

Care Closer to Home



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Introduction

For most New Zealanders, many health problems lead to contact with a primary health care provider – usually a community-based health professional such as a GP or a local pharmacist. It's called 'primary health care' because, for most of us, it is the first place we turn to for our health needs.

Our public health service works well and rates well when compared with the health services offered in other countries. However, things can always be improved. Keeping New Zealanders healthy and out of hospital requires our health and disability services to support a person's health needs before that person needs to be treated in hospital – it means providing faster, more convenient health care closer to home. It makes sense for health services to be centred on the patient, even down to identifying when and where health care is needed and delivered. For most of us, this translates to getting care in the community.

Increasingly, health services that used to be provided solely in hospital are now available in

the community as hospital-based clinicians and those based in the community work more closely together. Improvements in technology also mean there's now a better flow of patient information between health services.

Doctors, nurses, midwives, pharmacists, physiotherapists and other health professionals working in our community are focused on keeping us (their patients) healthy by:

- identifying and treating health issues earlier so we don't end up in hospital
- providing better support for patients discharged from hospital, to reduce the likelihood of readmission
- delivering better community-based services to help patients manage their long-term conditions at home.

'Care closer to home' is a priority for the Ministry of Health. This booklet highlights some of the many initiatives that our health professionals are undertaking with the aim of providing better, integrated health care closer to home for all New Zealanders.



Health checks for students at school

Checking the health and wellbeing of year 9 students helps ensure little issues don't turn into big issues for teenagers like Liam Boyle from Gisborne Boys' High School.

Liam is one of 204 year 9 boys who have received a nurse assessment this year as part of the Prime Minister's Youth Mental Health Project. Liam enjoys BMX riding, soccer, playing guitar and listening to heavy metal music. He says that although he was a bit nervous at the start, talking with the assessment nurse was easy. 'It wasn't a big deal. My mates had already done it, and it

turned out alright because the nurse can track what's happening and come in and help.'

Liam was assessed by Tairawhiti District Health public health nurse Sarah Brown, using HEEADSSS assessment measures. HEEADSSS measures wellbeing via a series of questions relating to **h**ome, **e**ducation/employment, **e**ating, **a**ctivities, **d**rugs, **s**exuality, **s**uicide and depression, and **s**afety. The assessment enables medical or mental health issues to be identified at an early stage so that students can be referred for treatment as required.

Liam is short sighted, and the assessment prompted him to remember to wear his glasses more often. 'It makes life easier and stops any headaches.'



Public Health nurse Sarah Brown checks Liam Boyle's blood pressure as part of his healthy check at Gisborne Boys' High School.

During an assessment, Sarah carries out a medical check for each student that includes assessing height, weight and blood pressure. Then she and the student talk about hearing, vision, dental health and any recent visits to the doctor. Sarah then introduces more difficult topics, such as sexuality and drugs. 'If I do it in that order, they begin

to relax, and I can bring in questions around tobacco, alcohol, self-harm and anything that might be happening at home.'

Sarah sees around four students a day. Where necessary, she will refer a student to another health

care professional for help. She will refer around one student a week to the school-based GP or a family GP. And around once a term, she will refer a student to Child and Adolescent Mental Health Services (CAMHS) at Gisborne Hospital. Anxiety, low moods and sometimes ideas of self-harm are the main reasons Sarah will seek to involve a psychologist. She needs consent from the student's family to make such a referral and will even visit the student's home to get that consent.

In other cases, she may refer students to the school's counsellor, a social worker or, in extreme cases, to a Child, Youth and Family service.

'We take the pastoral care of our boys very seriously and had no hesitation in coming on board with this service. We've asked the boys about it, and they tell us that the assessments are a good thing to do. It's been a positive thing for our school.'

Gisborne Boys' High School Assistant Principal Tom Cairns believes that the assessments are making a difference to student welfare. 'We take the pastoral care of our boys very seriously and had no hesitation in coming on board with this service. We've asked the boys about it, and they tell us that the assessments are a good thing

to do. It's been a positive thing for our school.'

Tom says that two students are getting help to quit smoking; new glasses are being arranged for a couple of other boys; and a frequently absent student has begun

to attend school more regularly. 'The family had been aware of the problem,' Tom explains. 'Then the nurse visited them, and it's no coincidence that, a few days later, the boy's mother came to the office to help sort things out.'

Sarah also carries out HEEADSSS assessments at Te Kura Tuarua o Tūranga Wāhine Gisborne Girls' High School and is convinced that early intervention has long-term benefits. 'Tapping into these girls and boys in Gisborne early is the key. We can see what is going on for someone and help them out before a little issue becomes a big issue.'



Support to stay well at home

Hospital was the last place 88-year-old Patricia Entrican wanted to end up. But when crippling back pain left her bed ridden for weeks on end, she feared that's just where she was heading.

Patricia lives with her daughter José and two teenage granddaughters in their two-storey home in Auckland. José says, 'Mum had been unwell for some time, and I'd just about reached the end of my tether, with continual broken nights' sleep, trying to look after her, run the household and continue with my work.'

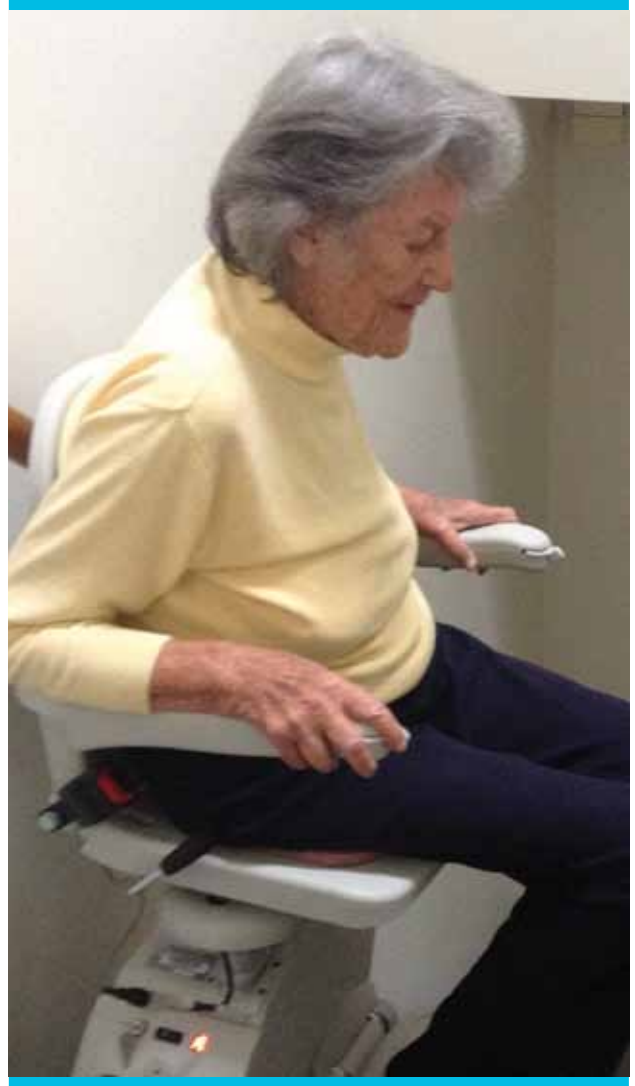
That's when José turned to her GP, and help arrived in the form of registered nurse Katie Rabbitte. Katie's role is to support people like Patricia to ensure they don't end up in hospital.

'Katie came to our home and made practical changes straight away that have made a world of difference. Simple things like installing a bed lever so Mum doesn't have to virtually do sit-ups with her sore back in order to get out of bed.'

Katie is one of two dedicated integrated care managers working for Auckland's East Health Trust Primary Health Organisation. The two integrated care managers currently provide a rapid response service for three general practices. A further 18 general practices will soon be using them, too.

'My job is to identify people at high risk of hospitalisation. I go into their homes, assess what support they need and coordinate this care so that they can remain safe in their homes,' Katie explains.

José says that it was the immediacy of the service that really helped. 'Katie was like an angel. Within 24 hours of me going to my GP, she had come to our home. She was so reassuring. She has sorted out long-term, regular home help with things like showering Mum. We've just got a stair lift, and we've been offered respite care.'



Patricia Entrican testing her new stair lift recently installed in her home.

As well as helping people who have been referred by their GPs, the integrated care managers also check Middlemore Hospital's list of patients at risk of readmission. They check on patients who have just left hospital to make sure the patients have the right support in place so they don't end up being readmitted.

Support provided through this service has improved the quality of life for both Patricia and José.

'I'm nearly 90,' Patricia says. 'They can't get me back to playing tennis, but I'm in less pain, and I'm at home, and that's where I want to stay.'

Mental health support in the community

Rose Smith* felt like a zombie after four nights of broken sleep.

Rose suffers from depression, and when changes to her medication didn't seem to be working, she went straight back to her GP.

In the past, she'd been seen by a practice nurse, but this time, she was referred to the health centre's dedicated mental health nurse Jenny Fleury.

Jenny contacted Rose that same day, and from that point forward, Rose began the journey towards better mental health.

'With depression, you feel isolated from your friends and family. Jenny understood exactly what I was saying and made me feel at ease. She kept telling me that this is just an illness.'

Mental health nurses are most commonly based in hospitals, but since 2012, Jenny and another mental health nurse, Lorelei Olafson, have been working in general practices around the Wairarapa to provide mental health advice and assessments.

The pair works closely with the doctors and practice nurses, supporting patients and closely monitoring their medications. They are both part of the Wairarapa District Health Board's after-hours mental health crisis team and can refer patients to secondary services if needed.

'We work with people who are dealing with anxiety, financial problems, relationship problems and parenting issues,' says Jenny.



Mental health nurses Jenny Fleury and Lorelei Olafson, are based in the community supporting people to look after their mental health and stay well.

'With depression, you feel isolated from your friends and family. Jenny understood exactly what I was saying and made me feel at ease. She kept telling me that this is just an illness.'

Peter Coombes, Clinical Leader of Mental Health at Compass Health Primary Health Organisation (PHO), says patients and clinicians are getting a better service. 'People are able to access the mental health care they need in the community. It's building expertise in

the primary health sector and taking some of the pressure off the hospital workforce.'

As for Rose, she says she's feeling better than she has for years and is motivated to stay well. 'Having a mental health nurse who is in contact with my GP is a big advantage. It feels more like I have a team behind me now, helping me and supporting me.'

*The name of this patient has been changed to protect her privacy.

Staying on top of rheumatic fever and skin infections

South Auckland children with skin infections severe enough to stop them bending their arms and legs are now being treated through a school health programme working alongside the national Rheumatic Fever Prevention Programme.

Mana Kidz works with children in Ōtara, Māngere and Manurewa. Nurses and whānau support workers go into the schools to take throat swabs from children to check for the

group A *Streptococcus* (strep A, strep throat or GAS) infection, which if left untreated can lead to rheumatic fever. At the same time, the nurses also check the children for skin infections, commonly known as school sores, and other common health issues that affect the children's ability to learn.

'We want South Auckland children to have the best start in life, participating fully in their education because they are being protected against preventable diseases and are receiving treatment for sore throats and skin infections, and ultimately any issues of overcrowding are being addressed,' Mana Kidz project manager Phil Light says.



Nurses are checking the sore throats of South Auckland children at school, as part of the Rheumatic Fever Prevention Programme.

Mana Kidz is the brainchild of the Child Health Alliance Forum – Counties Manukau, a group involving the district health board, primary health providers and non-government organisations that have joined forces to tackle these preventable health conditions affecting children.

The forum saw the government-funded throat swabbing Rheumatic Fever Prevention Programme as being a stepping stone to a more comprehensive health service for local children.

Rachel Haggerty, Director of the National Hauora Coalition (NHC), which leads the forum, says, 'It was a fantastic opportunity to step up and do the right thing for South Auckland kids.'

The programme has a clear aim of reducing the number of school children being hospitalised with preventable health problems, such as serious skin infections and sore throats that can lead to rheumatic fever. It also wants to make sure that children and their families are more aware of these conditions and their general health.

With funding and resources from the Counties Manukau District Health Board, Mana Kidz is now based in 53 South Auckland schools, checking the health of up to 23,000 children.

Rachel says, 'All children who see a registered nurse through Mana Kidz are encouraged to enrol with a general practice so that the nurse can refer them there if necessary.'

By the end of October 2013, the Mana Kidz health programme had treated 8923 children for strep A and 5271 children for nasty skin infections, such as impetigo and cellulitis.

Mana Kidz at Yendarra School

Nurse May Kennedy has noticed fewer nasty sores and fewer children staying home sick since Mana Kidz was instigated at Ōtara's Yendarra School.

May and whānau support worker Robynne Uerata-Tango check about 300 students at the school for a range of health issues, from impetigo and scabies to head lice and minor injuries.

They also see any child who has a sore throat, and they swab for the group A *Streptococcus* (strep A, strep throat or GAS) infection that can lead to rheumatic fever.

The pair will identify about eight strep A infections each week and treat them with antibiotics.

'For children to be able to take the antibiotics, we need consent from their parents. We try and connect with the parents when they are picking up and dropping off their children at school, but often we have to visit them at home. If a child has the strep A infection three times, we go to their house and ask to swab the whole family. Everyone with GAS needs to be treated to stop the infection spreading.'

Aside from seeing children with sore throats each day, May and Robynne also aim to visit classes to check all students' eyes, ears and skin and general health.

Robynne says, 'We want these kids to know how to take care of themselves. We teach the children how to wash their hands and blow their noses, tell them to keep their nails short and regularly remind them to check for head lice.'

May says that most parents are pleased that she and Robynne are keeping an eye on their children's health.

While the strep A throat infection treatment is free, sometimes the health check will result in a child being referred to a doctor for other health issues. Some children are enrolled with the Ōtara Union Medical Centre, which is part of a group of providers that have helped subsidise the Mana Kidz health programme.

May believes that the Mana Kidz school-based health programme is starting to make a difference to the health of children at Yendarra School. 'It is rewarding to be picking up so many strep A infections as the children are now aware of signs and symptoms. We recently discovered seven in one class on one day. We just have to stay on top of it.'



Children in South Auckland primary schools are having their skin checked for sores like this, through Mana Kidz school-based health programme.

Managing medication after a stroke

Strokes affect people in lots of different ways, depending on where they occur in the brain.

When John Williams had his stroke, it affected the part of his brain that is associated with reading, writing and talking. John could no longer recognise certain words or numbers, couldn't find the words he needed to express himself and sometimes couldn't understand what people were saying.

'It was like being by myself in a foreign country, where I couldn't understand anything I read and couldn't make anyone understand what I was saying,' says the 58-year-old from Tauranga.

In hospital, the doctors started John on the drug warfarin to prevent further strokes. Warfarin is a complex medicine that requires regular blood tests to determine the right dose, especially in the first week or two of starting.

'It's important to get the dose right because if the dose is too high, the warfarin can cause unwanted bleeding, but if the dose is too low, there is a danger that another stroke could occur,' says Dr Elizabeth Spellacy, John's specialist stroke doctor at Tauranga Hospital. 'The first month is the most critical time to get the right balance.'



John Williams is getting help at home from pharmacist Pauline McQuoid to manage his medications after suffering a stroke.

John's doctors knew that John wouldn't be able to manage the complicated warfarin dosing requirements because of the effects of his stroke, but he didn't have any family or friends who could help him. This is when they called Medwise pharmacist Pauline McQuoid. The Medwise service is funded by the Bay of Plenty District Health Board to support people like John with medication changes when they are discharged from hospital.

'Discharge from hospital can be a confusing time,' says Pauline. 'People are given a lot of information, not all of which they remember.'

'Many people have their medications changed while they are in hospital, but for lots of different reasons, the changes are not always carried out as they should be after discharge. This can cause a wide range of problems, including side effects from medications, medical conditions getting out of control and poorly controlled pain.'

'It's important to get the dose right because if the dose is too high, the warfarin can cause unwanted bleeding, but if the dose is too low, there is a danger that another stroke could occur.'

'Medwise pharmacists help out with the discharge process while the patient is still in hospital then visit the patient at home after discharge to ensure all the medication changes are carried out safely and correctly.'

John was relieved that Pauline was able to help him with his warfarin when he was discharged from hospital. 'Pauline went with me to have my blood tests, she found out how much warfarin I was meant

to have and then she sorted out all the doses for me until my next blood test,' he explains. 'I wouldn't have known what to do by myself.'

Eventually, John learned how to manage his blood tests and warfarin independently. He still goes to the hospital to have speech and language therapy and visits the stroke ward to talk to and encourage other stroke patients.



Telemedicine closing the distance – Ashburton

Mother of three Roxanne Sloper feared the worst when her midwife took one look at her 15-day-old baby boy Harry and said they needed to go to hospital immediately.

‘My two other boys had colds when I brought Harry home from the hospital. So when Harry’s nose started to run, I thought nothing of it. He was breastfed in the morning, but a couple of hours later, when my midwife arrived, he was wheezing.’

Roxanne’s midwife called the ambulance, and soon mum and baby were at Ashburton Hospital.

‘I was feeling quite anxious. I knew there were no paediatricians based at Ashburton Hospital – they’re in Christchurch, more than an hour’s drive away. No one here could tell me what was wrong with Harry, and the doctors were struggling to get an IV line in him.’

That’s when hospital staff turned on the telemedicine unit overlooking Harry’s bed. Christchurch-based paediatrician Dr John Garrett appeared on the screen. He was face to face with the Ashburton medical staff and able to see Harry. Within minutes, John had discussed Harry’s condition with the Ashburton Hospital health care team and his parents and was able to suggest a plan for the baby’s ongoing care.



Roxanne Sloper enjoys some healthy backyard play with her boys.

‘Paediatrics is a very visual speciality,’ John says. ‘So when we’re trying to decide if a child is sick or not, a lot depends on how they look.’

Roxanne says, ‘I was so relieved to see a doctor who specialises in kids pop up on the screen. I knew Harry was going downhill fast when he lay limp on the bed as doctors tried to get a line in. Usually he puts up a fight when you’re just trying to dress him.’

Baby Harry was stabilised and transferred to Christchurch Hospital, where he and Roxanne stayed for three nights while Harry recovered from a respiratory virus.

Telemedicine is now being used widely across Canterbury and the West Coast, closing the distance between specialists based at Christchurch Hospital and patients living in remote parts of the region.

As John says, ‘I see acutely sick patients, like Harry, at their local hospital as well as those who have appointments in the outpatient clinics – all via high-definition videoconference technology.’

Between them, Canterbury and West Coast district health boards now have more than

60 telemedicine units, bringing specialists such as oncologists, paediatricians, physicians, dieticians, speech and language therapists, neonatologists and intensive care specialists closer to patients who live outside the main centres.

Aside from the obvious benefit of giving patients access to these specialists closer to their homes,

using this technology is also saving time. ‘It’s difficult to keep up with the demand for outpatient appointments,’ John explains. ‘But being able to see some patients by telemedicine helps to keep waiting times down.’

‘I was so relieved to see a doctor who specialises in kids pop up on the screen. I knew Harry was going downhill fast when he lay limp on the bed as doctors tried to get a line in. Usually he puts up a fight when you’re just trying to dress him.’

‘We’re also able to better support clinicians working in places like Ashburton and Grey Base hospitals who deal with a wide range of medical conditions and situations.’

Baby Harry has recovered from his ordeal and recently received his six-week vaccinations. Roxanne says, ‘I’m watching him like a hawk now. I’m going to be one of those mothers, off to the doctor with the slightest snivel quick smart.’



Telemedicine closing the distance – Opotiki

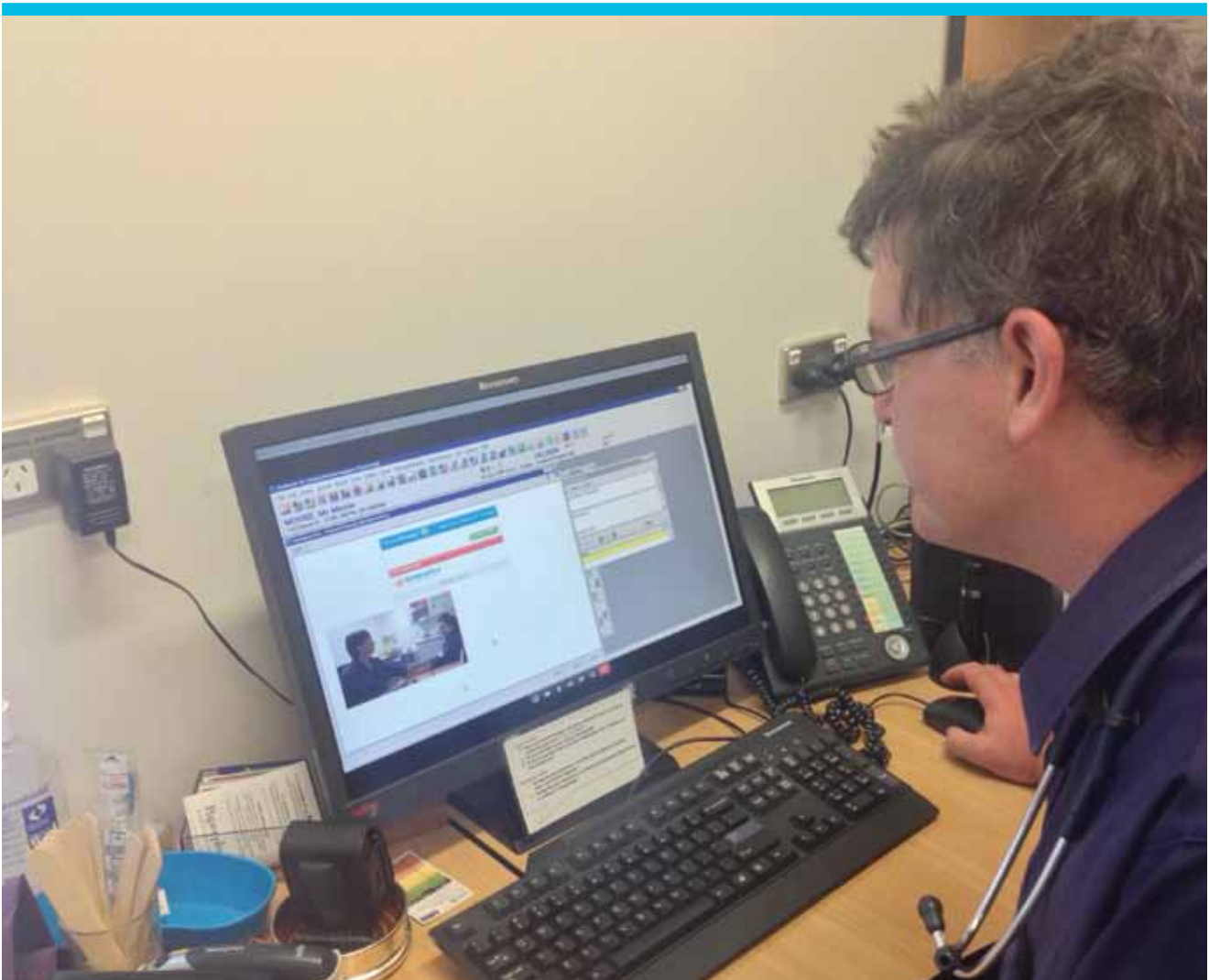
Doctor–patient consultations via video link are the future of health care and an answer to serving remote communities.

That’s the view of Opotiki GP and chairperson of the New Zealand Rural General Practice Network, Dr Jo Scott-Jones. Jo is one of seven doctors in the Eastern Bay of Plenty town trialling telemedicine equipment, which is giving patients access to the health care they need without them having to travel.

Around 9000 people live in Opotiki, with the nearest hospital in Whakatane – about an hour’s drive on a winding road. Opotiki has an after-hours service staffed by nurses, and Jo says it’s here that telemedicine is proving invaluable.

‘What we have seen so far has been a reduced number of patients referred through to Whakatane Hospital.

‘Just last weekend we had a patient with a suspected deep vein thrombosis (DVT) in the after-hours emergency room at the Opotiki Community Health Centre.’



Dr Jo Scott-Jones, who is now using telemedicine to diagnose patients online.

Jo says the nurse on duty consulted him at his home using telemedicine technology, and he was able to observe the patient via video link.

‘The camera could be moved around for me to see the area of the leg that was swollen, and I could make a diagnosis on that basis. It turned out it wasn’t a DVT.’ The online diagnosis saved the patient an unnecessary trip to Whakatane Hospital.

Telemedicine is also giving people living in more remote areas, such as Te Kaha, better access to health care. In the past, if people living in the coastal settlement needed to see a doctor, they either had to wait for an appointment or faced a long drive to Opotiki, as a GP is only on site in Te Kaha a few days a week. But now, on those days when the GP isn’t in Te Kaha, they can be seen online by a doctor in Opotiki via a connection at the local health centre. Telemedicine equipment has also been installed

in rest homes and palliative care facilities across the Eastern Bay of Plenty. So now, in some cases, doctors can see patients without the patients having to face the discomfort and inconvenience of travelling to their doctor. Jo says that so far his patients are embracing the new technology.

‘I can see a time in the not-too-distant future where I will be able to see some patients from their homes using webcams. In fact, I have two patients who are already set up for that, and I anticipate the first consult will take place before Christmas.’

‘Telehealth is a logical fit for making the most of valuable medical resources in remote areas.

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have two patients who are already set up for that, and I anticipate the first consult will take place before Christmas.’

The Opotiki Telehealth project is a joint initiative between the IT Health Board, the Bay of Plenty District Health Board and the Ministry of Business, Innovation and Employment.



Hooking up to IV drip closer to home

Mike Rickwood thought he was hospital bound when his itchy feet turned nasty, swelling and blistering virtually overnight.

It turned out that his athlete's foot had developed into cellulitis, a common but potentially serious bacterial infection. Mike needed intravenous antibiotics to deal with the infection.

Carterton practice nurse Nicole Kolvenbag says, 'A few years ago, we had to send any patients who needed an IV drip to Wairarapa Hospital. Including treatment time, that's at least a four-hour round trip. Now most of the nurses here are trained to do it themselves.'

Mike was hooked up to an IV drip three days in a row, the swelling went down, and he was able to go home with a course of antibiotic tablets to help clear the cellulitis completely.

Mike's relieved that he could get the treatment he needed a short three-minute drive from his home rather than facing the half-hour drive to Wairarapa Hospital, with



Carterton practice nurse Nicole Kolvenbag with Mike Rickwood.

'A few years ago, we had to send any patients who needed an IV drip to Wairarapa Hospital. Including treatment time, that's at least a four-hour round trip. Now most of the nurses here are trained to do it themselves.'

the added prospect of a longer waiting time in the larger hospital. 'It's excellent – getting this level of care in the community is better for everybody.'

Sentiments echoed by Dr Guin Hooper, who heads Wairarapa Hospital's emergency department (ED).

'We used to see a lot of cases of untreated cellulitis in the ED, but now people are treated in the community. It's quicker and easier for the patients, and it helps prevent overcrowding in the ED,' he says.

Getting back on your feet

Understandably, Colleen Briggs needed a bit of extra support to get back on her feet after two strokes triggered diabetes and symptoms of Parkinson's disease.

So when she was discharged from hospital after 10 days, her GP sought the help of Canterbury's Community Rehabilitation Enablement Support Team (CREST).

CREST nurses, physiotherapist, pharmacist, occupational therapist and support workers provide people like Colleen with intensive, in-home support over a six-week period. Whatever rehabilitation support they need, CREST provides it.

For Colleen, regular visits from a physiotherapist and memory assessment were part of her care. The team also suggested she make changes to her home to make her life easier, such as placing a stool in the shower.

'They were lovely to me. They'd arrive at about 9 am, take my blood pressure, help me with exercises and often take me for a walk to the corner and back,' she says.

The CREST initiative was developed in the aftermath of Christchurch's devastating 2010/11 earthquakes.

Greg Hamilton of Canterbury District Health Board's Planning and Funding team says, 'As well as needing to provide better care for people in the community, we had fewer hospital and aged residential care beds available after the quakes and needed to reduce the number of admissions to both.'

The CREST initiative is based on the successful Waikato District Health Board pilot that focused on short-term rehabilitation of people in their own homes. In Canterbury, three community agencies (Nurse Maude, Healthcare of New Zealand and Access) have collaborated with the district health board to deliver the in-home



Colleen Briggs, back on her feet, tending to her garden.

support service. The agencies liaise with the patient's GP as well as their hospital-based case manager to ensure timely and appropriate care.

CREST Service Manager Janice Lavelle explains that patients set their own goals. 'Some people might want to be able to walk to the shops, while others might want to get back to an exercise class or another activity in the community.'

While the initial focus was on assisting people who had been admitted to The Princess Margaret or Christchurch hospitals, including people seen at the emergency department, the initiative has now been extended to all Canterbury general practices.

More than 2500 people have been supported by CREST. It is also assisting in reducing admissions to Canterbury's aged residential care (ARC) facilities. In 2012, just over 1 percent of people aged 65 and over were admitted to a Canterbury ARC facility within 28 days of a hospital discharge compared with 4 percent previously.

Tidying up the medicine cabinet and staying well

At 73 years of age, Tony Clark reckoned his memory was pretty good, but he'd lost track of why he was taking some of his daily medications.

Tony was living alone, having recently lost his wife, and had just had an operation for an aortic aneurysm.

Christchurch Hospital put him in touch with Canterbury's Community Rehabilitation

Enablement Support Team (CREST), who recognised that mobile pharmacist Melanie Gamble could provide some of the support Tony needed.

'Melanie was great at explaining what was what, and I have a much better understanding of the tablets I'm taking now,' Tony says.

Melanie works for the region's Medication Management Service, set up in 2011 to keep people well in their own homes. The service is provided to people throughout the Canterbury



Mobile pharmacist Melanie Gamble talking to Tony Clark at his home about his daily medication.

district who are taking more than three medicines a day and have been identified as requiring some help in managing their medications.

People can refer themselves to the 12-month service, or they can be referred by their GP or other health professionals. Like Tony, most referrals are 65 years or older and are referred after spending some time in hospital.

Lisa Giles from the Canterbury Community Pharmacy Group, which runs the Medication Management Service, says that ideally the pharmacist goes to the person's home.

'The pharmacist will take a look at the person's medicine cabinet, remove any expired or superfluous medication and discuss whether the person is taking their medicine as prescribed. What people are supposed to be taking and what actually happens can vary for a wide range of reasons, from regularly forgetting to take their medicine at the right time to not being able to open a bottle or blister pack to not knowing how to use an inhaler properly.'

In Tony's case, Melanie helped him clean out his medicine cabinet and gave him a yellow card listing all of his medications and why he needed them.

A few months later, when Tony was admitted to hospital again, he took the yellow card with him to show hospital staff.

What people are supposed to be taking and what actually happens can vary for a wide range of reasons, from regularly forgetting to take their medicine at the right time to not being able to open a bottle or blister pack to not knowing how to use an inhaler properly.'

Currently, the Medication Management Service is aiming to attract 160 referrals per month and had almost reached its goal, with an overall total of 3850 referrals (by the end of July 2013) since the programme started in 2011.

'We just know that there are more people out there who could benefit from this service, and we are working hard to let people know about it,' Lisa says.

As for Tony, he's really happy with the help he's received in his home.

'They really helped me get back into everyday life so that I could do the things I enjoy, like working on my model railway, looking after the garden and going for walks.'



Inside a typical home medicine cabinet.

Taking care of diabetes

When Whangarei man Bill Roache blacked out while driving, he thought he was having a heart attack.

When he came to, he drove straight to his GP. Blood tests were taken, and Bill discovered that he had diabetes.

‘A nurse advised me to eat lots of carbs. I thought, “That can’t be right”, and it wasn’t. It put me right off. I decided that I needed to see a specialist in Auckland.’

That was some 15 years ago, but when Bill’s current GP suggested he could see Manaia Health

Primary Health Organisation diabetes nurse specialist Bronwyn Henderson in Whangarei, Bill was still somewhat reluctant.

However, ‘Bronwyn changed my medication, got me back on track and restored my faith in nurses.’

Bill who is ‘nudging 80 years old’, no longer drives to Auckland. To manage his type 2 diabetes, he is receiving the care he needs virtually on his doorstep.

Diabetes nurse specialist Bronwyn Henderson is able to prescribe medications and runs a diabetes clinic that deals with around 40 patients a month. But a big part of Bronwyn’s job is working



Diabetes nurse specialist Bronwyn Henderson with Bill Roache.

with GPs and practice nurses to make sure people like Bill are well looked after.

‘We work as a team. Supporting and training practice nurses in ways to better manage diabetes gives the nurses more confidence in their abilities to make useful changes to their patients’ care.’

Northland has more than 9000 people with diabetes, and that’s expected to rise by 72 percent by 2026.

‘Each practice does things slightly differently to suit their patients. For instance, some are taking patients on supermarket tours with a dietician. Group education sessions are really important,’ Bronwyn says.

‘We’ve run whānau sessions where we’ve involved the extended family of the person with diabetes, including their nieces and nephews. That way, those who may be at risk of developing diabetes are captured, too.’

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‘Each practice keeps track of how their diabetic patients are doing. The PHO rates the performance of each practice. The practices can compare results, and that’s

created some healthy competition.’

Bronwyn says that some people need a lot of support to manage their diabetes while other people, like Bill, are pretty much self-managed. And as Bill says ‘It’s my body; it’s up to me to keep it going well. With support from my wife, the GP and Bronwyn, I’ve got the perfect set-up.’



Diabetes medication.



MINISTRY OF
HEALTH

MANATŪ HAUORA