National PRIME Committee

Pre – Review State of PRIME Services

February 2023

The National PRIME Committee (the Committee) is eager to support Te Whatu Ora in Te Pae Tata's upcoming review of rural afterhours, PRIME and urgent care responses.

The Committee has prepared this pre-review state of PRIME services paper to provide an overview of issues it has discussed over recent months. It also contains insights to the rural general practice provider perspective of PRIME services. It is based on information from several sources including Committee meeting agenda items, a survey of PRIME providers, and matters raised directly with the Committee Chair, Mark Eager, Hauora Taiwhenua Rural Health Network (HTRHN) Chief Executive, Grant Davidson, and General Manager for Advocacy, Marie Daly.

The Committee has not delved into solutions to the issues discussed in this paper as it endorses a locality approach that will ensure iwi, rural communities and those that offer planned, urgent and emergency care services are centre most in the co-design and commissioning of rural health services.

Committee meeting agenda items

The Committee meets monthly and has a clinical sub-committee that also meets monthly. Regular agenda items include:

- St John service provision reports
- Clinical sub-committee minutes
- Te Whatu Ora initiatives
- ACC PRIME issues
- ACC matters connected with their rural general practice contract, and
- Responses or feedback to PRIME specific educational webinars hosted by Mobile Health.

Committee issues and activities over the past 6 – 12 months are outlined in the following table:

Issue	Solution or approach	Status
Funding of clinical re-triage or virtual attendance of a medical notification Funding to attend medical notifications	St John led an audit of all calls over a two month period to get a better understanding of the nature of these calls. The audit findings contributed to a proposal to Te Whatu Ora, from HTRHN for funding of these two components of PRIME service provision. The proposal was accepted and a budget of approximately $450,000 was made available from 1 July 2022. St John rapidly developed criteria and processes that enabled PRIME providers to claim for these services. Providers were able to attend a webinar to explain the new funding, and how to claim for it.	Resolved
PRIME at the National Rural Health Conference (Christchurch, September 2022)	Mobile Health made space on their site at the National Rural Health Conference for St John Clinical PRIME Service Manager, Stephen Graham, to talk with PRIME providers about the new funding, the new PRIME kits, and any issues they had.	Completed
ACC legislation prevents primary care services that employ paramedics from charging ACC for	Committee Chair and Hauora Taiwhenua Chief Executive wrote to the Ministers of Health and ACC requesting an urgent review of the legislation. Case study examples	In progress

their attendance at a PRIME accident notification. The ACC legislation is not consistent with Manatū Hauora legislation on this issue	from Hanmer Springs Medical Centre supported this request. ACC is in the process of reviewing this legislation while at the same time, Te Whatu Ora has an initiative to review the scope of practice for paramedics working in primary care. These two related initiatives may address this issue and increase the professional appeal for paramedics seeking to work in rural areas.	
Medication and equipment that is not included in PRIME kits is often provided by the rural general practice provider, at their own cost	Committee chair wrote to PHARMAC asking that PRIME providers have access via the Practitioners Supply Order (PSO) to the same medications that are within the scope of practice for Paramedics. In September PHARMAC advised while rural GPs are involved in the delivery of PRIME services, PHARMAC understands that medicines for use in the PRIME response kits are funded through NASO via contributions from ACC and the MoH (not PHARMAC). They asked PRIME to refer this request to NASO to ascertain the path for supplying the medicines. Mark Bailey and Morgan Stevenson progressing and awaiting further response from PHARMAC	In progress
PRIME skills must be kept up to date, in between PRIME refresher courses	Since 1 July 2022 Mobile Health has facilitated regular clinical training webinars targeted to PRIME providers. Feedback from PRIME providers is overwhelmingly positive.	Ongoing
Sporadic communication with PRIME providers	The Committee Chair has provided Mobile Health communications resources to produce monthly PRIME newsletters, and host information webinars for contract holders where there are changes or issues to discuss.	Ongoing
The urgent need for a review of PRIME service models, contracts and associated funding has to date, been unaddressed. The Committee acknowledges there is the intent to review these services in line with the evolving needs of rural communities, but is extremely concerned that delays in actioning this is placing untenable strain on PRIME service providers	Te Pae Tata includes this review as an action. The Committee both collectively, and through its member organisations constantly requests Te Whatu Ora to act urgently to progress this.	Not yet actioned

Table 1 National PRIME Committee Agenda Items from July 22 - January 23

1. Committee Survey of PRIME Providers

In November 2022 the Commitee invited PRIME Responders to participate in a survey that aimed to ensure it has an up to date understanding of PRIME services from the rural general practice service provider perspective.

There were 104 respondents to the survey who are spread across 18 PRIME sites distributed across the country. Consistent with the demographics of the rural general practice workforce, 70% of survey respondents were over 50 years old and 45% said they are close to retirement.

Survey responses are consistent with Committee discussions and other sources of information. They can be summarised in four key themes:

1. PRIME services are vital to ensuring rural communities have access to timely emergency services.
2. The rural health workforce crisis directly impacts all providers including St John and rural general practice.
3. The well documented pressures on rural general practice and rural hospital services impact directly on PRIME service capacity.
4. PRIME funding does not meet the costs of providing the service.

The following section expands on these four themes.

1. PRIME services are vital to ensuring rural communities have access to timely emergency services:
- PRIME providers know they can often provide faster response times in an emergency and enable more joined up care for their patients and wider community in so doing they can make a significant difference to patient outcomes.
- A strength of many PRIME services is the informal, local emergency response team approach that is built upon the relationships between PRIME responders, St John volunteer and employed crews, FENZ, police and support from the Clinical PRIME Service Manager.
- Some PRIME providers experience a disconnect between St John communication protocols and:
    - The realities of managing a PRIME incident in rural settings which often encompass large distances and logistics of getting to a patient if they are in outdoor situations, the location of helicopter landing sites or proximity to an ambulance, and travel times to the nearest hospital.
    - Their professional knowledge of the clinical and social needs of their registered patients and the contribution these make to decisions in an emergency call out.

2. The rural health workforce crisis directly impacts on the ability of all participating organisation's to provide clinically and logistically sustainable medical and accident emergency services - both St John and rural general practices. Responders commented that:
- In some areas the shortage in paramedic staff leads to:
    - Expectations that PRIME responders will fill the gap between what the patient needs, and what St John can provide within an acceptable response time.
    - PRIME responders attending low acuity notifications because there is no St John response available or if there is likely to be long delays in ambulance crew availability.
- There were a lot of comments made about the logistical impact of not having enough locally based St John volunteers, and drivers. This has many implications for PRIME responders, including:
    - Having to use their own vehicles to transport patients to additional medical help or a helicopter landing site.
    - Excessively long waits with a patient for an ambulance to arrive or extended time spent travelling in the ambulance with a patient to the nearest hospital. Both result in patients waiting for long periods in general practice waiting rooms or having to overload their next sessions to catch up on postponed appointments. Many incidents result in long nights with little sleep.
    - Reduced numbers of St John volunteers leads to frequently attending a PRIME notification alone. This issue was also linked to comments that the new kits are difficult to carry and manage when responding alone.

"Many of our staff cover additional shifts to provide this service"

- Unacceptable risks to the health and safety of PRIME responders who attend PRIME notifications on their own. This can be exacerbated through late night calls, poor weather or the incident occurring in a difficult to access or challenging location. Additional risks exist if the patient and others present with them, are under the influence of alcohol or drugs.

3. The pressures on rural general practice and rural hospital services directly impact on PRIME service capacity. This has increasingly resulted in the need for PRIME contract holders to prioritise their GP and nurse workload in order to meet the needs of their own patients and attend PRIME notifications.

   Only 50% of survey respondents said they had enough PRIME responders in their practice to maintain the service. Those who do not have adequate capacity described the challenges of filling a 24/7 roster with a small number of staff resulting in untenable rosters that have serious implications for their wellbeing.

   67% of survey respondents that are PRIME contract holders said their teams have discussed cutting back on the hours they offer PRIME services as a way to reduce workload pressure. 17% of these respondents said their teams have already acted on this.

   The Committee is aware that many rural general practices that did not respond to the survey have reduced the hours they are available to respond to PRIME notifications, reduced their response rate to PRIME notifications, or have already exited the PRIME contract. Unfortunately, this can increase the pressure on neighbouring PRIME providers who respond to most notifications regardless of whether the patient is one of their own registered patients or that of a nearby rural general practice not responding to PRIME notifications.

   Survey respondents also said complying with the training requirements of a PRIME contract incurs significant financial costs and having a GP or senior nursing staff away from the practice for extended lengths of time causes pressure on the wider general practice team.

   > "We have a doctor on call 24/7 and often a nurse as well. PRIME funding works out to around $2.34 per hour so does not cover the cost of a nurse being available, yet alone a doctor nor other overheads such as having an on-call vehicle set up and available nor the actual cost of responding"

4. **PRIME funding does not meet the direct costs of providing the service** in geographically dispersed, low volume, high risk, areas where seasonal fluctuations in service demand compound the issues.

   This issue dominates not only the comments from survey respondents but much of the complaints and discussions raised with Committee members. The Committee acknowledges the extensive campaigns to have this issue addressed undertaken by previous Committee members and those who advocate with, and on behalf of PRIME providers.

   > "Permanent staff cover weeks nights, and we ask contractors to cover for half of the weekends. We incur a $160,0000 deficit in funding afterhours and PRIME"

   Many providers would argue that the funding model for PRIME is not fit for purpose. One reason for this is that regardless of the number of PRIME notifications a provider receives, and attends, the cost of having staff rostered for the contracted times exceeds the annual cost of providing the service. This is significantly worse for smaller practices where PRIME volumes are low, but the costs of providing the service are similar to larger practices.

Survey respondents raised concerns about the lack of funding for some medical supplies and drugs used in some PRIME incidents. This matter is detailed in Table 1 of this paper.

Respondents were pleased to see that new funding for the attendance at a PRIME medical notification, telephone triage or consultations was made available from 1 July 2022.

The lack of funding for essential items such as PRIME response vehicles, VHF radio, and uniforms places reliance on PRIME providers and their communities to either supply their own equipment or fundraise for it.

> "Our isolation and connection to our community means that over half of what should be PRIME notifications come directly from the patient or whanau, and not via St John so are not counted under the contract"

Other comments made by survey respondents

- Communication between PRIME responders and the clinical desk, including triaging of calls, the paging system and the updated apps received a lot of positive comments.
- PRIME kits, improvements to the process to restock kits, refresher training and educational webinar.
- There was not a common theme about what causes tension in some rural areas between PRIME responders, St John, FENZ and the Air Desk. These were largely linked to a PRIME responder feeling unheard by the local coordinator or their clinical expertise or decisions not respected by a paramedic or the Air Desk.
- Many commented on the prompt and professional support from the Clinical PRIME Service Manager in response to queries, providing data that is needed for planning.

Conclusion

The Committee recognises the importance of PRIME services in meeting the urgent and emergency care needs of rural communities. It acknowledges the commitment of all providers to provide the service in a reliable and responsive manner but also agrees that PRIME is in critical condition, and in need of urgent resuscitation and intensive care.

We are looking forward to working together to review, remodel and provide that care.

Acknowedgement

The Committee acknowledges the significant support it is receiving from the Board of Mobile Health Ltd since April 2022 when its Chief Executive, Mark Eager, was appointed as Chair of the Committee. This support extends to Secretariat and Project Support, educational webinars, and communications.