

Appendix One – First Stage Blank Template Document

AUCKLAND WAITEMATA RURAL ALLIANCE - RURAL GENERAL PRACTICE, SERVICES STOCKTAKE

Background Information:

The Auckland Waitemata 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 58,530 patients.

The Rural Alliance will work to ensure that all people, no matter where they live, have a reasonable ability to live, work, and to contribute to, and be part of, New Zealand society by ensuring rural people have equitable outcomes to those living in urban areas.

To achieve this, the Rural Alliance has agreed to focus on certain priority areas in their work plan to reduce a patient's need to travel by increasing access to diagnostics and interventions in the rural areas. A further focus of the Rural Alliance will be overseeing and providing direction in an advisory capacity for the review of health services on Waiheke Island. In order to work towards developing a final Rural Alliance Work Plan, a stocktake of rural services delivered by general practices is required to provide a baseline.

This template:

Please complete the following table with all the services and treatments that are provided by your general practice team. There are four examples, shaded in green to get you started. All data collected will be collated by the Rural Alliance's Secretariat and the results redistributed back to you as a first draft. This will allow for corrections and additions. During this second stage, your practice will be asked to identify any services/treatments that you would like to provide but aren't currently, and the resources and support you would need to enable you to provide said services/treatments.

The final stocktake document will be presented to the Rural Alliance alongside a gap analysis. This will allow the Rural Alliance to develop a work plan that successfully meets the needs of rural general practice and the rural population served.

Please complete by 29 January 2016 and return, via email, to the Rural Alliance Secretariat: Lis.Cowling@waitematadhb.govt.nz Thank you.

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AUCKLAND WAITEMATA RURAL ALLIANCE - RURAL GENERAL PRACTICE, SERVICES STOCKTAKE

Practice Name:		Address:	
Practice Contact:		Email Address:	

Name of Service/Treatment	Brief Description: (if needed)	Administered by: (GP or PN or other – please specify)	Funded by: (PHO, MoH, DHB, other – please list, or not funded)	Number of Pts accessing: monthly average	Supported by: (e.g. Other Practice/ Secondary/ Specialist)	Notes/Comments: (if needed)
Examples only :						
<i>Aclasta</i>	<i>Infusion</i>	<i>GP</i>	<i>Not funded (Pt charged)</i>	<i>2</i>		
<i>Venesection</i>	<i>Bleeding for Haemachromatosis</i>	<i>PN</i>	<i>PHO</i>	<i>1</i>	<i>Haematologist</i>	<i>By own Venesection Kit</i>
<i>Cellulitis</i>	<i>Administering IV Antibiotics</i>	<i>PN</i>	<i>POAC</i>	<i>3</i>		<i>Cellulitis Kits from POAC</i>
<i>Street Light Expansion</i>	<i>Project to increase the number of street lights to encourage walking, promoting physical activity.</i>	<i>Practice Team</i>	<i>Local Council</i>	<i>Multiple</i>	<i>Local Council</i>	

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Appendix Two – Summary of the First Stage

Name of Service/Treatment	Brief Description: (if needed)	Administered by: (GP or PN or other)	Funded by: (PHO, MoH, DHB, other) or Not Funded	Number of Pts accessing: monthly average	Supported by: (e.g. Other Practice/ Secondary/ Specialist)	Number of Practices
ABPM 24 hour	24 hour blood pressure monitoring	PN	Not funded	5		1
ACC - Accidents	Assessment/ triage/consultation/ treatment	GP/PN x 4	ACC x 2, ACC/Patient x 2	between 80 and 1056 (total 1677)	ACC/Secondary services if required x 2	4
ACC - Community dressings	No approved providers completing these request via ACC	PN	ACC	12		1
Aclasta	Infusion	GP/PN x 2, GP x 2, PN x 2	Not funded (Pt charged) x 5, Blank	between 1 and 5 (total 16)	Specialists protocols	6
Administration - GP and PN	Paperwork/referrals/results/patient phone contacts/report reading and actions/parking forms/travel letters/death certs	GP/PN	Not funded	around 1600		1
Adolescent Clinics	High School Sexual health	GP x 1, PN/GP x 1	PHO x 2	Variable, 24		2
After Hours Drug Dispensing	No pharmacy open after hours and weekends	GP	MPSO /not funded Pt fee \$5.00	106		1
Allergy Desensitisation	Monthly 1 hr visit	PN	ACC	2	DHB Allergy Team	1
Ambulance presentations	Assessment/ triage/consultation/ treatment	GP/PN x 3	Patient/ACC/POAC x 2, PRIME - Not funded x 1	Variable, 20, not noted	Other agencies as required	3
Antenatal / Postnatal	Antenatal/Postnatal Care	GP/PN x 3, GP/LMC x 1	Partly PHO x 2, DHB x 1, MoH x1	between 10 and 82 (total 154)	GP/PN	4
AOD Services		GP x 1	NDSA x 1, Patient/PHO Mental Health x 1	between 20 and 38 (total 58)	MDT x 1	2
Audiometry	Full range screening for OCC Health / ACC referrals	PN specialist	Private/Company	34		1
B12 / Iron	Injection	PN x 2	MPSO/Patient x 2	between 45 and 92 (total 137)	GP x 2	2
Basic Travel Vacc/Advice		GP	Not funded (Pt charged)	Between 15 and 20	Travel Clinic	1
Basic Ultrasound	Diagnostic Tool	GP x 2	Not funded (Pt charged) x 1, Not funded x 1	Trial, 24	GP x 1	2
Blood collection	Bloods where no service available and swabbing on behalf of Labtests who no longer undertake	GP/PN	MoH	600	Labtests	1
Blood test	Acute / Urgent / Remove barrier when access to Lab test limited	PN x 2, GP/PN x 1, Phlebotomist/PN x 1	Patient/Practice x 2, Lab/Practice x 1, SIA/Patient x 1	between 20 and 1630 (total 2088)	GP x 2, Practice x 1	4
Bowel Screening and referral	Consultation and referral	GP x 3, PN/GP x 1	PHO x 1, PHO/DHB x 2, Not funded x 1	between 4 and 5 (total 13)	Secondary x 1	4
BP Checks	Opportune/booked and serial BPs/On script repeats/as required	PN x 3, PN/GP x 1	Clinic/Patient x 1, Not funded (Pt charged) x 1, Free x 1, Blank x 1	between 56 and 120 (total 236)		4
Care of chronic conditions	CVD, Diabetes, Insulin initiation	GP/PN x 1, PN x 1	Mostly PHO funded x 2	22		2

Name of Service/Treatment	Brief Description: (if needed)	Administered by: (GP or PN or other)	Funded by: (PHO, MoH, DHB, other) or Not Funded	Number of Pts accessing: monthly average	Supported by: (e.g. Other Practice/ Secondary/ Specialist)	Number of Practices
Care of chronic conditions	Lots of patients require extra follow with GP instead of specialist care because of transport costs and difficulties. We have lots of patients that require greater support from GP because we have no rest-home on the island. These patients have the max home support x 1, CVD/Diabetes/Insulin Initiation x 2	GP/DN x 1, GP/PN x 1, PN/KWK x 1	PHO/DHB/Patient x 2, CarePlus/DIAP x 1	between 12 and 223 (total 283)	Tele-communications with relevant specialist (Gerontologist) x 1	3
Casting	Immobilise Limb	PN x 2	ACC x 2	between 6 and 18 (total 24)	GP/X-ray/Nurse x 1, GP/PN x 2	2
Catheterisation	Acute Urinary catheterisation	GP/PN x 2	POAC or patient, Not funded (Pt charged)	between 4 and 10 (total 14)	Secondary, GP	2
Catheterisation	Acute Urinary catheterisation	GP x 2	Not funded (Pt charged) x 1, Patient/Practice x 1	between 1 and 2 (total 3)	POAC (varies) x 1	2
Cellulitis	Administering IV Antibiotics	PN x 6, PN/GP x 3	POAC/Patient x 2, POAC x 6, Patient/POAC/ACC	between 1 and 42 (total 108)	GP, GP/PN x 2, Blank x 5	9
Cervical Smear	Disease Screening	PN/GP x 4, GP x 1, PN x 1	PHO/Patient x 4, Not funded (Pt charged)/SIA/PHO x 2	between 16 and 80 (total 146)	PN/GP, PN	6
Chest X-rays/Ultra Sound		GP	Some Non funded (Pt charged)	4	POAC will fund on request	1
Child Protection Services	Intervention, co-ordination and referral in cases of abuse with CYPS	RNS	DHB Contract	infrequently	CYPS/Police	1
Chronic Wound Management i.e lower leg ulcers	Assessment, Review Planning, Dressing, Diagnosis & Ongoing Treatment	PN/GP x 4	Patient x 4	Between 3 and 54 (total 69)	PN/GP, PN, Blank	4
Clinic - Maori Health Issues	On-going project by Clinic nurses	PN/GP	PHO assistance with funding	Multiple	Local iwi	1
Clinics	Diabetes, GASP, CVD, Smears, Mental Health, Nurse Led Clinics	PN/GP x 1, PN x 2	PHO x 2, PHO/Patient x 1	between 40 and 44 (total 164)		3
Community Mental Health	Acute assessment. Monitoring, risk assessment and depot service	PN x 2, GP x 1	DHB Contract x 1, Patient/PHO x 1	Varies in numbers and time taken (one pt. can be all day)	DHB Psych Services x 1	2
Contraception IUD / Copper / Mirena	Assessment, Insertion, Review, Removal	PN/GP x 2, GP x 3	Patient x 3, Not funded/SIA/WINZ 1, Funded/Non funded x 1	between 2 and 54 (total 120)	PN/GP x 2, Blank x 2	5
Dermoscopy	Removal skin lesion	GP x 5, Blank	Not funded (Pt charged) x 5, Blank	between 4 and 24 (total 43)	GP x 2, blank x 2	6
Dialysis	mobile units within the clinic for more access	GP/PN				1
District Nursing	Home based care	PN	DHB Contract	varies	DHB Specialists	1
Dressing/Wound care management	Post surgery/injury	PN/GP x 2, PN x 1	ACC/Patient x 3	between 10 and 17 (total 27)	Some coming from secondary/private care, 10 patients 20-30 visits	3
Drug dependant patient (otherwise CADS clients)	Patient management of difficult, disruptive pts with drug dependency, or discharged from CADS to GP care	GP x 3	GMS x 1, Not funded (Pt charged) x 1, DHB/Patient x 1	between 5 and 20 (total 41)	Secondary x 1	3
Drug testing	Pre-employment/WINZ/workplace medical	PN x 4, GP x 1	Not funded (Pt charged) x 5	between 1 and 12 (total 20)	ESR Drug Testing Co. x 1, PN x 2	5
Ear Suction	Non-invasive removal of wax, high risk pts	PN/GP, GP, PN Specialist	Patient x 2, Patient/SIA	between 7 and 98 (total 123)	GP/PN, Ear Suction Machine, Blank	3

Name of Service/Treatment	Brief Description: (if needed)	Administered by: (GP or PN or other)	Funded by: (PHO, MoH, DHB, other) or Not Funded	Number of Pts accessing: monthly average	Supported by: (e.g. Other Practice/ Secondary/ Specialist)	Number of Practices
Ear Syringing	Wax removal	PN x 4, PN/GP x 2	Not funded (Pt charged) x 6	between 8 and 40 (total 106)	GP x 2, GP/PN x 2, Blank	6
Early identification and management of Cognitive Impaired patients	Completion of physical assessment and various forms (MOCA) to aid in diagnosis	GP/PN	Patient	6	Secondary	1
ECG	Booked or urgent procedures to determine cardiac function	PN x 6, GP/PN x 3	POAC or when not funded (Pt charged) x 2, High Needs funded by PHO x 1, Not funded (Pt charged) x 5, Not funded/SIA/WINZ x 1	between 3 and 63 (total 113)	GP /Secondary Specialist, Secondary/Ambulance, GP/PN x 2, Cardiologist x 2, Blank x 2	9
Emergency (Equipment & Supplies)	Defib, ECG, Allergy Mgmt, Cardiac Concerns, Pentrox pain relief etc.	GP x 1, GP/PN x 2	Non-funded (Pt charged) x 2, Patient/Practice x 1	Around 4 (total 8)	St Johns to hospital – varies x 1	3
Emergency Dental	Dentist visits irregularly. Also includes support of the visiting DHB School Dental Therapy services (referring children and encouraging parents to attend)	GP x 2, GP/PN x 1	DHB Contract x 1, Not funded (Pt charged) x 1, Patient/SIA x 1	between 3 and 25 (total 33)	Dentist x 1	3
Emergency Management and Planning	Lead agency, with Police, Fire and DOC to form GBI Community Civil Defence team x 1, Cornerstone ongoing reviews and updates	PN x 1, all staff x 1	DHB Contract x 1, Practice/PHO x 1		DHB and St John	2
Extended hours – Rural on call phone consult/consults	To provide longer hours of operation to local community	GP x 3, GP/PN x 1	Not funded (Pt charged) x 3, DHB	Between 36 and 300 (total 436)	Practice x 1	4
Family Planning	Depo prevera contraceptive injection / Emergency contraceptive/family planning education & pregnancy testing	PN	Not funded (Pt charged)	25	GP	1
Family Therapist			MSD	19	MDT	1
Fractures	Assessment & management of Fractures including applying various castings	GP/PN x 2, GP x 2, PN x 2	ACC x 4	between 1 and 30 (total 36)	Hibiscus Radiology & other agencies x 1	4
General Practice consults		GP		1697		1
Green Prescription Referrals	Health promotion & physical activity programme	GP x 1, PN/GP x 2, PN/KWC/GP x 1	Harbour Sport x 1, Practice x 1, CarePlus/KWC x 1, Not Funded x 1	between 10 and 20 (total 30), Multiple	Albany Harbour Sport	4
Haemodialysis and CAPD	Nurse's Cottage set up for one patient who mainly manages this himself – RNS only required when problems arise	RNS	DHB Contract	2	Renal Physicians	1
Helicopter evacuations	Altogether 3 hrs average time wise	GP/Rural Nurse Specialists (RNS) x 1, GP/PN x 1	ACC/DHB contract x 1, PRIME Not Funded x 1	approx. 74 annually	Auckland Rescue Helicopter Trust/St John x 1	2
Home Care/Home Visits	Assessment and referral to Home Services, Allied Health, Geriatricians etc. x 2, Patients unable to attend clinic x 1	PN x 1, GP/PN x 2	DHB Contract x 1, Patient/Practice x 1, PHO/Not funded x 1	between 4 and 6 (total 10 but variable)	DHB Allied Health/Support Group Trust x 1	3
Home visits – patients not able to get to clinic	Not including palliative care	GP x 3, GP/PN x 1	Not funded (Pt charged) x 3, Practice/Patient x 1	between 2 and 5 (total 9)		4
Immunisation - Company Flu Vaccines		PN x 3	Not funded (Pt charged) x 3	35 to 50 per month for coys in season		3
Immunisation - non funded	Eg Menactra, Pneum 23, Neisavac C, Varilrix	GP/PN x 3, GP x 1, PN x 2	MoH x 1, Not funded (Pt charged) x 5	between 2 and 20 (total 34)	GP x 1	6

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Immunisation - NZ Schedule & Funded Vaccines	Administration of Vaccine	PN x 4, GP/PN x 2	MoH x 4, DHB/Practice x 1, Funded/Not Funded x 1	between 44 and 865 (total 1103)	GP x 2, Practice x 1	6
Immunisation - Travel Vaccines	Administration of Travel Immunisations	PN x 2, GP/PN x 1	Not funded (Pt charged) x 2, MoH x 1	between 3 and 16 (total 29)	GP x 2, GP/PN x 1	3
Immunisations	National imms schedule, travel, gardasil, Zostavec etc	PN	MoH for national schedule	36		1
Incision & Drainage	Procedure for drainage of infected abscess	GP assisted by PN x 2, GP x 2	POAC, Not funded (Pt charged) x 3	between 4 and 8 (total 16)		4
Injections	Administration for various reasons. No secondary service available locally	GP/PN x 2	Not funded (pt fully charged), Various funding arrangements	between 47 and 50 (total 97)		2
INR Test	Instant Diagnostic Blood Test	Phlebotomist/PN x 1, PN x 2, Pharmacy x 1	Patient x 1, DHB x 1, SIA/Patient x 1, Lab Tests Contract x 1	between 6 and 57 (total 83)	GP x 1, Labtests/DHB x 1	4
Inter-Agency Meetings	Police, Special Ed, School Principals, CYPS and Practice	PN	DHB Contract	Quarterly		1
Intra articular injection	Administration of steroid injection	GP x 4	ACC or Not funded (Pt charged) x 4	between 3 and 20 (total 27)	Secondary/specialist	4
Iron	Infusion	PN x 2, GP/PN x 1	Not funded (Pt charged) x 3	between 1 and 3 (total 5)	GP x 2, Haematologist	3
IUD Insertion/Removal	Insertion, Management & Removal	GP/PN x 3, GP x 2	Patient/POAC x 2, Not funded (Pt charged) x 2, Blank	between 1 and 4 (total 13)	PN/GP x 2, Blank x 3	5
Jadelle Insertion / Removal	Assessment / Minor Surgery for insertion & Removal	GP x 4, GP/PN x 1	Not funded (Pt charged) x 3, PHO/Patient, WINZ/SIA/Patient	between 1 and 4 (total 10)	PN/GP x 2, Blank x 3	5
Laboratory Services	Venepuncture etc.	PN	Labtests	150	Labtests	1
Liquid Nitrogen	Application of Liquid Nitrogen	PN x 2, PN/GP x 5	Not funded (Pt charged) x 7	between 12 and 201 (total 468)	GP/PN, GP at another practice	7
Longer management of acute patients after assessment	Observation of patients after initial treatment to determine if transfer to hospital is required	GP/PN x 3	POAC/Not funded x 1, Patient/Practice x 2	between 2 and 30 (total 45)		3
Managing standard orthopaedic care	Backslabs to most limb plaster and fibreglass cast. Interim management of more complex cases with MMH	GP/PN x 2, GP x 1	ACC x 3	between 3 and 50 (total 63)	DHB/MMH/Radiology x 1	3
Maternity care	Includes Home Births, First Visits	Midwives/GP Obstetricians x 2, LMC x 1, GP x 1	MOH Rural Maternity x 1, MoH x 2, Not Funded/Not Charged x 1	Between 1 and 12 (total 23)	DHB Women's Health x 1	4
Medical - Work Place	Health Assessment for Fitness to work	GP/PN x 2	Patient/Employee	between 5 and 7 (total 12)	GP/PN x 2	2
Medicals - Drivers Licence		GP x 2	Not funded (Pt charged)	between 6 and 14 (total 20)	GP/PN	2
Medicals - Immigration	Accredited Provider for Immigration Medicals	GP/PN	Not funded (Pt charged)	4		1
Medicals - Insurance		GP x 3	Usually funded by Insurer x 1, INS/Company/Patient x 2	between 6 and 20 (total 43)		3
Medicals - Other: Insurance Medicals, Pre employment Medicals, Drivers Medicals, Dive Medicals, Sea Farers	Range of other medicals completed by Medical team supported by PN	GP/PN x 2, GP x 1	Usually funded by Insurer/Patient x 1, INS/Company/Patient x 2, Not funded (Pt charged) x 1	between 30 and 800 (total 890)	Practice x 1	3

Name of Service/Treatment	Brief Description: (if needed)	Administered by: (GP or PN or other)	Funded by: (PHO, MoH, DHB, other) or Not Funded	Number of Pts accessing: monthly average	Supported by: (e.g. Other Practice/ Secondary/ Specialist)	Number of Practices
Mental Health	Completion of Kessler assessment and referral. Often to private counsellors as lack of funding and available services. Our team pick up social service role for patients arranging transport to hospital or links to other support services. We also undertake weekly obs for patients with eating disorders that would otherwise be done in secondary environment.	GP x 3, GP/PN x 1	PHO/Patient x 2, PHO/Patient/Practice x 1	between 9 and 50 (total 94)	PHO/Secondary x 1	4
Minor Surgery	Wedge resection/lesion removal/Punch biopsy	GP x 2, GP/PN x 1, GP assisted by PN x 1	DHB Contract/Patient x 1, PHO/Patient x 1, Not funded (Pt charged) x 2	between 4 and 85) (total 114)		4
Minor Surgery / Punch Biopsy	Removal of skin lesion	GP x 5, GP/PN x 1	Not funded (Pt charged) x 6	between 1 and 16 (total 68)	PN, GP, many on-referred, Dermatologists, Blank	6
Minor Surgery Boil	Minor Surgery	GP x 5	Not funded (Pt charged) x 5	between 3 and 12 (total 25)	GP/PN x 2	5
Minor Surgery Infected Sebaceous Cyst	Minor surgery	GP x 5	Not funded (Pt charged) x 5	between 2 and 6 (total 13)	GP/PN x 2	5
Nasal Cautery		GP x 3	Not funded (Pt charged) x 3	between 1 and 2 (total 5)		3
Nebulising	Management of acute COPD/Asthma	GP/PN x 3, GP x 1, PN x 1	POAC/Patient x 1, Non-funded (Pt charged) x 2, Patient x 1, ACC x 1	between 10 and 30 (total 60)	Secondary x 1, DHB Fracture Clinic x 1	5
Oxygen concentrator	For patients awaiting O approved therapy COPD	GP	Not funded	0- 2 varies		1
Palliative Care	Management of palliative patients, additional care, home visits, consults, phone consults and resulting paperwork	GP/PN x 4, GP/DN x 1, GP x 3	DHB Contract x 1, PHO x 3, Practice/Patient x 1, PHO Palliative Care/SIA/or not funded x 3	between 2 and 20 (total 41 but variable)	Hospice/Secondary Palliative Team x 4, MDT x 2, Practice x 1	8
Phlebotomy - Home	No services North of Warkworth /All rest homes	PN	Patient charged/Free not funded	25		1
Phone Triage	Dedicated nurse triage to maximise capacity against demand	PN x 2, PN/HML x 1	Not funded x 1, Free x 1	between 54 and 1000 (total 1054)		3
Plunket Nursing	Regular Under 5's well child clinics, B4 School Checks (B4S)	PN x 2	DHB Contract Plunket (B4S), PHO/DHB x 1	average 10 (total 20)	DHB Paeds, OT, Physio	2
Point of Care Blood Tests	INR /TROP T / FBC/ CBC .	GP/PN	Practice	50		1
Post Op Dressings	Non ACC	PN x 2, GP/PN x 1	Not funded (Pt charged) x 3	between 10 and 40 (total 50)	Specialist/RSC	3
PRIME (plus 24/7 practice on-call)	Own on-call system x 2	GP/PN x 2	DHB/St John/ACC x 1, ACC x 1, Blank x 1	80 plus	St John x 1	2
Psychosocial Services	Liaison with social service agencies, Counselling	GP/PN x 2	DHB Contract x 1, Patient/Practice/PHO x 1	varies, 20	Counsellor/Community Worker x 1	2
Public Health Nursing	Public Health Screening, Infectious diseases, School-based Services, Special Ed.	PN	DHB Contract	varies	ARPHS	1
Pyelonephritis	Administering IVAB	PN x 3, GP	POAC x 3, Not funded (Pt charged)	between 1 and 4 (total 12)	GP/ Specialist x 2, Blank x 2	4

Name of Service/Treatment	Brief Description: (if needed)	Administered by: (GP or PN or other)	Funded by: (PHO, MoH, DHB, other) or Not Funded	Number of Pts accessing: monthly average	Supported by: (e.g. Other Practice/ Secondary/ Specialist)	Number of Practices
Radiology	Limbs	GP x 1, Radiographer/GP&P N x 1	ACC/Patients x 1, ACC/Radiology Contract/SIA/Patient x 1	between 4 and 241 (total 245)	DHB Radiologist x 1	2
Re hydration of severely dehydrated patients	Administration of rehydration fluids	PN x 2, PN/GP 2	POAC x 4	between 2 and 6 (total 10)	GP x 2, Blank	4
Rest Home /Rural Hospital Medical cover	GP's provide cover to 4 local facilities	GP	Facility	280		1
Script requests	Includes controlled drug requests too	GP/PN x 3	Not funded (Pt charged) x 2, Not funded/SIA/DHB x 1	between 212 and 715 (total 1227)		3
Sexual Health	Contraception, ECP, STI Screening	GP/PN x 2	Patient /Funding <25 PHO x 2	between 48 and 94 (total 142)	PN/GP x 2	2
Sexual health and Contraception	IUCDs etc.	GP/PN	Patient/DHB Contract (under 25s free)	varies	Family Planning	1
Short Stay overnight care	If unable to evacuate (weather) or care for pts in their own home	PN	DHB contract	infrequently	DHB Specialists	1
Smoking cessation	Management and opportunistic smoking cessation support and advice	PN x 1, GP/PN x 3, GP/PN/HCA x 1	PHO x 2, PHO/Pt charged x 1, Not funded (Pt charged) x 1, Not funded/KWC x 1	between 5 and 300 (total 576)	PHO assistance x 1	5
Social Work Services		GP/PN	MSD	28	MDT	1
Spirometry	For special authorities/asthma and COPD, Checking Pt for COPD	PN x 6, GP/PN x 1, GP x 1	Not funded (Pt charged) x 5, PHO x 1, PHO/Patient x 1, Not funded/SIA/Company x 1	between 2 and 35 (total 73)	DHB Respiratory x 1, GP x 1, GP/PN x 2	8
Steroid Injections	Tendonitis, joint issues, etc	GP	Not funded (Pt charged)	3	POAC varies	1
Tamariki Ora / Well Child	WCC and B4 School checks as per program and contract	PN x 2, PN/GP x 1	DHB/Plunket x 1, Practice x 1, PHO x 1	between 9 and 64 (total 83)	PN x 1	3
Troponin / INR	Instant Diagnostic Blood Test	Phlebotomist/PN x 1, PN x 1	Patient x 1, Not funded/SIA x 1	between 12 and 50 (total 62)	GP x 1	2
Tympanogram	Assessment of ear function	PN x 2, GP x 1	Not funded (Pt charged) x 2, Not funded (provided free) x 1	between 10 and 30 (total 40)	GP x 1	3
UTI Treatment	Assessment / Diagnostic Test / Oral AB / Follow Up	GP/PN x 4	Not funded (Pt charged) x 4	between 22 and 50 (total 94)	GP/PN x 2	4
Vasectomy	Southern Cross Affiliated Provider	GP x 2	Southern Cross x 1, Patient/SIA x 1	between 1 and 2 (total 3)		2
Venesection	Bleeding for Haemachromatosis	PN x 6, GP/PN	DHB contract x 2, Not funded (Pt charged) x 5	Between 1 and 10 (total 34)	Haematologist x 3, GP x 2, PN, Blank	7
Vitamin C/Magnesium infusion		PN, Blank	Not funded (Pt charged), Blank	Between 2 and 8 (total 10)		2
Walk-in acute patients	Assessment/triage/consultation/ treatment of medical problem/illness	GP/PN x 2	Patient/POAC/except ACC x 2	200	Other agencies as required	2
Warfarin Management	Pt-Lab-Dr(results)-Nurse (ring Pt)	GP/PN x 2, PN x 1	Practice x 2, Free with Patient Consult x 1	between 50 and 150 (total 300)	Lab x 1	3

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Wedge Resection	Mostly ingrown toenails	GP x 3	Non funded (pt charged) x 3	between 1 and 2 (total 3)		3
Womans Health	Smears/Insertion of pessary rings/Breast examination	GP x 3, GP/PN x 1	U22 (PHO) or Not funded (Pt charged) x 2, Not Funded (Pt charged) x 1, Not Funded (Pt charged)/SIA/PHO x 1	between 50 and 120 (total 170)		4
Wound Closure Accident	Minor Surgery to close wound	GP/PN x 3, GP x 2	ACC/Patient x 4	between 14 and 36 (total 65)	PN/GP x 2	4
Wound Management	Regular Wound review and Dressing. Change until wound healed	PN x 2	Not funded (Pt charged) x 2	between 82 and 124 (total 224)	Nurse/review with GP x 2	2
Woundcare Management & Suture removal	Follow-up from minor surgery/ACC/ and medical.	GP/PN	ACC/POAC/if not funded, patient pays	500	Secondary/Specialist	1
Youth Health	Patients under age 22	GP x 1, GP/PN x 1, GP/PN/SWX HLTH x 1	PHO if eligible x 3 (Patient pays otherwise)	Average 10 per practice (total 30)		3

Appendix Three – Second Stage Blank Template Document



AUCKLAND WAITEMATA RURAL ALLIANCE - RURAL GENERAL PRACTICE, SERVICES STOCKTAKE

This template:

The following worksheet named "Summary" contains the high level list of general practice activities collected from the practices who completed and returned the previous Rural Service Stocktake Spreadsheet. This new Template will help to identify any services/treatments that your practice would like to provide but aren't currently, and the resources and support you would need to enable you to provide said services/treatments.

Please complete the three left columns as follows:

RED: "Top Ten High Clinical Priority" - which on the list are your general practice's Top Ten High Clinical Priority activities - please identify these in this column ranked from 1 to 10 (highest priority). If need be, please add any additional services/activities to the bottom of this list.

BLUE: "Of the Top Ten, which would you like to provide but are not currently?" - please identify in this column

GREEN: "What is the reason for not delivering ..." - in this column please identify the barriers (funding, workforce skill etc).

Please feel free to add comments in the final box on the right. Thank you for taking the time to complete this Template.

The final stocktake document will be presented to the Rural Alliance alongside this gap analysis. This will allow the Rural Alliance to develop a work plan that successfully meets the needs of rural general practice and the rural population served.

Please complete by 8 April 2016 and return, via email to the Rural Alliance Secretariat, Lis Cowling:

Lis.cowling@waitematadhb.govt.nz

Background Information:

The Auckland Waitemata 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 58,530 patients.

The Rural Alliance will work to ensure that all people, no matter where they live, have a reasonable ability to live, work, and to contribute to, and be part of, New Zealand society by ensuring rural people have equitable outcomes to those living in urban areas.

To achieve this, the Rural Alliance has agreed to focus on certain priority areas in their work plan to reduce a patient's need to travel by increasing access to diagnostics and interventions in the rural areas. A further focus of the Rural Alliance will be overseeing and providing direction in an advisory capacity for the review of health services on Waiheke Island. In order to work towards developing a final Rural Alliance Work Plan, a stocktake of rural services delivered by general practices is required to provide a baseline.

Top Ten: High Clinical Priority Ranked 1 to 10 (10 = highest priority)	Of the Top Ten, which would like to provide but are not currently?	What is the reason for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other?	Name of Service/Treatment	Brief Description
			Aclasta	Infusion
			Allergy Desensitisation	Monthly 1 hr visit
			AOD Services	
			BP Checks	Opportune/booked and serial BPs
			Care of chronic conditions	CVD, Diabetes, Insulin initiation
			Care of chronic conditions	Extra follow with GP instead of specialist care due to transport costs and difficulties. Greater support required from GP because due to no rest home facilities available.
			Catheterisation	Acute Urinary Catheterisation
			Cellulitis/Pyelonophritis	Administering IV Antibiotics
			Child Protection Services	Intervention, co-ordination and referral in cases of abuse with CYPS
			Clinics - Adolescent/Youth	Patients under Age 22
			Clinics - Nurse	Diabetes, GASP, CVD, Smears, Mental Health, Weight Management
			Clinics - Nurse, Maori Health Issues	On-going project by Clinic nurses
			Community Mental Health	Acute assessment. Monitoring, risk assessment and depot service
			Contraception - Family Planning	Depo prevera contraceptive injection / Emergency contraceptive/family planning education & pregnancy testing
			Contraception - IUD / Copper / Mirena	Assessment, Insertion, Review, Removal
			Contraception - Jadelle Insertion / Removal	Assessment / Minor Surgery for insertion & Removal
			Contraception and STI - Sexual Health	Contraception, ECP, STI Screening
			District Nursing	Home based care
			Drug dependant patient (otherwise CADS clients)	Patient management of difficult, disruptive pts with drug dependency
			Drug Testing	Pre-employment/Winz
			Drug Testing	Drug testing for Workplace medical
			Ear - Tympanogram	Assessment of ear function
			Ear Suction/Syringing	removal of wax
			Early identification and management of Cognitive Impaired patients	Completion of physical assessment and various forms (MOCA) to aid in diagnosis
			ECG	Booked or urgent procedures to determine cardiac function
			Emergency - ACC - Accidents	Assessment/ triage/consultation/ treatment
			Emergency - Ambulance presentations	Assessment/ triage/consultation/ treatment
			Emergency Dental	
			Emergency Equipment & Supplies	Defib, ECG, Allergy Mgmt, Cardiac Concerns, Pentrox pain relief etc.
			Emergency Management and Planning	Lead agency, with Police, Fire and DOC to form Community Civil Defence team
			Extended hours – Rural on call phone consult/consults	To provide longer hours of operation to local community
			Family Therapist	
			Fractures	Assessment & management of Fractures including applying various castings

Top Ten: High Clinical Priority Ranked 1 to 10 (10 = highest priority)	Of the Top Ten, which would like to provide but are not currently?	What is the reason for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other?	Name of Service/Treatment	Brief Description
			GP Administration	Paperwork/referrals/results/patient phone contacts/report reading and actions/parking forms/travel letters/death certs
			Haemodialysis	Dialysis
			Helicopter evacuations	Altogether 3 hrs average time wise
			Home Care	Assessment and referral to Home Services, Allied Health, Geriatricians etc.
			Home Visits	Patients unable to attend clinic
			Home visits – patients not able to get to clinic	Not including palliative care
			Imaging - Basic Ultrasound	Diagnostic Tool
			Imaging - Chest X-rays	
			Imaging - Radiology	Limbs
			Immunisations - Company Flu Vaccines	Imms
			Immunisations - non funded	Non schedule immunisations - Zostavac, Menactra, Pneum 23, Neisavac C, Varilrix
			Immunisations - NZ Schedule & Funded Vaccines	Administration of Vaccine
			Immunisations - Travel Vaccines	Travel immunisations
			Infusion - Iron	Infusion for anaemia
			Infusion - Vitamin C/Magnesium	Infusion
			Injection - B12 / Iron	Injection
			Injections	B12/Iron/Desense/Hormone
			Injections - Intra articular	Administration of steroid injection
			Injections - Steroid	Tendonitis, joint issues, etc
			Inter-Agency Meetings	Police, Special Ed, School Principals, CYPS and Practice
			Laboratory Services	Venepuncture etc.
			Longer management of acute patients after assessment	Observation of patients after initial treatment to determine if transfer to hospital is required
			Managing standard orthopaedic care	Backslabs to most limb plaster and fibreglass cast. Interim management of more complex cases with MMH
			Maternity Care - Antenatal / Postnatal	Antenatal, postnatal care
			Maternity Care – first visits	Includes Home Births
			Medicals - Immigration	Accredited Provider for Immigration Medicals
			Medicals - Other: Insurance Medicals, Pre employment	
			Medicals, Return to Work, Drivers Medicals, Dive Medicals, Sea Farers	Range of other medicals completed by Medical team supported by PN
			Mental Health referral and management	Completion of Kessler assessment and referral. Often to private counsellors as lack of funding and available services Our team pick up social service role for patients arranging transport to hospital or links to other support services. We also undertake weekly obs for patients with eating disorders that would otherwise be done in secondary environment.

Top Ten: High Clinical Priority Ranked 1 to 10 (10 = highest priority)	Of the Top Ten, which would like to provide but are not currently?	What is the reason for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other?	Name of Service/Treatment	Brief Description
			Minor Surgery	Biopsy, Lesion removals, wedge resections, Cysts
			Minor Surgery	Wound closure
			Minor Surgery - Incision & Drainage	Procedure for drainage of infected abscess
			Nasal Caутery	
			Nebulising	Management of acute COPD/Asthma
			Palliative Care	Management of palliative patients, additional care, consults, phone consults and resulting paperwork
			Palliative Care - Home Visits	Terminal Care in pts home
			Phone Triage	Dedicated nurse triage to maximise capacity against demand
			Plunket Nursing	Regular Under 5's well child clinics, B4 School Checks (B4S)
			PN Administration	Screening/recalls/HUHC/Emails & repeat scripts
			POC - Blood test	Acute/Urgent/Remove barrier when access to Lab Test Limited
			POC - INR Test	Instant Diagnostic Blood Test
			POC - Lab test	Phlebotomy clinics
			POC - Troponin	Instant Diagnostic Blood Test
			PRIME (plus 24/7 practice on-call)	(Own on-call system on GBI)
			Psychosocial Services	Liaison with social service agencies, Counselling
			Public Health Nursing	Public Health Screening, Infectious diseases, School-based Services, Special Ed.
			Re hydration of severely dehydrated patients	Administration of rehydration fluids
			Referrals - Green Prescription	Health promotion & physical activity programme
			Rest Home /rural hospital Medical cover	GP's provide cover to local facilities
			Screening - Bowel Screening and referral	Consultation and referral
			Screening - Womans Health	Cervical Smears
			Script requests	Includes controlled drug requests too
			Short Stay overnight care	If unable to evacuate (weather) or care for pts in their own home
			Skin - Dermoscopy	Removal skin lesion
			Skin - Lesions, Aldara and Liquid Nitrogen	Application/education of Aldara - Application of liquid nitrogen
			Smoking cessation	Management and opportunistic smoking cessation support and advice
			Social Work Services	
			Spirometry	For special authorities/asthma and COPD
			Tamariki Ora / Well Child	WCC and B4 School checks as per program and contract
			UTI Treatment	Assessment / Diagnostic Test / Oral AB / Follow Up
			Vasectomy	Southern Cross Affiliated Provider/Other
			Venesection	Bleeding for Haemachromatosis
			Walk-in acute patients	Assessment/ triage/consultation/ treatment of medical problem/illness
			Warfarin Management	Pt-Lab-Dr(results)-Nurse (ring Pt)
			Womans Health	Insertion of pessary rings/Breast examination

Top Ten: High Clinical Priority Ranked 1 to 10 (10 = highest priority)	Of the Top Ten, which would like to provide but are not currently?	What is the reason for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other?	Name of Service/Treatment	Brief Description
			Wound - Chronic Wound Management i.e. lower leg ulcers	Assessment, Review Planning, Dressing, Diagnosis & Ongoing Treatment
			Wound - Dressing/Wound care management	Post surgery, Non-ACC
			Wound - Dressing/Wound care management	Post surgery, ACC

Appendix Four – Summary of the Second Stage

Rating 1 to 10	Top Ten: High Clinical Priority	Of the Top Ten, which would like to provide but are not currently or could provide better should you have access to additional services/support?	What are the reasons for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other? List as many as applicable.	Name of Service/Treatment	Brief Description
3	High Priority	Training is needed currently only access through primary options for DVT – Funding issue	GP training, and funding for equipment pay GP a fee commensurate with the skill, equipment etc required for the procedure. Our nearest family planning is in Takapuna and there is a long waiting list. However , patient only has to pay \$20 there. Realistic fee for GP would be \$150. Jadelles most commonly used by young girls who are unable to pay. training for more GP's year course	Imaging - Basic Ultrasound Imaging - Basic Ultrasound Imaging - Basic Ultrasound	Diagnostic Tool Diagnostic Tool Diagnostic Tool
4	High Priority	We have 3 days a week access (working hours only) for X Rays limited access through primary options in acute setting. Funding issue	Funding and equipment Chest X-rays – limited availability in acute setting through primary options, but does seem to work quite well for acutes. Would be nice to be able to access for non acutes in the community.	Imaging - Chest X-rays Imaging - Chest X-rays	
8	High Priority	We have 3 days a week access (working hours only) for X Rays Happy with current provision	Funding and equipment	Imaging - Radiology Radiology Services (limbs)	Limbs
7		Happy with current provision		Palliative care	
2				Palliative Care	Management of palliative patients, additional care, consults, phone consults and resulting paperwork
6		Could be provided better	Very time consuming work. No hospice beds available on the island.	Palliative Care	Management of palliative patients, additional care, consults, phone consults and resulting paperwork
10			Lack of funding to support some patients needs	Palliative Care	Management of palliative patients, additional care, consults, phone consults and resulting paperwork
8		Very limited and inconsistent funding. Stream.	Palliative care and palliative care home visits. Pitiful inconsistent funding for this. Almost always runs out. Have to scabble around trying to find alternative means of funding or transfer cost onto patient or work for nothing! In rural setting , we are heavily involved in terminal care compared with in the urban setting and usually patients or hospice have access to us 24/7. Hospice is funded for their nurses and have a great network through fundraising to fund their ancillary services, but there is NO FUNDING for GP!	Palliative Care - Home Visits *	Terminal Care in pts home

Rating 1 to 10	Top Ten: High Clinical Priority	Of the Top Ten, which would like to provide but are not currently or could provide better should you have access to additional services/support?	What are the reasons for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other? List as many as applicable.	Name of Service/Treatment	Brief Description
6		Very limited and inconsistent funding. Stream.	Palliative care and palliative care home visits. Pitiful inconsistent funding for this. Almost always runs out. Have to scabble around trying to find alternative means of funding or transfer cost onto patient or work for nothing! In rural setting , we are heavily involved in terminal care compared with in the urban setting and usually patients or hospice have access to us 24/7. Hospice is funded for their nurses and have a great network through fundraising to fund their ancillary services, but there is NO FUNDING for GP!	Palliative Care *	Management of palliative patients, additional care, consults, phone consults and resulting paperwork
8		Not provided at all	equipment is very expensive and cost will need to be passed onto the patient	POC - Blood test	Acute/Urgent/Remove barrier when access to Lab Test Limited
			funding support	POC - Blood test	Acute/Urgent/Remove barrier when access to Lab Test Limited
11		Could be provided better	consumable costs are passed onto patients funding ongoing funding funding	POC - INR Test POC - INR Test POC - Lab test POC - Troponin	Instant Diagnostic Blood Test Instant Diagnostic Blood Test Phlebotomy clinics Instant Diagnostic Blood Test
3			cost of dressings prohibitive within primary care	Wound - Chronic Wound Management i.e. lower leg ulcers	Assessment, Review Planning, Dressing, Diagnosis & Ongoing Treatment
3				Wound - Dressing/Wound care management	Post surgery, Non-ACC
3				Wound - Dressing/Wound care management	Post surgery, ACC
			cost to patients funding	Wound - Dressing/Wound care management	Post surgery, Non-ACC
			ACC community contract required	Wound - Dressing/Wound care management	Post surgery, ACC
9		Could be provided better	equipment is very expensive and cost will need to be passed onto the patient	Minor Surgery	Biopsy, Lesion removals, wedge resections, Cysts
11		Happy with current provision	same as any emergency services	Minor Surgery	Wound closure
8			funding can be a barrier to some patients	Minor Surgery	Biopsy, Lesion removals, wedge resections, Cysts
11		Happy with current provision		Minor Surgery - Incision & Drainage	Procedure for drainage of infected abscess
7			funding doesn't cover complex cases	Minor Surgery - Incision & Drainage	Procedure for drainage of infected abscess
3	High Priority	Could provide much better with additional nursing staff	Could provide much better with additional nursing staff	Clinics - Nurse	Diabetes, GASP, CVD, Smears, Mental Health, Weight Management
				Clinics - Nurse	Diabetes, GASP, CVD, Smears, Mental Health, Weight Management

Rating 1 to 10	Top Ten: High Clinical Priority	Of the Top Ten, which would like to provide but are not currently or could provide better should you have access to additional services/support?	What are the reasons for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other? List as many as applicable.	Name of Service/Treatment	Brief Description
11		Could be provided better	nurse time limited for following up with targets	Clinics - Nurse	Diabetes, GASP, CVD, Smears, Mental Health, Weight Management
	High Priority	Could provide much better with additional nursing staff	Could provide much better with additional nursing staff	Clinics - Nurse, Maori Health Issues	On-going project by Clinic nurses
	High Priority	Could provide much better with additional nursing staff	Nursing staffing levels	Care of chronic conditions	CVD, Diabetes, Insulin initiation
	High Priority	Could provide much better with additional nursing staff	Could provide much better with additional nursing staff	Care of chronic conditions	Extra follow with GP instead of specialist care due to transport costs and difficulties. Greater support required from GP because due to no rest home facilities available.
1				Care of chronic conditions	CVD, Diabetes, Insulin initiation
11		Happy with current provision	nurse time limited for following up with targets	Care of chronic conditions	CVD, Diabetes, Insulin initiation
	High Priority	We could do this better if well resourced	We have a paucity of funding for after hours (it operates at a loss) and we require designated facilities for Waiheke	Emergency - Ambulance presentations	Assessment/ triage/consultation/ treatment
1				Emergency - Ambulance presentations	Assessment/ triage/consultation/ treatment
			limited by funding especially after hours. We are funded as a GP but have to provide A& E		
2		Could be provided better	without provision for this. Often GP's/nurses are fully booked and then need to provide this on top of patient load	Emergency - Ambulance presentations	Assessment/ triage/consultation/ treatment
5			POAC procedure not followed by St John causing issues of presentations without prior knowledge and therefore resources cannot be effectively allocated.	Emergency - Ambulance presentations	Assessment/ triage/consultation/ treatment
			The admin load for GPs is prohibitive to a work/life balance. Is putting people off becoming medical practitioners, is a huge strain on GP time after a full days clinic.	GP Admin work	
	High Priority	Admin support needed	We are under resourced for this	GP Administration	Paperwork/referrals/results/patient phone contacts/report reading and actions/parking forms/travel letters/death certs
2				GP Administration	Paperwork/referrals/results/patient phone contacts/report reading and actions/parking forms/travel letters/death certs
11		Could be provided better	This has to be done but GP's nurse limited with time to complete the appropriate paper work	GP Administration	Paperwork/referrals/results/patient phone contacts/report reading and actions/parking forms/travel letters/death certs
	High priority	There is no provider on Waiheke	Since the Immigration Department designated GPs to immigration medicals, Waiheke has been left with no GPs to do immigration medicals	Medicals - Immigration	Accredited Provider for Immigration Medicals
			limited number accepted to provide	Medicals - Immigration	Accredited Provider for Immigration Medicals

Rating 1 to 10	Top Ten: High Clinical Priority	Of the Top Ten, which would like to provide but are not currently or could provide better should you have access to additional services/support?	What are the reasons for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other? List as many as applicable.	Name of Service/Treatment	Brief Description
4				Medicals - Other: Insurance Medicals, Pre employment Medicals, Return to Work, Drivers Medicals, Dive Medicals, Sea Farers	Range of other medicals completed by Medical team supported by PN
			Aviation medicals require certification	Medicals - Other: Insurance Medicals, Pre employment Medicals, Return to Work, Drivers Medicals, Dive Medicals, Sea Farers	Range of other medicals completed by Medical team supported by PN
	High Priority	We could do this better if well resourced	We have a paucity of funding for after hours and emergency care (we operate at a loss) and we require designated facilities for Waiheke	Re hydration of severely dehydrated patients	Administration of rehydration fluids
1				Re hydration of severely dehydrated patients	Administration of rehydration fluids
11		Happy with current provision	essential service as A&E	Re hydration of severely dehydrated patients	Administration of rehydration fluids
4			funding is not adequate to cover the complex cases	Re hydration of severely dehydrated patients	Administration of rehydration fluids
			see our note re diet/nutrition assessment, funding to look at patients diets and pre/post conception vitamin levels/bloods etc	Maternity Care - Antenatal / Postnatal	Antenatal, postnatal care
			additional funding to provide excellent first visits for pregnant pts, need longer than usual appointment to do it well	Maternity Care – first visits	Includes Home Births
5		Happy with current provision	LMC domain	Maternity Care – first visits	Includes Home Births
	High Priority	We could do this better if well resourced	We have a paucity of funding for after hours and emergency care (we operate at a loss) and we require designated facilities for Waiheke	Maternity Services	
				Walk-in acute patients	Assessment/ triage/consultation/ treatment of medical problem/illness
3				Walk-in acute patients	Assessment/ triage/consultation/ treatment of medical problem/illness
			limited by funding especially after hours. We are funded as a GP but have to provide A& E		
10		Could be provided better	without provision for this. Often GP's/nurses are fully booked and then need to provide this on top of patient load	Walk-in acute patients	Assessment/ triage/consultation/ treatment of medical problem/illness
1			restricted by available capacity & resources	Walk-in acute patients	Assessment/ triage/consultation/ treatment of medical problem/illness
1				Cellulitis/Pyelonephritis	Administering IV Antibiotics
2			often funding does not adequately cover complex cases	Cellulitis/Pyelonephritis	Administering IV Antibiotics

Rating 1 to 10	Top Ten: High Clinical Priority	Of the Top Ten, which would like to provide but are not currently or could provide better should you have access to additional services/support?	What are the reasons for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other? List as many as applicable.	Name of Service/Treatment	Brief Description
7			Cellulitis/pyelonephritis – IV treatment. Usually covered by primary options or ACC (although Primary options becoming increasingly difficult to deal with and are screwing down our fees) GP nurse training	Cellulitis/Pyelonephritis*	Administering IV Antibiotics
2			contraception – Jadelle Insertion/removal. Our PHO does not provide any funding for Jadelle insertion. The most we can claim is \$30 for U22 visit (again funding severely capped and inconsistent) I am aware other PHO's pay GP a fee commensurate with the skill, equipment etc required for the procedure. Our nearest family planning is in Takapuna and there is a long waiting list. However, patient only has to pay \$20 there. Realistic fee for GP would be \$150. Jadelle most commonly used by young girls who are unable to pay. GP training .	Contraception - IUD / Copper / Mirena Contraception - Jadelle Insertion / Removal Contraception - Jadelle Insertion / Removal	Assessment, Insertion, Review, Removal Assessment / Minor Surgery for insertion & Removal Assessment / Minor Surgery for insertion & Removal
11	High Priority	Could provide much better with additional nursing staff Could be provided better	Could provide much better with additional nursing staff work with DN not funded . WDHB service not likely to charge patient the full amount of what it costs to carry out ECG, expertise needed to monitor results, maintain equipment	District Nursing District Nursing District Nursing ECG	Home based care Home based care Home based care Booked or urgent procedures to determine cardiac function
11		Happy with current provision	essential service in both emergency and follow up care	ECG	Booked or urgent procedures to determine cardiac function
3			some patients cannot pay the charge	ECG	Booked or urgent procedures to determine cardiac function
1	High Priority	We could do this better if well resourced Could be provided better	We have a paucity of funding for after hours (it operates at a loss) and we require designated facilities for Waiheke limited by funding especially after hours. We are funded as a GP but have to provide A& E without provision for this. Often GP's/nurses are fully booked and then need to provide this on top of patient load	Emergency - ACC - Accidents Emergency - ACC - Accidents	Assessment/ triage/consultation/ treatment Assessment/ triage/consultation/ treatment
6	High Priority	We could do this better if well resourced	limited by lack of capacity and resources available We have a paucity of funding for after hours and emergency care (we operate at a loss) and we require designated facilities for Waiheke	Emergency - ACC - Accidents Emergency Management and Planning	Assessment/ triage/consultation/ treatment Lead agency, with Police, Fire and DOC to form Community Civil Defence team
11		Happy with current provision	GM on Civil Defence Group	Emergency Management and Planning	Lead agency, with Police, Fire and DOC to form Community Civil Defence team
10				Emergency Management and Planning	
2				Immunisations - NZ Schedule & Funded Vaccines	Administration of Vaccine

Rating 1 to 10	Top Ten: High Clinical Priority	Of the Top Ten, which would like to provide but are not currently or could provide better should you have access to additional services/support?	What are the reasons for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other? List as many as applicable.	Name of Service/Treatment	Brief Description
11		Happy with current provision	essential but very time consuming for follow up, and limited reward	Immunisations - NZ Schedule & Funded Vaccines	Administration of Vaccine
9			limited by public perception i.e. delaying childhood imms	Immunisations - NZ Schedule & Funded Vaccines	Administration of Vaccine
3		Happy with current provision	Labtests no community service funding issue above with	Laboratory Services Laboratory Services	Venepuncture etc. Venepuncture etc.
9		Could be provided better		Laboratory Services (Our only on the table issues are Point of Care testing (INRs) and Telemedicine. These came from the Community Hui as being what the islanders wanted)	Point of care INRs = set up costs/expense
	High priority	Need better liaison and support from CYFS	Our multidisciplinary team does a great job but serious cases fall short due to lack of support form CYFS	Child Protection Services	Intervention, co-ordination and referral in cases of abuse with CYPs
11		Happy with current provision		Child Protection Services	Intervention, co-ordination and referral in cases of abuse with CYPs
1			limited funding only	Clinics - Adolescent/Youth Clinics - Adolescent/Youth *	Patients under Age 22 Patients under Age 22
3			some funding around this would be ideal, can be led by nurses but is timely and costly	Early identification and management of Cognitive Impaired patients	Completion of physical assessment and various forms (MOCA) to aid in diagnosis
	High Priority	We could do this better if well resourced	We have a paucity of funding for after hours and emergency care (we operate at a loss) and we require designated facilities for Waiheke	Emergency Equipment & Supplies	Defib, ECG, Allergy Mgmt, Cardiac Concerns, Pentrox pain relief etc.
11		Could be provided better	limited by funding especially after hours. We are funded as a GP but have to provide A& E without provision for this. Often GP's/nurses are fully booked and then need to provide this on top of patient load	Emergency Equipment & Supplies	Defib, ECG, Allergy Mgmt, Cardiac Concerns, Pentrox pain relief etc.
	High Priority	We could do this better if well resourced	We have a paucity of funding for after hours and emergency care (we operate at a loss) and we require designated facilities for Waiheke	Extended hours – Rural on call phone consult/consults	To provide longer hours of operation to local community
11		Could be provided better	Very low funding for an essential service Recruitment of GP's difficult because of on call package	Extended hours – Rural on call phone consult/consults	To provide longer hours of operation to local community
	High Priority	We could do this better if well resourced	We have a paucity of funding for after hours and emergency care (we operate at a loss) and we require designated facilities for Waiheke	Helicopter evacuations	Altogether 3 hrs average time wise

Rating 1 to 10	Top Ten: High Clinical Priority	Of the Top Ten, which would like to provide but are not currently or could provide better should you have access to additional services/support?	What are the reasons for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other? List as many as applicable.	Name of Service/Treatment	Brief Description
11	Could be provided better		limited by funding especially after hours. We are funded as a GP but have to provide A& E without provision for this. Often GP's/nurses are fully booked and then need to provide this on top of patient load	Helicopter evacuations	Altogether 3 hrs average time wise
			? Aged or unwell	Home Care	Assessment and referral to Home Services, Allied Health, Geriatricians etc.
	High Priority	Not providing	relevant for Rural practices more so in our areas,, cost in time/travel not all HV pts are palliative so no other funding stream to feed into GP never really gets fully reimbursed for their time on these We require support from ADHB and access to the infusions process ? Protocols . Ultrasound access and training More GP training under ultrasound	Home Visits	Patients unable to attend clinic
	High Priority	We could do this better if well resourced	We have a paucity of funding for after hours and emergency care (we operate at a loss) and we require designated facilities for Waiheke Practice capacity rooms	Infusion - Iron Infusion - Iron Injections - Intra articular Injections - Steroid	Infusion for anaemia Infusion for anaemia Administration of steroid injection Tendonitis, joint issues, etc
		Could be provided better	Can use POP but better products are cost prohibitive	Longer management of acute patients after assessment Longer management of acute patients after assessment	Observation of patients after initial treatment to determine if transfer to hospital is required Observation of patients after initial treatment to determine if transfer to hospital is required
4		Could be provided better		Managing standard orthopaedic care	Backslabs to most limb plaster and fibreglass cast. Interim management of more complex cases with MMH
5			Managing standard orthopaedic care – funded through ACC usually funding for nurse follow up phone calls for mental health patients, esp upon new diagnosis. Also acute mental health consults can involve family, CAT teams a time burden on always busy GP days	Managing standard orthopaedic care* Mental Health referral and management	Backslabs to most limb plaster and fibreglass cast. Interim management of more complex cases with MMH Completion of Kessler assessment and referral. Often to private counsellors as lack of funding and available services Our team pick up social service role for patients arranging transport to hospital or links to other support services. We also undertake weekly obs for patients with eating disorders that would otherwise be done in secondary environment.

Rating 1 to 10	Top Ten: High Clinical Priority	Of the Top Ten, which would like to provide but are not currently or could provide better should you have access to additional services/support?	What are the reasons for not delivering: Funding, Workforce Skill (GP or PN), Equipment, Practice Capacity, Secondary Support, Other? List as many as applicable.	Name of Service/Treatment	Brief Description
5		Could be provided better	See brief description	Mental Health referral and management	Completion of Kessler assessment and referral. Often to private counsellors as lack of funding and available services Our team pick up social service role for patients arranging transport to hospital or links to other support services. We also undertake weekly obs for patients with eating disorders that would otherwise be done in secondary environment.
3		Happy with current provision	same as any emergency services	Nebulising	Management of acute COPD/Asthma
11	High Priority	could provide better	currently understaffed with nurses and administration	Nebulising PN Administration	Management of acute COPD/Asthma Screening/recalls/HUHC/Emails & repeat scripts
2		Happy with current provision		PN Administration	Screening/recalls/HUHC/Emails & repeat scripts
3		Happy with current provision		PRIME	
11		Could be provided better	Limited GP's to complete with very little reward. Practice loses money when on call	PRIME (plus 24/7 practice on-call)	(Own on-call system on GBI)
	High Priority	Could provide much better with additional nursing staff	Could provide much better with additional nursing staff	Public Health Nursing	Public Health Screening, Infectious diseases, School-based Services, Special Ed.
			WDHB and NDHB provide .Scope of nurses limited	Public Health Nursing	Public Health Screening, Infectious diseases, School-based Services, Special Ed.
	High Priority	could provide better with equipment and training	Dermatoscopes and training for GPs	Skin - Dermoscopy	Removal skin lesion
			education equipment	Skin - Dermoscopy	Removal skin lesion
			inter-agency meetings when required coroner, WINZ/CYFS not allowed for in normal work time, certainly not on charged to pts ether	Social Work Services	
			funding outside GP	Social Work Services	
			access to contract to provide	Tamariki Ora / Well Child	WCC and B4 School checks as per program and contract
6		Happy with current provision		Tamariki Ora/Well Child	
			again another job that takes GP/Nurse time and contact with patients, updating notes, not funded but has to be fitted into everyday	Warfarin Management	Pt-Lab-Dr(results)-Nurse (ring Pt)
2				Warfarin Management	Pt-Lab-Dr(results)-Nurse (ring Pt)
9			provide this service for patients but patient has to pay for administration which creates financial barrier for some.	Aclasta*	Infusion
	High Priority	We already provide this through a multidisciplinary team including AOD, social work, Whanau therapist		AOD Services	

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3			cost of holding catheters, time for insertion usually out of hours another time burden not fully compensated by what we can charge pts/claim from POAC	BP Checks Catheterisation	Opportune/booked and serial BPs Acute Urinary Catheterisation
4	Happy with current provision		Funding to support visits under 13's /education nurses no x-ray just A/bs funding outside PMHO	Community Mental Health Drug dependant patient (otherwise CADS clients) Ear Suction/Syringing Emergency Dental Family Therapist General Practitioner Services	Patient management of difficult, disruptive pts with drug dependency removal of wax
1	Happy with current provision			Immunisations - non funded	Non schedule immunisations - Zostavac, Menactra, Pneum 23, Neisavac C, Varilrix
3				Immunisations - Travel Vaccines	Travel immunisations
3			Vit C issues with ????????	Infusion - Vitamin C/Magnesium Injection - B12 / Iron	Infusion Injection
3			time taken by GP/Nurses around discharge summary- updating pts medication records, contacting the patients, then follow up discharges if original had errors - not funded at all another item that needs to be fitted into already full days, nasal Packslow presentations	Medication reconciliation post discharge/clinic letters Nasal Cautery	
3			nil within Wellsford area .	Psychosocial Services	Liaison with social service agencies, Counselling
7	Not provided at all		no rest home on the island	Referrals - Green Prescription Rest Home /rural hospital Medical cover	Health promotion & physical activity programme GP's provide cover to local facilities
2	Happy with current provision		no family planning clinics	Rural Nursing Services Screening - Womans Health Script requests	Cervical Smears Includes controlled drug requests too
1	High Priority	We could do this better if well resourced	We have a paucity of funding for after hours and emergency care(we operate at a loss) and we require designated facilities for Waiheke	Short Stay overnight care	If unable to evacuate (weather) or care for pts in their own home
5				Skin - Lesions, Aldara and Liquid Nitrogen	Application/education of Aldara - Application of liquid nitrogen
10			Smoking cessation – all recognise this as a health priority and yet there is no direct funding stream for this in general practice!	Smoking cessation*	Management and opportunistic smoking cessation support and advice
11	Not provided at all			Telemedicine	Internet speed/ set up costs
3				UTI Treatment	Assessment / Diagnostic Test / Oral AB / Follow Up

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11			<p>core function of GP central to all health issues, if time is taken for diets to be looked at can make some amazing changes</p> <p>GP training .</p> <p>Can sometimes use care plus funding but often younger people don't qualify or, if comorbidities, funding has been used for other visits.</p>	<p>Value and Importance of diet assessments in general practice</p> <p>Vasectomy</p> <p>Venesection*</p>	<p>Southern Cross Affiliated Provider/Other</p> <p>Bleeding for Haemachromatosis</p>