



Chair's Update

The Auckland Waitemata Rural Alliance is being watched by many around the country. I have been approached by many Rural Alliances who are at different stages of development, to outline what we have achieved. They are aware of our Terms of Reference, our rural general practice, services stocktake and current plan of work.

On 14 July 2016, I updated the Alliance Leadership Team (ALT) on our progress. I also took this opportunity to briefly talk about the issues facing general practice such as the average age of GPs at 59 years. Also outlined was that the rural population served by the Auckland Waitemata Rural Alliance is around 59,000, 15% of

which is in ADHB and 85% in WDHB. It should be noted that this population number is larger than some DHBs in New Zealand!

Since the last newsletter, I have had the pleasure of meeting with both DHB CEOs who each expressed their support for the Rural Alliance and the work we are undertaking. This has been evident in the successful approval of our Rural Point of Care Testing Project for Waitemata DHB's rural general practices (more on this in the coming pages). The Auckland DHB's case is now underway.

Finally, I am also pleased that the Rural Alliance has had the opportunity to provide a rural lens on many activities including Waitemata DHB's Primary and

Community Health Services Plan, POAC and ATD Review, Health Services Review on Waiheke Island and the PRIME Review.

Dr John Elliott
The Chair of the Auckland Waitemata Rural Alliance and GP at Kumeu Village Medical

The Rural Alliance represents rural general practices covering the areas of Wellsford, Warkworth, West Rodney, Waiheke Island and Great Barrier Island, servicing a combined enrolled population of 59,293 patients.*

**The above figure is only a proxy for the rural resident population as it doesn't include people who aren't enrolled with a general practice, or who may live in a rural area, say Wellsford, but are enrolled in a general practice in say Albany, because that is where they work.*

Rural Alliance Membership

Dr Tim Malloy represents

The Wellsford primary care team (Coast to Coast Healthcare)

Dr Kate Baddock represents

The Warkworth primary care team (Kawau Bay Health, Kowhai Surgery)

Dr John Elliott represents

The West Rodney primary care team (Country Medical Centre, Huapai Medical, Kaipara Medical, Kumeu Village Medical, Silver Fern Medical Centre, Waimauku Medical)

Megan Yates represents

The Waiheke Island Primary Care team (Piritahi Health Centre, Oneroa Accident and Medical and Waiheke Health Trust)

Leonie Howie represents

The Great Barrier Primary Care team (Aotea Health)

PHO Representatives:

Barbara Stevens – Auckland PHO
Craig Murray – Waitemata PHO
Brian O'Shea – ProCare

DHB Representatives:

Tim Wood
Jean McQueen
Stuart Jenkins

Chair - Dr John Elliott. Deputy Chair - Dr Kate Baddock.
Secretariat support - Lis Cowling, Auckland and Waitemata DHBs.

Rural Alliance Work Plan

The agreed goals of the Rural Alliance work plan are to; avoid hospitalisations, keep people in the community, provide clinical commitment and target high needs, Maori, Pacific and Q5 populations.

We have agreed a draft three year work plan with activities to assist primary care services in rural areas to be comprehensive, sustainable, and provide continuity of care by the right person, at the right time, in the right place. A significant component of this work plan will focus on reducing a patients need to travel by increasing access to diagnostics and interventions in the rural areas.

Rural General Practice, Services Stocktake

The stocktake we completed for rural general practices across both DHBs provided baseline information, giving a clearer understanding of the current rural environment. We looked at the range of services delivered, those areas deemed as high clinical priorities and areas for development. In line with the findings of the stocktake, the preliminary areas of focus for the work plan are:

- Increasing access to Imaging
- Provision of Point of Care Testing (POCT) - International Normalised Ratio (INR), C-Reactive Protein test (CRP), Troponin, D-Dimer, Full Blood Count
- Additional service delivery, potentially via a POAC type model

[The full summary report](#) is available on both the Auckland DHB and Waitemata DHB corporate websites, under 'About Us/Rural Alliance'.

General Practice Workforce

We are fully cognisant that there is a shortage of General Practitioners in New Zealand. While the number of GP training places is increasing, the existing general practitioner workforce needs practical and pragmatic support to address the reduction of the unnecessary wastage of GP hours. Given the workforce issues that exist in rural medicine, we know that making life easier for the current rural medical workforce will help achieve sustainable advancements in rural care.

The initial work plan projects will assist rural GPs to work more efficiently in the provision of care, with less administrative and waiting time burden, for the benefit of patients.

Project One - Increasing Access to Imaging

The Metro Auckland DHBs have commissioned a Review of the Primary Options for Acute Care (POAC) and Access to Diagnostics (ATD) services. As part of the solution to increasing access to imaging may involve these two services, it was not deemed practical to look at potentially adding new service delivery during the review period. The business case for increasing access to imaging has been deferred until the new year and will be worked on once the review is concluded.

Goals of the Rural Alliance

- **Reduce Ambulatory Sensitive Hospitalisations (ASH)**
- **Keep people in the community by providing timely access to the appropriate level of care**
- **Clinical commitment**
- **High needs, Maori, Pacific populations targeted**

Rural Alliance Work Plan

Project Two: Rural Point of Care Testing (R-POCT) Project

With the Increasing Access to Imaging Business Case on hold, attention turned to developing the Rural Point of Care Testing (R-POCT) Business Case.

The case is based on the diagnostic tests identified by the Rural Alliance using the services stocktake, as the most clinically valuable in the management of people presenting acutely unwell in the rural setting.

Providing Point of Care Testing (POCT) in rural general practices will enable rapid decision-making from assessment and diagnostics to treatment, avoids unnecessary emergency department presentations and/or hospitalisations, and facilitates the provision of appropriate care at the right time, in the right place (whether that is at their general practice or by referral to hospital).

The tests can be performed at the practice using Point of Care Testing (POCT) Analysers, providing rapid results to assist clinical diagnosis either by ruling out conditions, confirming conditions or determining whether further investigations are needed, i.e. enabling the right management to be initiated sooner.

- Troponin
- D-Dimer
- International Normalised Ratio (INR)
- Full Blood Count

In consultation with the POCT Team at Waitemata DHB, the Rural Alliance have identified POCT analysers that can perform these tests, have been quality tested, known to be fit for purpose and are used in other rural areas both in New Zealand and overseas. Unfortunately no single analyser is able to perform all the required tests and additionally, in the case of CRP, there is no verified POCT analyser capable of performing this test at this stage. Therefore testing for CRP was not progressed.

The Waitemata DHB POCT team will oversee and manage the R-POCT Project, supported by Auckland DHB POCT, as required. This will ensure that all quality assurance and control measures are consistent across all Rural Alliance member general practices. In collaboration with the Rural Alliance and Auckland and Waitemata DHB's Emergency Medicine Departments, the POCT Team will develop procedures and protocols, provide training and periodical onsite visits with practice nominated clinical champions.

All analysers will be fully validated prior to installation by Waitemata DHB POCT. Test cartridge quality control will be completed prior to shipment to the practices. Phone support will be available to practices as required.

The potential benefits to the patients, rural workforce, hospital workforce and health system are identified below.

Benefits to the patients include:

- reducing the social costs to patients and their families by potentially eliminating some avoidable hospitalisations, practice costs and travel costs
- providing more confidence that they are receiving the right care, at the right time, in the right place (whether that is at their general practice or by referral to hospital)
- alleviating anxiety experienced as a result of uncertainty and waiting
- potentially better health outcomes due to increased diagnostic certainty enabling appropriate, timely management

Benefits to the Rural General Practitioners (GPs) include:

- An increased capacity and flexibility to respond to local needs and consequent potential increased job satisfaction
- Increased diagnostic certainty as R-POCT provides an additional quality clinical decision tool to help safely determine the urgency of patient management.

Benefits to the Hospital workforce include:

- Reduced burden of managing potentially avoidable admissions
- Increased information to plan management of people that do require hospital care
- Better flow through the Emergency department

Benefits to the health system include:

- Improved integration between the rural primary care workforce and secondary care
- Reduced costs of potentially avoidable hospital transfers
- Reduced costs of investigations and pharmaceuticals through access to POCT providing diagnostic certainty

Project Two - Rural Point of Care Testing (R-POCT) Project continued:

Quality Assurance and Rural General Practice Support/Training

Quality Assurance and full Rural General Practice Support/Training for the R-POCT Project will be provided by the POCT Team at Waitemata Labs. This will ensure that all POCT complies with the New Zealand Best Practice Guidelines for Point of Care Testing, maintaining local and international standards. Annual recertification of the Practice champion(s) will be completed by Waitemata DHB POCT team at each location.

Connectivity

Auckland and Waitemata DHB's POCT Policy requires that all new analysers are connected to a results repository. This is also an expectation of the National IT Board. This ensures that all patients test results are available, in say Testsafe, for health professionals to aid in optimum patient management. A nominal sum for connectivity has been included in the business case.

Integration

Collaboration between the WDH B Emergency Department (ED) and the Rural Alliance will ensure that all processes and protocols developed for the R-POCT Project will be well integrated and fit for purpose for both primary and secondary use. It will encourage and ensure fluidity between these two sectors for the benefit of both patients and health care professionals.

POCT Analysers

Currently proposed is the Abbott's i-STAT and Roche H232 Analysers to perform the INR/Troponin and D-Dimer tests respectively. They are portable, handheld whole blood analysers that deliver real-time results in minutes. Standard with each is a battery pack, reader and internet connectivity. They both use a single use cartridge system which apart from monthly cleaning (via a cleaning cartridge) means that there is no maintenance or calibration required – the cartridges use chemically sensitive biosensors configured specifically for their respective test.

The i-STAT has been tested and validated by the POCT Team at Waitemata DHB and is in use in other areas of Auckland and Waitemata DHBs. It is fit for purpose for rural general practice use. The other analysers have been validated by other Labs in NZ, and come from a reputable supplier.

The pocH-100i is an automated haematology analyser providing a 17 parameter complete blood count/full blood count with 3 part differential testing. It is a powered, desk top unit. Having a small footprint allows it to fit easily on a bench or table. This compact, accurate and intuitive analyser requires minimal training, has simple menus and push button technology. It uses only two non-toxic, biodegradable reagents for complete results. The pocH-100i is able to test up to 25 samples per day.

Waitemata POCT Team will run a Request for Proposal process which will dictate the final analyser selection. All analysers will be validated by the POCT Team prior to installation.

Timeframe

The Waitemata DHB project funding will be available from 1 January 2017.

We will be in touch soon to gather information about your practice in preparation for R-POCT implementation.

We look forward to keeping in touch with you all as the project rolls out!

