

Rural Health Workstream Work Plan 2020-22

Objectives	Actions	Measures of Success / Targets / Milestones	System Outcomes
Priority actions towards transformational change, improved system outcomes and/or enhanced integration			
1. Support progress of Canterbury rural workforce sustainability and different ways of working	Undertake an analysis of the Canterbury rural workforce to confirm status, identify gaps and determine opportunities that exist to improve workforce sustainability. This will include reviewing current information and activity being undertaken regionally and nationally. (EOA)	Q1: Report on the analysis completed.	<ul style="list-style-type: none"> ▪ No wasted resource ▪ Resources matched to need ▪ Access to care improved ▪ Improved environment supports health and wellbeing ▪ Carer/staff upskilled
	Establish a time-limited Working Group to: <ul style="list-style-type: none"> ▪ Capture Canterbury's rural workforce perceptions of gaps and opportunities. ▪ Summarise opportunities and recommend prioritised actions the RHWS can take to improve workforce sustainability in support of what is occurring regionally and nationally. ▪ Progress the implementation of these including monitoring of regional and national activity and advocacy. 	Q2-Q3: <ul style="list-style-type: none"> ▪ Agree and prioritise ways the RHWS can influence improvements in workforce sustainability in Q2. ▪ Progress Implementation of agreed actions by Q3. ▪ Share findings of workforce analysis and activity being progressed by the RHWS across the alliance by Q3. 	
	Actions planned for Year 2: <ul style="list-style-type: none"> ▪ Progress recommended actions for improving Canterbury rural workforce sustainability. ▪ Access information gathered from the Patient Experience of Care (rural practice themes) and identify opportunities to improve. ▪ Further support Health Care Home opportunities. 	Year 2021/22	
2. Improve after-hours and urgent care responses	<ul style="list-style-type: none"> ▪ Engage with General Practice and St John to understand access to after-hours urgent care¹ and emergency responses in rural Canterbury communities, including PRIME². ▪ Identify response required following consideration of the status report findings. (EOA) 	Q2: <ul style="list-style-type: none"> ▪ Status report completed end of Q2. ▪ St John actions/targets to provide a local response, subject to St John responsibilities, progressed within known constraints in National funding. 	<ul style="list-style-type: none"> ▪ 24 hour access to primary care intervention ▪ Timely access to community supports
	TBC	Year 2021/22	
3. Improve the model &	Review the criteria and model for distributing Rural Subsidies to eligible general practices.	Q2-Q3: <ul style="list-style-type: none"> ▪ Funding allocation confirmed. ▪ Implement appropriate payment for 	<ul style="list-style-type: none"> ▪ Primary care access improved ▪ 'At risk'

¹ Links to review of rural subsidy provided through PHOSA.

² The Primary Response in Medical Emergencies (PRIME) service aims to ensure high quality, timely access to [pre-hospital emergency treatment](https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/national-ambulance-sector-office-naso/emergency-ambulance-services-eas/prime-service) in areas where access to appropriate clinical skills (i.e., to Paramedic level) is not available, or where ambulance service rural response times may be longer than usual. <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/national-ambulance-sector-office-naso/emergency-ambulance-services-eas/prime-service>

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distribution of rural subsidies	(EOA)	Canterbury.	population identified
	Consider indicators identified by Garry Nixon's work to define rural in a Canterbury context.	Year 2021/22.	
4. Identify and address inequities for rural communities, including distance to service and ethnicity (Māori, Pasifika, CALD)	Explore data, including by ethnicity, on our rural population to increase knowledge of any inequities that exist in access to services, service utilisation and health outcomes including comparisons with urban Canterbury and NZ. This will include: <ul style="list-style-type: none"> Establishing a dashboard of rural measures to monitor. Identifying future RHWS priority actions to address inequities. (EOA)	Ongoing Q1-Q4: <ul style="list-style-type: none"> Report on identified inequities in rural Canterbury. Dashboard established and updated quarterly. Identify priority areas by Q2. 	<ul style="list-style-type: none"> 'At risk' population identified Delayed/avoided burden of disease and long term conditions Primary care access improved
	Strengthen the cultural development of Canterbury's rural health workforce by: <ul style="list-style-type: none"> Exploring cultural development opportunities available to the rural workforce, including the Meihana Model to improved clinical cultural practice. Distributing information on training opportunities. 	Q2: <ul style="list-style-type: none"> List of cultural competency opportunities collated and distributed to rural workforce by Q2. Identify groups to work with using Meihana Model by Q2. 	<ul style="list-style-type: none"> Carer/staff upskilled Access to care Improved Social environment supports health
	Enrich our relationship with Manawhenua ki Waitaha, Te Kāhui o Papaki Kā Tai, Māori Caucus, Maui Collective, and local Rūnunga.	Ongoing Q1-Q4: <ul style="list-style-type: none"> Māori-led engagement to focus next steps. Discuss opportunities and embed in practice. 	Equity of access and health outcomes
	Monitoring progress on recommendations in the NZ Health & Disability Sector Review that will improve health outcomes for rural Canterbury population.	Ongoing Q1-Q4: Quarterly updates included in CDHB and PHO updates.	<ul style="list-style-type: none"> Access to care improved
	<ul style="list-style-type: none"> Advocate for progress on recommendations in the NZ Health and Disability Sector Review to improve health outcomes for rural Canterbury population. Address inequities identified in Year One and progress opportunities for improvement. 	Year 2021/22	
Actions towards monitoring progress			
5. Respond to emerging healthcare issues in rural communities and as needed, advocate for areas needing increased efficiencies and/or	Monitor Model of Care implementation for: <ul style="list-style-type: none"> Hurunui Health Services Development Group (HHSDG). Oxford and Surrounding areas Health Services Development Group Ashburton SLA. 	Ongoing Q1-Q4: Quarterly updates received.	<ul style="list-style-type: none"> Provide rural health considerations to regular updates received from OG
	Monitor service integration and improvements from	Ongoing Q1-Q4: Quarterly updates received.	

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improved service levels	Kaikōura and Akaroa.		
	Monitor progress of the CDHB Telehealth Operational Group and advocate for an increase in rural communities' access to specialist appointments using telehealth through the CDHB Telehealth Operational Group.	Q1-Q3: Provide rural health considerations to regular updates received from OG.	<ul style="list-style-type: none"> Delayed/avoided burden of disease and long term conditions
	Monitor changes in the rural workforce access to education following the ALT endorsement of principles for Canterbury providers in their delivery of education to the primary health workforce, including report on access to education and mobile services for the health care workforce and community e.g. Mobile Surgical Bus and education, provided by Mobile Health.	Q2 & Q4: Updates received. Q2: Report received.	<ul style="list-style-type: none"> Carer/staff upskilled
	Monitor progress of: <ul style="list-style-type: none"> Rural Restorative Care framework implemented in the Hurunui and Oxford and Surrounding areas communities. Transfer of Care considerations and tools. Health Research Council project led by Garry Nixon to define rural in the NZ health context and apply any findings to Canterbury. Kaumātua Project (through HOPWS). Te Tumu Waioira rollout. 	<ul style="list-style-type: none"> Ongoing Quarterly updates received. 	<ul style="list-style-type: none"> Effective transfer of care Improved health and wellbeing
	Support the proactive care of rural communities through development of Shared Care Plans for vulnerable people in rural communities. <ul style="list-style-type: none"> Stocktake of vulnerable people with up-to-date Shared Care Plans completed (baseline) by Q1. Report on trends and variations shared with rural Canterbury practices by Q3. 	Q1: Stocktake completed (baseline). Q3: Report shared.	<ul style="list-style-type: none"> Increased planned care rate Decreased acute care rate
Key metrics to indicate progress delivering work plan actions, impact on health outcomes and/or monitor performance			
Description of metric			Data Source
1. After-hours urgent care and emergency care presentations (active MoC rural communities compared to urban trends) including by age, ethnicity and enrolment status.			CDHB
2. Shared Care Plan data on plans created and amended through the rural General Practices.			Shared Care Planning
3. Census / Statistics NZ data (Details to be determined).			
4. Patient Experience data summary from community who are rurally domiciled.			PHOs

The 2020-21/22 CCN Work Plan for all alliance groups can be viewed on the CCN website [here](#).