We are targeting...

...BETTER HEALTH SERVICES

- Shorter waits for Cancer Treatment Radiotherapy
- Improved access to Elective Surgery
- Shorter stays in Emergency Departments
- Increased Immunization
- Better help for Smokers to Quit
- Better Diabetes and Cardiovascular Services
We are targeting...

... BETTER HEALTH SERVICES

"Health Targets provide a clear and specific focus for action to ensure that this health care is of the highest quality and within the best possible time."
People in New Zealand have high expectations that they will have good access to health care services when they need them.

Health Targets provide a clear and specific focus for action to ensure that this health care is of the highest quality and within the best possible time.

It is very encouraging to see the way clinicians around the country are working together to improve the care provided to New Zealanders in our key Health Target areas.

The process of changing the way we work to improve quality and efficiency, in a tight fiscal environment, challenges the ingenuity and creativity of DHB clinicians and managers.

Our focus on specific health targets is clearly paying dividends with various initiatives making a positive difference to the performance of DHBs and the services they provide.

The Ministry of Health and National Health Board will continue to work with DHBs to ensure that these targets are met and that the already high quality care provided to New Zealanders continues to be improved.

The improvements featured in this publication are part of a better integrated health care system that continues to deliver for patients.

Kevin Woods
Director General of Health

Murray Horn
Chairman National Health Board
Each year more than 19,000 New Zealanders are diagnosed with cancer and 8,000 receive radiation treatment. We want to ensure that everyone ready for treatment will receive their radiation treatment within four weeks of their first specialist assessment.

Patients diagnosed with cancer and their families understandably become anxious about the time it will take to begin treatment. Quick access to treatment gives confidence and helps people to cope with the stress of being diagnosed with cancer.

For some cancers such as breast cancer or head and neck cancers, delays in treatment may result in poorer outcomes or the need for more intensive treatment.

In the case of palliative treatment, delays can result in people coping longer with symptoms and pain that could be quickly relieved by radiation therapy.

We are working with the six centres which provide radiation oncology services to help ensure that this four week target is met. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.

We are making good progress. During the second half of 2008, 90 percent of people assessed as ready for treatment* commenced their treatment within six weeks and by July 2010 this had risen to 99 percent.

The target has been adjusted and we are now working towards all people who are ready for treatment receiving this within four weeks.

*Ready for treatment patients are those who are assessed as able to start their radiation treatment, this excludes patients who require further clinical assessment, other treatment prior to radiotherapy, are not fit to start treatment because of their medical condition or who choose to defer their treatment.
Elective surgery can increase independence, improve quality of life and reduce pain.

We are increasing access to elective surgery and aim to see 140,000 patients get elective surgery this financial year.

Elective surgery is chosen for people who do not need immediate surgical treatment (as opposed to ‘emergency’ or ‘acute’ cases, where you can’t wait and need surgery without delay).

Among the common elective procedures carried out each year are cataract surgery, hip replacements and grommets to treat glue ear.

A hip replacement can reduce pain, allowing people to get back to enjoying physical activity and social activities and be independent with shopping and other daily tasks.

A cataract procedure restores sight and independence.

A grommet operation can restore proper hearing to a young person suffering from ‘glue ear’. Studies show the detrimental impact of this type of hearing loss on education achievement.

The table below shows recent increases in elective surgery.

In 2009/10 an extra 20474 New Zealanders underwent elective surgery compared to 2007/08.
Emergency Departments are on the frontline of healthcare and it is important that New Zealanders get the care they need without long delays.

Each year nearly one million New Zealanders visit Emergency Departments.

Our target is that 95 per cent of patients are admitted, discharged, or transferred from an Emergency Department within six hours.

Long stays in Emergency Departments are linked to:

- overcrowding of the Emergency Department
- negative clinical outcomes for patients
- compromised standards of privacy and dignity (for instance, patients waiting on trolleys in corridors)

By the end of the 2009/10 year, 87 percent of patients were seen within the target time.

Achieving the target requires the whole health system to be working well, not just the Emergency Department. Although the target relates to time spent in the Emergency Department, patient flow is also influenced by the availability of community care and by the ability of the rest of the hospital to receive patients who have finished their Emergency Department care.

We are working closely with DHBs to help them reach the target and improve acute care in our hospitals.

Successful initiatives by DHBs include:

- organising their services differently so that non urgent cases can be treated more quickly
- improving the pathways that patients take through the community, Emergency Department and hospital when getting treated for common conditions
- improving the access of general practitioners to diagnostic services such as ultrasounds and equipment such as crutches
- improving hospital processes, like the discharging of patients, to help free up hospital beds that patients can move into after their Emergency Department treatment is finished

“Our aim is to ensure that people do not spend longer than six hours in the Emergency Department.”
Immunisation protects people against a range of serious diseases by using the body’s natural defence mechanism, the immune system, to build resistance to certain bacteria and viruses.

Despite immunisation being recognised as one of the most effective ways to prevent a range of infectious diseases, immunisation rates among children have been low for many decades. This has meant that outbreaks of illnesses such as measles and whooping cough have been occurring regularly.

Immunisation not only provides individual protection against these diseases, but if sufficient people are vaccinated this can slow down or prevent spread of the disease in the community. This can also protect vulnerable groups in our society such as those with impaired immune systems, infants and the elderly. This population-wide protection, also known as herd immunity is generally associated with high immunisation rates, depending on the infectiousness of the disease and the effectiveness of the vaccine.

Our target for immunisation is to fully immunise 85 percent of two-year old children by July 2010; 90 percent by July 2011; and 95 percent by July 2012. Over the last three years the immunisation coverage for two year old children has risen significantly from 67 percent in 2007 to 88 percent by December 2010.

National Immunisations Schedule to 15 months

<table>
<thead>
<tr>
<th>Age</th>
<th>Diseases covered</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 weeks</td>
<td>Diphtheria/Tetanus/Whooping cough/Polio/</td>
<td>Pneumococcal injection (Prevenar®)</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B/Haemophilus influenzae type b</td>
<td>1 injection (N/T/A/M/B®-hebo)</td>
</tr>
<tr>
<td>3 months</td>
<td>Diphtheria/Tetanus/Whooping cough/Polio/</td>
<td>Pneumococcal injection (Prevenar®)</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B/Haemophilus influenza type b</td>
<td>1 injection (N/T/A/M/B®-hebo)</td>
</tr>
<tr>
<td>5 months</td>
<td>Diphtheria/Tetanus/Whooping cough/Polio/</td>
<td>Pneumococcal injection (Prevenar®)</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B/Haemophilus influenza type b</td>
<td>1 injection (N/T/A/M/B®-hebo)</td>
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<tr>
<td>15 months</td>
<td>Haemophilus influenza type b</td>
<td>1 injection (Hiberic®)</td>
</tr>
<tr>
<td></td>
<td>Measles/Mumps/Rubella</td>
<td>1 injection (M-M-R® 15)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal injection (Prevenar®)</td>
<td></td>
</tr>
</tbody>
</table>
Smoking is the single largest cause of preventable death worldwide and is responsible for the deaths of an estimated 5000 New Zealanders each year, affecting the quality of life for thousands more.

The cost to the health system that can be directly attributed to smoking has been estimated as being at least $1.9 billion per annum.

There are around 650,000 smokers in New Zealand – and of those, 80 percent wish they had never started and around 65 percent have tried to quit in the past five years (2009 New Zealand Tobacco Use Survey).

Through the introduction of health targets, we are working to ensure that 90 percent of hospitalised smokers are provided with advice and help to quit by July 2011 and 95 percent by July 2012.

In the first six months of 2010/11, over 43,500 smokers were offered brief advice and support to quit in the hospital setting alone. And over the last three years, increased subsidies and ease of access have seen a 300 percent increase in the use of nicotine replacement therapies.

There is strong evidence that brief advice is effective at prompting quit attempts and long term quit success. Over the first six months of 2010/11, a further 20,000 hospitalised smokers were identified who did not receive advice and support to quit. Most smokers want to quit, they are just not sure how - our role is to ensure that every smoker receives brief advice to quit and then to ensure that, whenever they decide to act on it, they are offered the most effective and accessible support available.

"Our role is to ensure that every smoker receives... the most effective and accessible support available."
Diabetes and cardiovascular disease affect a growing number of New Zealanders each year, and have a disproportionate affect on Maori, Pacific people and people of South Asian origin (e.g. at an earlier age). The impact of these conditions is increasing with the ageing population and lifestyle changes.

These diseases impact heavily on the quality of life and life expectancy. Every year about 16,000 people in New Zealand will be admitted to hospital with a heart attack, and about 6,000 people will have a stroke. There are currently about 200,000 people diagnosed with diabetes. The serious complications of diabetes include lower limb amputations, renal failure and avoidable blindness.

The sooner these conditions and their complications are detected and managed the better. That is why we are supporting DHBs and general practitioners to improve early detection and management.

The Cardiovascular and Diabetes (CVD) health target is made up of three components:

- a CVD risk assessment
- diabetes free annual checks
- and diabetes management

75 percent of the eligible population had a CVD risk assessment in the last five years. Over half (55%) of the estimated diabetes population received their free annual diabetes check and of those, 73 percent had either satisfactory or better diabetes management.

Early detection can include cardiovascular risk assessments. These are particularly important for Maori, Pacific and South Asian men (35 years+) and women (45 years+). Prevention and management may include advice around diet, exercise, stopping smoking and/or medication for high blood pressure and cholesterol. People diagnosed with diabetes are also entitled to a free annual diabetes check with their general practitioner or practice nurse to plan how they will manage their diabetes and to support early detection of possible complications.

Links to useful information on diabetes and cardiovascular disease are available from the Ministry of Health website www.moh.govt.nz.

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