Interagency Investigation of Issues Facing PRIME and Afterhours Service Provision Across Rural NZ

April 2021

Presenters:

Dr Sarah Creegan, Director, Waimate Medical Centre

Kris Gagliardi, Assistant Clinical Director, St John

NEW ZEALAND RURAL GENERAL PRACTICE NETWORK

Participants in this initiative are:	
RGPN PRIME sub committee	Tim Malloy, Bryan MacLeod, Adele Robertson, Kate Stark, Gemma Hutton, James MacMillan
St John	Kris Kagliardi,
MOH	Nikki Canter-Burgoyne, Carleine Receveur, Alison Randall, Rachel Bayliss
PHOs	Bill Eschenbach (Waitaha), Jo Scott Jones (Midlands Pinnacle) , Paul Rowe (WellSouth)
DHBs	Andrew Goodger (NMDHB), Lisa Gestro (SDHB), Rose Laloli (TAS)
ACC	Karen Robertson, Jeremy Ly
Homecare Medical	Mary Anne Thompson, Kristin Good
RGPN	Grant Davidson, Marie Daly, Andy Inder (Consultant and workshop facilitator)

Workshop 1 - November 2020

The Report on the Workshop:

1. Problem definition:

"Those involved in the delivery of afterhours and emergency services to rural communities are not finding the current system sustainable at a personal or operational level"

2. Identified themes:

- The health and safety of the PRIME workforce is a priority
- A sustainable and rewarding model is critical to maintaining an effective service
- Improved coordination, communication and planning across all services could make it more sustainable and efficient

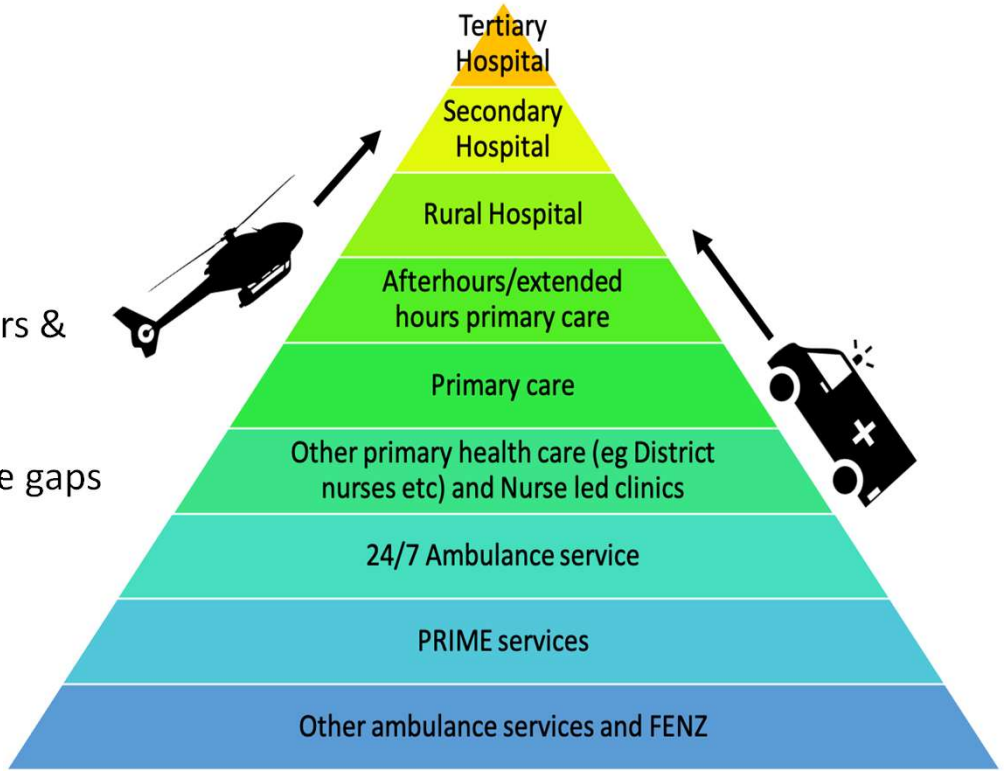
3. Agreed the group would reconvene to:

- Identify opportunities to consistently deliver sustainable afterhours and emergency services to rural communities
- Identify any addressable service gaps
- Develop list of actions to plug these gaps or progress ideas on a "quick win" list

Workshop 2 - March 2021

The second workshop aimed to:

- Apply a rural lens to themes of locality planning described in the *Health and Disability System Review*
- Identify ways to effectively and sustainably deliver rural afterhours & emergency services – *even if this means doing things differently*
- Identify addressable services gaps and look for ways to plug these gaps



Emergency and afterhours services hierarchy

Workshop 2 - Themes that emerged:

1. Significantly undervalued, underfunded rural health services result in untenable health and safety risks faced by PRIME providers
2. They directly and negatively impact on equitable health outcomes of rural NZers
3. The H&D System Review 'locality planning' must not be shrouded in urban centric thinking.

   It must recognise the unique configuration of rural communities, significant variance in the range of services available to them, their distance to core services and the impact of seasonal population fluctuations on rural health services
4. 'Sub-localities' is a concept that could underpin rural health planning

   Sensible geographic areas, seeking to utilise all services: afterhours, urgent care, hospitals, district nursing, telehealth, St John and PRIME, FENZ and improved call coordination
5. Rural Primary Care funding methodology for afterhours and rostering that is no longer fit-for-purpose significantly contributes to the un-viability of these services

   DHBs and Government must be accountable for rural health outcomes

St John's interactive map could support the 'sub-locality' approach to PRIME service configuration

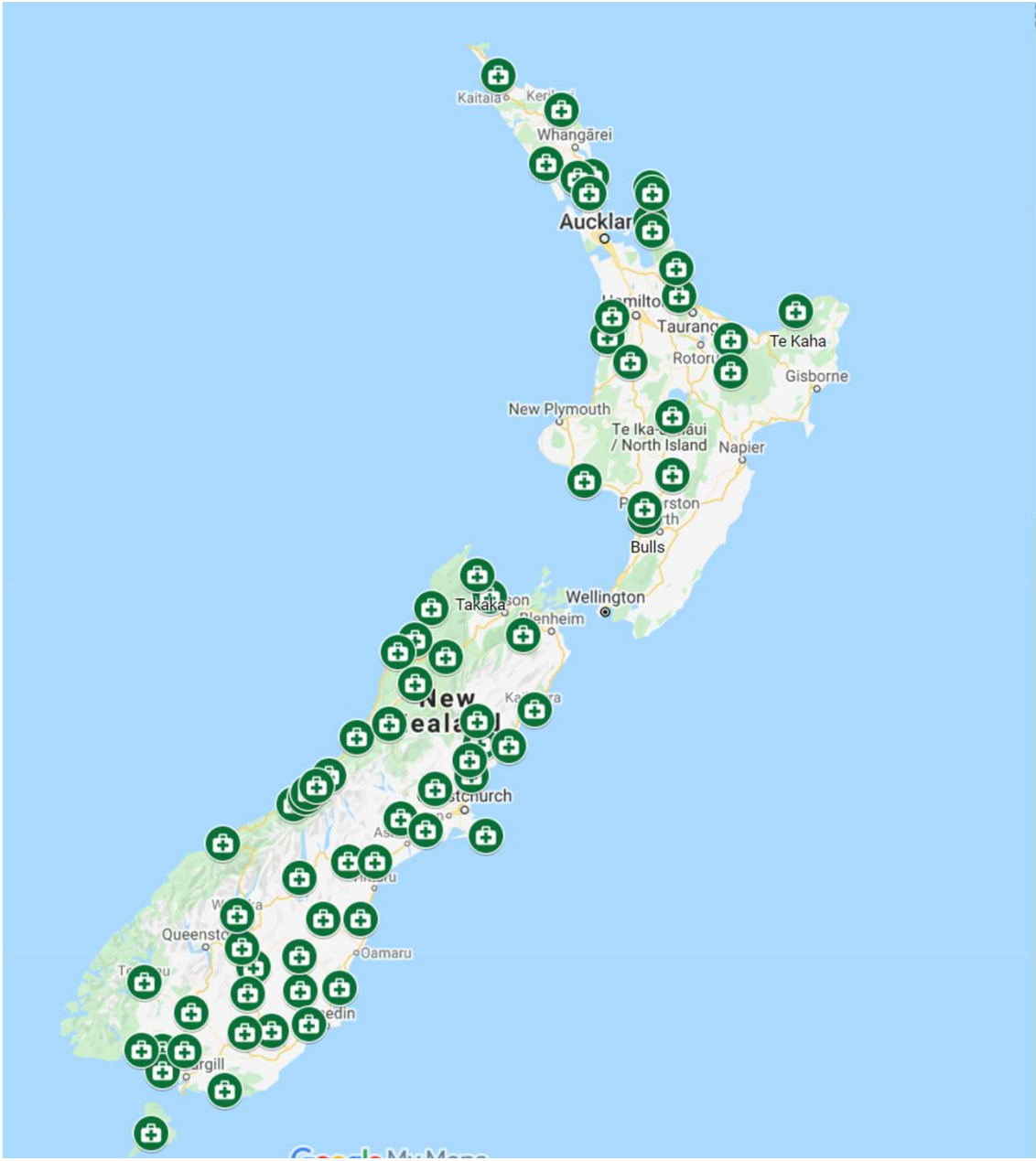
Workshop 2 – Looking to the future and our recommendations

The National Prime Committee can provide advice and support for a work programme that addresses the issues raised:

- Accept the compiled risk analysis and institute operational and systemic mitigation strategies
- Key stakeholders (funders and providers) cooperate in sub-locality planning to assess the rural community's access to afterhours and emergency response and ensure the best use of all available resources to meet the demand
- The urgent completion of this workplan will underpin an evidenced based bid for increased investment in rural PRIME (and potentially rural after-hours and urgent care) services
- The sector requires a comprehensive review of all rurally specific funding streams, regardless of the source of the funding
- PRIME stakeholders are critical to the development of a model that incorporates the cost of delivering health services in small, dispersed populations, within an environment of visibility and accountability.

St John Interactive Mapping Tool

Demonstration by Kris Kagliardi



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Next Steps

Over the next year:

The National PRIME Committee will:

- Review its Terms of Reference
- Assess its progress against the recommendations in the PRIME Service Review 2016
- Develop a workplan to action recommendations from the above assessment, and
- Action recommendations from the report presented today

St John will:

- Set up a project plan to progress the recommendations from the report – may include seeking funding to enable PRIME service configuration to be reviewed and for service development (e.g. GPS tracking)
- Complete the interactive service mapping tool and associated contract review processes
- Systematically review PRIME service configuration in line with sub locality planning principles.

RGPN will:

- Appoint a Chair to the NPC according to the reviewed TOR
- Work closely with St John, and the RGPN working group to progress recommendations in our report
- Advocate for a review of rural primary care funding, including afterhours and PRIME services

OPINIONS - 5¢
THOUGHTS FOR THE DAY — 10¢
SOUND ADVICE - 25¢
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