hospital Locum Service. This comprehensive recruitment service is tailored to meet the unique needs of Rural Hospitals and Doctors across Aotearoa New Zealand, offering support from screening to contracting.

If you are seeking a better work-life balance, diverse healthcare experiences, or opportunities to explore our country, becoming a locum is an excellent choice. If you are a Fellow, let us help you to support your career and CPD requirements, by placing you in our network of Rural Hospitals.

For more information, please contact

ruralhospitaldoctornz@htrhn.org.nz

Expressions of Interest: Te Rōpū Ārahi

Te Rōpū Ārahi works alongside the Hauora Taiwhenua Board to enhance the achievement of our vision of equitable quality healthcare for rural communities. Our partnership with Te Rōpū Ārahi is an essential part of our commitment to enacting Te Tiriti principles of partnership, protection, and participation.



Our Current Members of Te Rōpū Ārahi are Bill Nathan

(Chair), Rhoena Davis (Deputy Chair), Russell Riki (Kaumātua to Board Chair), Kim Gosman, Tania Kemp, Herewini Neho and Hemaima Reihana-Tait.



For this role you will require:

- A good understanding of rural health and Māori Health
- Experiences within Te Ao Māori and Tikanga
- Please contact Bill Nathan or Rhoena Davis at Hauora Taiwhenua
- Expression of Interest and your CV will be beneficial.
- Kia Kaha Kia Māia Kia Manawanui

[Apply now](#)

ACC Nursing Services Contract Update

Please find attached a copy of the webinar slides and a Frequently Asked Questions document from the recent webinar regarding the updated Nursing Service contract, for your interest.

You will find a question and answer function on the Nursing Services Advance Notice which is live on GETS now.

If you would like to view the recording here is the link.
[Nursing Services Contract Update Webinar](#)

Relevant Documents

[Nursing Services Webinar](#)

[Nursing Services Contract FAQs](#)



He Kaupare. He Manaaki.
He Whakaora.
[prevention. care. recovery.](#)

New ACC Masters Scholarship opportunity

ACC have recently announced a Masters Scholarship opportunity for \$15,000 per annum (details attached left).

Masters Project Topic

It is for students whose research component commences in 2024 or 2025 and both full time and part-time students are eligible.

ACC Regulations

Also attached is a possible Masters Project on “The intersection of rurality, deprivation and ethnicity and their impact on injury risk”.

If you are interested and/or wish to discuss this more, contact gabrielle.davie@otago.ac.nz, garry.nixon@otago.ac.nz or sue.crengle@otago.ac.nz.

N.B. The application closing date is 15 August 2024.

Oamaru Pacific Island Community Group's Role in COVID-19 Response

A report released in 2023 by Te Tāhū Hauora emphasized the role of COVID-19 Care in the Community (CCitC) hubs, including those serving Māori and Pacific communities. These hubs provided culturally informed care, and one standout example was the Oamaru Pacific Island Community Group (OPICG Inc) in the Waitaki District. Te Tāhū Hauora recently released a 15-minute documentary titled "Oamaru", showcasing OPICG's four decade commitment to meeting the needs of their Pacific community.



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