

Primary & Community Based Health Care in Waitomo

Submission Document

What are we doing?

The Planning & Funding Division of the Waikato District Health Board (DHB) is trying to establish an environment where a number of primary and community based health services can work together to best meet the health needs of the population. This initiative will support the development of a whole of system approach to health delivery within Waitomo.

This initiative is based around the patients of two GP practices in Te Kuiti. It covers a number of primary and community services, but not all services. This initiative looks at improving the system the services work within.

We are asking interested parties for assistance in developing a new approach for the delivery of some primary care and community based health services. This document presents initial options for a possible model of primary and community health care.

The approach:

- is not about reducing health funding to Waitomo
- is about improving the system
- covers some primary and community health services, but not hospital care
- does not cover specialist mental health and addictions care

Why are we doing this?

We believe that improving the system can lead to improvements in the health of the people of Waitomo, and this can be done within the funding available.

The opportunity to look at this has arisen, because two organisations that had been delivering some primary care services are not able to continue. There are currently interim arrangements in place to ensure the continued provision of those services with the new approach scheduled to be implemented in September 2010.

Primary and community based health services can reduce the need for people to go to hospital. These services play a significant and important role in managing chronic conditions and proactively supporting Māori and other high need populations.

A new approach for the delivery of primary and community based health care can:

- improve accessibility for patients
- be effective
- improve quality
- be clinically and culturally safe
- reduce fragmentation
- reduce duplication
- improve continuity and co-ordination of care
- be flexible for both the patient and the community to enable response to different levels of need
- reduce duplication
- improve utilisation of resources
- improve workforce recruitment and retention
- reduce workforce isolation

DHBs and primary health organisations (PHOs) are currently working to implement the Government initiative focused on the provision of 'Better, Sooner, More

Convenient Primary Health Care'. This will mean a number of changes nation-wide in terms of primary health care including:

- establishment of integrated family health centres / Whānau Ora Centres
- nurses acting as case managers for patients with chronic conditions
- provision of a wider range of care and support for patients
- some secondary care services being shifted to primary care.

The development a new approach for the delivery of some primary care and community based health services is a first step towards achieving 'Better, Sooner, More Convenient Primary Health Care'.

Principles

In undertaking this development, Waikato DHB has determined four principles that the new approach must demonstrate the ability to achieve. The principles are:

- there must be a measurable improvement in health indicators
- there must be a focus on improving the health of the Māori population and other high needs populations
- access to services will be based on the health need of the population
- there needs to be an integrated approach across primary and community based health care

So what's actually involved here?

Services

There are two GP practices based in Te Kuiti and each of the practices is currently part of a larger primary health organisation (PHO):

- Te Kuiti Family Health Centre are part of the Toiora PHO
- Te Kuiti Medical Centre are part of the Waikato Primary Health PHO

The following table outlines the primary / community care services that could be attached to the existing GP services. This will improve the system of care by enabling a more comprehensive approach involving both clinic based services and mobile community based services.

Table 1: Primary care services to be included in the model

Contract	What do we purchase	Funds Per Annum
Mobile Māori disease state management nurse	1 registered nurse	\$98,435
Reducing inequalities contingency fund	Diabetes clinic support	\$24,828
Outreach immunisation	0.5 clinical service worker (FTE)	\$51,170
Tamariki Ora service	1.4 non-clinical service worker (FTE)	\$142,730
Total		\$317,163

A summary of what each of the contracts in the table above is follows:

Mobile Māori disease state management nurse - the provider shall seek to improve Māori health gain through the provision of a mobile nursing service that will primarily focus on lung disease, diabetes and heart disease. The service will co-operate and co-ordinate with other healthcare services to maximise the potential for effective disease state management. The service will strive to ensure whānau develop the knowledge, and receive the full range of primary and secondary care support necessary to manage and improve their health.

Reducing inequalities contingency fund - to improve access to primary health care services and reduce inequalities for population groups with known poor health status and high unmet health need

Outreach immunisation - Māori, Pacific and other priority groups with high rates of vaccine preventable disease and low rates of immunisation, have access to services that

- empower them to make informed decisions regarding immunisation
- offer flexible arrangements for vaccination services in the home and community settings

Tamariki Ora (Well Child) service - a screening, surveillance, education and support service offered to all New Zealand children and their family or whānau from birth to five years. It assists families and whānau to improve and protect their children's health.

Population

The following table presents the number of people (by ethnic group) who are enrolled with the two GP practices in Te Kuiti.

Table 2: People enrolled with the two GP practices / PHOs as at June 2010

	Te Kuiti Family Health Centre / Toiora	Te Kuiti Medical Centre / Waikato Primary Health
Māori	796	2623
Pacific	136	122
Other	122	5485
Total	1054 (11.35%)	8230 (88.65%)

Figure 1: Te Kuiti Family Health Care enrolled patients

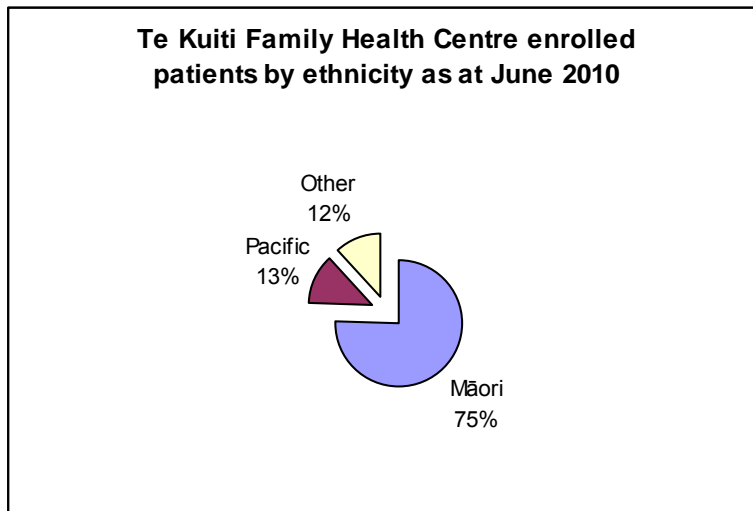
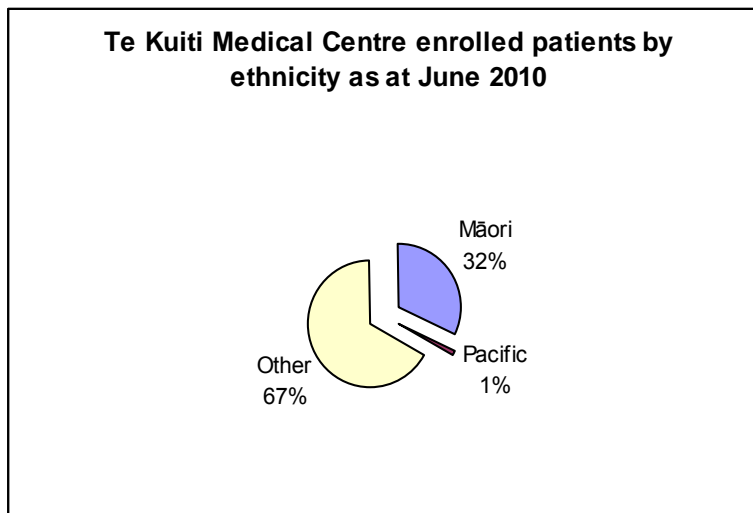


Figure 2: Te Kuiti Medical Centre enrolled patients



Funding

To improve the system we have looked at the way in which the primary and community health services that are part of this approach can be funded. There is a total of \$317,163 to be allocated. This will be allocated according to the relative high needs populations enrolled with each GP practice. The allocations will be:

- Te Kuiti Family Health Centre \$80,400.83
- Te Kuiti Medical Centre \$236,762.17

The funding allocation is based on the enrolled high needs population which may change over time. Because of this the funding allocation will be reviewed on a 12 month cycle to ensure that the funding allocation is of the same proportion as the enrolled high needs populations.

What do we want to achieve?

The implementation of this approach is planned to contribute to the achievement of two broad objectives:

- to improve the health status of the population
- to reduce health inequalities

The GP Practices and community based health services covered by this approach are already contributing to the broad objectives outlined above. The approach we are looking at will improve the system of health care which will mean an increase in the number of outputs delivered by the system.

To enable a more specific focus, a number of health indicators have been selected. These will be monitored to determine the success of the model and the improvement in progress against the objectives outlined above.

Health indicators are summary measures that provide an indication of wider health concerns and focus attention on key issues. Indicators were selected using the following criteria:

- link to the national health targets that have a primary care focus
- can be reliably and validly monitored
- focus on prominent health issues
- can be reported by ethnicity

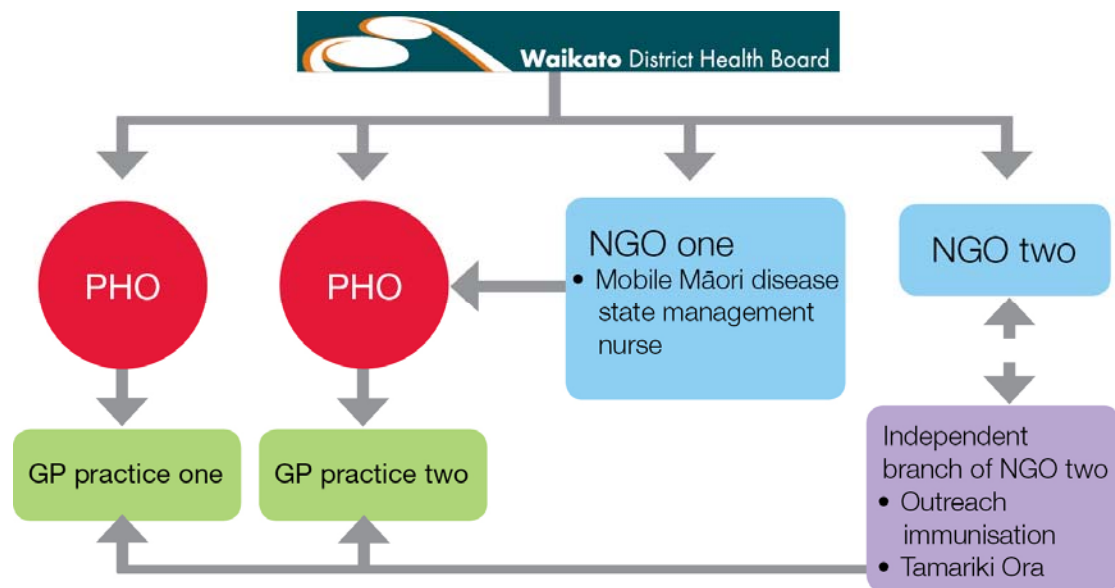
The PHOs already have contracts with the DHB to achieve agreed levels of output against the health indicators identified. This is based on a total level across all the GP practices which are part of the PHO. With this change in approach, we would expect to see increased outputs against the identified health indicators.

The indicators are:

- proportion of people with diabetes accessing free annual checks
- proportion of people with diabetes who have had their annual check and have good diabetes management
- progress towards 95% of two year olds being fully immunised
- number of primary care patients with their smoking status recorded

What the system has looked like

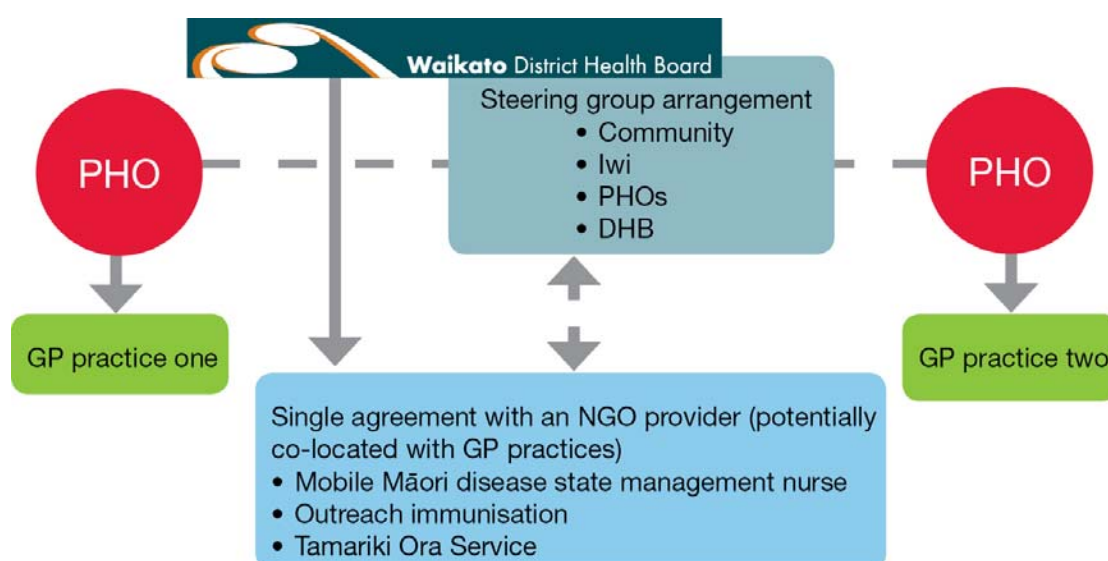
This diagram only covers the services outlined in the current submission process; it does not cover all primary and community based health services in Waitomo. The reducing inequalities fund is linked with the Mobile Māori Disease State Management Nurse Service to enable access and as such is not identified separately in the diagram.



Option One

One service provider, that is external to the two general practices, will cover outreach immunisation, Tamariki Ora and disease state management nursing services for the high needs populations of both general practices.

A steering group comprising all the involved health care providers would be put in place to oversee how well services were being provided. This option may benefit from the general practices operating from the same location to allow flexible access to additional services. This option is similar to the current model.



Advantages:

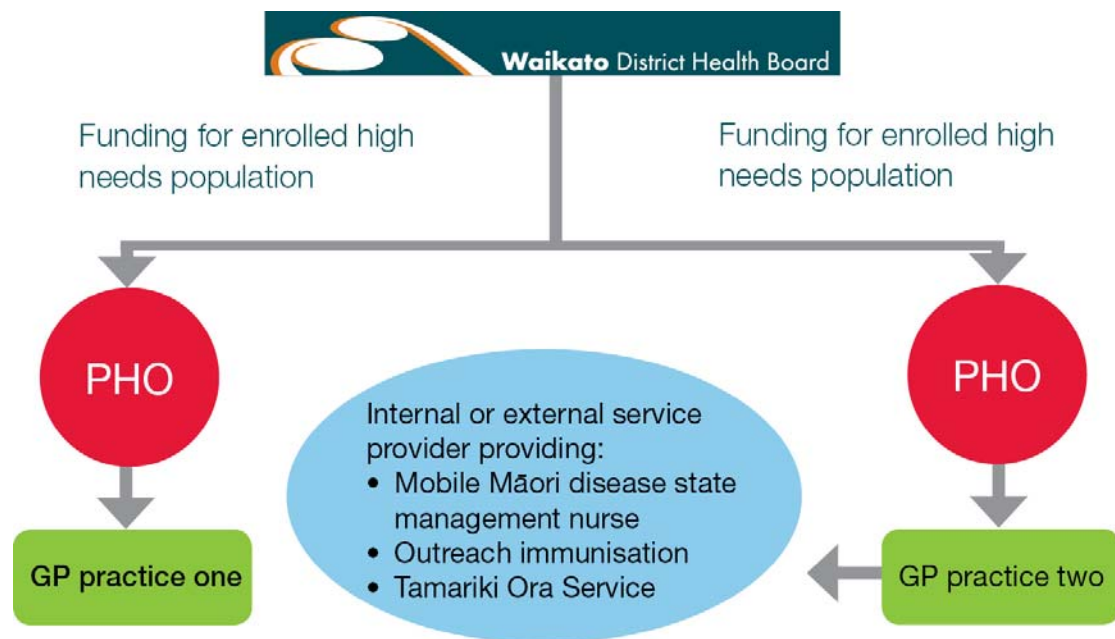
- maximises the likelihood of the additional services being provided by a kaupapa Māori provider with the networks to access high needs Māori patients
- allows more input from the from the community and Iwi compared to other options

Disadvantages:

- does not allow as much input from PHOs and GPs into how additional services are provided compared to other options
- creates an new layer of reporting

Option Two

Funding is allocated to primary health organisations based on their enrolled high needs population, which is predominantly Māori. This split will be reviewed annually to ensure changes in enrolments are matched by changes in funding allocation. One primary health organisation contracts the other primary health organisations for the services, which are then either sub-contracted to an external provider or provided by a general practice



Advantages:

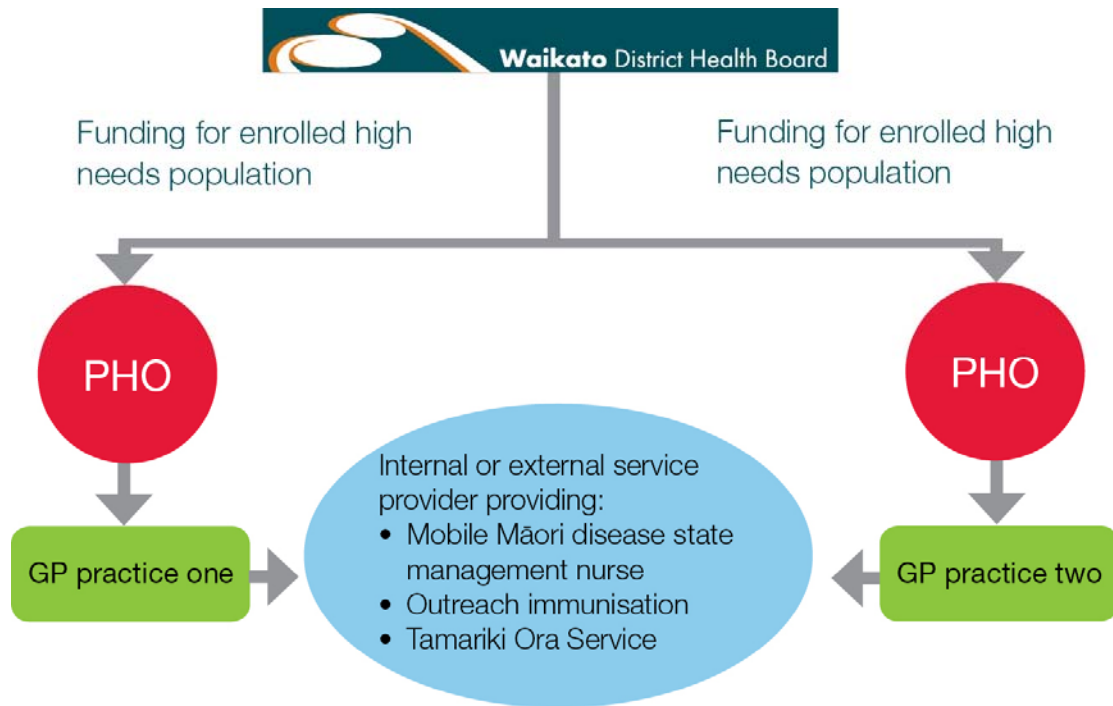
- Ensures total population is able to access a consistent level of service

Disadvantages:

- Does not allow as much input from all primary health organisations and GPs into how additional services are provided compared to the next two options

Option Three

Funding is allocated and updated as in option two. The two organisations then purchase the services for their population from the same external provider.



Advantages:

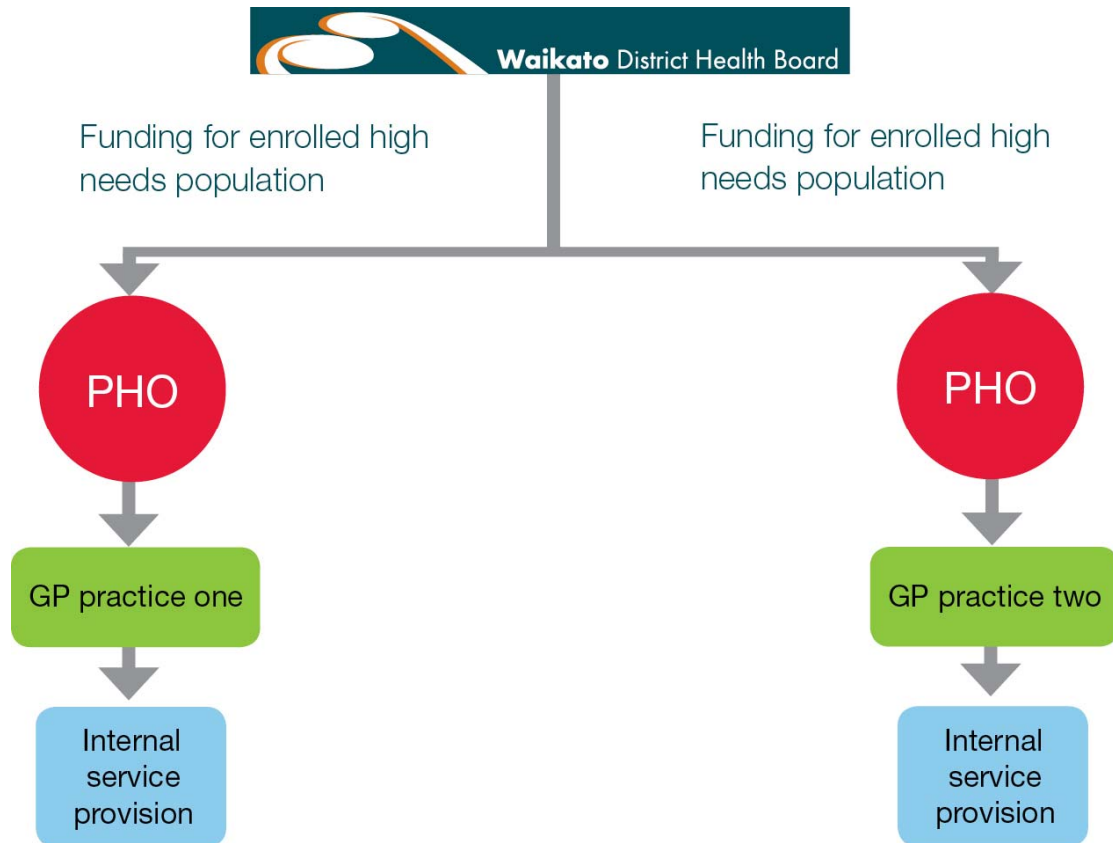
- ensures total population is able to access the same type of services
- primary health organisations and GPs are able to have more input into how services are provided compared to other options
- both primary health organisations and general practices would have a direct relationship with external service provider

Disadvantages:

- relies on both primary health organisations and general practices contracting with the same service provider, which limits their ability to tailor service provision to the specific needs of their patients

Option Four

Funding is allocated and updated as in option two. The two organisations provide the services for their enrolled populations through their own primary health organisations or GP practices.



Advantages:

- closest alignment between primary health organisation and GPs' and the resource to support people that need extra help

Disadvantages:

- no specific kaupapa Māori provision of additional services accessible to whole population

Get involved.....make a submission

Have your say on the future shape of primary and community based health services in Waitomo

How to make a submission

If you want to make comment as part of the development of an integrated model for the delivery of primary care health services for patients of the two GP practices based in Te Kuiti, you can:

Make a written submission yourself or on behalf of an organisation.

This can be done four ways:

1. Complete a submission, put it into an envelope and send to:

Planning & Funding
Waikato DHB
PO Box 934
HAMILTON 3240

2. E-mail your submission to support@waikatodhb.health.nz
3. Attend specific meetings

Iwi Māori Hui	10am – 11.30am
Provider Meeting	1pm – 2:30pm
Public Meeting (hosted by the local Community Health Forum)	4:20pm – 5pm

All meetings will be at the Waitomo Cultural and Arts Centre on the 21st of July 2010.

**SUBMISSIONS CLOSE ON:
FRIDAY 30 JULY 2010**

All submissions will be reviewed by Waikato DHB and a report summarising submissions and outcomes will be available on our website or by request.

Question 1

Do you agree that a new approach for the delivery of primary and community based health care services is needed?

Yes

No

Question 2

Do you agree with the principles put forward in this document?

1. there must be a measurable improvement in health indicators

Yes

No

2. there must be a focus on improving the health of the Māori population and other high needs populations

Yes

No

3. access to services will be based on the health need of the population

Yes

No

4. there needs to be an integrated approach across primary and community based health care

Yes

No

Question 3

The health indicators to measure the success of the new approach are:

- proportion of people with diabetes accessing free annual checks
- proportion of people with diabetes who have had their annual check and have good diabetes management
- progress towards 95% of two year olds being fully immunised
- number of primary care patients with their smoking status recorded

Do you agree with the proposed health indicators?

Yes

No

What other measurable health indicators should there be?

Question 4

Four options are put forward in this document, which do you prefer?

Option One

Option Two

Option Three

Option Four

Another option (please describe)