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Te Whatu Ora's Early Actions 'to do' list for primary care



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PM

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to Read



GP and primary care nursing workforce initiatives are on Te Whatu Ora's Early Actions Programme "to do" list for primary care

Yesterday's GP training announcements are among the first items to be ticked off Te Whatu Ora's primary care Early Actions programme with new funding frameworks and contracts also high on list.

"GP registrar recruitment and retention" is one of 30-plus items on the "to do" list of Te Whatu Ora and Te Aka Whai Ora for primary, community and rural healthcare.

Plan confirmed recently

Associate health minister Peeni Henare confirmed at last month's National Rural Health Conference that an Early Actions work programme had been set for the sector of actions to be initiated ahead of the still-to-be-released interim New Zealand Health Plan.

The Early Actions "to do" list was later shared at the conference during a workshop on two of the actions that involve funding work on after-hours, urgent care and PRIME funding.

On the list are other GP and nursing workforce initiatives, and completing the long-awaited capitation review along with defining funding frameworks for after-hours services and rural services.

Te Whatu Ora has also appointed Astuti Balram, a former DHB integrated care manager and Ministry of Health service planning manager as national lead for primary and community care early actions.

New Zealand Doctor Rata Aotearoa has asked Te Whatu Ora for more information on the appointment and for more details on the Primary, Community and Rural Care Early Actions programme.

Below are the “to do” list of actions broken into the five key work areas

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Comprehensive primary and community care workforce

Address workforce initiatives (joint with workforce division/taskforce) including:

GP registrar programme recruitment and retention

credential and fund groups of practices as training hubs

increase general practice community-based attachments for PGY1s and PGY2s and provide support for mentoring and practice costs

develop primary, community and ARC nurse pipeline/pathways including prescribing

develop practice pharmacist pathways including prescribing focusing on high-needs areas

develop kaiawhina workforce for primary and community

expand the number of participants in the rural generalist training programme

prioritise the development of an interdisciplinary and rurally dispersed training and education programme.

Also:

implement comprehensive primary and community care teams (Budget 22)
re-orientated district nursing,
community allied health, HBSS and
NASC as part of primary and community
care teams
COVID care in the community.

Funding and accountability

Complete the primary care capitation review and next steps investment and implementation plan, including accountability arrangements and equity requirements.

Develop any additional funding frameworks required to support high priority populations.

Define funding frameworks for services out of scope of capitation review including after-hours services and rural services.

Implement Budget 22 capitation funding to address equity including interim accountability documentation.

Revise the PRIME system with ACC to better support rural urgent care.

Develop a national primary and community contract head agreement, network support service schedule and a suite of modular service delivery schedules including: primary first contact, vaccination, screening, clinical pharmacy, whānau wellbeing and physiotherapy.

Extended community care (acute and planned)

Implement a nationally consistent funded programme with an explicit focus on equity of access and outcomes to support people in the community who:

are acutely unwell

are at risk of becoming unwell due to underlying conditions

require a planned care intervention that can be appropriately delivered in a primary and community care setting.

Implement a nationally consistent community-referred radiology programme that explicitly addresses equity of access.

Data, digital and telehealth

Expand enrolment to support commissioning of providers outside of general practice and to understand priority populations more clearly, including iwi affiliations and disability (National Enrolment Service stage 2).

Digital enablement programme (DEP) to expand in-home monitoring and point-of-care testing.

Aggregation of data through the Primary Care Data Set Programme for population health planning.

Data and digital road map through the primary care data and digital coordination workstream.

Standardised share care summary record and whānau directed shared care plan.

Establish national telehealth service to improve access for priority populations after hours and during day with focus on rural communities.

Health Pathways

Consolidate 12 community Health Pathway programmes into one national programme with links to Hospital Pathways.

Develop national Hospital Pathway programme with link to community Health Pathways.

Focus on areas of unwarranted variation and equity across the Health New Zealand plan for standardised pathway priorities: long-term conditions (including dementia), cancer, mental health and addiction and early years.

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