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Review heralds new era for rural PRIME service

A wide-ranging review of New Zealand's Primary Response in Medical Emergency (PRIME) service has been successfully completed and work will soon begin to implement its recommendations, says New Zealand Rural General Practice Network Chief Executive Dalton Kelly.

"After a very professional and totally comprehensive, year-long process involving numerous stakeholders, the review outcomes have been accepted and we can now get on with the work plan. It will be great to work with our colleagues including St John and NASO during the next phase."

The review has been "a major piece of work and those involved have done a fantastic job".

"All of the things we had hoped for have been approved including a review of current funding arrangements, administration structures, clinical governance and roles, training and appropriate medicines and equipment," said Mr Kelly.

The report has now been made publicly available and can be downloaded from the Ministry of Health's website (www.naso.govt.nz).

"Expressions of interest will soon be sought from PRIME clinicians with the right skill set to chair a National PRIME committee," said Mr Kelly.

Key review outcomes include providing a safe, effective and sustainable service that allows a balance of local autonomy and central control and is 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.

While the issue of funding was not part of the review, it has been accepted by the Ministry of Health and ACC that there will be a formal review of PRIME funding. This was proposed by the steering group to address sector concerns that PRIME funding is not sustainable.

Outside of the review, \$251,000 had also been allocated to PRIME in the recent Budget, Mr Kelly said.

For comment contact NZRGPN Chief Executive Dalton Kelly 027 231 0067.

NOTE TO EDITORS

In 2016 NASO, on behalf of ACC and the Ministry of Health, asked for formal feedback on the PRIME service. The purpose was to better understand the issues being raised by PRIME practitioners and other stakeholders, and to establish whether a formal review was required.

NASO received feedback 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 New Zealand Rural General Practice Network members.

In June 2016, NASO decided to proceed with a formal review of PRIME and this was completed in the first half of 2017. The scope of the review was limited to recommendations that can be implemented within the existing funding envelope.

The review also aims to ensure that PRIME will continue to be relevant and add value to rural ambulance services, PRIME practitioners will feel well supported in their role, PRIME will continue to meet its objectives in a sustainable manner and that PRIME funding arrangements will be well understood, with improved use of available resources.

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 medical practitioners, nurse practitioners and registered 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.