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'GP nurses left behind': Government's pay parity plan criticised

Christine Rovoi · 05:00, Dec 07 2022



WARWICK SMITH/STUFF

Nurse Waiharakeke Winiata leads the chant for pay parity with hospital nurses in a rally in Palmerston North.

The [National Hauora Coalition](#) says despite huge pay parity gaps faced by Māori health providers, their general practice nurses will not be getting funding from the Government.

Health Minister Andrew Little announced last week the \$200 million-a-year pay parity fund for community-based nurses and healthcare workers.

But Māori and Pacific health providers have expressed disappointment, confusion and anger at the exclusion of GP nurses from Little's pay parity launch.

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general practices "from at least the initial allocation".

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Johnson said there was a "lack of real evidence of pay difference".

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She said recipients of the first \$40m tranche of funding would include aged-care facilities and Māori and Pacific healthcare providers because they faced the "biggest pay gap" in the public hospital sector.

NHC

National Hauora Coalition director Dr Ranche Johnson says it is "a struggle" for many practices to fund pay parity, and leaving general practices out would not help retain or attract staff.

Johnson said while the coalition was pleased Māori and Pacific healthcare providers were targeted, she was disappointed pay parity funding appeared to be directed only at providers who have contracts with [Te Whatu Ora](#) or [Te Aka Whai Ora](#).

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excludes a lot of our Māori health providers who run general practices to provide services,” Johnson said.

“It’s very disappointing, GP nurses are left behind, given that we know that there are huge pay parity gaps across the board for Māori providers.”

She said the coalition was aware that a lot of its Māori, iwi and marae providers used some of the contract services to “prop up” underfunded services including providing “bread-and-butter primary care”.

Johnson said it was “absolutely a struggle” for many practices to fund pay parity, and leaving general practices out would not help retain or attract staff.

“Across the board, practices cannot afford to pay higher rates when they are not funded to do such.”

[Hauora Taiwhenua](#) chair Dr Fiona Bolden said it was “a kick in the guts for rural nurses”.

Bolden said excluding nurses in general practice and community-funded rural hospitals was a “devastating decision, not only for the nurses, but the providers and communities they serve”.

Bolden said [there was ample evidence of the pay gap](#) and the minister’s decision would worsen, not address, the already existing rural health workforce crisis and the “continual drain” of nurses away from general practice.

Little’s announcement also followed the release of the government-commissioned capitation review, which found practices were underfunded by \$137m.

“This lack of funding and effective freeze on patient co-payments has put many practices on the financial precipice,” Bolden said.

“Small, rural general practices and community-funded rural hospitals do not have the financial flexibility to be able to increase their wages to the DHB equivalent.”

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Northland has one of the lowest Covid-19 vaccination rates in the country, but Māori health providers are pulling out all the stops to encourage people to get the jab. (Video first published November 10, 2021.)

Alliance Health Plus chief executive Wayne Williams said the network's GP clinics, which focused on Pacific and high-needs communities, were "deeply disappointed" to be left out.

"These frontline clinics have been providing critical care during Covid-19 and are burnt out and exhausted, and now this is just a kick in the guts," Williams said.

"Mr Little has not been properly advised or is ignoring it because of other political reasons, such as how much money the Government has actually got to fund this. We're just flabbergasted, really."

Kerri Nuku, **New Zealand Nurses Organisation** kaiwhakahaere, has been campaigning for 15 years for pay parity for Māori and iwi provider nurses, and said the announcement appeared to be a positive step in the right direction, but she was not celebrating yet.

Nuku said she attended a Te Whatu Ora briefing last week when Māori providers were told the announcement was not intended to give pay parity but "bridge a gap" in the meantime.

"We don't know how much of a step in the direction of pay parity that might be."

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they can pay higher rates.

“They have paid out of their pockets to do that,” she said, adding that cost needed to be recognised and repaid.

“What is upsetting for many of the Māori and iwi nurses was that the [2017-18 Waitangi Tribunal](#) claim acknowledged the crisis in the sector, but it took Covid to happen and nurses to start leaving providers to finally trigger a pay parity response.”

In 2008, an 11,000-signature petition highlighting the inequity of the iwi and Māori health provider pay gap was presented to Parliament.

This led to a health select committee recommendation for a working party, but that call was vetoed.

Nuku said she had taken the nurses' case to the United Nations twice.

Māori provider nurses then lodged a claim and gave evidence as part of the Waitangi Tribunal's 2018 stage one inquiry into health services.

The inquiry led to the [2020 Wai 2575 report](#) calling for urgent action on resolving the historic underfunding of Māori health providers.

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