

**Realising the Intent of the Primary Health Care Strategy:
How are we travelling?**

Snapshot survey – May 2008

In August 2007, the Primary Health Care Strategy Work Programme (a joint Ministry of Health-District Health Board programme, managed by DHBNZ) undertook a sector engagement survey to identify the level of engagement DHBs had with local Primary Health Organisations (PHOs).

Survey results demonstrated that, while the understanding of primary health care and the Primary Health Care Strategy (PHCS) was generally positive, the fit within overall DHB strategy was much more variable. Additionally, PHO participation in District Annual Plan (DAP) and District Strategic Plan (DSP) processes and engagement above Portfolio Manager level varied significantly. However, it was evident that DHBs were increasing their engagement with PHOs.

In April 2008, Joint Lead Chairs Lynnette Stewart and Peter Glensor requested an updated snapshot to reflect where primary health care sat within the priorities of DHBs at the governance level. The emphasis was to be on the growth and maturity of local primary health care sectors and what strategies DHBs were currently pursuing to support PHOs in achieving the PHCS vision of:

People will be part of local primary health care services that improve their health, keep them well, are easy to get to and co-ordinate their ongoing care.

Primary health care services will focus on better health for a population, and actively work to reduce health inequalities between different groups.

Six key directions for primary health care will achieve this vision:

- *work with local communities and enrolled populations*
- *identify and remove health inequalities*
- *offer access to comprehensive services to improve, maintain and restore people's health*
- *co-ordinate care across service areas*
- *develop the primary health care workforce*
- *continuously improve quality using good information*

13 responses were received prior to the Chairs', Board of Governance, National Conference of 16 June 2008. This paper provides a very high-level overview of those responses.

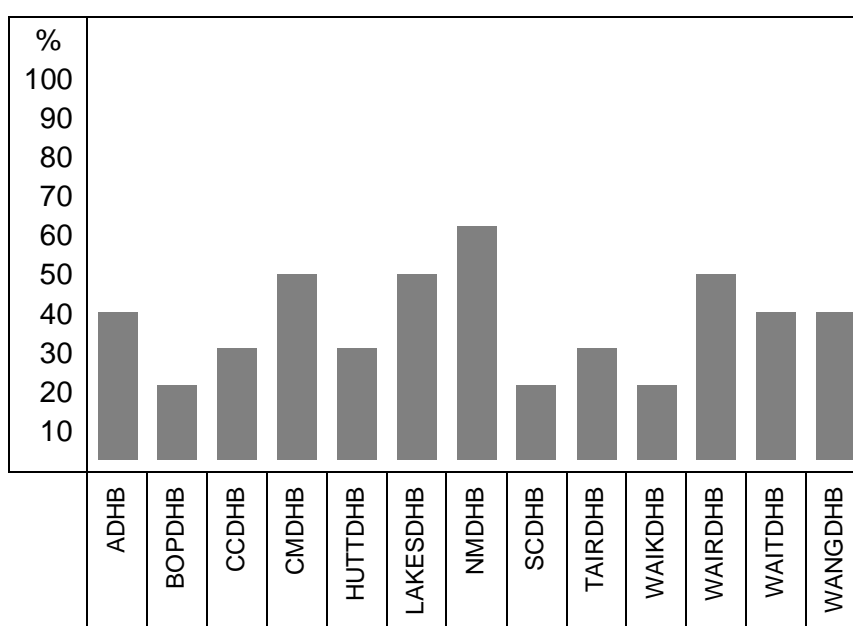
A further detailed analysis will be undertaken, following the receipt of completed surveys from the remaining DHBs, and made available once completed. It is intended that this completed work will further inform the national General Managers – P&F, Chief Executives and Primary Care Portfolio Managers meetings scheduled to be held late June / early July.

**Realising the Intent of the Primary Health Care Strategy:
Stocktake survey – May 2008**

Section 1: Board agendas

- 1a** Within a typical Board meeting agenda, what percentage of items have a specific focus on, or relate to, the further strengthening of the primary health care sector?

The range of responses (reflected in the table below) is considerable however individual DHB ratings have been qualified, recognising that to a large extent, that the Board Statutory Committee CPHAC generally dedicates a significant component of its meeting time discussing and monitoring Primary Health Care matters and activities.



- 1b** What are some of the regular primary health care items on a typical Board meeting agenda?

Generally, it was indicated that the Report to the Board from CPHAC meetings reflected a large component of the discussion and activity in regard to Primary Care. CEO's Report to the Board may also reflect Primary Care activity including PPP reports, new initiatives and matters of concern. In some DHBs, quarterly PHO reports are also received by the Board

Section 2: DHB-PHO engagement

- 2a** What strategies have been developed by your Board and management team to improve your DHB-PHO engagement?

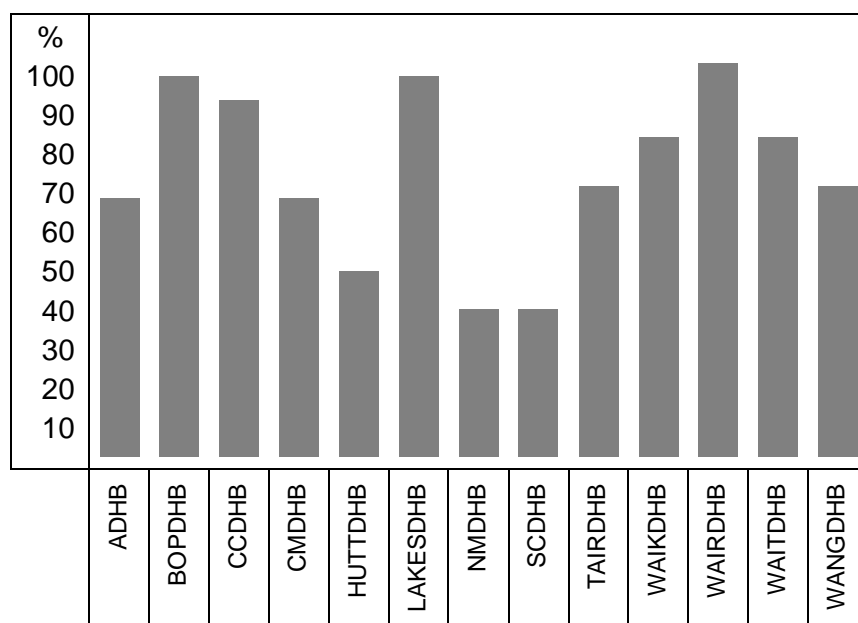
Variability continues to be apparent and is reflective of the local environment however the range of planning and engagement activity is significant. A greater number of DHBs now have senior PHO management participating in DHB

Executive Management Team meetings, PHO representation on DHB Boards, periodic joint Board meetings and DHB Chairs / CEOs attending PHO Board meetings.

There is increasing and ongoing involvement of PHOs in DHB planning processes including DAP, DSP, development of local area PHC Plans, SIA Guidelines and Health Target Strategies. To some extent, this is reciprocated through DHB involvement in PHO Planning and development processes

2b What progress has been made on implementing those agreed strategies?

DHBs are demonstrating a high achievement against those strategies adopted to improve the planning and engagement of between individual DHBs and their PHOs as shown below. In some districts, while the achievement may be less, their still remain a range of local issues that are being addressed to improve these outcomes.



Section 3: PHO development

3a What specific activities has your Board engaged in to assist PHOs develop so they can meet the needs of their enrolled populations and your DHB's health goals?

Assistance from a funding perspective to assist PHO practices to achieve Cornerstone accreditation, involvement in DAP/DSP planning, shared workforce development processes, developed advisory groups with regard Health Targets, design and implementation of Maori Health Plan toolkits, increased financial support to PHO funding streams including CarePlus, guidance around PHO governance structures and functions and support for establishment of Kaupapa MSOs reflect the variety of activities DHBs continue to provide PHOs to assist in their development and effectiveness.

3b Have any of the above activities been focused on assisting or ensuring that PHOs:

The following table reflects the broader areas where those activities have been focused.

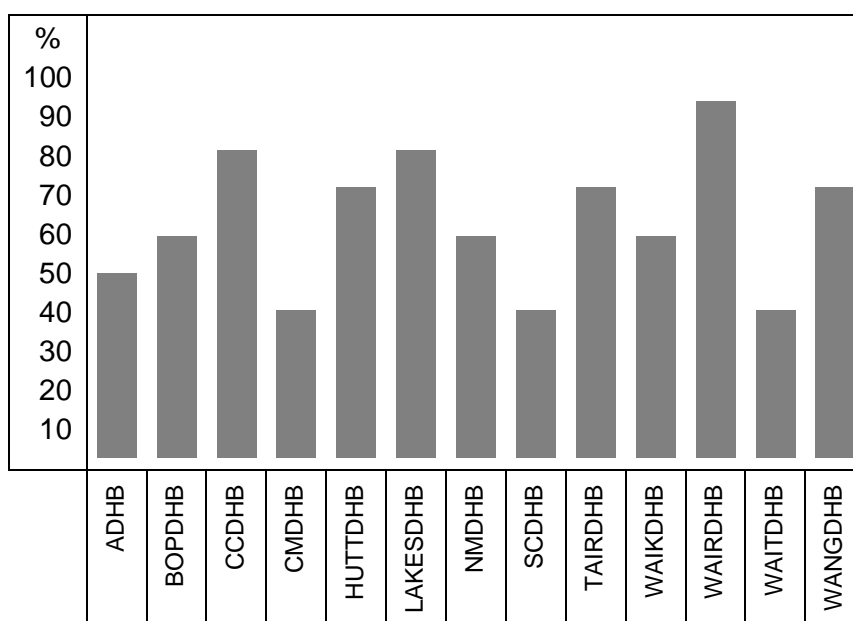
	1) are representative of their communities through appropriate Governance Body representation?		2) reflect the needs of their communities through the conduct of Health Needs Assessments and/or formation of Community Advisory Groups?		3) are recognised by their communities and other provider networks as those organisations responsible for the coordination of services to meet their health needs?	
	YES	NO	YES	NO	YES	NO
ADHB						
BOPDHB						
CCDHB						
CMDHB *						
HUTTDHB						
LAKESDHB						
NMDHB **						
SCDHB						
TAIRDHB						
WAIKDHB						
WAIRDHB						
WAITDHB						
WANGDHB ***						

* Some promotion of PHOs in 2003 but not since. Multiple PHOs across same locality confuses local communities.

** 1) this is left to the PHO processes. It is very evident that the capacity of PHO governance depends entirely on the ability to attract the right skills from the communities. 2) we engage them in collective HNA but– not directly on Advisory Groups although considerable interest is shown by the DHB in this makeup. 3) Partly: this is improving in terms of GPs, some way to go for other providers. Also true to say that recognition differs between the two PHOs.

*** 1) differs according to PHO 2) limited participation in HNA. 3) little knowledge of PHO's in the community.

3c On the following scale, how effective do you feel the above activities have been?



3d Have any of the above activities been more or less successful than others?

DHBs reported in the main that the activities have been successful which, in part, has been related to the development of the activities in collaboration with respective PHOs. It is also recognised that the level of engagement with PHOs, as demonstrated in tables above, in some instances relate to newly initiated engagement therefore developing and implementing subsequent activities are still very much in their early stages.

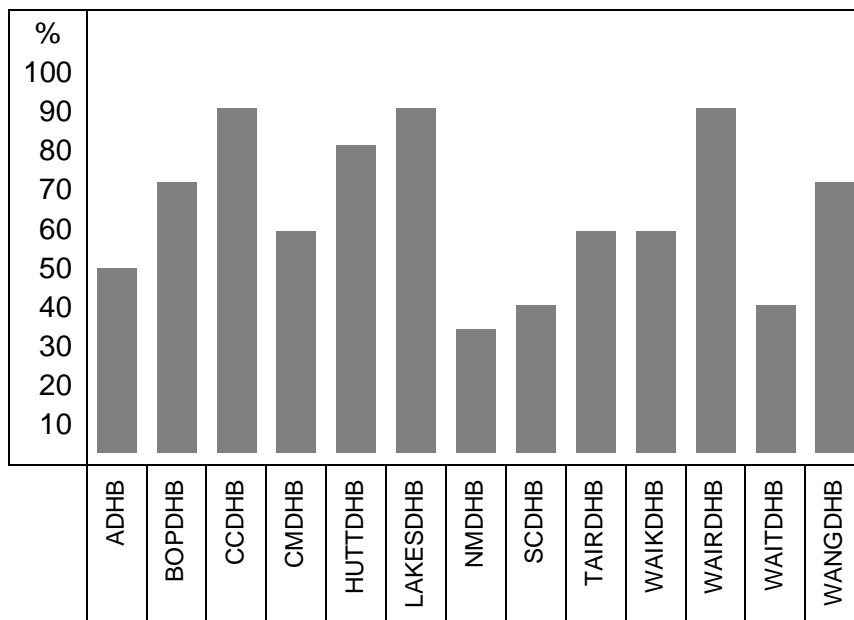
Section 4: Addressing health disparities and inequalities

4a What Board level strategies and actions have been adopted to address health disparities and inequalities through PHOs in your district?

Strong support for the development and implementation of SIA projects that provide increased access, provision of addition funding above capitation levels for Maori communities, DHB developed Inequalities Strategies, joint planning and conduct of Health Needs Assessments, incorporation of the HEAT tool within P&F service design processes, collective monitoring of PPP Scorecards that reflect outcomes against CVD, Diabetes, High Need utilisation and others are a sample of the strategies and actions adopted through DHBs.

4b On the following scale, how effective do you feel these activities have been?

Confidence levels against these activities, as a means of reducing inequalities is high and reflected within the following table.



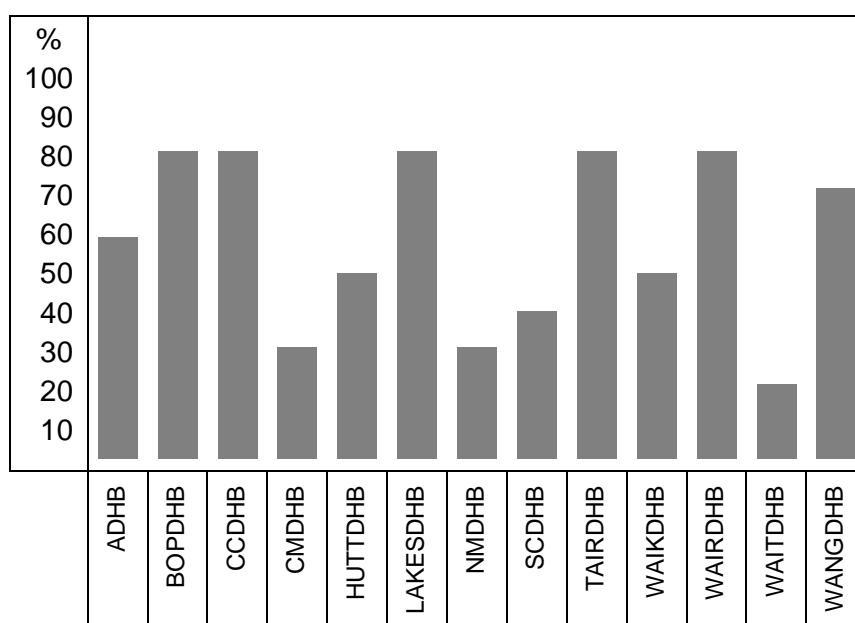
Section 5: Sustainability

5a What strategies and priorities does your Board have to assist the primary health care sector achieve a sustainable future service delivery model, achieve sustainable multi-disciplinary team approaches, and more effectively meet the needs of communities?

In addition to engagement with PHOs through Board, EMT and other DHB forums, it is evident that support is also being provided to assist PHOs undertake internal redevelopment to achieve a level of sustainability. Funding is made available for workforce development, opportunities to review service delivery beyond the GP model are encouraged, involvement in other activities of the PHC Work Programme such as the Frontline Service Models project has also assisted in demonstrating alternative service structures that could be considered by PHOs. Engaging Clinical Leadership and/or advice within P&F has enabled a greater level of engagement with PHOs from a clinical perspective and the opportunity to discuss alternative service delivery models has emerged. Encouragement and financial assistance for primary workforce staff to undertake additional study opportunities, particularly through CTA, has been provided.

5b On the following scale, how effective do you feel the above activities have been?

In part, due to the more recent engagement of PHOs, some of the above activities are in early stages of implementation.



Section 6: Workforce

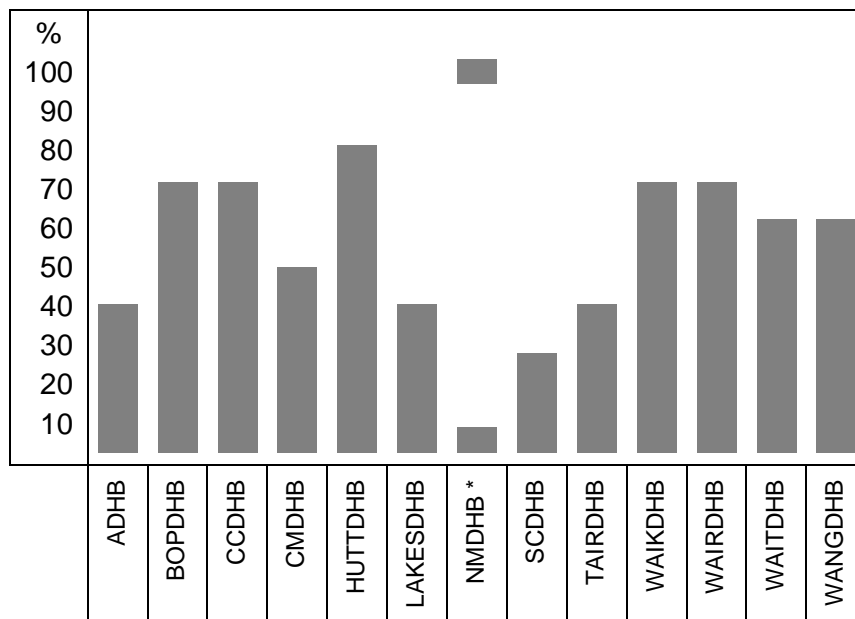
6a *Future Workforce* expresses DHBs' commitment to actively develop initiatives, service delivery models and longer-term recruitment, retention and retraining strategies that will ensure that there is a range of appropriate skilled personnel to continue to deliver health care services across the sectors into the future.

What strategies, priorities and/or activities has your Board been engaged in to identify future workforce needs and the steps to address them?

Significant activity has been invested in the conduct of local Primary Workforce Stocktakes, development of local workforce development strategies, utilisation of dedicated funding streams including CTA and DHB contributed funding. Workforce remains both a high area of interest and concern for DHBs nationally.

6b What progress has been made on implementing those agreed strategies?

While variability exists in the level of achievement by DHBs against local workforce strategies, the commitment to this area of need remains strong.



* Big and ongoing job – some have been 100% progressed, some have not yet seen results.

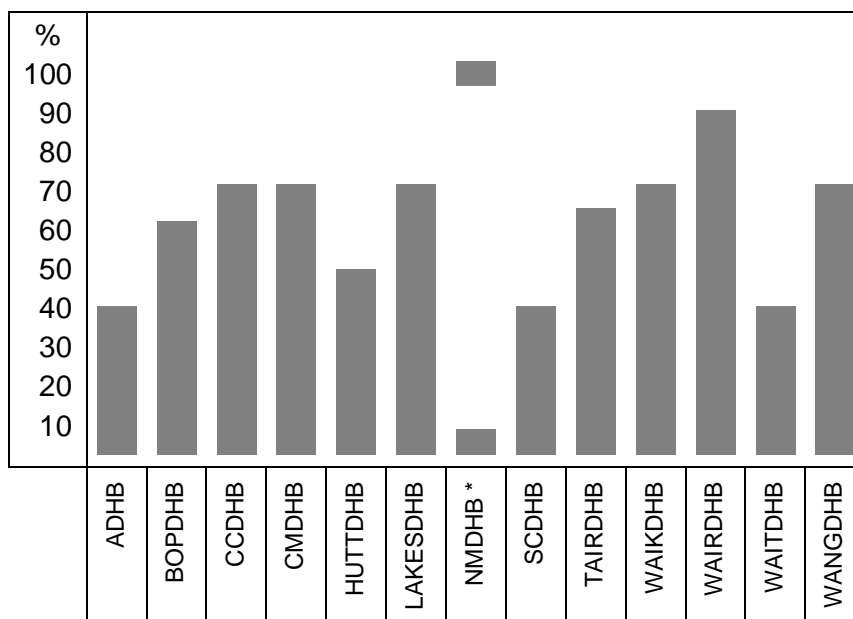
Section 7: Health Targets

7a PHOs can significantly contribute to the achievement of Health Targets. What strategies, priorities and activities has your Board developed to work with the local PHOs in addressing these Health Targets?

Development of local Health Target strategies, Technical Advisory Groups to inform P&F processes and strategic development, collective PHO forums at a DHB district level, participation of PHOs in national forums and strengthening of commitment and utilisation of data from PPP to inform future activity are a sample of the range of activities DHBs have engaged to achieve PHO participation in Health Target recognition and achievement.

7b On the following scale, how effective do you feel the above activities have been?

Success against these initiatives is demonstrated in the following table.



* Too early to say on all of them, and it differs by PHO. However some – such as CarePlus registrations have been 100% successful for NBPHO.

Section 8: Sharing of ideas

8 Are there any specific Board-level activities or strategies that your DHB has developed and implemented to enable your local PHOs to strengthen and mature that you would like to showcase to your colleagues?

- Development of Long Term Conditions framework, PHC and Primary Mental Health Plans.
- Community Medicines Management via PHOs, PHO partnerships with local Iwi through Nursing Service development.
- Supporting PHOs to take a population-based approach to meet community needs.
- PHO presentations to CPHAC and Primary Health representation of Clinical Council. Ethics and Research Committee and Community Health Forum.
- DHB / PHO Board level collaboration, fostering GP/PHO relationships and promoting integration of two PHOs for service sustainability.
- Moving to a Quality Indicator Approach of funding being developed.
- Significant gains achieved through PHO involvement across DHB activity. Made possible through single PHO with large MSO affiliation.
- CVD/Diabetes risk assessment programme.

Section 9: Programme planning

9 What are the top two activities that the DHBNZ PHCS Implementation Work Programme could undertake that would assist you in your DHB to deliver your primary care strategies?

- Privacy issues that prevent data sharing.
- Expediting Primary Care models.

- Progression / expansion of PPP and linking new funding to performance.
- Progression of MDTs and underpinned by Change Management models.
- Strengthen/accelerate work on PHC nurse development. (Nurse Practitioner).
- Reviewing PHO structures and utilisation of management funding.
- Work locally, nationally and collaboratively to increase workforce.
- Remove barriers to flexible funding to assist MTD development.
- Greater clarity of how PHOs can contribute to Health Target outcomes.
- Support and encourage shared learnings across PHOs nationally.
- Share common models of service delivery that can be adopted locally (SIA/CCM)
- Integration of information systems (MedTech 32) to DHB IT platforms.
- Share resources to maximise value for money.
- Develop national guidance and policy on next phase of PHO development.
- Align PPP, IDP and Health Targets.
- Ensure MoH considers impact and PHCS fit of new policy development.
- Work with ACC to develop/fund primary-based elective surgery intervention.
- Development of nationally consistent incentives to improve health outcomes.

Conclusion:

This paper is indicative of the range and depth of current activity that sits collectively within DHBs to assist in the growth and development of PHOs.

Success against locally developed strategies and actions is dependant on the capacity and willingness of the PHOs to engage with and work alongside respective DHBs in the development and implementation of local initiatives that are focused on PHO development and achievement of the intent of the Primary Health Care Strategy.

Underpinning the future success of individual PHOs is the continued development, maintenance and strengthening of the essential relationships at a variety of levels between DHBs and their PHOs, including that interaction between respective Governance Bodies.

The PHCS Implementation Work Programme remains committed to assisting all parties to achieve shared and sustainable outcomes.