



PRESS RELEASE FROM THE NEW ZEALAND RURAL GENERAL PRACTICE NETWORK, for immediate use

NZRGPN pleased with southern rural alliance outcome

The successful outcome of negotiations involving 38 rural South Island practices resulting in a proposal for provision and funding of health services to their communities has been applauded by the New Zealand Rural General Practice Network.

“It is alliancing working as it should with a proposed solution worked out at local level which gives a sustainable solution to the majority of people who are likely to use it,” says New Zealand Rural General Practice Network (the Network) chairperson Sharon Hansen.

In October 2013 the Ministry of Health announced a change to the way rural practices are to be funded. The current rural funding streams of the rural bonus, workforce retention, after hours and reasonable roster (total national value of \$13m a year) were combined into a single funding pool. The Ministry required DHBs to develop a model for allocating the funding using their Alliance structure and appoint Rural Service Level Alliance Teams (Rural SLATs) to complete this task.

Following many years involvement in the review of the Rural Ranking Score tool which was previously used for allocation of rural funding, the Network continued to work with Ministry of Health to help promote and introduce the new alliancing system to the rural health sector.

Health professionals, DHB, PHO staff and community leaders under the banner of the Rural Services Alliance Team (SLAT) and overseen by Alliance South have developed a funding and service model which includes working within their natural boundaries for after-hours services that allow patients to access a service within a 60 minute drive; have a single after hours service in a region to prevent unnecessary duplication, and encourage cooperation between practices in providing after-hours cover in a way that suits them best.

“As with any change process, not all parties will feel as positive about the proposals initially. We are aware that some practices will suffer a reduction in their rural funding, however the Rural Service Level Alliance Team has made commitments to practices in terms of support in navigating the changes.

“We are delighted that they have achieved this outcome and we look forward to similar outcomes from other negotiations underway with Rural Service Level Alliance Teams around the country,” said Ms Hansen.

“The majority of DHBs with rural practices have confirmed or entered negotiations within RSLATs and a few are up and running including Alliance South, Canterbury, Nelson and Midlands.

“On the surface of it this [Alliance] may provide a platform for succession planning because if there are not onerous after-hours rosters in a community you are more likely to attract young doctors who will want a more balanced lifestyle.

“We thought that the two-year lead in time for the practices predesignated non-rural gives them some time for planning. I worry about the services in small, high urban influence towns. At the recent college of general practice conference it was highlighted that the small towns with high urban influence had the lowest doctor to patient ratio. Time will tell if the patients in the ‘border’ towns will be further disadvantaged than they already are,” said Ms Hansen.

In a press release Rural SLAT Chair and Mayor of the Gore District Tracy Hicks said Alliance South is grateful to all the rural practices in Southern District for their engagement and feedback. He acknowledged that they have the interests of their communities at heart and have had a challenging job in balancing their local needs with those of the wider health system. “The proposals have only reached this point because of them.”

The Rural SLAT membership was drawn from clinicians and community representatives from across Southland and Otago with members selected after an expression of interest, an interview process, and based on their experience and expertise, rather than as representatives of any specific communities of interest. Thirty-eight practices were involved in the overall consultation process.

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