



Christchurch Consensus Statement for Improved Rural Health September 2022

Achieving healthy and thriving rural communities in Aotearoa New Zealand



Background to the Christchurch Consensus

On September 8 – 10 2022 approximately 400 people, with a vested interest in the health and wellbeing of rural New Zealanders, attended the National Rural Health Conference in Ōtautahi Christchurch, hosted by Hauora Taiwhenua and Te Tiriti partner Te Rōpu Ārahi.

The most recent research into health outcomes of rural communities was presented by a team from Otago University. Shockingly, but not surprisingly, mortality rates for rural people were reported as 20% higher than for their urban counterparts. Rural Māori mortality rates are over twice that of non-Māori.

The government is in the early stages of major health reforms with the stated objectives of providing equitable health outcomes for all New Zealanders. For the first time ever, rural communities are identified as a priority population in the Pae Ora Healthy Futures Legislation. The new agencies, Te

Whatu Ora (Health NZ) and Te Aka Whai Ora (Māori Health Authority) are calling for novel and innovative solutions to resolve long-standing issues.

Conference attendees are committed to the obligations of Te Tiriti and understand the special focus on the WAI 2575 claim that found that the Crown has failed to deliver equitable health outcomes for Māori and is therefore in breach of Te Tiriti. The Christchurch Consensus places the recommendations of the Waitangi Tribunal to the fore and makes the commitment that the solutions it proposes:

1. are compliant with Te Tiriti;
2. recognise tino rangatiratanga;
3. ensure accountability to Māori;
4. ensure that investment in Māori health is commensurate with equitable outcomes; and
5. embed equitable and non-racist practices in policy development, delivery, and evaluation.

Conference attendees participated in presentations and workshops that adopted a solutions-focussed approach to addressing the rural, and rural Māori health inequities.

Hauora Taiwhenua promised to produce the *Christchurch Consensus Statement for Improved Rural Health* so that the concerns, proposed solutions and calls to action of the united voice of attendees of the National Rural Health Conference 2022 can be presented to the Government and its Agencies.

Our Commitment to the Health of Rural Communities

The Christchurch Consensus is committed to improving the health outcomes of rural communities, and rural Māori in those communities. This will be done by advocating for, supporting and implementing solutions that will strengthen rural healthcare systems so they can provide safe, effective, accessible, affordable and culturally appropriate services.

Rural communities comprise 15% of Aotearoa/New Zealand's population and those rural people produce over 50% of the country's GDP. Many rural areas have very high Māori populations (some over 90%) and many also have very high levels of socio-economic deprivation. Despite decades of changing health care systems, and various Governments, the health outcomes in many of these communities have not improved, and in many have in fact, declined.

With rural communities being identified as a priority population in the Pae Ora Healthy Futures Legislation, the time is right to adopt new health strategies designed specifically, by and for, rural communities, including rural Māori.

The Christchurch Consensus asserts it is time for Government to work with rural communities to implement innovative solutions that are consistent with both the Pae Ora Act and WAI 2575 recommendations under Te Tiriti o Waitangi.

Consensus Statement 1: Our Rural Workforce Crisis

The rural health workforce crisis, across all health professions, is by far the most critical challenge we face. Most rural health services face dire shortages in medical, nursing, midwifery and allied health staff. This is predicted to worsen as the impacts of an aging workforce and unsustainable working conditions, which promote moves away from rural to urban or overseas employment, hit hard. Rural Māori experience this crisis in even greater severity as they deal with the disparities of Māori involved in those professions e.g. 4% Māori Doctors, 9% Māori Nurse Practitioners.

Half of rural doctors are internationally trained and while we benefit from the diversity, expertise, and energy they contribute to the rural health workforce, we cannot be reliant on this as our main source of rural health professionals.

We need to establish a strategy of “Growing Our Own, Close to Home” so we can develop a sustainable, long-term rural workforce. While there needs to be more places made available in our health training programmes immediately, without such a strategy, there is a risk that increasing places in medical and nursing schools alone will could result in simply training more urban workers. Education and training programmes must be targeted at rural outcomes and run in such a way, that evidence suggests, will result in the greatest likelihood that graduates will stay living and working in those rural communities.

Consensus Statement 1: Calls to Action

1.1 Grow our own, close to home

We want to see a National Interprofessional Rural Health School established as a cooperative venture across rural health training institutes in New Zealand.

This will act to coordinate graduate and post graduate training for rural health professions. In the first instance we would like to see the school design and be able to appropriately fund three “proof-of-concept, locality-based programmes” where students are put forward by communities/IMPBs, do the bulk of their training in these communities using distance learning where needed and with required block courses at main hospitals. Two of the three localities should be chosen to give greatest effect to Māori communities in need. These programmes would encourage Māori enrolment, result in lower costs for students, ensure whānau support throughout study, raise health care and awareness in rural communities, provide career progression for rural health professionals with increased teaching and research opportunities, and grow economies in those communities in which the programmes are offered.

Those trained in rural communities are more likely to stay in rural communities.

Establish an Interprofessional National Rural Health School in which participating tertiary institutes collaboratively deliver content and support long term placements in rural areas

1.2 Grow our own, then keep them home

We want to be involved in co-designing a comprehensive systems approach to addressing rural and rural Māori workforce solutions in partnership with Te Whatu Ora and Te Aka Whai Ora. Rural workforce issues will only be solved long term if the funding and correct mechanisms are in place at all stages of the workforce pathway - attract/educate/train/retain.

Attract

Commit ongoing funding of the Hauora Taiwhenua Rural Health Careers Programme so year on year rural secondary school students, and most particularly, rangatahi in kura, are informed and encouraged to consider a career in rural health professions

Work with the Tertiary Education Commission and Ministry of Education to develop a multi-faceted programme incorporating online learning, study camps and peer support to increase rural students' access to, and success in STEM subjects

Educate

Significantly increase places in tertiary health studies for rural, Māori, and Pasifika students at rates that will address health inequities and population need

Provide scholarships for Māori, Pasifika, and rural students to remove barriers to study associated with socio-economic deprivation and the tyranny of distance

Value the contribution of other forms of intelligence that ensure the success of health professionals in community settings (e.g. social, cultural, spiritual), alongside Grade Point Averages, in selecting health education students that will become part of a rural generalist workforce

Establish an additional 50 medical school placements per annum, specifically targeted at rural immersive community training, that maximise the likelihood of graduates practicing as rural GPs

	Empower and resource rural locality networks to identify, select, mentor and support their candidates for health education and training programmes
	Increase the capacity and reach of existing immersive rural health training programmes. Prioritise students on these programmes for placements in General Practice
Vocational Training	Develop community-based rural training pathways for medical graduate interns (PGY 1/2) which are likely to result in those interns choosing a career as a rural GP
	Fund rural GPEP 1/2 placements at the equivalent level to other specialist programmes of study
	Establish a comprehensive, multi-year programme in which Te Whatu Ora employs medical graduates on rural vocational pathways from PGY1 to fellowship completion to ensure salaries and conditions are transferable and consistent
	Define a rural generalist scope in the General Practice Fellowship that recognises the specialised skillset required to work in rural and remote settings
	Establish rurally specific postgraduate, multi-professional vocational programmes that incorporate on-job training and micro-credentialling to enhance and reward career progression
	Enable General Practice Teams to utilise the unregulated workforce so that all health professionals can work at the top of their scope of practice
Retention	Establish equity and parity of salaries and working conditions across all primary, community health and rural hospital services
	Enhance opportunities for rural health professionals to undertake teaching and research positions noting that this necessitates national recognition of the specific academic discipline of Rural Health (inclusive of all health disciplines /scopes working/operating in the rural context) in New Zealand by our tertiary institutions
	Invest in infrastructure that ensures rural professionals have access to contemporary equipment, appropriate work facilities, and the resources necessary to provide excellent patient care, onsite training and education, and allows locums and students on placement to live comfortably in the rural community they are working in
	Nationally and internationally, promote the positive aspects of rural health careers: community engagement, working at top of scope, continuity of care, generalism
1.3 Support our critical, short term workforce initiatives	
<i>We want to see the process for recruiting International Medical and other Clinical Graduates streamlined so that they are not deterred by unwelcoming Immigration policies or unnecessarily complex regulatory requirements.</i>	
Enable streamlined recruitment, immigration, induction, and placement of internationally qualified health professionals into rural health services	
Sustainably fund Locum Recruitment Services for rural general practices and midwifery services	

Establish and fund rurally focussed pathways and placements for NZREX graduates to work in rural health services to gain PGY1/2 and GP Fellowships

Support the development and delivery of a nationally coordinated Rural Hospital Locum Service

Consensus Statement 2: Disproportionately poor health outcomes for rural Māori

Rural Māori health outcomes are the worst compared to any other ethnic group in New Zealand. This will only change when rural Māori are able to access culturally appropriate health promotion, prevention, and treatment.

Consensus Statement 2: Calls to Action	
2.1 Attract and Support Māori <i>We want to see policies enacted that attract and support rural Māori into all health careers, with scholarships to remove financial barriers for those in need and funded pastoral care, including STEM subject support for those who need it</i>	
	Take the affirmative actions within the solutions offered in this Consensus to preferentially train, fund, and support Māori to participate in health careers
	Prioritise and resource the provision of education and training opportunities in local communities (localities) so that Māori students are able to learn in a supportive whānau-centred environment
2.2 Support non-Māori health professionals to work more effectively with Māori <i>We want to see funded cultural training for non-Māori health workers, provided and supported by IMPBs in their own localities</i>	
	Ensure rural health professionals have easy access to Tikanga Māori training and enhancement of their cultural safety and capability
	Provide resources to support internationally recruited health professionals to develop understanding of the unique cultural needs of Māori, and our commitment to Te Tiriti o Waitangi
	Work together to ensure Māori are front and centre of the implementation of these solutions

Consensus Statement 3: Rural Localities, Communities and Iwi Māori Partnership Boards

Rural health outcomes have, for many years, been negatively affected by centralised and regional health planning, decision making and urban centric funding models. Aggregated reporting, the historic inability to analyse data based on geography, and statistically low volumes of rural health outcome data, have all contributed to masking the poor health outcomes rural people suffer.

Methodology and processes that can bring this to an end are now available to us. The application of the Geographic Classification for Health can clearly identify the health needs of rural communities and support targeted allocation of resources to address these needs.

The development of appropriately defined and resourced Localities under the Pae Ora Legislation will work well for rural areas so long as the people living in them can determine what localities mean in such a way that the boundaries make sense to them.

Consensus Statement 3: Calls to Action	
3.1 Self-Defining Rural	

<i>We want to see rural Localities defined by rural communities and Iwi Māori Partnership Boards that make sense to the people who live and work in them and are not artificially extended to include urban areas in order to reach pre-determined population thresholds. In this way will rural community and rural Māori health needs could be met through the locality initiative.</i>
Ensure rural communities are able to form and participate in locality structures that make sense to them, over and above arbitrary population thresholds or urban centric criteria
Ensure that funding and commissioning frameworks for enable clinically and financially sustainable rural health service provision across rural localities
Mandate and resource rural locality networks to provide the wrap-around support that encourage health professionals move to, and settle in, those communities

Consensus Statement 4: The relationships across rural hospitals, primary and community care

Rural hospitals have been existing in a limbo of vague DHB driven planning, decision making and funding models that are not fit for purpose. They balance on a precarious scale somewhere between ‘hospitals’ and ‘not primary care’, yet rural communities rely heavily on these rural hospitals for their health and urgent care needs. Rural hospitals provide valued services close to whānau thus removing barriers to access including travel and cost. Many of them are situated in very remote areas where many Māori call home and therefore, play a critical role in ensuring whānau have access to health services.

The role of rural hospitals in their communities needs to be acknowledged as a hub for primary/secondary care, urgent/after-hours care, education, training, research., and wider professional opportunities for rural communities. Increasingly they are becoming centres offering inclusive services for Māori incorporating rongoā Māori.

Consensus Statement 4: Calls to Action
<p>4. 1 Recognise the vital role of rural hospitals as a core aspect within integrated rural health services</p> <p><i>We want to see the vital role of rural hospitals recognised as pivotal to health, education, training, and research hubs in rural localities.</i></p> <p><i>This requires them to be funded consistently with urban hospitals so that staff pay, and conditions allow retention of an experienced and effective workforce. Rural health services must be able to reliably connect the rural communities they serve to a full complement of clinical specialists and diagnostics services from major centres, through virtual and face-to-face methodologies.</i></p>
Ensure rural hospitals are fully embedded in locality planning and all levels of health service provision
Recognise and resource the vital role of rural hospitals in the training, development and employment of the current and future rural health workforce
Enable rural hospitals, and other rural health services, to develop service and care pathways that are culturally appropriate for Māori e.g rongoā Māori
Develop and apply funding methodology that ensures rural hospitals are recompensed for pre and post operative care and rehabilitation services

Systematise rural hospitals access to regular and reliable specialist services (either tele-health or in-person), diagnostic services and equipment, supervision and peer support for clinical staff

Remove co-payment requirements for financially deprived patients access to primary care services to reduce the prevalence of low acuity presentations at rural hospital ED clinics, or 111 calls for ambulance response

Consensus Statement 5: Rural services for rural communities with rural funding

Rural health services, working together, strive to meet the planned, urgent, and emergency care needs of the communities they serve. These health services are regularly working in communities with high needs Māori populations where health equity is severely compromised.

It is widely agreed the cost of providing care to geographically dispersed, low volume populations, is significantly greater than delivering similar services in urban areas where volumes are higher and other health providers can be utilised.

Rural communities may not have the option to go to an Emergency Department or Afterhours Urgent Care Clinic. There are limited resources when serious and/or co-morbidity situations appear on the 'doorstep' of a rural health service. Ambulance services are often not available or only available after long waits. These issues are further exacerbated by high volumes of local and international tourists at certain times which are not reflected in funding formulas.

The escalated costs of providing services in rural settings have, to some extent, been recognised in the past through PRIME funding and rural ranking scores. However, these approaches have not kept pace with inflation, have not been reviewed in any financially significant way for many years, and we are now at the point where many rural practices, other health services and some rural hospitals are at, or beyond, the point of financial viability.

Consensus Statement 5: Calls to Action	
5.1	Resetting afterhours, PRIME and urgent care
	<i>We want to be involved in the urgent co-design of services that meet the planned, urgent, and emergency care needs of rural communities.</i>
	Develop an effective and efficient rural telehealth after hours and peak demand service to mitigate the impact of untenable afterhours rosters, 'closed book' general practices, tourism and holiday influx on rural general practices and hospitals
	Immediately review funding and service models of specifically rural health services including PRIME, Urgent Care and emergency responses
	Remove any regulatory or legislative impediments to service efficiency and workforce mobilisation
	Integrate and resource rurally appropriate protocols for ambulance services and interhospital transfers into locality planning
5.2	Rural funding for rural services
	<i>We want to see funding systems for rural primary/community care, that take into account the true needs of rural communities and meet the cost of delivering services to meet those needs sustainably on a 24/7 basis</i>
	Work in partnership with rural and remote health service providers to develop service models and care pathways that meet the needs of their communities
	Establish funding methodology that aligns to achieving equitable health outcomes for rural communities, and sustains the unique, and vibrant rural health workforce
	Fund point-of-care diagnostics in rural communities so that they have equitable access to medical care close to where they live

Notes

1. *The Consensus Statements represent the immediate priorities expressed by participants at the National Rural Health Conference in Ōtautahi Christchurch. Hauora Taiwhenua is planning a full strategic rural health discussion with its members in March/April 2023 to define a three-year Rural Health and Wellbeing Strategic Plan.*
2. *When rural health professionals are referred to in this paper, the reference is inclusive of all members of the community health and wellbeing team including, but not limited to, kaiāwhina, health navigators, paramedics, nurses, allied health workers, nurse practitioners, midwives, doctors, health administrators and managers.*

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