AUCKLAND WAITEMATA RURAL ALLIANCE
ISSUE # ONE (JUNE 2016) **AN UPDATE FOR RURAL GENERAL PRACTICE**

Auckland Waitemata RURAL ALLIANCE

Forming the Rural Alliance

Prior to establishing the Rural Alliance, Auckland and Waitemata District Health Boards (DHBs) undertook an engagement process with rural primary care providers with a view to creating an Auckland Waitemata Rural Alliance. The aim of this consultation with PHOs and general practices was to gain genuine buy-in to give the Rural Alliance a strong foundation to work from.
It was essential to the DHBs to ensure clinical representation, leadership and commitment to the Rural Alliance from front line staff working and living in rural areas.

The Rural Alliance conducted its inaugural meeting on 13 May 2015 with the second meeting held on 3 September 2015. At the second meeting, the Terms of Reference were finalised, the Chair and Deputy elected, and goals and priority areas of focus, agreed.

The Rural Alliance has been set up to provide advice and direct improvement in care and services across rural areas in Auckland DHB and Waitemata DHB. The Rural Alliance has a particular focus on patient centred care, service delivery, integration and sustainability issues. It will advise the Auckland Waitemata District Alliance on issues that impact on rural primary healthcare, rural community services and provide a rural lens on all health services.

The Rural Alliance has representation from rural general practices covering the areas of Wellsford, Warkworth, West Rodney, Waiheke Island and Great Barrier Island, servicing a combined enrolled population of 56,531* patients.

**The above figure is only a proxy for the rural resident population as it doesn't include people who aren't enrolled with a general practice, or who may live in a rural area, say Wellsford, but are enrolled in a general practice in say Albany, because that is where they work.*

Rural Alliance Membership

Dr Tim Malloy represents
The Wellsford primary care team (Coast to Coast Healthcare)

Dr Kate Baddock represents
The Warkworth primary care team (Kawau Bay Health, Kowhai Surgery)

Dr John Elliott represents
The West Rodney primary care team (Country Medical Centre, Huapai Medical, Kaipara Medical, Kumeu Village Medical, Silver Fern Medical Centre, Waimauku Medical)

Megan Yates represents
The Waiheke Island Primary Care team (Piritahi Health Centre, Oneroa Accident and Medical and Waiheke Health Trust)

Leonie Howie represents
The Great Barrier Primary Care team (Aotea Health)

PHO Representatives:
Barbara Stevens – Auckland PHO
Craig Murray – Waitemata PHO
Brian O'Shea – ProCare

DHB Representatives:
Tim Wood
Jean McQueen
Stuart Jenkins

Chair - Dr John Elliott. Deputy Chair - Dr Kate Baddock.
Secretariat support - Lis Cowling, Auckland and Waitemata DHBs.

Chair's Update

Dr John Elliott

Congratulations

Firstly, may I congratulate Dr Ivan and Leonie Howie on receiving the Peter Snow Memorial Award for 2016, presented at the NZ Rural General Practice Network's Rural Health Conference in Dunedin this year for outstanding medical and nursing service to the Great Barrier Island Community.

Leading the Way

The Auckland Waitemata Rural Alliance is being watched by many around the country. I have been approached by many Rural Alliances who are at different stages of development, to outline what we have achieved. They are aware of our Terms of Reference and that we are currently undertaking a rural general practice, services stocktake. I have not commented further on the stocktake until such time as this has been fed into our final Work Plan.

Support and Optimism

There is a lot of optimism and support for all parties involved who are keen to see the Rural Alliance be successful. Our drivers of ensuring that we keep in mind what works for general practices, that we are patient centred, and work in a sustainable way, was the rationale for undertaking the Rural General Practice, Services Stocktake.

Rural General Practices, Services Stocktake

I appreciate that the stocktake timeframe was difficult. The questions, especially for the second phase, may have benefited from being tweaked to make it easier for practices to complete. Thank you for completing these.

Stocktake

The second phase of the stocktake requested practices identify their top ten clinical activities/priorities. It was brought to my attention that there had been a comment made that if only ten are identified, does this mean that only these activities would be funded and other funding would be under threat? I can assure that there is no plan to dismantle anything, only to add.

Waitemata CEO

The February meeting with the CEO of Waitemata DHB, Dr Dale Bramley, was dominated by how best to create sustainable, positive change for rural general practice. I explained that buy-in from battle weary, rural general practices is imperative and that we need to focus on benefits which are patient centred. I will also shortly be meeting with the CEO of Auckland DHB, Ailsa Claire.

Fast Facts

91%

Number of Practices who completed and returned the Stage 1 Stocktake Template

82%

Number of Practices who completed returned their completed Stage 2 Stocktake

100%

Number of Rural General Practices who will benefit from the Rural Alliance Work Plan

Stocktake Summary

Before work can commence on advocating and supporting additional diagnostic, therapeutic and treatment access, it is necessary to understand the degree of variation in services currently being delivered. Rural general practices do not offer a consistent range of services to their patient populations.

To ensure that the Rural Alliance work plan is able to successfully achieve its goals, it is important to gather baseline information and have a clearer understanding of the current environment. The stocktake of services delivered by Auckland and Waitemata DHB Rural General Practices was undertaken to establish this baseline. The stocktake and gap analysis will then be used to inform the subsequent development of the Rural Alliance Work Plan.

The First Phase:

The first template was emailed out to all rural general practices in December 2015. It requested a list of all services and treatments provided by each general practice team. It was pre-populated with a number of services to make it easier to compete with examples, shaded in green. This list was required to inform the second phase where practices were asked to identify and prioritise their top ten, high clinical activities.

The Second Phase:

The second phase included a worksheet which contained the high level list of general practice activities collected from the practices who completed and returned the previous first stage of the Rural Service Stocktake Spreadsheet.

On this new Template, general practices were asked to identify their ten top high clinical activities including any services/treatments that their practice would like to provide but aren't currently, and the resources and support they would need to better enable the practice to provide said services/treatments.

Preliminary Results:

The information from each returned excel template was pasted in a master spreadsheet and identified by practice of source. This enabled activities to be 'clumped' by the quantity of practices which had identified an activity as a priority for them. Those activities that had been identified by the most practices were listed first, then the second most listed next, and so on. The second phase was completed and returned by 9 out of 11 general practices (82%).

The master sheet was then used to guide discussion at the Auckland Waitemata Rural Alliance meeting held on 21 April 2016. The results were also discussed in the context of the new Health Strategy to look at services/activities which could have direct influence. Discussion also concentrated on identifying those services which are either rural specific or made more difficult by the rural environment, alongside where there are inconsistencies and gaps in service provision by practice/geographical area.

Of note, the information collected also pointed towards the need for clearer communication of services currently available for rural practices to access, such as the Primary Options for Acute Care service (POAC) service. Some practices identified that they would like to be able to re-hydrate patients under POAC; a service which is currently funded and available for Acute Adult Dehydration.

In order, the services which have been identified as top clinical priority by the most practices are:

1. *Imaging – Ultrasound and X-rays*
2. *Palliative Care*
3. *POC Testing: INR, CRP, Troponin, D-Dimer, Full Blood Count*
4. *Wound Management*
5. *Minor Surgery*

These priority areas will be the focus of the first stage of the Auckland Waitemata Rural Alliance's Work Plan. Progress will be reported through this newsletter update.

safeTALK

suicide alertness for everyone

Rural safeTALK Workshops
Rural Mental Health Initiative supported by the Auckland Waitemata Rural Alliance

One of the Ministry of Health responses to the impact of mental wellbeing on rural communities by ongoing climate and economic pressures has been to deliver 40 safeTALK workshops across rural New Zealand through the Rural Health Alliance Aotearoa (RHĀNZ).

The workshops were based on 'SafeTALK', which is an American programme adapted by Lifeline. A version of this was tailored for the NZ rural environment by Dr Annette Beautrais. These workshops were designed to upskill health and social service professionals in suicide risk assessment and prevention strategies.

In Auckland and Waitemata DHBs, these workshops were supported by the Rural Alliance's Secretariat, the Programme Manager, Suicide Prevention and a Portfolio Manager, Maori Health Gain Team.

Workshop locations

The Rural Alliance put forward Great Barrier Island, West Auckland, Warkworth and Wellsford for consideration as locations to hold the Rural SafeTALK workshops. Waiheke Island was not selected for the initial round of workshops due to similar workshops having been run on the Island previously and RHAANZ wishing to prioritise un-serviced areas. In order to ensure the best possible coverage, a day-time Warkworth workshop was added to the evening sessions planned for Kumeu and Wellsford. Great Barrier's workshop was also planned to be a day time event.

Workshop Summaries

In general, the 4 workshops attracted a total of 71 attendees with a good mix of primary care staff, allied services and support personnel.

Workshop Feedback

Feedback immediately after each workshop was positive with many enjoying the interactive manner in which the workshops were run. Requests common to all workshops centred on the availability of additional training, especially for practice nurses. This has been fed back to the Ministry by RHĀNZ for future investment consideration.

Great Barrier Island – 12pm to 3:30pm, 8 March 2016, Barley Mans Cottage

Total Attendees: 31

Comprising: 2 GPs, 4 Rural Nurse Specialists, 1 Rural Nurse, 2 Practice Administrators, 1 Pharmacist, 1 Health Trustee, 1 AA Leader, 2 St Johns, 4 Kaiawhina, 2 Rural Women, 7 Social Services, 1 Community Worker, 1 Rural Fire Service, 1 Wise Women and 1 DHB.

Kumeu – 5:30pm to 8:30pm, 9 March 2016, Kumeu Village Medical

Total Attendees: 9

Comprising: 3 GPs, 3 PHO, 3 DHB

Warkworth – 9:30am to 12:30pm, 10 March 2016, Totara Park Retirement Village

Total Attendees: 14

Comprising: 1 GP, 4 PNs, 1 PHN, 1 Counsellor, 1 Support Services, 3 Police, 3 DHB

Wellsford – 5:30pm to 8:30pm, Thursday 10 March 2016, Coast to Coast Hauora Trust

Total Attendees: 17

Comprising: 1 GP, 9 RNs, 1 House Officer, 2 Counsellors, 1 Support Services, 3 DHB

Workshops Supported by:

(in addition to the members of the Rural Alliance and secretariat)

Marie Daly	Rural Health Alliance Aotearoa New Zealand, Project Manager
Julie Jonker	Northland Rural Support Trust, Coordinator
Manu Fotu	Auckland and Waitemata DHBs, Programme Manager, Suicide Prevention
Karl Snowden	Auckland and Waitemata DHBs, Portfolio Manager, Maori Health Gain Team

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