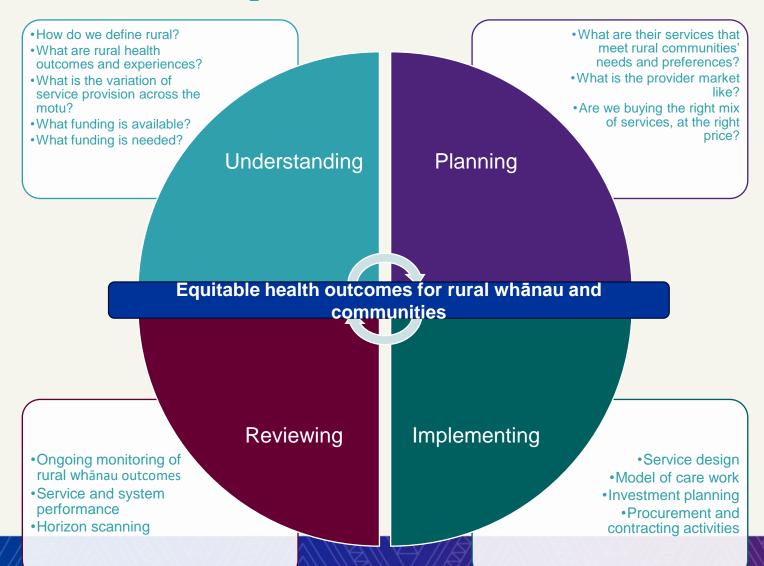
Rural Unplanned Care redesign

National Rural Health Conference 2024

Presented by Martin Hefford, Director, Living Well and Rachel Pearce, Co-Director, Rural Health

Our role as system commissioners



Primary care development programme

Primary care

- Meso-level contracted services
- Capitation re-weighting (annual uplift, nursing, equity, FFP, fees)
- Data & digital modernisation
- Workforce planning
- Contracting and accountability frameworks

Urgent care

- Models of care / Workforce /
- Levels of service across NZ
- Telehealth
- Subsidies / costs / pricing / Copayments

Rural Health

Urgent care inc PRIME

ACC is interested in all 3 programmes of work

The rural health team of teams

National Rural Commissioning team

NORTHERN

Rachel Pearce

The Northern Region encompasses Northland, Auckland, Waitematä and Counties Manukau. This region faces a unique set of health needs and covers our largest city and a substantial rural population.

Sarah Hoyle

TE MANAWA TAKI

Te Manawa Taki means: "The Heartbeat" and is the name gifted and agreed upon to represent this region which encircles the five previous district health board areas of Bay of Plenty, Hauora Tairāwhiti, Lakes, Taranaki and Waikato. The name "Te Manawa Taki" in the context of the combined region represents "Always ready to go".

CENTRAL

David Jermey

Khaliah Tapu

The Central Region also consists of five previous district health board areas, namely Whanganui, Capital Coast and Hutt Valley, Hawke's Bay, Mid Central and the Wairarapa. There is a lot of innovation occurring throughout this region.

Talis Liepins

TE WAIPOUNAMU

The name "Te Waipounamu" literally means "Water and Greenstone", as this is the only place that pounamu is found throughout New Zealand. Again, there is a complex range of needs that are compounded by the large geographical area which this region covers.

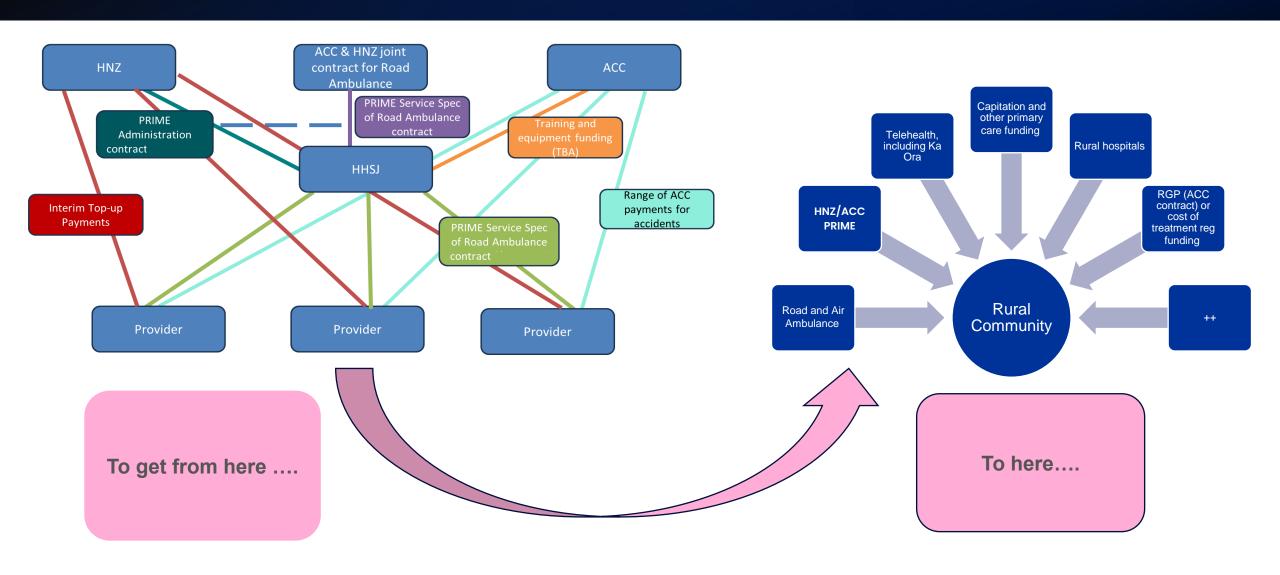
- + Other National Teams:
- Hospital and Specialist Services
- People and Communications, including Workforce



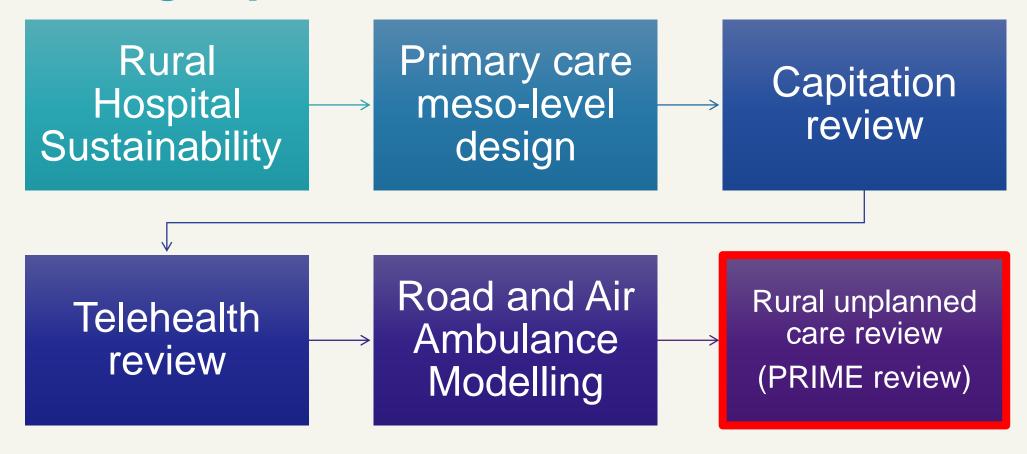
Draft national rural work programme

- 1. Rural funding that reflects rural contexts and need
- 2. Re-imagining the rural health system
- 3. Insights
- 4. Relationships, partnerships, and transparency
- 5. Workforce
- 6. Position rurality in priority projects
- 7. Climate change resilience and impact for rural communities
- 8. Build a trustworthy and credible national rural health team

We need system change for rural communities



Optimally position rural across national strategic priorities





What are the problems we're seeking to solve?

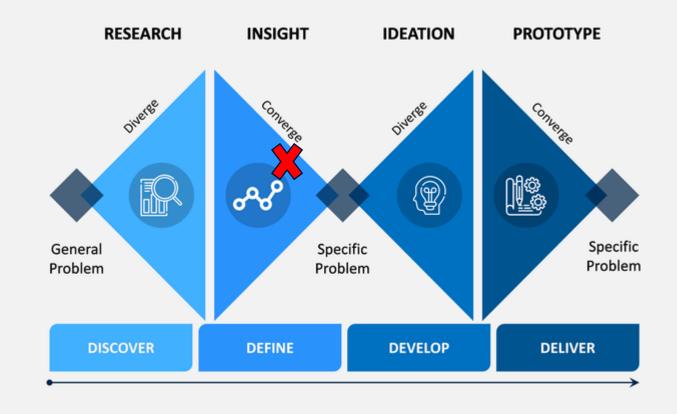
- Rural communities face inequitable access to unplanned care.
- Service viability is increasingly challenged in rural areas due to:
 - workforce shortages,
 - unsustainable funding mechanisms
 - and pressures in primary care.

Purpose (DRAFT, WIP):

 Design a rural unplanned care system that is more responsive to rural communities' needs.

DIAMOND THINKING

Double Diamond Diagram of Design Thinking



Timeframes

/	4 April - today	Clarify the issues we are working together to address discuss high-level design options, contribute to Teleof Reference
	Late April	Finalise Terms of Reference Establish Design Group
	May	Budget Day 24/25 Contract renewals
	May – October	Redesign work, with the sector and lived experience the context of other review work Potential Budget 25 bid



Whakatauki

Tūngia te ururoa kia tupu whakaritorito te tutū o te harakeke

Set the overgrown bush alight, and the new flax shoots will spring up

In order to change we may need to leave some ways behind in order to do things differently

How to contact the team:

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Thank you very much