



PRESS RELEASE New Zealand Rural General Practice Network, September 5, 2014, for immediate use

Big turn-out to Alliancing workshop

More than 80 representatives from rural general practices New Zealand-wide, DHBs, PHOs and other allied rural sector organisations attended a workshop in Wellington on September 4 to hear about and discuss the new Alliancing era and its impact on rural communities.

In October 2013, Associate Health Minister Jo Goodhew announced the Government's support for a new way of allocating rural funding through Service Level Alliances and that additional rural funding would be provided in the form of transitional funding and rural practice sustainability funding.

Alliancing will see DHBs, PHOs and other health providers' work together in Rural Service Level Alliance Teams. These teams will involve GPs and other health professionals, and organisations and could also involve community representation. Discussions and negotiations will ultimately determine funding levels allocated to rural practices for services provided.

Organised jointly by the New Zealand Rural General Practice Network and the Ministry of Health, workshop delegates gathered at the Rydges Hotel to hear speakers including the Deputy Director-General of the Sector Capability and Implementation Business Unit Cathy O'Malley, Network chairperson Dr Jo Scott-Jones, Network Board members and representatives from Midland Health Network and the Canterbury Clinical Network speak about the Alliancing concept and their experiences of instituting it. During the day delegates participated in workshops, listened to panel discussions and discussed and questioned the Alliancing concept.

New Zealand Rural General Practice Network chairperson Dr Jo Scott-Jones was delighted with the turn-out and with the positive attitude from delegates to embracing the new funding era. He urged them to "get involved" in the process and engage with their peers, communities, allied health services, DHBs and PHOs to ensure the future viability of their practices and services to communities and patients.

Dr Scott-Jones said Alliancing offered a formal infrastructure which would allow rural general practice to look closely at the way it operates alongside PHOs and DHBs.

"We need to be open to how we can "do things better", so that services in rural communities continue into the future.

"At the same time we need to ensure the current somewhat fragile services are supported and retain their financial viability."

Key outcomes of the workshop were:

- A MoH assurance that “there is no intent for rural funding to go anywhere other than rural general practice” the process was much more about the sustainability of services in communities than about the funding.
- If an ALT wants to just talk about changing the “rural premium” funding streams it has missed the point – this is about big picture planning and innovation and is a real opportunity to develop sustainable rural health services
- Examples of Alliancing work already underway around the country provided an opportunity for delegates to hear what had worked well
- Acknowledgement that many rural practitioners, PHOs and DHBs will want to take their time over this process and develop these new relationships with trust and integrity
- The Network will continue to facilitate/share progress related to rural Alliancing
- Key messages and interviews with presenters will be available via the Network’s website: www.rgpn.org.nz

For more information contact NZRGPN chairperson Dr Jo Scott-Jones telephone 027 475 0488.

NOTE TO EDITORS:

How do Alliances and Service Level Alliances work?

Alliancing is one approach that the New Zealand health system can use to efficiently allocate scarce resources through building communities of interest across more than one practitioner or organisation. There are core elements to alliancing that contribute to improving success.

An Alliance reflects a group of organisations agreeing to work together to achieve shared outcomes and using a shared decision-making forum, the Alliance Leadership Team (ALT). The approach provides a more 'fit for purpose' arrangement that promotes and facilitates integration, regional service planning, and alliance funding and planning. It provides a mechanism for clinical leaders to be involved in the development of health services.

Service Level Alliances are established by the ALT, as required, to implement significant service change and or specific service redesign. ALTs are decision-making forums for organising groups of related health services, including decisions on contractual mechanisms and budgets.

Who will be involved in a Rural Service Level Alliance?

DHBs, primary health organisations (PHOs) and providers will work together in a Rural Service Level Alliance. They will involve GPs and possibly other health professionals and organisations who deliver a given service. They are likely to engage with patient groups and communities. The range of participants depends on the agreed scope of the discussions.