

## PRIME services REVIEW – an update

Earlier this year, the National Ambulance Sector Office (NASO), on behalf of Accident Compensation Corporation (ACC) and the Ministry of Health, asked for formal feedback on the PRIME (Primary Response in Medical Emergencies) service.

The purpose of this feedback was to better understand the issues being raised and to inform the above parties on whether a formal review was required.

A lot of feedback was received from a range of sources, including St John, PRIME practices and practitioners, Primary Health Organisations (PHOs), Rural Service Level Alliance Teams (SLATs), PRIME committees, Emergency Care Coordination Teams (ECCTs), National Rural Health Advisory Group (NRHAG) members and members of the New Zealand Rural General Practice Network (NZRGPN).

In June 2016, NASO decided to proceed with a formal review of PRIME. The review is expected to be completed in the first half of 2017. The parameters for the review is that recommendations must be considered within the existing funding envelope.

A steering group has been established to oversee the review, and is made up of representatives from NASO, ACC, the Ministry of Health, the NZRGPN, St John, the Royal New Zealand College of General Practitioners and the College of Primary Health Care Nurses.

The key objectives of this review are as follows:

- *Dynamic*: the PRIME service will be developed so that it can evolve to ensure it is safe, effective and sustainable
- *Balanced centrally and locally*: the PRIME service is structured so that it allows local autonomy, but has appropriate central control as required
- *Aligned to the themes in the New Zealand Health Strategy 2016*: people-powered, closer to home, value and high performance, one team and smart system.

It will be important to ensure any recommendations from the review align with the aim and purpose of the PRIME service.

The project expects to realise the following key outcomes and benefits:

- PRIME continues to be relevant and adds value to rural ambulance services
- PRIME practitioners feel well supported in their role
- PRIME continues to meet its objectives in a sustainable manner
- PRIME funding arrangements are well understood, with improved utilisation of available resources.

The review has five work streams, which have been defined by the steering group:

1. *PRIME funding arrangements*: to ensure it is equitable and effective
2. *Administration*: to ensure an effective structure to administer PRIME, including the role of the PRIME administrator; communication; PRIME committees; PRIME sites; the role of Rural Service Level Alliance Teams (SLATs); and improved data collection and analysis
3. *Clinical governance*: roles and responsibilities; nurse standing orders; clinical audit; quality assurance; dispatch of PRIME and scene management
4. *Training and syllabus*: ensuring content and delivery are fit-for-purpose and content is regularly reviewed and updated
5. *Supplied kit, equipment and medicines*: standard-issue equipment; principles for any changes and updates; clear understanding of how items can be changed and at whose expense; medicine requirements; and safety.

Working groups have been established for the five work streams, which include representatives from the sector, including St John, ECCTs, PRIME committees, PRIME practitioners, and SLATs. This is to ensure the review is collaborative and transparent.

Each of the five working groups will develop recommendations based on the key issues defined by the steering group. The recommendations are due to be presented to the steering group by 31 October, 2016. It is expected that a Draft Review Report will be sent out to key stakeholders for consultation by the end of November 2016, with the final Draft Review Report sent for consultation with key stakeholders in February 2017. Consultation will be undertaken through key stakeholder groups that will circulate the Draft Review

Report to their membership. It is anticipated that feedback will be coordinated by the key stakeholders groups and sent back to the PRIME Review Project Manager by the due date.

The Review Report will be approved by the steering group for submission to the Ministry of Health and ACC for consideration in the first half of 2017.

If you would like to know more information or discuss any aspects of the PRIME service review, please contact Liz Parker, the PRIME service review's project manager, by email [liz\\_parker@moh.govt.nz](mailto:liz_parker@moh.govt.nz) or by phone (04 816 2147 or 021 221 9523).

## Background

The PRIME (Primary Response in Medical Emergencies) service aims to ensure high quality, timely access to pre-hospital emergency treatment in areas where access to appropriate clinical skills are not available, or where ambulance service rural response times may be longer than usual. PRIME is provided by specially trained GPs and Practice Nurses (PRIME practitioners) who assist ambulance services. It is a 24-hour a day, seven-day a week service where PRIME providers are on an on-call roster.

PRIME service responses are initiated by emergency ambulance communications centres. The purpose of the PRIME service is to provide timely access to clinical skills that have the potential to improve outcomes for medical emergencies (including injuries) in rural areas.

The PRIME service is funded by the Ministry of Health and ACC, and is administered by St John. Funding is provided for training and delivery of PRIME.

For further information and a copy of the ACC PRIME Guidelines [visit the ACC website](#).

[Read more about PRIME on the St John website](#)

Frequently Asked Questions (FAQs) on the PRIME Service, including the PRIME service review are available by clicking [HERE](#).

Or visit the Ministry of Health Website – [PRIME web page](#).