
Formative evaluation of sore throat clinics

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Preventing Rheumatic Fever

LITMUS

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Integrity
Professionals

Executive summary

Sore throat clinics

One of the interventions in the Rheumatic Fever Prevention Programme (RFPP) is free, drop-in sore throat clinics (also referred to as ‘rapid response clinics’). They were established because school-based programmes do not reach all of the priority populations and that during school holidays there is no free service that whānau/families can easily access. Furthermore, not all district health boards (DHBs) operate school-based programmes.

Children and young people aged 4- 19 years who identify as Māori and Pacific and/or live in quintile 5 areas are eligible to attend sore throat clinics.

Currently there are around 300 sore throat clinics located in general practices, pharmacies, after-hours medical centres and pathology laboratories across eleven DHBs.

Evaluation purpose and description

The purpose of the formative evaluation was to explore the role of sore throat clinics in enabling eligible children and young people to access sore throat services. The evaluation was also undertaken to explore whānau/families’ experience of sore throat clinics. The findings are intended to inform service improvement.

The evaluation used a qualitative methodology. The findings should be viewed as exploratory and indicative.

A purposeful sample was drawn across Counties Manukau, Waikato, Tairāwhiti and Hutt Valley DHBs. The four DHBs selected were in different stages of implementation. Sore throat clinics began to be implemented in Counties Manukau DHB from the end of 2013, in Hutt Valley DHB in June 2014, in Tairāwhiti from January 2015 and in the Waikato DHB from April 2015.

A total of 48 face-to-face interviews were undertaken with parents whose children had a recent sore throat and young people who had a recent sore throat. Interviews were undertaken with 18 Māori and 18 Pacific parents of children aged 4-19 years and six Māori and six Pacific young people. All parents and young people had visited a general practice

sore throat clinic, a standard general practice (that does not have a sore throat clinic contract) or did not access primary care for a recent sore throat.

Interviews and small group discussions were also undertaken with 30 staff in general practice, pharmacy and after-hours sore throat clinics and standard general practices (in high deprivation areas). These interviews were intended to provide context for the services experienced by parents and young people interviewed. They were not intended to be representative of all sore throat clinics.

Findings

1. Awareness of sore throat clinics

In three DHB regions, most parents and young people were not aware of free, drop-in sore throat clinics, regardless of whether or not they accessed one. They could not recall hearing any radio or seeing any newspaper advertising for the service. While sore throat clinic providers in two of these regions displayed flags, sandwich boards or posters promoting the service, no parent or young person who visited these clinics recalled seeing promotional material.

In one DHB region, most parents and young people were aware of the service. They recalled hearing advertisements on the radio and seeing promotion in local newspapers about free sore throat checks at general practices. Furthermore, when people in this region went to a general practice sore throat clinic, most were given information on sore throats, rheumatic fever and the sore throat clinic service.

2. Affordability of sore throat clinics

Most parents and young people said they did not pay for a sore throat check, regardless of whether they visited a general practice sore throat clinic or standard general practice.

Parents and young people had variable knowledge that sore throat checks are free for children and young people aged 4-19 years. In the three DHB regions that did not widely promote the service, some parents assumed that the service would be free for children under 13 years. However, they thought they would have to pay for children aged 13 to 19 years. In these regions, parents who had not visited a general practice

recently and/or had not heard about the free under 13s policy assumed they would need to pay for children aged 4 - 19 years.

In the DHB region that had widely promoted the service, most parents and young people were aware of free sore throat clinics for children aged 4-19 years.

Sore throat clinics confirmed that they are providing a free service for eligible children and young people. Furthermore, most clinics are also not charging for children and young people who do not meet the eligibility criteria. Some clinics are also providing free sore throat checks to parents and caregivers of eligible children and young people who have sore throats. Standard general practices are also offering a free or low cost sore throat service to children and young people aged 4-19 years.

Sore throat clinics in the three DHB regions that did not widely promote the service acknowledged that most whānau/family are not aware of free sore throat services for children aged 4-19 years, or about free doctors' visits for children under 13 years.

Sore throat clinics in the DHB region that promoted the service commented that while some parents knew the service was free, they often reminded parents of the free service when they telephoned or visited.

3. Accessibility of sore throat clinics

In all DHB regions, general practice sore throat clinics and standard general practices are not always geographically and physically accessible for parents and young people. For some parents and young people, public transport was not easily accessible or affordable and they were dependent on whānau/family and friends to drive them to a general practice.

While parents and young people often went to pharmacies for sore throat remedies they were not aware that some pharmacies offered sore throat clinics. For some parents their pharmacy is the first point of call for advice when their children are sick. Some Māori parents said if they had known they could have got a sore throat check from a pharmacy they would have chosen this over visiting a general practice, due to perceived accessibility, affordability and acceptability of pharmacies.

4. Availability of sore throat clinics

In three DHB regions, most parents and young people reported having difficulty accessing a sore throat clinic in a timely way. This was true for both people who

accessed or tried to access a general practice sore throat clinic and a standard general practice.

In these DHB regions, most parents and young people who telephoned for an appointment at a general practice sore throat clinic were told that the next available appointment was in two to three days' time, provided they did not mind which doctor they saw. Some parents were able to negotiate a same day appointment while other parents took the appointment time offered or decided not to visit.

In one DHB region, parents and young people who went to a general practice sore throat clinic reported that the practice encouraged them to come in straight away, even when the practice was busy.

In all four DHBs regions, parents and young people who visited a general practice sore throat clinic reported waiting in a queue with patients waiting to be seen for other health needs. In three DHB regions, most people who made an appointment or walked in without an appointment recalled waiting approximately 60 minutes to be seen. In one DHB region, people who visited a sore throat clinic said they waited about 30 minutes.

Pacific working families living in a main urban area found the sore throat clinic hours of operation too restrictive, and wanted evening availability.

Most general practice sore throat clinics reported providing services to enrolled patients only, as they are not funded to provide services to non-enrolled patients. They also perceived providing a service to non-enrolled patients involves more paperwork.

Most general practice sore throat clinics in all four DHB regions reported that they prefer parents to book an appointment for a sore throat check, as they find this more efficient for work planning. Clinics book nurse appointments generally on the same day, if parents telephone and say their child has a sore throat and/or requests a sore throat check. However, clinics acknowledged that whānau/family often do not volunteer the information and receptionists are not supposed to ask. Most general practice sore throat clinics also reported offering a drop in service for whānau/family who cannot get an appointment on the day, or do not have the means to make an appointment (no cell phone or no credit).

General practice sore throat clinics confirmed that wait times are often long and a few providers commented that they do their best not to keep parents with young children with sore throats waiting long and often prioritise these children over other patients.

Pharmacy and after-hours sore throat clinics operate a one hundred percent drop-in service for all eligible whānau/families.

Pharmacy sore throat clinics also had the shortest wait times. Pharmacies noted they generally undertake sore throat checks within ten minutes of greeting whānau/families. Pharmacies interviewed have staff trained and available to undertake sore throat checks at any time. In one pharmacy, retail staff are trained and available to undertake sore throat checks, further minimising wait times for parents.

After-hours sore throat clinics said wait times are between one and two hours. These providers have known of whānau/families walking out because of wait times.

5. Acceptability of sore throat clinics

In three DHBs regions, most children and young people who went to a general practice sore throat clinic got their throats checked by a practice nurse. Parents and young people who saw a practice nurse found the service positive. They found nurses knowledgeable, thorough, reassuring, communicative and friendly. They did not feel they were getting a 'second rate service' receiving a sore throat check from a nurse.

In one DHB region, children and young people who went to a general practice sore throat clinic were seen by a doctor. Children and young people were also more likely to be seen by a doctor in the other regions, if they went to a standard general practice with a sore throat. Parents and young people who saw a doctor for a sore throat generally found the service rushed and impersonal.

In three DHB regions, most parents and young people who visited a general practice sore throat clinic reported being given antibiotics at the time of consultation. People found receiving antibiotics at the same time as the sore throat check convenient, as they did not need to make a separate visit to a pharmacy. Some parents and young people recalled being called by the general practice sore throat clinic (or a provider contracted to follow them up) and told to continue or stop antibiotics. Some children and young people finished the course and others stopped when they felt better.

In one DHB region, parents and young people who visited a general practice sore throat clinic could not recall being given antibiotics at the time of the visit, or being telephoned with results.

Most general practices and after-hours sore throat clinics commented that they have embraced practice nurses performing sore throat checks and supplying antibiotics under standing orders to eligible children and young people. However, in a few general practice sore throat clinics doctors do not support this practice and write prescriptions instead. Nurses believe this is because some doctors fear over-prescribing and other doctors have difficulty letting go of control.

Some practice nurses at first did not feel confident supplying antibiotics to children and young people, and sought a doctor's opinion. However, over time they have become more confident with this task.

In three DHBs, sore throat clinics noted that they routinely telephone parents and young people if the result is Group A Streptococcus (GAS) positive, and emphasise the importance of completing the full ten day course.

Pharmacist sore throat clinics reported being particularly vigilant at explaining the importance of taking the full course of antibiotics even after the children and young people's sore throat symptoms disappeared and/or they felt well.

6. Are sore throat clinics accommodating?

Parents and young people who accessed services from a Māori or Pacific provider or a service staffed by Māori or Pacific were more likely to find the service socially sensitive and culturally appropriate. This view was irrespective of whether the service was provided by a general practice sore throat clinic or a standard general practice.

People who felt they had been well accommodated at sore throat clinics say reception staff were friendly and they did not have to wait long to be seen by a nurse or doctor. Parents appreciated it when nurses and doctors treated their child's sore throat seriously and commended them for coming in, and encouraged them to come in again, if they were concerned. Parents also liked it when nurses and doctors accommodated all their children in one appointment, even if they were not booked in. They also liked it when they did not feel judged by nurses and doctors for their children having sore throats or blamed if they live in sub-standard housing. They

also appreciated it when nurses and doctors spent time explaining, in simple terms, the reasons and treatment for sore throats.

Parents and young people felt that mainstream providers in both sore throat clinics and standard general practice often lack cultural understanding which creates a barrier to effective relationships. They reported that they very rarely got to see the same doctor and for some parents this was a deterrent for them accessing services in the future.

Some Pacific people found the written and verbal information on rheumatic fever prevention inaccessible, regardless of whether they went to a general practice sore throat clinic or a standard general practice. While a few parents saw rheumatic fever prevention pamphlets in general practice waiting rooms, none recall seeing Pacific language or Te Reo Māori rheumatic fever prevention resources.

Key learnings to inform service improvement

The formative evaluation found that many aspects of sore throat clinic implementation did not align with the intent of sore throat clinics in that they were not rapid, drop-in, convenient or attractive to whānau and youth. However, there were examples of services that were aligning with the intent of the service and were attractive to whānau and rangitahi.

The findings suggest that access to sore throat services work best and satisfaction is greater when:

1. Sore throat clinics are promoted so whānau/families know to ask for a sore throat check when they need it.
2. The free drop-in aspects of the service are heavily promoted to remove cost barriers and hesitation around not getting an appointment.
3. Sore throat clinics have long opening hours (including evenings and weekends) to accommodate working whānau/families.
4. There is a 'no wrong door policy' and sore throat clinics are open to enrolled and non-enrolled whānau/families.
5. Sore throat clinics are culturally appropriate, acceptable and accommodating to Māori and Pacific people.
6. There are short wait times for drop in appointments and same day appointments for booked appointments.

7. Sore throat clinic front-line administration and reception staff are trained to intercept whānau/families and invite them/channel them in for a sore throat check.
8. Providers treat the sore throat seriously and commend whānau/families for coming in, and do not judge or blame them.
9. Providers accommodate all their children in one appointment, even if they are not booked in.
10. Promotional and resource material (brochures, etc.) are accessible to Māori and Pacific people
11. Antibiotics are dispensed at the sore throat clinic, as this is more convenient for whānau/families.
12. Providers follow up whānau/families with their test results.
13. Providers spend time explaining, in simple terms, the reasons for sore throats, and the treatment for sore throats.

Introduction

Rheumatic fever

Rheumatic fever is a preventable disease that occurs in some people following an infection of the throat with Group A Streptococcus (GAS). If left untreated the infection can lead to an autoimmune response that may permanently damage the heart (Heart Foundation 2009). Recurrent exposure to rheumatic fever can lead to the development of rheumatic heart disease (RHD), which may include valvular disease and cardiac myopathy (White et al 2010). Almost all rheumatic fever cases in New Zealand occur amongst Pacific and Māori children aged 5-14 years, living in areas of socioeconomic deprivation (Milne et al 2010).

One of the Better Public Service Results is reducing the incidence of rheumatic fever by two thirds to 1.4 cases per 100,000 people by June 2017.

Sore throat clinics

One of the interventions in the Rheumatic Fever Prevention Programme (RFPP) is free, drop-in sore throat clinics. They were established because school-based programmes do not reach all of the priority populations and during school holidays there is no free service that whānau/families can easily access. Furthermore, not all district health boards (DHBs) operate school-based programmes.

Children and young people aged four to 19 years who identify as Māori and Pacific and/or live in quintile 5 areas are eligible to attend sore throat clinics.

Sore throat clinics have been implemented in eleven DHBs. DHBs developed their own models of service delivery according to the needs of their local populations. Therefore, models are slightly different across the country. The first of the eleven DHBs started implementing sore throat clinics at the end of 2013. The last of the eleven DHBs started implementing sore throat clinics in April 2015.

Currently there are around 300 sore throat clinics located in general practices, pharmacies, after-hours primary care and pathology laboratories.

Evaluation of sore throat clinics

The purpose of the formative evaluation was to explore the role of sore throat clinics in enabling eligible children and young people to access sore throat services. The evaluation was also undertaken to explore whānau/families' experience of sore throat clinics. The findings are intended to inform service improvement.

Sore throat clinics were evaluated against the Ministry of Health's five point framework for improving primary care for priority populations, e.g. to what extent are sore throat services affordable, accessible, available, acceptable and accommodating to Māori and Pacific parents and young people.

Figure 1: Five point framework for improving primary care for priority populations.



Method and sample

The evaluation used a qualitative methodology. This was used to illuminate and understand parents and young people's experience of sore throat services, and to identify consumer

needs in relation to sore throat services. The findings should be viewed as exploratory and indicative.

A purposeful sample was drawn across Counties Manukau, Waikato, Tairāwhiti and Hutt Valley DHBs. The four DHBs selected were in different stages of implementation. Sore throat clinics began to be implemented in Counties Manukau DHB from the end of 2013, in Hutt Valley DHB in June 2014, in Tairāwhiti from January 2015 and in the Waikato DHB from April 2015.

Interviews with parents and young people

A total of 48 face-to-face interviews were undertaken with parents whose children had a recent sore throat and young people who had a recent sore throat. Interviews were undertaken with 18 Māori and 18 Pacific parents of children aged 4-19 years and six Māori and six Pacific young people. All parents and young people had visited a general practice sore throat clinic, a standard general practice (a practice that does not have a sore throat clinic contract) or did not access primary care for a recent sore throat.

Interviews with Māori people were mainly undertaken by Māori interviewers and interviews with Pacific people were mainly undertaken by Pacific interviewers.

Parents and young people were identified from qualitative panels and networking through not-for-profit organisations.

Table 1: Parent and young people sample

Visited a general practice sore throat clinic	Visited a standard general practice	Did not access services
12 parents (6 Māori and 6 Pacific)	12 parents (6 Māori and 6 Pacific)	12 parents (6 Māori and 6 Pacific)
4 young people (2 Māori and 2 Pacific)	4 young people (2 Māori and 2 Pacific)	4 young people (2 Māori and 2 Pacific)
TOTAL: 16 people	TOTAL: 16 people	TOTAL: 16 people

Notes:

1. Parents and young people who had used a sore throat clinic had accessed a general practice sore throat clinic. No one had accessed a sore throat clinic in an after-hours service, pharmacy or pathology laboratory. However, they were asked their views of these services, which are included.
2. An equal number of parents and young people were drawn from each of the four DHBs.
3. Māori participants were drawn from Counties Manukau and Tairāwhiti DHBs and Pacific participants were drawn from Waikato and Hutt Valley DHBs.
4. Pacific people included Samoan, Tongan, Cook Island Māori and Fijian.

Interviews and small group discussions with providers

Interviews and small group discussions were also undertaken with 30 staff in general practice, pharmacies, after-hours sore throat clinics and standard general practices (in high deprivation areas). These interviews were intended to provide context for the services experienced by parents and young people interviewed. They were not intended to be representative of all sore throat clinics within the four DHBs.

Providers were identified by Primary Health Organisations (PHOs) and/or cold calling clinics listed on the Ministry of Health’s website.

Table 2: Provider sample

SORE THROAT CLINIC			OTHER PRIMARY CARE
General practice	Pharmacy	Afterhours	General practice (that do not have a contract for a sore throat clinic)
10	3	2	5
TOTAL: 15 providers			TOTAL: 5 providers

Notes:

1. Five interviews were undertaken in each of the four DHBs.

2. A total of 30 interviews were undertaken across the 20 providers. Interviews were undertaken with 20 practice nurses, four practice managers, three pharmacists, one pharmacy retail staff member, and two general practitioners.
3. Two of the DHBs have contracted a range of providers to provide sore throat clinics, including general practices, after-hours primary health care, pharmacists and laboratories. Two DHBs have only contracted general practices to provide sore throat clinics.
4. In two DHBs there is also a school based sore throat programme operating as part of their rheumatic fever prevention programme.

Ethics

The Health and Disability Ethics Committee (HDEC) assessed the Evaluation Plan and determined it was a programme/service evaluation and therefore was out of scope for HDEC review.

The evaluation team followed informed and voluntary consent procedures for each interview, which were consistent with the Australasian Evaluation Society Code of Ethics. This included advising participants verbally and in writing of the consent procedures, and asking them, if agreeable, to complete and sign an informed consent form before the interview began.

Analysis

Interview data was analysed to find patterns and themes to answer the evaluation purpose. This involved reviewing transcripts and field notes to identify common patterns in knowledge, feelings, opinions and behaviour, building an argument for selecting the themes and their relative weighting, and selecting supporting evidence (quotes and examples) to include in the report. The fieldwork team also participated in analysis workshops to interpret the data and draw conclusions.

Caveats

The information contained in this report represents the views of 36 Māori and Pacific parents of children and 12 Māori and Pacific young people who accessed a general practice

sore throat clinic, standard general practice or did not access sore throat services in four DHBs. No one interviewed had experienced a pharmacy or after-hours sore throat clinic. While important insights can be drawn for service improvement, the findings of this report cannot be generalised to the experiences of all parents and young people in New Zealand who have had a recent sore throat event. However, key themes identified in this report were consistent across the interviews, increasing the dependability and rigour of the findings to inform best practice implementation.

This report includes the views of 30 staff in general practice, pharmacy and after-hours sore throat clinics and general practices not contracted to provide sore throat clinics in four DHBs. These interviews were intended to provide context for the services experienced by parents and young people interviewed. They were not intended to be representative of all sore throat clinics across New Zealand.

Rheumatic Fever

Parents believe their children are at-risk of rheumatic fever

While the evaluation focussed on access and experience of sore throat clinics, parents and young people often spontaneously raised the Rheumatic Fever Awareness Campaign and these findings are therefore included in this report¹.

There is high recognition of the television commercials that formed part of the Rheumatic Fever Awareness Campaign amongst most Māori and Pacific parents. As a result, most parents understood that their children may be at-risk of rheumatic fever.

Parents consider the advertising is relevant to their lives, as it focuses on an ordinary whānau/family living in a high deprivation community. Parents feel empathy for the boys and whānau/family, and some know the names of the people in the commercials. They find the advertising compelling, as it uses a story-telling approach and plain language. Unless, parents have a family member with rheumatic fever, the advertising is the first time many have heard of it.

In addition to raising awareness of rheumatic fever, many parents reported that the television advertising had prompted them to seek treatment quickly when their children had sore throats.

‘I’m worried about rheumatic fever because of the ads. **They have opened my eyes a lot.** If they get feverish, if they start coughing or say they have a sore throat, we don’t hesitate to take them to the doctors.’ (Pacific parent)

‘You’ve heard the words “rheumatic fever” but didn’t know what it actually does to your heart, **till that commercial came out.** If they had a sore throat, they stay home for a few days and I would say “you’ll be right”. Now I take them to the doctor

¹ The Ministry of Health has undertaken a separate evaluation of the Rheumatic Fever Awareness Campaign. The 2015 Rheumatic Fever Awareness Campaign evaluation report can be found on the Ministry of Health website.

as soon as they've got a sore throat. Yeah, that was through the commercial.' (Māori parent)

People know the consequences of rheumatic fever

Parents and young people believe the television commercials are communicating an important and sombre message. Most people understand that the commercials are saying sore throats can lead to rheumatic fever and heart damage. People have high recall of the boy on the operating table and the scar on his chest, which illustrates the significant consequences of rheumatic fever.

Some parents have been closely impacted by rheumatic fever, as their child, niece, nephew or sibling had rheumatic fever, and one parent's daughter is having regular penicillin injections to prevent a further attack. These parents have experienced the consequences of rheumatic fever and the emotional and financial impact it has had on their parents (e.g. long hospital stays, time off work for carers and time off school for children).

'He was taken straight from the doctor to the hospital by ambulance and all that night my husband and I stayed with him. Then we were given the news that he had rheumatic fever. I was so sad. My son was in **hospital for nine months** and Starship for three months. I've had enough of hospitals'. (Pacific parent)

'I'm **hugely conscious** of sore throats. Anything to do with the heart is huge right? I don't want that getting the better of him, especially when I know he is a fit young lad who has the world to explore and a future ahead of himself. I feel aroha for the children who have rheumatic fever and their Parents. I can only imagine their pain.' (Māori parent)

Parents have variable knowledge of risk factors

Most parents are living in cold, damp and/or crowded houses.

'It is a **pretty cold house**. We have had a few things done to it over the years. We had HRV put in which has helped with the condensation. It's an old house. We had it fixed a couple of years ago through [Māori health provider].' (Māori parent)

Some parents understand that cold, damp and crowded houses can increase the likelihood of getting sore throats, colds, flu and rheumatic fever.

'We get **sick all the time** because it is cold where we sleep. It's a four bedroom house with another two rooms in the garage. There are 18 of us living in there.'
(Pacific parent)

'Rheumatic fever has correlations with **damp housing**, poor diet, etc.' (Māori parent)

Other parents recognise there is a link between sore throats and rheumatic fever (as a result of the television advertising) but are not able to identify risk factors that can lead to sore throats.

'Do you know anything about the causes of sore throats and rheumatic fever?
Smoking? I don't know. **I wouldn't have a clue.**' (Māori parent)

A small number of parents recognised the risk factors but because they do not believe their homes are damp and/or crowded, they feel that their children are not at risk of rheumatic fever.

Audience Segments

Parents and young people who were interviewed fall into one of three segments for accessing sore throat services for their children (parents) and themselves (young people) in relation to a recent sore throat event.

‘Confidently Accessed’ segment

Parents in this segment were aware that sore throats can lead to rheumatic fever and heart damage, and understood the importance of getting their children’s sore throats checked early. Most parents knew the difference between bacterial and viral sore throats, the symptoms, treatments and the importance of completing antibiotics.

Parents were proactive about making their own assessment of the extent of severity of the sore throat, if their child complained of a sore throat. For example, they looked down their child’s throat for redness, swelling, signs of infection and took their child’s temperature. They also kept their child home from school, told them to rest and administered pharmacy remedies (such as Strepsils, Diflam, Throaties, Pamol, Lemsip).

Parents sought help from their general practice for a sore throat check within one to two days of becoming aware of their child’s symptoms. They often had long-term relationships with their general practices (e.g. since they were children or for a number of years). They were confident and skilled at navigating primary care and persisted when presented with barriers to accessing a sore throat check. If they were told there were no appointments, they negotiated with the receptionist to have their child seen.

‘They would say, “Look we can’t put you in today”. I’d go, **“look I really want to see somebody”**. And they would go, “I’ll put you through to the nurse” and the nurse would ask questions *[over the phone]*, and then we will pop down.’ (Māori parent)

Some parents went to other whānau/family members for financial assistance or they have an account with their general practice to pay over time. Parents were more likely to know about free doctors’ visits and prescriptions for children under 13 years. They tended to have access to transport, childcare and/or supportive employers that enabled them to take their child to their general practice when they were unwell. In cases where doctors advised parents that

their child's sore throat was viral and did not require antibiotics, they believed that they did the right thing by having their child's throat checked.

Young people in this segment often have parents with rheumatic fever. They understood the importance of getting sore throats checked early, and were often prompted to get their throats checked by their mothers. In one region, young people reported receiving information about rheumatic fever at a local health promotion event organised by a Māori health provider. They visited the general practice on their own and reported having had a positive experience.

'I've seen the rheumatic fever add on TV. Mum said **I have to go get it checked.** She said that if I have strep throat then it might lead to rheumatic fever.' (Māori rangatahi)

'I'm diligent about getting my kids throats swabbed. If one kid gets a sore throat I get them all swabbed. I know what a sore throat can lead to.' (Māori parent)

More Māori than Pacific people were confident at accessing treatment for sore throats. Of the three segments, young people were in the confident segment the least.

The 'Tentatively Accessed' segment

Parents in this segment were also aware that sore throats can lead to rheumatic fever and heart damage. However, they were less knowledgeable than confident parents on the different causes of sore throats, the symptoms, treatments and the importance of completing antibiotics.

Parents were often less confident about assessing the severity of a sore throat themselves. They usually went to their general practice three to five days after sore throat symptoms began and their child did not get better or when sore throat remedies did not appear to be working (Pamol, Lemsip, Vicks, etc.).

'We don't always take them to the doctor. We warm them up and put baby oil on them, the Vicks rub on their chest and back, have a good night sleep, but when it's worse, like they are wheezy and have a fever, that's the time to take them.' (Pacific parent)

'I have been with my oldest son, and my girl, but **I haven't bothered to take the others.** Pamol and lemon drinks have sort of worked.' (Pacific parent)

Most Māori and some Pacific parents interviewed have mobile living arrangements. Related to this, they were less likely to have had a long term relationship with their general practice. They were less confident at negotiating their way through primary care and more inclined to accept at face value that their general practice was booked when they made an appointment for their child's sore throat. They often expressed dissatisfaction that they could not get an appointment with their general practice on the day their child was sick, and experienced long wait times for drop-in appointments.

Parents often faced barriers to accessing sore throat services, e.g. lack of transport or childcare. Some were also not aware that doctors' visits and prescriptions were free for children under 13 years. They often had poor prior primary care experiences for their health needs generally as well as for sore throats. They were put off by rushed and impersonal consultations with doctors who appear not to know their child's medical history.

'Yeah it sucks if **you have to explain yourself over and over again**. If you see the one doctor then you're not repeating yourself. I'm really bad at remembering a lot of things and it's like, "Try this, do that" and it's like arrggh!' (Māori parent)

Some parents in this segment felt their time and effort had been wasted getting to the general practice, if the doctor assessed their child's sore throat as viral. For some parents, this was a deterrent for getting future sore throats checked by their general practice.

'They took a swab and said it was viral. They didn't put her on antibiotics. **Nine times out of ten they will tell me it's viral and we get sent away**. It really pees me off in a way because I'm paying for something that I'm not getting. The doctors make me feel like I am making a big fuss out of nothing. It makes me hold off wanting to go the doctors again, even if they've got a sore throat.' (Māori parent)

Parents in this segment were also more likely to leave a general practice when they got there if the wait time was too long.

'There are times we have been to the doctor and they have said "it's a two or three hour wait". I'll just **pull my son out** and go home because I can't be bothered waiting.' (Pacific parent)

Young people in this segment waited five or more days until they were very unwell (fever, aches and pains, swollen glands, sore and swollen joints, rashes, headaches) before accessing their general practice. Parents confirm that young people need significant encouragement to visit a general practice if they are unwell, and are unlikely to seek treatment on their own.

‘Sometimes older kids don’t say they have a sore throat and then it gets missed. You know because they are haututū², they want to be out and about and don’t have time to be sick. I can’t personally say I have heard them say “I have a sore throat”. **It just doesn’t happen.**’ (Māori parent)

‘He had a sore throat last week and I could see it was coming. You can tell by the way he swallows. I said “Is your throat sore?” he said **“nah nah nah”**. I said to him the following day, “Is your throat sore?” He goes “Mmm”. I said “You know the drill contact the nurse and get it swabbed”.’ (Māori parent)

More Pacific than Māori people were in this segment.

The ‘Reluctant’ segment

The ‘reluctant’ segment did not access treatment for sore throats.

1. Parents with previous negative experience with primary care

Parents in this segment were reluctant to seek treatment for their child’s sore throat because their previous attempts to do so had been unsuccessful. They had either been unable to secure an appointment or had gone to an appointment but left without being seen. Some were put off by a bad previous experience with a general practice. As a result of these poor primary care experiences parents were reluctant to take the same child or other children back to the doctor as they believe the experience would be repeated. Therefore, subsequent sore throats within the parents were left untreated.

‘We made an appointment with the nurse. When we got there, the nurse had gone to an emergency and hadn’t passed the message on to anyone. So we were sitting there two hours and got sent home. So my girls said **“Oh stuff it mum, let’s go and drink lemon and honey”**. It’s a really bad service up there.’ (Pacific parent)

‘He couldn’t eat for a couple of days. That’s why I got really worried because it was really hurting when he swallowed anything. We tried to get him to the doctors three times down here during the school holidays. But they couldn’t see us... **I called in**

² Mischievous.

once [in person] and then the other two times I rung to see if by chance there was a booking.’ (Māori parent)

2. Parents who perceive low risk and/or face barriers to access

Some parents were reluctant to seek treatments for sore throats as they had a low level of awareness of the risks of sore throats. These parents may have heard of rheumatic fever (for example through a family member being affected by it) but did not consider it to be an immediate risk to their children. The recent television advertising campaign had not reached or impacted on parents to the same extent as confident and tentative parents. One Māori parent felt that the television advertising was negatively stereotyping Māori parents or using “scare tactics”.

These parents tend to access health services when their children are very unwell. They often considered their children to be in “good health” and saw active lifestyles as the antidote to childhood illnesses. They often underestimated the risk of their child’s sore throat and believed that sore throats would heal themselves. Their tendency was to “wait it out” and if necessary treat with pharmacy remedies rather than seek prompt treatment through primary care services.

‘I just don’t want to go... because I know about sore throats and how they can heal themselves. I’m just hoha³. I don’t want to walk in there [to the doctors]... and they say “here, go take a pill”. I say to the kids, “Get the hell outside. Play in the dirt”. They’re pretty healthy. Our second boy, he was the sickly one, but my kids have always been healthy. I don’t even think my boys have had antibiotics. No, they haven’t.’ (Māori parent)

Parents faced more logistical barriers to accessing services than confident and tentative parents. They would have to rely on public transport (which was costly if they had more than one child) or friends and family who had a vehicle to take them to the doctor. Parents who were caring for more than one child often found it challenging: walking to the doctors in poor weather; managing a sick child and other children on public transport and if there were

³ Fed up.

long waiting times at their general practice. Therefore logistical challenges often deterred them from seeking treatment.

‘I could have gone to the hospital but I didn’t see the point in us going there because we would have had to wait for hours. **I’ve got a big whānau to look after and there is no one else around half the time so I had to look after the others.** It’s a bit hard when it’s like that.’ (Māori parent)

Logistical challenges were amplified for parents in rural areas. These parents were often required to make a judgement about if, or at which point, to travel to the nearest city (an hour away) to seek treatment. If the doctor was not in their town that day (or didn’t have an appointment available) or their child was sick after hours, parents often called Healthline for advice. On one occasion, one parent of a child with a very high temperature, choose not to take the advice of Healthline and travel to the city and gave her son Paracetamol instead.

‘I would have to put him in my car and drive him all the way to town. We could be waiting another three hours before we see anybody in the Emergency Department. **It’s my decision at the end of the day.** So I just normally give him paracetamol and watch him for the next four hours or till his next dose and also check his temperature. If I can see it’s starting to come down then we just stay home. If it’s not, then I would be on our way to town.’ (Māori parent)

On another occasion, the same parent chose to mix a dry antibiotic powder that had been prescribed for another child who had had a sore throat and treated the sick child with it.

For these parents the cost of accessing primary care in the past had been prohibitive. Unlike confident parents, they did not feel they could go to whānau/family members for support and they did not have strategies such as accounts with their general practice. Sometimes, they had debt with their general practices. They were unaware that doctors’ visits and prescriptions for children under 13 years are now free. They were also unaware that sore throat clinics were free for children and young people under 19 years.

‘They expect the money before you get to see the doctor. But because I’ve been with the doctors since I was born I’d rather pay after my visit or I don’t pay until my next visit. They get a bit brassed off with it and **they kind of embarrass me.** They say it out loud so the other patients can hear.’ (Māori parent)

Some parents (like those in the tentative segment) felt they had wasted their efforts and doctors' time on previous sore throat visits when they were given Pamol and not antibiotics for their child's sore throat.

'We don't want to be going to the doctors all of the time and then finding out it is nothing... That is probably **why people are holding back.**' (Pacific parent)

'I take my babies to the doctors and then the doctor, he doesn't really know what's wrong. **They'll give you Pamol and they'll say it's a virus or this is what's going around.** So unless it is bad I just cuddle it out with my kids and try some oils.' (Māori parent)

While parents often appeared quite fixed in their stance on sore throats being low risk, the provision of information through the research process prompted them to rethink their views. This was especially true once they made the connection that rheumatic fever could have been prevented through accessing a sore throat check in the parents they knew.

'You're making me a **bit worried** about my brother.' (Māori caregiver of younger brother)

This suggests that face-to-face engagement with parents has the potential to increase both understanding of the risks of sore throats as well as awareness of free sore throat clinics. In turn this could increase the willingness of more reluctant parents to seek prompt treatment of sore throats through primary care services.

3. Reluctant young people

Most but not all young people have heard of rheumatic fever and associated risks through the television advertising campaign. Some have also seen bus shelter advertising or learnt about rheumatic fever at school. Many knew or had heard of someone in their extended family who suffered from rheumatic fever.

In spite of this, some young people were reluctant to seek treatment for sore throats. Often they had experienced severe sore throat symptoms for up to a week. The reason for not seeking treatment was that they did not consider their sore throat to be serious enough to lead to rheumatic fever. Their experience was that sore throats got better on their own or with sore throat remedies. Thus whilst the television advertising raised their awareness of rheumatic fever it did not prompt them to seek treatment as they did not consider that they personally were at risk of developing rheumatic fever.

'My throat really hurts to cough. I had heaps of phlegm stuff down there... green and chunky. Just stayed home and took Panadol. I didn't think it was that serious. Normally if we get sick it just goes away. **I don't like going to the doctors if it's not that serious.'** (Māori young person)

Reluctant young people had low awareness of the causes of sore throats. A few parents mentioned that their children stopped going to the doctor when they turned 18 and had to pay.

Awareness of sore throat clinics

Most people were not aware of sore throat clinics

In three DHB regions, most parents and young people were not aware of free, drop-in sore throat clinics, regardless of whether or not they accessed one. They could not recall hearing any radio or seeing any newspaper advertising the service, or any promotional material displayed at sore throat clinics.

In one DHB region, parents and young people recall hearing radio and seeing local newspaper advertising about free sore throat checks at general practices. Furthermore, when people in this region went to a general practice sore throat clinic, most were given information about sore throats and rheumatic fever. They were also invited to bring other children to have their throats checked and encouraged to promote the service to whānau/family and friends.

Experience of sore throat clinics

This section describes parents and young peoples' experiences of general practice sore throat clinics. It also compares parents and young peoples' experiences of general practice sore throat clinics with standard general practices for a recent sore throat event.

The Ministry of Health's framework for improving primary care for priority populations has been used to analyse the findings. The framework assesses to what extent are sore throat clinics affordable, accessible, available, acceptable and accommodating.

It is important to note that most parents and young people went to their normal general practice for a recent sore throat event without knowing whether they had accessed a sore throat clinic or a standard general practice. As discussed earlier, most people were not aware of sore throat clinics and therefore no-one sought out a sore throat clinic expecting a novel service.

None of the parents and young people interviewed had accessed a sore throat clinic at a pharmacy, after-hours medical centre or pathology laboratory for a recent sore throat event.

Figure 1: Five point framework for improving primary care for priority populations



Are sore throat clinics affordable?

Most parents and young people did not pay for sore throat services, regardless of whether they visited a general practice sore throat clinic or standard general practice for a recent sore throat event.

A few parents living in a rural area reported paying a small charge (five dollars) for a general practice sore throat clinic to arrange the delivery of antibiotics to a local store from a nearby city. Parents did not perceive this to be a barrier to accessing services, as they accepted that this was part of living in a rural area.

Knowledge of free sore throat clinics was variable among parents and young people. In the three DHB regions that did not promote the service, most 'confident' and 'tentative' parents assumed sore throat checks would be free at their general practice for children under 13 years. This is because they had visited a general practice since the introduction of this policy. However, they were unaware that they could access free sore throat checks for children aged 14 to 19 years. In these regions, most 'reluctant' parents and young people were not aware of free sore throat checks for under 19 year olds. They were also not aware of free doctors' visits for under 13 year olds. This is because they were infrequent visitors to general practices and therefore had not experienced free visits. Furthermore, they had not seen any information promoting the policy.

In one DHB region, most parents and young people were aware of free sore throat clinics, due to local promotion. This fact was often reinforced when people telephoned their general practice and came in for an appointment.

Given that cost is a barrier to accessing primary care for Māori and Pacific whānau/families, more promotion about free doctors' visits for under 13s, and free sore throat checks for those aged 4-19 years, is likely to encourage people to access services. This promotion is especially important for whānau/families who do not access primary care frequently.

'One of the impacts that Māori have in terms of their own health is to do with being shy because they don't have the financial means to care for their children and so our children suffer. **If we promote free services to ensure the wellbeing of our tamariki and mokopuna**, then I'm sure Māori and Pacific Islanders will be open to that support.' (Māori parent)

Are sore throat clinics geographically and physically accessible?

Most parents and young people were not within walking distance of either a general practice sore throat clinic or a standard general practice. For some of these parents public transport was not easily accessible or affordable and they were dependent on the availability of whānau/family and friends to drive them to a general practice.

While parents and young people often went to pharmacies for sore throat remedies they were not aware that some pharmacies offered sore throat clinics. For some parents their pharmacy is the first point of call for advice when their children are sick. The reasons given for this were three fold. Firstly, pharmacies were considered accessible. Secondly, for some health issues it was more cost effective to go straight to the pharmacy and use the doctor as a last resort. Finally, these parents found pharmacies provided a more welcoming and relaxed environment than their general practice. Some parents said if they had known they could have got a sore throat check from a pharmacy they would have chosen this over visiting a general practice, due to perceived accessibility, affordability and acceptability of pharmacies.

‘Take my daughter’s eczema. I’ve got to pay \$35 to go to the doctor, who will prescribe me what I can buy over the counter anyway. And then, I’ve got to go and get it and it costs me \$5. But it’s only \$10 to buy it just straight over the counter. Sometimes you can’t even get into the doctors for a week. They are **more personable** at the chemists. They enjoy their job. It’s definitely a **friendlier environment** at the chemist rather than at the doctors.’ (Māori parent)

Some Pacific people also thought it would be more accessible, if sore throat clinics were available in shopping malls and community spaces where Pacific people gather.

In one DHB, some parents received a home based swabbing service and had their antibiotics delivered to them by a Pacific health provider (this provider was not contracted to provide a sore throat clinic). These parents found this service more accessible and convenient than the service provided by their general practice sore throat clinic.

‘They are the only ones that I know of that do a **mobile service**. I ring them and they come around and do the kids in a couple of hours. They also follow up with the results.’ (Pacific parent)

Are services available?

In all DHB regions, parents and young people accessed their general practice in the normal way, either by calling to make an appointment (most Māori) or dropping in without an appointment (most Pacific).

In three DHBs, most parents reported having difficulty accessing sore throat services in a timely way. This was true for both people who tried to access a general practice sore throat clinic and a standard general practice.

In these DHB regions, most parents who telephoned for an appointment were told that the next available appointment was in two to three days' time, provided they did not mind which doctor they saw. They could not recall the receptionist providing other solutions to be seen faster e.g. dropping in or booking an appointment with a practice nurse.

Parents in the 'confidently accessed' segment were more likely to be able to negotiate a same day 'urgent' appointment than people in the 'tentatively accessed' or 'reluctant to access' segments.

'You have to **wait a couple of days for an appointment**, that's what brasses me off.' (Māori parent)

For some parents, the lack of readily available services, and the manner in which they were dealt with when seeking an appointment put them off accessing services in the future.

'Yes. I just feel like it ... **at the doctors it's like they're probably all overworked and stressed out.** That's why I just can't be bothered going.' (Māori parent)

In these three DHBs, people who made an appointment or walked in without an appointment recall waiting approximately at least 60 minutes to be seen.

'Every time we went we always **waited an hour**, even if we had made an appointment three days prior.' (Māori parent)

In one DHB, parents who went to general practice sore throat clinic reported that the practice encouraged them to come in straight away, even when the practice was busy.

A couple of times when I rung they were not able to get me in but if I've said, "he's got a sore throat" they were like, "oh no, well come in straight away and we'll get the nurse to see you". They said if you are under 19 you can **come in straight away.'** (Māori parent)

"The nurse said "You don't have to ring up, you just come in and get them to do a swab". It doesn't take much for them to do a swab and send it away. It's good to know". I felt really good to know that **these supports are in place.'** (Māori parent)

In all four DHBs, parents and young people reported waiting in a queue with patients waiting to be seen for other health needs, irrespective of whether they visited a general practice sore throat clinic or standard general practice. Parents who visited a general practice sore throat clinic cannot recall wait times being any shorter than when they went for another health need.

In all four DHBs, parents and young people did not consider that there had been an increase in the availability of services for sore throats. For some parents, their existing general practice already offered appointments outside of standard work hours or offered weekend appointments.

If parents required access to treatment outside their general practices hours, their options were after-hours medical centres, hospital emergency services, or calling Healthline. Parents did not see after hours-medical centres as a viable option because of the high costs they had incurred accessing treatment in the past. Most parents were also unsure whether the free doctors' visits for under 13 year olds applied at after-hours medical centres, and noted the very long wait times. Parents reported that they would only access an after-hours medical centre as a last resort. A sore throat was seldom seen as an emergency unless accompanied by a very high temperature. In these cases, they were more likely to go to a hospital emergency department. Some parents had contacted Healthline for a sore throat and found the information given helpful and supportive.

'We couldn't go to afterhours because that's so expensive. You look up at their prices and it's like oh ... shivers, like, oh my god. It's alright at my doctors. I can put it on my bill because I have an AP going to them. But there you've got to pay it straight away. And usually when you have to go there it's the weekends so it costs more.'

(Māori parent)

Are sore throat clinics acceptable?

In three DHBs, most children and young people who went to a general practice sore throat clinic got their throats checked by a practice nurse. Parents and young people who saw a practice nurse found the service positive. They found nurses knowledgeable, thorough, reassuring, communicative and friendly. Parents and young people did not feel they were getting a 'second rate service' seeing a nurse for a sore throat check.

Most parents are used to dealing with nurses at their general practice. Parents who drop in without an appointment are often triaged by a nurse. A few parents have also had appointments with nurses for other health matters. In one DHB, parents comment that their children are very comfortable being seen by a nurse as they are often the same nurses as nurses at their schools.

'I was satisfied with the nurse. She gave him a check over, did his temperature, and then did the swab. Then she had antibiotics on site. It was a little container, and she said, "take this home and give it to him and we'll ring you probably tomorrow and let you know what the results are. If it's clear then he doesn't have to take them, but just to safeguard him till then". It ended up being clear, but that was good to know that he had something to give him.' (Māori parent)

In one DHB children and young people who went to a general practice sore throat clinic or standard general practice were seen by a doctor. In two of the other three DHBs, parents and young people who went to a standard general practice were seen by a doctor. Parents and young people who saw a doctor for a sore throat check generally found the service rushed and impersonal.

'It was the straw that broke the camel's back. We'd just go in and nine times out of ten they're just like, prodding the kids. Then him [her son], because he's onto it, he'd go, "Who's that, mum?" I was like [to the doctor], "Oh, what's your name?" He'd tell me and I'd go to my son, "Oh, that's Doctor so and so". Then to the doctor "This is my son [name]". Because I thought, maybe he's got no kids. But it kept happening. And then at the last time, yeah I just blew up, yeah.' (Māori parent)

In three DHB regions, most parents and young people who visited a general practice sore throat clinic were given antibiotics at the time of consultation. Parents and young people found receiving antibiotics at the same time as the sore throat check convenient, as they did not need to make a separate visit to a pharmacy.

Some parents and young people who visited a general practice sore throat clinic recall being telephoned within a day or two of the visit and told the importance of completing their antibiotics. A few people recall being telephoned with their results a week or so after the visit and one parent said she was telephoned by a general practice sore throat clinic more than ten days after the visit. The few people who were not telephoned or told their results late were disappointed with the service.

Some children and young people who received antibiotics from a general practice sore throat clinic finished their antibiotics and others stopped when they felt better. Some parents gave antibiotics intended for one child to other children with sore throats, and/or were saving antibiotics which they did not finish for future sore throats.

‘They didn’t say to take it every single day. They just said make sure you take it, and for me that means you take it until your sore throat has gone, not until the whole packet is finished.’ (Pacific parent)

‘The doctor gave me antibiotics, but I took more lemsip. I just usually let it heal itself. I’ve still got the box (of antibiotics). **It is un-opened.**’ (Pacific young person)

In two DHB regions, some parents and young people were supported by non-government organisations to help them get their antibiotics and remind them to take them. People who received these services were more likely to complete their course of antibiotics. People who used these services were also put in touch with Warm Up NZ: Healthy Homes, and other services such as smoking cessation, car seats, healthy eating and physical activity programmes.

‘They provided good education. You get scared what positive means. I was fortunate that she explained everything. This is what it is and this is what you need, and this is how we can look after it. From having that quick talk, I got a better understanding of what it was. She didn’t leave me in the lurch.’ (Pacific parent)

In one DHB region, parents and young people who visited a general practice sore throat clinic cannot recall being given antibiotics at the time of the visit.

In all four DHB regions, parents and young people who visited a standard general practice were either given a prescription for antibiotics, or telephoned and told to pick up a prescription, if a swab result was positive.

Are sore throat clinics accommodating?

Parents who accessed services from a Māori or Pacific provider or a service staffed by Māori or Pacific were more likely to find the service socially sensitive and culturally appropriate. This view was irrespective of whether the service was provided by a general practice sore throat clinic or a standard general practice. Some parents also expressed a view that if given a choice, their preference would be to access sore throat services from a Māori or Pacific doctor or nurse.

‘I like their service. The nurses and doctors are really friendly. Most of them are islanders so they know where we come from. They are easy going people.’ (Pacific young person accessing a sore throat clinic)

‘Typically, the Māori around here will gravitate to the Māori doctors because they understand us. And they know when we’re not listening and they know our tricks and they know it comes down to the costs. Like we all share each other’s bills.’ (Māori parent who accessed a sore throat clinic)

Parents who felt they had been well accommodated say reception staff were friendly and they did not have to wait long to be seen by a nurse or doctor. Parents appreciated it when nurses and doctors treated their child’s sore throat seriously and commended them for coming in, and reiterated that they were welcome to come in again if they are concerned. Parents also liked it when nurses and doctors accommodated all their children in one appointment, even if they were not booked in. They also liked it when they did not feel judged by nurses and doctors for their children having sore throats or blamed if they live in sub-standard housing. They also appreciated it when doctors and nurses spent time explaining, in simple terms, the reasons and treatment for sore throats.

‘The service is free. The service is handy. The service is local to their community. **The service is free from judgement.** The service provides medical attention that their child needs right there and then.’ (Māori parent who accessed a standard service)

‘I told them that the nurse at school saw the kids. They took the kids straight away, gave the swab, gave the antibiotics and we were out of there in 10 minutes. I was really happy with the way they came in and said “Oh come on in, we will take your kids in and give them the swab, don’t worry the nurse told me”. They got the kids

antibiotics on our way out. **I thought oh, this is what I want to see, this is the kind of service I want.**’ (Pacific parent who accessed a sore throat clinic)

Mainstream providers often lack cultural understanding which creates a barrier to effective relationships with people. Some parents did not feel satisfied with services provided by mainstream providers, and pointed to a lack of cultural understanding particularly by doctors. For these parents, relationships were really important. They reported that they very rarely got to see the same doctor and for some parents this was a deterrent for them accessing services in the future.

These views were common amongst parents who had visited a general practice sore throat clinic or standard general practice.

‘The white man thinks you’re agreeing all the time. But they’re just nodding their head out of respect [referring to other Māori]. The nodding means “I’m listening to what you’re saying **but I don’t understand**”. (Māori parent)

‘They had all these locums all the time. Every time I went in there, there was a different quack. **You can’t build a relationship.** They can’t get to know you ay? We were getting different doctors all the time. That’s why I stopped taking the kids.’ (Māori parent)

‘We often **feel rushed** considering we could be sitting there waiting for something like two hours and only be in there for three or five minutes.’ (Pacific parent)

Some Pacific people found the written and verbal information on rheumatic fever prevention inaccessible, regardless of whether they went to a general practice sore throat clinic or a standard general practice.

While a few parents saw rheumatic fever prevention pamphlets in general practice waiting rooms, none recall seeing Pacific language or Te Reo Māori rheumatic fever prevention resources.

Most parents say they generally do not read health brochures because they find them long and/or complicated, and difficult to read in waiting rooms when caring for children.

‘**Sometimes the palagi use complicated words** that for our people it is hard to understand what the heck it is. It’s all about a sore throat but they have fancy words and it stops them from seeking support and help.’ (Pacific parent)

'I don't touch the brochures because when we go in with the kids they want to turn them into aeroplanes, so I'm like "leave it there". They usually have too many words and mums are too busy and can't keep attention for long.' (Pacific parent)

Promotion of sore throat clinics

Interviews and small group discussions were also undertaken with staff in sore throat clinics to understand how the service is being promoted to whānau/family, and to provide context for peoples' varied awareness of the service.

Sore throat clinic providers (and standard general practices) report that patients who come for appointments now have a higher level of awareness of the risks of sore throats as a result of the national rheumatic fever prevention campaign (in particular the television advertising). Providers believe the campaign has been effective at raising awareness of the importance of checking sore throats, as sore throats can lead to rheumatic fever and heart damage.

In one DHB region, the service was promoted to the community on radio and newspapers.

'The **radio ads are doing well**. We have noticed people will come in and say their child has a sore throat and they want it swabbed – sometimes it is whole families coming in which is great.' (General practice sore throat clinic)

In two DHB regions, providers promoted the service with flags, sandwich boards and posters. This is more aimed at people who already use their services.

Across three DHBs, higher volume sore throat clinic providers are reaching out to influential communities e.g. marae, schools, early childhood services and kōhanga reo, and Work and Income New Zealand to tell them about the free and convenient service and encourage their people and clients to book an appointment or drop in. Some sore throat clinic providers have given talks to these networks and put notices in newsletters, newspapers and invoices.

Sore throat clinic providers who have assessed higher volumes of eligible individuals, believe local promotion of free and convenient sore throat clinics is key to driving parents who have seen and heard campaign messages to seek help for their children's sore throat.

Providers operating higher volume sore throat clinics also note that most parents are coming to their clinics because they are aware of it through whānau/family and friends who have used the service, have had a good service and wanted to share their experience and enthusiasm for the service. These providers have taken advantage of this naturally occurring

word of mouth promotion by telling parents to spread the word about the free and convenient service.

‘The same mother came in with one child and then a couple of days later she was bringing the other kids in because they started coughing and getting sore throats. **It’s getting the word out** that the service is here and it is free.’ (General practice sore throat clinic)

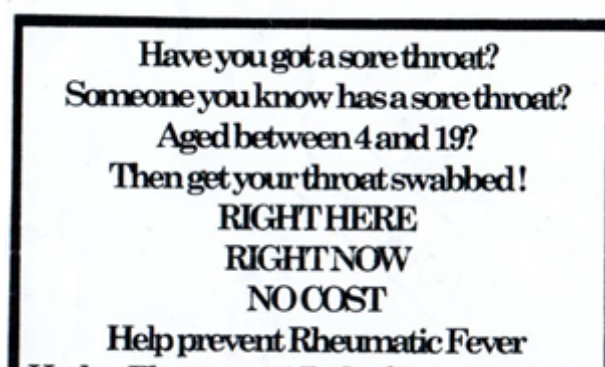
In one DHB there has been no promotion of the service by the DHB, PHO or providers. This DHB had the lowest number of patients presenting for a sore throat check at sore throat clinics.

Pharmacies have been successful at promoting the service through personal promotion

Two of the three pharmacy sore throat clinics have undertaken personal promotion of sore throat services, in that they promoted the service one-to-one. In these pharmacies, retail staff intercepted people buying sore throat remedies for children and young people and invited them (with parents’ consent) for a free sore throat check.

‘The **retail staff are the first point of call**, because someone is looking for lozenges and they go over there and say “How can I help?”? If they say “Oh look it’s my eight year old, he’s got a sore throat” that’s when they bring up the throat swabbing.’ (Pharmacy sore throat clinic)

One high volume pharmacy sore throat clinic is giving each parent who has used the service the referral tool (below) to help them share information about the service to their parents and friends. This referral tool was copies of the message below.



Visual promotion may not drive parents to ask about sore throat checks, but it does serve an important role

In two DHBs, sore throat clinic providers are promoting their services with flags, sandwich boards and/or posters.

In the first DHB, all providers interviewed have bright flags and/or sandwich boards promoting free sore throat clinics near their receptions or outside their main door to attract and inform passers-by. Flags and sandwich boards clearly display that it is a free service and that sore throat checks are available here.

'We don't have people dropping in for Rheumatic Fever. We have only had two people ask us about the sign which we put up in July last year.' (General practice sore throat clinic)

In the second DHB, three of the four providers interviewed are displaying a poster promoting sore throat checks. These posters say sore throats can lead to rheumatic fever and heart disease and to get your sore throat checked here. However, they do not emphasise that the service is free. The posters are small and are also not as visually appealing as the visual promotion used by the first DHB.

One pharmacy has displayed multiple copies of the poster on their front window along with sore throat remedy advertising creating a highly visible display, while the other two providers displayed one poster on the back door and one poster under the television.

General practices undertaking visual promotion of sore throat clinics do not consider it has resulted in many parents asking about the service or requesting a sore throat check for their child. However, it does signal to parents who have approached the clinic for a sore throat check that they have come to the right place and the provider is welcoming. It can also signal to parents who have come to the provider for another health need that the provider provides this service and to pass on to parents and friends.

The pharmacist who displayed multiple posters believes that the promotion has resulted in parents asking about the service, as they believe customers find it novel for a pharmacy to provide sore throat checks.

In two DHBs there was little or no visual promotion. In the DHB with low number of assessments there was a level of nervousness that active promotion would overload the

contracted providers so they went for a “soft launch” but are now developing promotional merchandising.

Internet and social media promotion of sore throat clinics is low and could be discouraging parents from seeking help

Most of the sore throat clinic providers have a website, webpage or facebook site promoting their services, opening hours and fees. However, no providers of sore throat clinics with an online presence are promoting free sore throat checks for eligible children. Some providers’ sites could be turning off potential sore throat clinic users as drop-ins were discouraged and most stated that non-enrolled patients would need to pay for services. While some PHO sites have information about sore throat clinics this information is buried and requires significant clicking.

Service provision

This section describes the services provided by a select number of general practice, pharmacy and after-hours providers of sore throat clinics. It mainly focusses on the views of providers in three DHB regions who were providing a service. In one DHB the volume of people seen for a sore throat check was so low that no meaningful data could be drawn.

Data was not available to the evaluators on the number of eligible individuals assessed by the 15 sore throat clinics who participated in the evaluation. However, most providers were able to provide data on or estimate the number of individuals assessed at the time of the interview. Some providers assessed between 10 and 20 individuals accessed the service in July 2015. Some providers assessed significantly more (the highest was 86) and some providers assessed significantly less (the lowest was none) in the same month. While size of provider and other variables may influence the number of individuals assessed, other factors such as the providers' promotion of the service is likely to have also had a bearing on the number of individuals providers assessed.

Sore throat clinics and standard general practices note that they mainly see young children for sore throat checks, and see very few young people (14 years and over) for sore throat checks. Where young people do come in for a check they tend to come in with a parent, and few come in independently. Therefore, providers were only able to comment on providing sore throat services to children.

Sore throat clinics are providing a free service

Sore throat clinic providers are providing a free service for eligible children and young people who have a sore throat. Providers are also not charging for children and young people who do not meet the eligibility criteria, and parents of eligible children and young people.

Some sore throat clinic reception and retail staff emphasise that the service is free for eligible children and young people to remove any hesitation parents have over attending the clinic. These providers believe that some parents in their communities are not aware that doctors' visits and prescriptions are free for children under 13 years, and sore throat checks are free for children and young people aged 4-19, where there has been no regional promotion of the service.

‘People have the mentality that when they come in they have to pay. When they come in we’ll ask why they didn’t come in earlier and they say ‘do I have to pay? It’s the same question every day **I say it’s free** the doctor will do the scripts and if we have the supply here we will give it to them.’ (General practice sore throat clinic)

Some general practice sore throat clinics understand that cost and outstanding debt with practices is a barrier to access. However, only one general practice sore throat clinic mentions specifically having a policy not to approach parents to repay debt, if they are bringing a child in for an appointment.

‘We have a policy that if a child is unwell and the parent has debt then **we shouldn’t ask for payment** because that acts as a barrier to bring the child in. This is really hard for reception. It’s their job to chase money and therefore it is always a conflict.’ (General practice sore throat clinic)

Three general practice sore throat clinics who provide services to largely Pacific populations mention that having a free nurse-led service can be seen by patients as a second rate service. One of these general practices noted that some parents have opted to make an appointment with the doctor rather than be seen by the nurse. It is unclear whether the person was charged.

‘People were not coming here and saying “**we are here for a free sore throat clinic**”. They would be coming in and saying we need to see a doctor, we need an appointment. No-one was able to capture whether they were eligible for a free sore throat. There were a few people who would have missed out on the free sore throat because there wasn’t anyone saying “hang on a second you could be eligible for the free thing”.’ (After-hours sore throat clinic)

Most general practice sore throat clinics prefer people to book and mainly accept enrolled patients

Most general practice sore throat clinics prefer parents to book an appointment for a sore throat check, as they find this more efficient for work planning.

‘If they book an appointment **it is much easier** because you can print off the labels and put their names on the tubes and get them all sorted in their own bags. Then it’s just like a conveyor belt – bang-bang-bang.’ (General practice sore throat clinic)

Ten of the eleven general practice sore throat clinics operate an appointment system. General practices book appointments with a nurse, if parents telephone and say their child has a sore throat and/or requests a sore throat check. Appointments are generally made for the same day. While general practices try their best to accommodate requests for appointments on the same day with some double or triple booking appointments, this system benefits more confident parents who know to book an appointment and/or can advocate for their child's needs. Providers also mention accommodating all whānau/family members in the one appointment and being flexible when 'extra' children turn up for appointments, and working after closing time to accommodate parents.

'Last Friday we had a parents of seven come in, but the doctor waited as it was after our [the nurses] working hours. The doctor waited for the whānau to come in to do the swabs. **We go out of our way** to make sure we get them.' (General practice sore throat clinic)

General practices comment that parents often do not know to ask for a sore throat check and/or do not mention that their child has a sore throat when they telephone for an appointment. If parents do not mention the above and/or ask to make an appointment with a doctor then the receptionist will make an appointment with a doctor. This appointment could be the next day or in a few days' time, if parents did not mind which doctor they saw. The challenge of receptionists not being able to determine the correct pathway due to lack of cues is particularly noticeable for low volume clinics.

'The **biggest thing** is getting them to ring for a nurse's appointment, because if they ask for a doctor the doctors are full up and so they have to wait. We have to get that message to the community because we can't have the receptionist asking what they are in for.' (General practice sore throat clinic)

Most of general practice sore throat clinics also operate a drop in service either for the whole or part of the day for parents who cannot get an appointment on the day, or do not have the means to make an appointment (no cell phone or no credit). Only one general practice sore throat clinic does not accept parents that drop in for a sore throat check.

'If they have a phone they will book. If they have got **credit** they will phone but if they don't have credit they will come in.' (General practice sore throat clinic)

Only one general practice sore throat clinic operates a one hundred percent drop in service. This provider receives significant foot traffic into the clinic from shops, schools and clients from government departments.

General practice sore throat clinics are mainly providing services to enrolled patients. Most consider they are not required to provide a sore throat service to parents that are not enrolled with them and therefore refer non-enrolled people to their general practice. Some general practice sore throat clinics ask parents to enrol with them before checking the child's throat, if the provider has capacity to take on more patients. The reason for not providing the service to non-enrolled patients is a belief that they are not funded to provide services to non-enrolled people and also because it would require more paperwork as they would need to refer to their general practice.

'If the patient is **enrolled** with another practice in this town, we recommend that they get swabbed by their own GP because it will go on their notes. We only see casual patients when we are part of the on call roster.' (General practice sore throat clinic)

'If they are not from here and they don't belong to us we **push them back** to their own GPs because we are full.' (General practice sore throat clinic)

We don't have **non-enrolled peoples'** details, so we couldn't do lab forms or anything like that until they are enrolled.' (General practice sore throat clinic)

Four general practice sore throat clinics (three within one DHB) provide services to both enrolled and non-enrolled parents, as they see it as their role to provide services to all people who meet the eligibility criteria, regardless of where they live and who they are enrolled with. The few non-enrolled eligible children and young people they provide services to are generally visiting and attending the same appointments as enrolled parents. Only one general practice mentioned that non-enrolled people are accessing their services independently of enrolled parents.

'What we have seen is **more casuals** related to our families which have been really helpful because sometimes you will have two or three Parents and only one of them is enrolled with us, but now you can treat the whole family.' (General practice sore throat clinic)

Pharmacies and after-hours primary health care sore throat clinics operate a one hundred percent drop-in service.

Wait times are significantly shorter in pharmacy sore throat clinics

Pharmacy sore throat clinics have the shortest wait times. Pharmacies note they generally undertake sore throat checks of children/young people within ten minutes of greeting parents. Pharmacies interviewed have staff trained and available to undertake sore throat checks at any time. In one pharmacy, retail staff are trained and available to undertake sore throat checks, further minimising wait times for parents.

Wait times are longer in general practice sore throat clinics offering a drop in service. General practices note they generally undertake sore throat checks within 30 minutes of the young person checking in at reception. A few general practices do their best not to keep parents with young children (including those with sore throats) waiting long and often prioritise them over other patients.

‘We try not to **keep them waiting long** if we can avoid it. If someone is waiting with a sore throat then I try and get to them as soon as possible because they are often bringing their kids in amongst other things.’ (General practice sore throat clinic)

Wait times are longest in after-hours primary health care sore throat clinics. Wait times for the two after-hours services interviewed to see a doctor or nurse are between one and two hours, depending on time of year. Providers note that parents are often put off attending or walk away from services because of wait times. Providers are unable to say whether parents of children and young people with sore throats have tried and decided not to access services or left early because of wait times, as they often do not know whether a child or young person has a sore throat until they are triaged by a registered nurse.

The active after-hours clinic provider says sore throat checks are undertaken by the triage nurse. However, at exceptionally busy times, the triage nurse may refer the child or young person with a sore throat to a doctor, so the nurse can triage faster.

The nurse-led service in general practice and after-hours’ clinics appears to be working well

Most general practices and after hours sore throat clinics are embracing the practice of registered nurses undertaking sore throat checks and supplying antibiotics under standing orders to eligible children and young people (Māori, Pacific and/or living in high deprivation

areas) and told to start antibiotics immediately. However, in a few general practice sore throat clinics doctors do not support this practice and write prescriptions instead. Nurses believe this is because some doctors fear over prescribing and other doctors have difficulty letting go.

‘Most of them book an appointment and come in and see the doctor rather than the nurse. They get counted as **rapid**’. (General practice sore throat clinic)

General practices and after hours sore throat clinics that are supplying antibiotics believe dispensing antibiotics after the sore throat check makes it easier and more convenient for eligible parents to access treatment and removes the time and financial barriers of going to a pharmacy to fill a prescription. Providers also believe having nurses supply antibiotics frees up doctors’ times to write prescriptions.

Some registered nurses at first did not feel confident supplying antibiotics to children and young people, and felt they needed guidance from a doctor. However, over time they have become more confident with this task. Only one registered nurse spoke of an issue in relation to antibiotic suspensions.

‘It took a while for us nurses to have the **confidence** to give out the medication without the doctors being involved. At first we used to do the assessment and then ask the doctors to come in and do another check. Only now do I feel comfortable and safe doing it, because it is such a massive shift. It’s been really good for our practice but it’s taken a good year to be confident.’ (General practice sore throat clinic)

‘Some suspensions are **harder to mix** than others. This new one is hard to open, hard to mix and hard for parents to measure it out which is a bit of a pain.’ (General practice sore throat clinic)

Registered nurses do not provide antibiotics to children and young people who do not meet the eligibility criteria, but will contact them and arrange a prescription if their results come back GAS positive. A few registered nurses mention it is difficult when parents of ineligible children insist that their children get antibiotics. In a few cases registered nurses have asked doctors to prepare a back pocket prescription for the parent to go to a pharmacy and fill in their child becomes unwell.

‘People want antibiotics. Sometimes we have Pākehā parents coming in and saying “if my child was Māori they’d get antibiotics”. It’s hard explaining to Māori and

Pacific that they are high risk and then you have the other side where Pākehā parents feel they are missing out because we are not giving them antibiotics.’ (General practice sore throat clinic)

In a few general practice sore throat clinics, doctors write prescriptions for parents to take to a pharmacy after the sore throat check or write prescriptions for children and young people if they test GAS positive.

In two of the three pharmacies, antibiotics were dispensed to parents, if swab results were GAS positive. In the third pharmacy, antibiotics were dispensed after the sore throat check, if the child met the treatment criteria.

Staff did not screen children and young people based on ethnicity, as they did not feel confident asking peoples’ ethnicity and did not want to screen on peoples’ visual appearances. Pharmacies say the advice given by their PHO was to invite all children and young people/young people to participate, as their catchment areas have a high proportion of Māori, Pacific and quintile five.

Most clinics are facilitating antibiotic adherence by telephoning parents whose children are GAS positive

All sore throat clinics interviewed in the three DHBs that have prescribed and dispensed antibiotics to a relatively high number of eligible 4-19 year olds say they routinely telephone parents and young people if the result is GAS positive, and emphasise the importance of completing the full ten day course.

Pharmacy sore throat clinics in these areas are particularly vigilant at explaining the importance of taking the full course of antibiotics even after the child or young person’s sore throat symptoms disappear and/or they feel well.

Some clinics have also contacted parents and young people where results are not GAS positive to tell them to stop taking antibiotics and dispose of them (e.g. by flushing them down the toilet). In addition to letting people know to stop antibiotics, these providers also consider it is their duty of care to let people know their results so they stay engaged and connected with services.

Due to the very low number of eligible 4-19 year olds given antibiotics by one DHB in the three months before the interviews it is not possible to determine whether sore throat clinics in this DHB are facilitating antibiotic compliance.

Māori and Pacific organisations offering in-home services are encouraging antibiotic compliance and providing a wraparound service

In one DHB, most sore throat clinic providers are referring parents and young people to an organisation to check that the children and young people are taking antibiotics. The organisation contacts parents and young people again after the child or young person is due to finish his/her antibiotics and goes to their home and picks up the empty bottle. This organisation also provides a wrap-around service by connecting parents with Warm Up New Zealand: Healthy Homes, and other programmes such as car seats, smoking cessation, and budgeting.

In another DHB, a provider who has a contract for promotion under the rheumatic fever prevention programme facilitates antibiotic compliance by picking up prescriptions from sore throat clinics, taking prescriptions to pharmacies to be filled and dropping antibiotics at peoples' homes. This organisation also facilitates antibiotic adherence by explaining to people the importance of completing antibiotics and follows up people five days later to make sure children and young people are taking antibiotics, and ten days later to make sure children and young people have completed their course. This organisation also provides a wrap-around service by linking people with Warm Up New Zealand: Healthy Homes, and other health and community services programmes.

'If the results are positive I would take around the antibiotics and give some **education**. We would follow up in five days' time to make sure the kids are taking the antibiotics, make sure everything is going alright and they don't have concerns. We would follow up in ten days' time to make sure they have finished them. Antibiotics have to be taken for ten days in a row, which I know throughout the programme is a huge problem. We have made the follow up our policy.' (Not for profit organisation)

Key learnings to inform service improvement

The purpose of the formative evaluation was to explore the role of sore throat clinics and other primary care facilities in enabling eligible children and young peoples' access to sore throat services. The evaluation was also to explore whānau/families and young peoples' experiences of these services. The findings are intended to inform service improvement.

Many aspects of sore throat clinic implementation did not align with the intent of sore throat clinics in that they were not rapid, drop-in, convenient or attractive to families and young people. However, there were examples of service that were aligning with the intent of the service and were attractive to parents and young people.

These findings suggest that access to sore throat services work best and satisfaction is greater when:

1. Sore throat clinics are promoted so whānau/families know to ask for a sore throat check when they need it.
2. The free drop-in aspects of the service are heavily promoted to remove cost barriers and hesitation around not getting an appointment.
3. Sore throat clinics have long opening hours (including evenings and weekends) to accommodate working whānau/families.
4. There is a 'no wrong door policy' and sore throat clinics are open to enrolled and non-enrolled whānau/families.
5. Sore throat clinics are culturally appropriate, acceptable and accommodating to Māori and Pacific people.
6. There are short wait times for drop in appointments and same day appointments for booked appointments.
7. Sore throat clinic front-line administration and reception staff are trained to intercept whānau/families and invite them/channel them in for a sore throat check.
8. Providers treat the sore throat seriously and commend whānau/families for coming in, and do not judge or blame them.
9. Providers accommodate all their children in one appointment, even if they are not booked in.

10. Promotional and resource material (brochures, etc.) are accessible to Māori and Pacific people
11. Antibiotics are dispensed at the sore throat clinic, as this is more convenient for whānau/families.
12. Providers follow up whānau/families with their test results.
13. Providers spend time explaining, in simple terms, the reasons for sore throats, and the treatment for sore throats.