

Implementing the New Zealand Health Strategy 2013

The Minister of Health's report on progress on implementing the New Zealand Health Strategy, and on actions to improve quality

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From the Minister of Health

In 2013 our public health service continued to deliver better results for the people of New Zealand. Health outcomes and the quality of care continued to improve, with health spending on a sustainable path. This means we continue to get better value from our investment in health. This strong achievement builds on the gains the health service has made over the last five years.

The Government's Health Targets continue to be an effective tool for improving performance in key priority areas for the people of New Zealand. District health boards (DHBs) have outperformed expectations on some targets. This work is complemented by the achievements we have made over the past year in integrating clinical services and information systems and in workforce development.

The Better Public Services result areas and Whānau Ora are also proving to be effective in focusing cross-government efforts on tackling some complex problems in the social sector. We need to continue improving if we are to make a lasting impact on the lives of vulnerable children and young people.

These achievements continue to be underpinned by the important work of DHBs and key health agencies, such as PHARMAC and Health Benefits Ltd, to keep health spending within sustainable levels.

At the end of its third year, the Health Quality & Safety Commission has made clear progress including on the four priority areas for patient safety. Continuing this progress will be supported by achievements this year in establishing robust measures and reporting tools, including indicators for patient experience. These will play a vital role in promoting and gauging improvement efforts across the New Zealand public health service in the years ahead.

There is still much more to be done. Like almost all health services across the world, we are facing major challenges: financial, demographic and patient expectations. But as we learn to confront these challenges I am confident our public health service will become more adaptive, innovative and forward-looking.

Hon Tony Ryall
Minister of Health

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1 Introduction

This report presents a summary of the major achievements of New Zealand's public health system in 2013. Achievements are grouped according to medium-term priorities set by the Government. These priorities are consistent with the broad goals of the New Zealand Health Strategy and the National Strategy for Quality Improvement. The priorities are:

- health targets
- Better Public Services
- Whānau Ora
- clinical integration
- investing for our future
- financial management and sustainability
- ensuring quality and safety.

This report fulfils the Minister of Health's responsibilities, set out in the New Zealand Public Health and Disability Act 2000 (the Act), to report annually on the progress in implementing the:

- New Zealand Health Strategy (section 8 of the Act)
- National Strategy for Quality Improvement (section 9 of the Act).

2 Health Targets

The Government's health targets continue to provide a focus for action to improve health services and outcomes at local and national levels. The targets aim to improve health services in community and hospital settings by focusing on prevention and patient access to health services. These national targets have been effective in improving district health board (DHB) service performance.

The six health targets are:

- shorter stays in emergency departments
- improved access to elective surgery
- shorter waits for cancer treatment
- increased immunisation
- better help for smokers to quit
- more heart and diabetes checks.

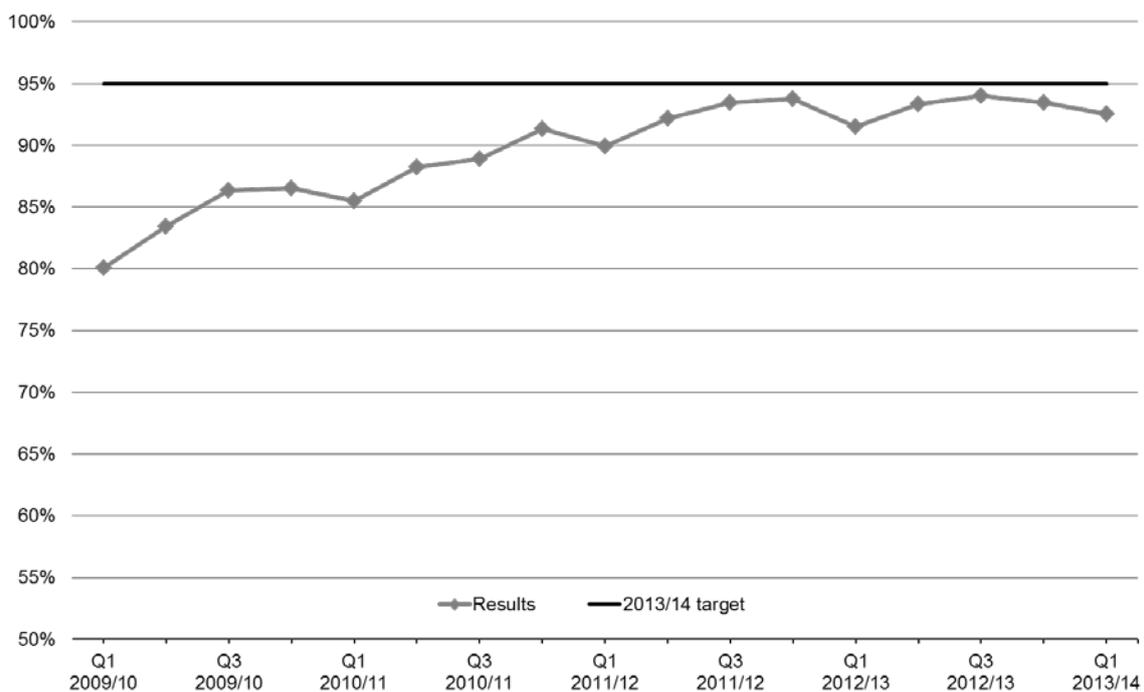
Shorter stays in emergency departments

Emergency department (ED) length of stay is an important performance measure for overall hospital and health system performance. Emergency departments are designed to provide urgent health care so the timeliness of treatment, and any time spent waiting, is important for patients. Patients experience less overcrowding and their privacy is better protected if wait times are reduced in EDs. Improving the efficiency of patient flow from the ED can also improve patient health outcomes.

Target: 95 percent of patients will be admitted, discharged or transferred from an emergency department within six hours.

Results: In quarter one of 2013/14, 93 percent of patients were admitted, discharged or transferred from EDs within six hours. This was a 1 percent increase from quarter one of 2012/13. Twelve DHBs achieved the health target. Like every winter, the ED result dropped slightly over the past quarter. It was, however, the best result we have had over the winter months since the target began.

Figure 1: Stays in emergency departments: national performance against target



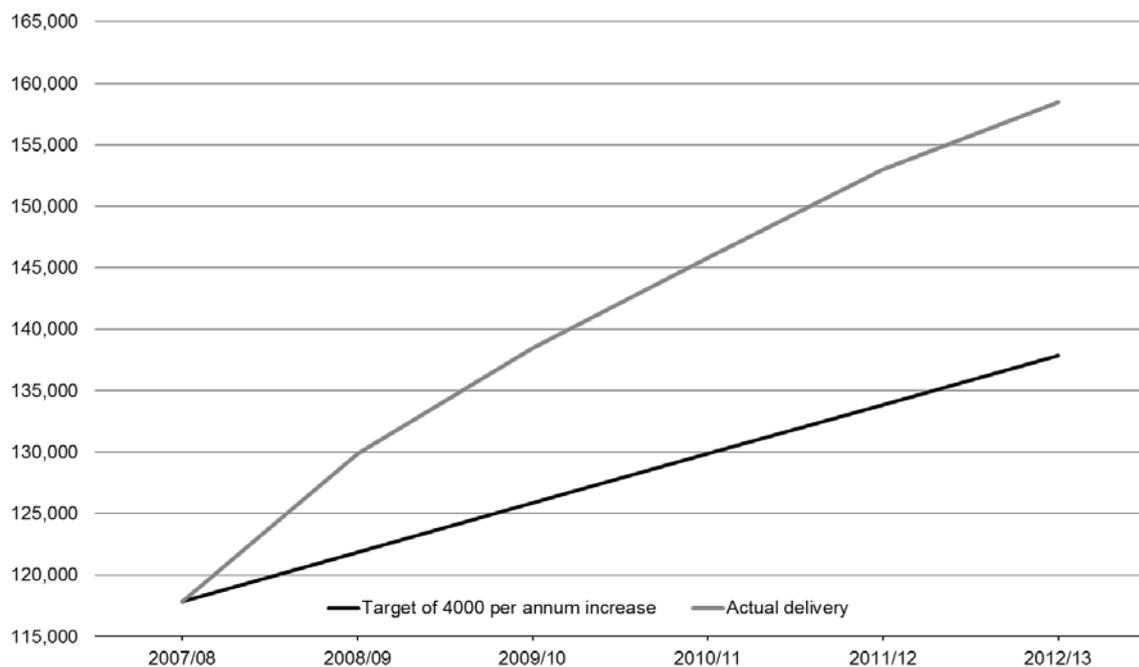
Improved access to elective surgery

The Government wants the public health service to deliver better, sooner, more convenient health care for all New Zealanders. Improving access to elective (planned rather than emergency) surgery is important for patients. In the past, rates of access to elective surgery have not kept up with population growth. By increasing volumes of elective surgery people suffering from health conditions can get better, and more timely, access to elective surgery; allowing them to regain their quality of life sooner. It may also allow people to resume or maintain their productive contribution to the New Zealand community.

Target: The volume of elective surgery will increase by at least 4000 discharges per year.

Results: In 2012/13, DHBs exceeded the target for elective surgeries by delivering a total of 158,482 operations. This is a 34 percent increase in the five years between 2007/08 and 2012/13, or an average of 8000 discharges per year.

Figure 2: Access to elective surgery: national performance against target



Shorter waits for cancer treatment

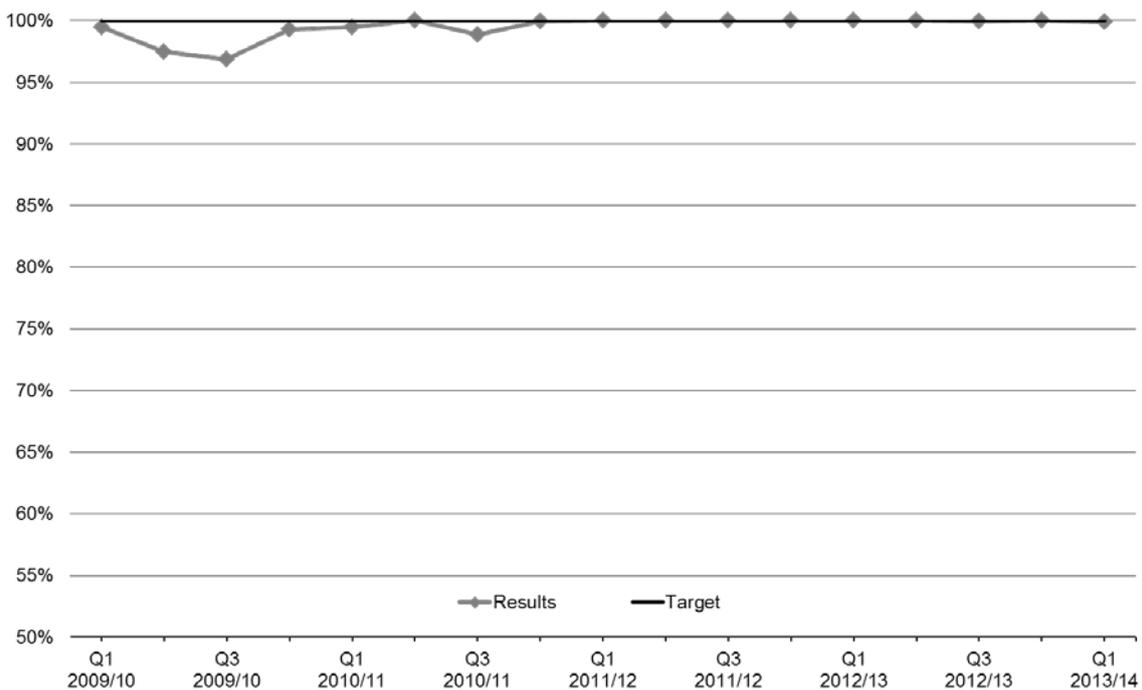
Specialist cancer treatment and symptom control are essential for reducing the impact of cancer. One measure of the quality of cancer services is the wait time for access to effective treatments that increase the chance of better health outcomes.

Since January 2011 the health target has been defined as all patients having access to radiotherapy treatment within four weeks. By 2012/13, DHBs were consistently performing well against this target so access to chemotherapy treatment within four weeks was added to the target.

Target: All patients, ready for treatment, wait less than four weeks for radiotherapy or chemotherapy.

Results: This target was achieved at the national level in 2012/13 with over 11,000 patients waiting less than four weeks for radiotherapy or chemotherapy. In quarter one 2013/14, a very small number of patients (3) did not get access to treatment within four weeks. For these three patients this did not affect their health outcome. This follows a pattern of solid performance in cancer services.

Figure 3: Cancer waiting times: national performance against target



Increased immunisation

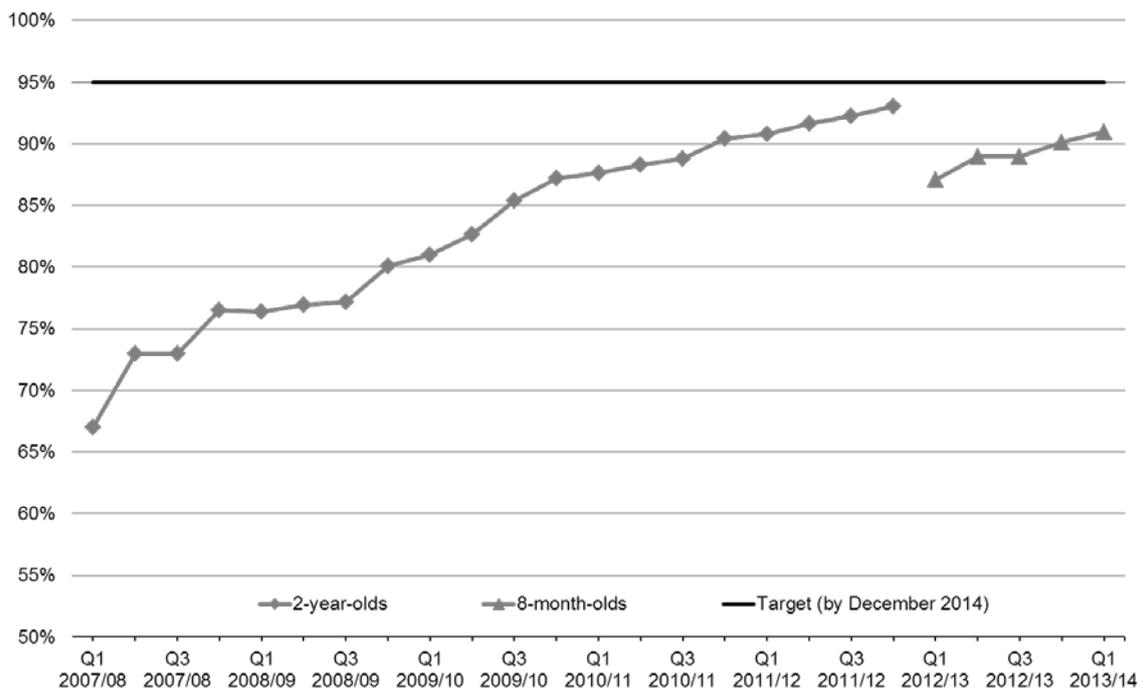
Immunisation is important because it gives individuals protection against a number of preventable diseases and protects the wider population by reducing the incidence of infectious diseases. Vulnerable people, such as children and the elderly, are particularly at risk of poor health when infectious diseases spread.

In recent years, impressive improvements have been made in immunisation coverage for two-year-olds. Extending these gains to younger children will further reduce preventable disease outbreaks in New Zealand. It will also support early enrolment and engagement with primary care and Well Child services.

Target: 85 percent of eight-month-olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time by July 2013, 90 percent by July 2014 and 95 percent by December 2014.

Results: The immunisation coverage for eight-month-olds increased nationally from 87 percent in quarter one of 2012/13 to 91 percent in quarter one 2013/14. Coverage for eight-month-olds is one year ahead of plan, and the improvement trend is well on track to meet the 95 percent target by December 2014. Eighteen DHBs were successful in reaching the 85 percent target by June 2013.

Figure 4: Immunisation: national performance against target



Better help for smokers to quit

Smoking kills an estimated 5000 people in New Zealand every year. Most smokers want to quit, and there are simple and effective interventions available that can be routinely delivered in both primary and secondary care.

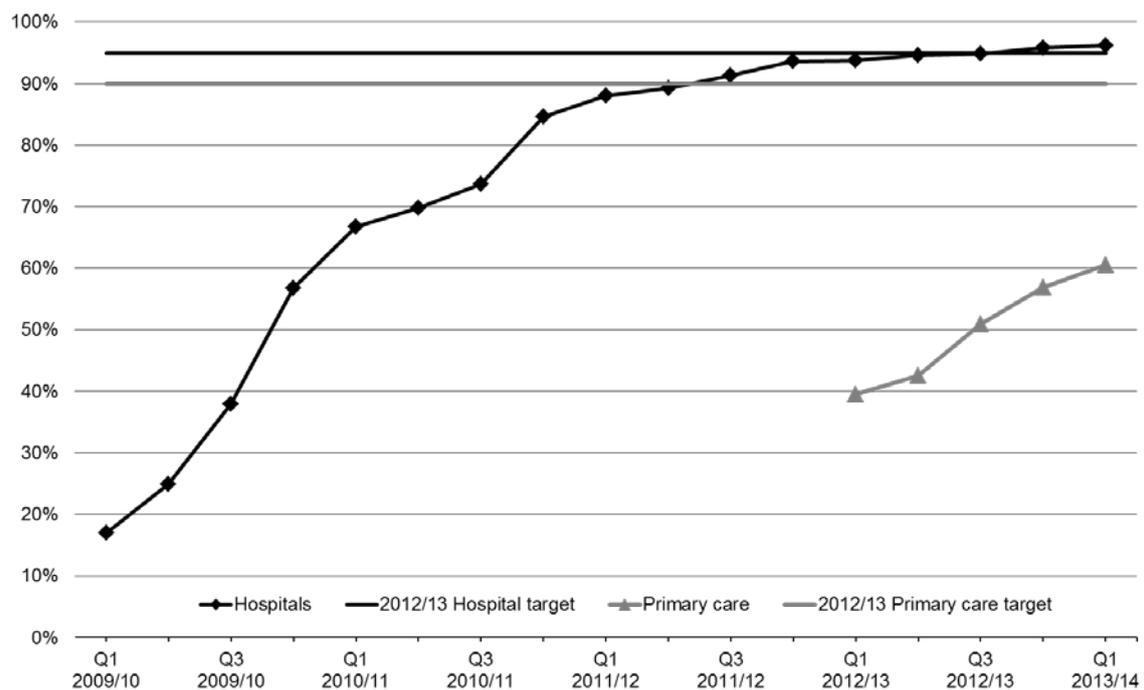
The target aims to support New Zealanders to achieve healthier life outcomes by ensuring accessible health advice and support is provided to help smokers quit. In 2012/13, the target expanded to include primary care advice and a focus on reaching pregnant women who smoke.

Target: 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, will be offered brief advice and support to quit smoking. Progress will be made towards 90 percent of pregnant women also being offered advice and support to quit smoking.

Results: There has been good progress on this target, particularly in the hospital setting. In the first quarter 2013/14, health advice on smoking was offered in hospital settings for 96 percent of patients who smoke; 17 DHBs achieved the 95 percent target or better. This compares with 94 percent in quarter one in 2012/13.

Performance for the primary care target in quarter one of 2013/14 was 60 percent. This represents a 20 percent improvement from quarter one in 2012/13, when the target results were first published by the Ministry. One DHB met the primary care target, and all DHBs improved their performance compared to the previous year.

Figure 5: Better help for smokers to quit: national performance against target



More heart and diabetes checks

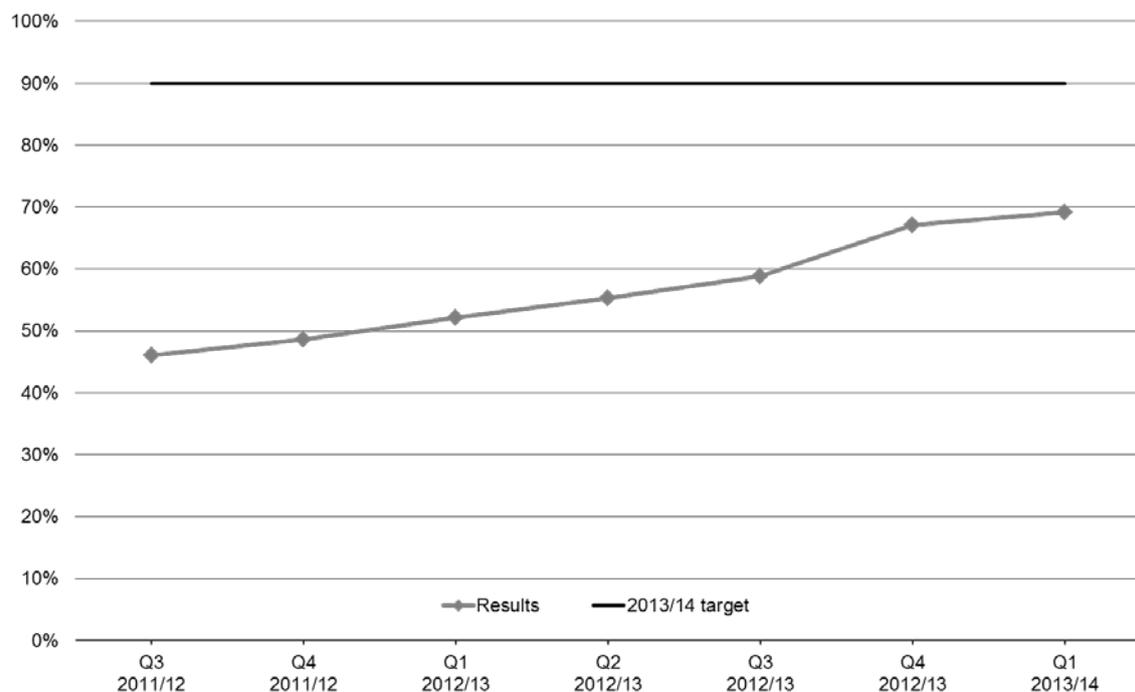
Long-term health conditions form the largest health burden in New Zealand and the numbers are growing. As the population ages and lifestyles change, this group of conditions is expected to increase substantially unless we take action.

Two of the most common and preventable causes of disabling long-term conditions are cardiovascular disease, including heart attacks and strokes, and diabetes. Timely lifestyle advice and treatment for those at moderate to higher risk of developing these conditions can significantly reduce their risk. This health target aims to increase the proportion of the population who are checked for their risk of cardiovascular disease and diabetes.

Target: By 1 July 2013, at least 75 percent of the eligible population will have had their cardiovascular risk assessed in the last five years. In 1 July 2014, the target will rise to 90 percent. DHBs that have already achieved this 75 percent goal by 1 July 2013 will actively work towards the 90 percent goal.

Results: In quarter one of 2013/14, 69 percent of the national eligible population had been checked for cardiovascular conditions and diabetes in the last five years. This is an improvement of 17 percent compared with quarter one of 2012/13. All DHBs improved their performance; nine DHBs met the 75 percent target and 12 achieved at least 70 percent coverage.

Figure 6: Heart and diabetes checks: national performance against target



3 Better Public Services

The Ministry of Health and the health sector work with other agencies and the wider social sector to help achieve the Government's Better Public Service results. This work includes a particular focus on supporting vulnerable children, reducing long-term welfare dependence, boosting skills and employment, and reducing crime.

Supporting vulnerable children

The supporting vulnerable children result area aims to make a positive impact on the lives of vulnerable children by improving access to early childhood education, improving preventive health care on key health risks, and protecting children from assault. The Ministry of Health is leading the work in preventive health care to increase infant immunisation rates and reduce the incidence of rheumatic fever.

Increasing infant immunisation

Target: 85 percent of eight-month-olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time by July 2013, 90 percent by July 2014 and 95 percent by December 2014.

As outlined in section 2 above, great results are being achieved against this target. As of September 2013, 91 percent of all eight-month-olds had completed their scheduled vaccinations; which is one year ahead of plan. These results have been achieved by the Ministry of Health working with the health sector to:

- link pregnant women with maternity services sooner
- assist pregnant women to enrol with a general practitioner before a baby is born
- speed up the enrolment of newborn babies with primary care at birth.

The Ministry of Health and the health sector are continuing to find ways to improve immunisation rates. In October 2012, a Preliminary Newborn Enrolment Policy was introduced to ensure every baby is enrolled with a general practitioner (GP) shortly after birth. One of the benefits of the new policy is that practices will be able to remind parents when their baby is due for their first immunisation at six weeks of age.

To further support timely enrolment of newborns, the Ministry will soon publish a resource for general practice teams to help them address barriers not addressed by the Preliminary Newborn Enrolment Policy. Most general practices already have excellent procedures in place to deliver high quality and effective care for their pregnant women and newborn patients. There are a number of factors that impact on the ability of general practices to enrol a newborn baby in a timely manner. The new resource provides real-life examples from general practices of local approaches that work. For example, the process for responding to the NIR notification that informs a GP they have been chosen as a newborn's GP.

Reducing the incidence of rheumatic fever

Target: Reduce the incidence of rheumatic fever by two-thirds, to 1.4 cases per 100,000 people, by June 2017.

The target to reduce rheumatic fever is ambitious. To reach the target, the Ministry of Health is leading the Rheumatic Fever Prevention Programme which implements prevention, treatment and applied research projects across government. A number of new initiatives started this year.

School-based throat swabbing programme

As at 28 November 2013 there are 48,830 at-risk children in more than 200 schools covered by the school-based throat swabbing programme. As part of the programme, children with sore throats are able to have their throats swabbed and checked for Group A streptococcal infection or 'strep throat'. Children who test positive for strep throat are given antibiotics. If not treated, a strep throat can lead to rheumatic fever. The programme targets communities in areas with the highest incidence of rheumatic fever, which include Northland, Auckland region, Wellington region, Waikato, Lakes District, Bay of Plenty, Tairāwhiti and Hawke's Bay. By early 2014 more than 50,000 children nationwide will be taking part in the programme.

Rapid response services to treat sore throats

As at 20 November 2013, 34 rapid response services to provide timely and free sore throat assessments and treatment for high-risk young people have been rolled out by the three Auckland metro DHBs and Capital & Coast DHB. The clinics are designed to reach at-risk 4- to 19-year-olds and so are set up in easy to access locations, such as shopping malls.

Auckland-wide Healthy Homes Initiative

In November 2013, the Auckland-wide Healthy Homes Initiative (AWHI) began. This innovative service aims to identify households with children who have, or are at risk of, rheumatic fever that could be linked to poor housing conditions, including overcrowding, and connects them to interventions that help address these risks. To do this, AWHI links with service providers, including non-government organisations and private and charitable trusts, to deliver interventions tailored to the needs of families, such as insulation, curtains, affordable heating, information, support and health advice.

Pacific Engagement Strategy

In October 2013, the Pacific Engagement Strategy commenced in the greater Auckland and Wellington regions to engage and advise Pacific families about rheumatic fever and how they can reduce the risks to their children's health. Community workers with existing relationships with Pasifika communities are talking to community organisations and visiting families with children at risk of rheumatic fever to raise awareness about how to protect fānau from rheumatic fever, including how to manage sore throats.

Other measures to support vulnerable children

The Vulnerable Children's Bill has been introduced to Parliament as part of a series of measures to protect and improve the wellbeing of vulnerable children. The Bill will require the chief executives of five agencies – the Ministries of Education, Health, Justice and Social Development, and Police – to collectively develop, and report against, a Vulnerable Children's Plan.

A joint project team set up by the Ministry of Health and the Ministry of Social Development is implementing actions to achieve closer alignment between Family Start and Well Child/Tamariki Ora services. The team recently published research into the barriers and enablers of better integrated services, including joint visits and joint care planning. Other work to develop more integrated maternity, Well Child and primary care services is starting in five DHBs.

Reducing long-term welfare dependence

Sustainable employment has positive impacts on the health of people and their families. Health practitioners and providers have been working with Ministry of Social Development staff to gradually introduce assessments that better identify the work ability of people who are out of work, and supports that could assist them into sustainable work.

Boosting skills and employment and reducing crime

The Ministry of Health and the health sector are supporting two cross-government Better Public Service result areas; one focused on boosting skills and employment led by the Ministry of Education, and one focused on reducing crime led by the Ministry of Justice. The relevant targets are as follows.

Result 5 and 6: In 2017, 85 percent of 18-year-olds will have achieved NCEA Level 2 or equivalent, and 55 percent of 25–34-year-olds will have a qualification at Level 4 or above.

Result 7 and 8: By June 2017, reduce overall crime by 15 percent, violent crime by 20 percent, youth crime by 25 percent, and re-offending by 25 percent.

Youth mental health

Around one in five teenagers in New Zealand experiences some form of mental health problem, including depression, anxiety and addiction. This can have a big impact on their lives and those around them. Tackling youth mental health issues is challenging, but if we intervene early we can make a positive difference, especially in terms of boosting skills and employment, and reducing crime.

In April 2012, the Prime Minister's Youth Mental Health Project was launched and now funds 26 initiatives designed to prevent mental health problems developing and improving access to appropriate services where concerns are identified. Key achievements in 2013 include the following.

- Four youth mental health initiatives led by the Ministry of Social Development were completed: improving the youth-friendliness of mental health resources, social support for youth one-stop shops, a youth referral pathways review and youth mental health training for social services.
- Thirty-six decile 3 secondary schools, teen parent units and alternative education facilities are now offering school-based mental health services to 17,467 young people.
- Eight workshops to train primary health care practitioners in HEEADSSS¹ wellness checks have taken place, with well over 100 attendees.
- All 20 DHBs have established or extended primary mental health services for all youth in the 12- to 19-year age group.
- School-based mental health services have been implemented in 17 schools in the Canterbury district.
- The Social Policy Evaluation and Research Unit at the Families Commission has begun a strategic evaluation of the Prime Minister's Youth Mental Health Project.

Early prevention and reducing harm from alcohol and other drugs

The Ministry of Health and the health sector are supporting the work towards the Better Public Services results through a range of initiatives, including alcohol law reform, the new regulatory regime to limit the availability of synthetic cannabinoid products and generally improving access to, and the quality of, treatment services. Good progress has been made this year on key initiatives, as outlined below.

Improving the quality of, and access to, alcohol and drug services

- To improve access to alcohol and drug services the Government has set a goal that by 2015, 80 percent of all non-urgent cases will be seen within three weeks of contact, and 95 percent will be seen within eight weeks. As at June 2013, nationally 76 percent of all clients were seen within three weeks and 90 percent of all clients were seen within eight weeks. During the same period, three DHBs met or exceeded the three week and eight week target, at 80 percent and 95 percent respectively, for alcohol and drug services (provider arm and NGO).
- DHBs are now purchasing brief alcohol intervention services from relevant primary health organisations (PHOs) as part of a wider primary mental health care initiative. Extra ongoing funding of \$1.07 million has been invested, and \$461,000 has been provided to Canterbury DHB in 2013/14 to assist those affected by the earthquakes and for whom drinking may be an issue.
- The Ministry of Health has promoted better approaches for addressing co-existing mental health and addiction issues. It is very common for mental health and addiction issues to co-exist, yet treatments for these conditions are often not well integrated.

¹ HEEADSSS stands for Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide and Depression, and Safety.

- Two youth addiction treatment services have been funded to provide additional capacity for joined-up addiction treatment and mental health services for youth, and four other treatment services will receive funding to improve their services.
- The Ministry of Health has supported the development of the addiction outcome measure tool for the addiction treatment sector, as part of a continuing focus on improving the quality of services.

Methamphetamine Action Plan

- As part of *Tackling Methamphetamine: An Action Plan*, launched in October 2009, extra funding is available for residential beds and social detoxification services for people with methamphetamine addiction. The MethHelp website (www.methhelp.org.nz) and a free, national confidential telephone service (0800 787 797) have improved access to timely, accurate health information and support for methamphetamine users.

Addressing childhood conduct problems

- Four DHBs have begun implementing the 'Multi-level Approach to Conduct Problems' to address behaviour and conduct problems in children between three and seven years. This approach ensures evidence-based, culturally relevant parenting programmes are skilfully delivered in primary care and specialist settings.
- From July 2011 to 30 September 2013, practitioners reported that 1264 parents have received a Primary Care Triple P intervention. Of these, 278 were in the quarter from July to September 2013.

Reducing harm and increasing treatment for alcohol and drug problems for offenders

- Ten providers were contracted to deliver drink-driver treatment programmes as part of the new Alcohol and Other Drug Treatment Court.
- Five DHBs have agreed to establish 'single referral point' triage services for community-based offenders, and improved services in the Auckland metro DHBs are helping to manage about 3,500 referrals each year from Community Probation Services.

4 Whānau Ora

Whānau Ora is a cross-government approach aiming to provide family/whānau-centred health and social services to build the capacity of all New Zealand families/whānau in need. Since it began in 2010, the Government's investment in Whānau Ora has focused on achieving outcomes for families/whānau by supporting:

- provider collectives to build their capacity to deliver family/whānau-centred services through programmes of action
- family/whānau to develop individual plans through the Whānau Integration, Innovation and Engagement (WIIE) Fund.

The approach is led by the Ministry of Māori Development, Te Puni Kōkiri, in partnership with the Ministries of Health and Social Development. These agencies support regional Whānau Ora collectives. Over the last year, the Ministry of Health and the health sector have continued to actively support Whānau Ora, as follows.

- For the year to September 2013, GP services within Whānau Ora collectives increased delivery of smoking cessation advice by 17.5 percent, and assessment of cardiovascular disease risk by 15 percent.
- DHBs have continued to play a role by participating in the strategic Regional Leadership Groups (RLGs) that advise and approve programmes of action, as well as moving to outcomes-based contracts with health service providers.
- The Ministry of Health is leading the Whānau Ora Information System project to introduce information systems to support provider collectives to implement their family/whānau-centred model; trials will begin in July 2014 in a few collectives.

Three thousand whānau, including 33,000 individuals, have put together whānau plans through the WIIE Fund, and there are currently 34 Whānau Ora collectives, involving more than 180 providers, across the country. Early evaluation results show promising signs of change for family/whānau and high levels of satisfaction with the support they receive from collectives.

From 2014 a new governance model will be introduced to reflect a new phase of Whānau Ora focusing on building family/whānau capability. The role of RLGs will be wound down. Three non-government commissioning agencies will be responsible for administering Whānau Ora. The work of these agencies will be overseen by a new Crown-iwi group composed of senior ministers, iwi chairs and Whānau Ora experts.

5 Clinical Integration

Clinical integration is an enduring focus within the health system that aims to improve patient experience of care and clinical health outcomes. Integrated health care aligns with the Government's aim to deliver better, sooner, more convenient care for patients in priority areas.

Clinical networks of professionals, patients and NGOs, across various services, such as cancer, stroke, cardiac and major trauma services, have continued to work together to improve patient access to services and the quality of services. Over the past year:

- regional cancer networks have developed standards of service provision for 10 separate tumour types, supporting the Faster Cancer Treatment programme
- the major trauma network has implemented national guidelines to ensure consistency in service provision and are supporting the development of four regional networks
- the cardiac surgery network is supporting the delivery of more cardiac surgery and the cardiac network has focused on improving acute coronary syndrome waiting times
- the stroke network has developed stroke indicators for inclusion in 2013/14 DHB annual plans, and is working towards a consensus statement on safe and equitable access to thrombolysis treatment.

The Ministry of Health and the health sector have been making progress in three priority areas for supporting integrated care: urgent and unplanned care, long-term conditions and wrap-around services for older people.

Urgent and unplanned care

Free after-hours GP visits for children under six

The Free After-Hours for Under Sixes policy was introduced in July 2012, to provide free GP visits after-hours for children aged under six. The aim is to reduce the financial barriers faced by families in accessing primary health services for their children after hours.

Nationally, more than 95 percent of children under six have access to free after-hours visits within a reasonable travel time (60 minutes). Nine DHBs have achieved 100 percent coverage. The Ministry of Health continues to monitor DHBs' efforts to improve access to such services.

After-hours telephone health advice

Preparations are under way for introducing a more efficient, effective and sustainable telehealth service. The new service is expected to integrate and improve on the convenience and timeliness of currently available telephone health advice, using new communication technologies. Under the new system patients will be able to receive services through text, email, phone applications and websites. The development, monitoring and advertising of these services will be more effectively integrated, and they will be better linked with ambulance and primary care services.

During 2013 ambulance services have trialled the provision of clinical assessment and advice by phone, including referral of some less complex 111 calls to Healthline. This has resulted in some 111 callers receiving appropriate care faster. Further progress is expected alongside development of the proposed national telehealth service, which in future will link closely with ambulance 111 services.

Ambulance services in the community

To improve treatment and reduce the need for transport to hospital, ambulance services are planning to increase their treatment of people in the community. Evaluation of pilot projects in Horowhenua and Kapiti, where dedicated paramedics focus on treatment in the home, has shown these services are valued by their communities, as well as benefitting both primary care and ambulance services. The next step, working through DHB/PHO health alliances, is to broaden the approach and make treatment in the home and community the normal ambulance response whenever it is safe and appropriate.

Long-term conditions

The Ministry of Health is working with DHBs to improve the screening and care of patients with long-term conditions. This includes provision of more heart and diabetes checks and Diabetes Care Improvement Packages, which improve services and outcomes for people with diabetes.

The 2013 Budget allocated \$12.4 million to expand local Diabetes Care Improvement Packages over four years. This money has been allocated to DHBs based on their population with diabetes, and has been used to purchase specific services to enhance diabetes care, such as community podiatry services and additional retinal screening.

To achieve the health target for more heart and diabetes checks, new funding of \$15.9 million over four years was also allocated to DHBs to deliver services through PHOs. The funding is being used to increase capacity for cardiovascular risk assessments in nurse-led clinics, improve information technology systems in general practices and up-skill staff to use these systems.

Wrap-around services for older people

All DHBs have either implemented or are supporting implementation of the comprehensive clinical assessment (InterRAI) tool for home support services and aged residential care facilities. Budget 2013 supported this by allocating an additional \$1.5 million towards the costs of training aged-care staff to use the tool.

In January 2013, a new streamlined auditing process was introduced for aged residential care facilities, along with a national education programme about the new process for staff. Home support services contracted by DHBs and the Accident Compensation Corporation are now required to hold a certificate of conformance with the Home and Community Support Sector Standard, or be working towards conformance.

Budget 2013 provided \$5 million per year for DHBs to purchase additional home support services to help more older New Zealanders stay in their homes for longer. Another \$3.2 million over three years was provided for dementia related training, dementia awareness and early detection, and \$3 million per year was provided to increase dementia bed subsidies.

The Ministry of Health released a suite of information in April 2013 to help home support clients and their family/whānau to understand what to expect from home support and aged care services, and what to do if they have a concern.

DHBs are developing and implementing dementia care pathways. These ensure that people with dementia receive integrated care from a range of services according to an agreed care plan from the point of diagnosis to the end of life. The initial focus is on earlier diagnosis, which gives people with dementia the opportunity to access support services and plan for future needs at an earlier stage.

DHB geriatricians and gerontology nurse specialists are working with, advising and supporting health professionals in primary care and aged residential care to improve care for older people. DHBs are also using multidisciplinary rehabilitation teams to assist older people upon discharge from hospital.

6 Investing for Our Future

The New Zealand public health service, like others globally, is facing a number of challenges in the short to long term. These relate to the delivery of high-quality services in a changing health care environment while needing to restrain the growth in health spending. The Government is preparing our health system to meet these challenges by investing in innovative information technology (IT) solutions and strengthening the capacity of the health workforce to meet rising patient expectations and health care needs.

Integrated IT and security

Effective IT allows health professionals to provide seamless care to patients and patients to manage their own health care. The Government's *eHealth* vision is for all New Zealanders and the health professionals caring for them to have electronic access to a set of personal health information by the end of 2014.

The National IT Health Board (NITHB) is delivering on this vision. Its priorities are to integrate systems across the hospital, primary and community sector and introduce online patient portals for New Zealanders to access their electronic health information. An update to the National Health IT Plan was launched in November 2013 to provide a roadmap for the sector's IT priorities and investment through to 2014 and beyond. The four priorities for investment are electronic medication management, national clinical solutions, regional information platforms, and community-based integrated care initiatives.

To maintain trust and confidence in the health system as we improve access to health information, we must ensure the security and privacy of patient data. To help protect privacy, the NITHB is preparing a framework for governing health information in the health sector and working with the Government Chief Information Officer to ensure standards are consistent with a whole-of-government approach.

In the past year, key progress on integrated IT initiatives has included:

- ongoing development and increasing use of secure online clinical and patient health information portals across primary and secondary care
- increased use of shared care records to manage complex and long-term health conditions
- roll-out of electronic and administration of medicines in several DHBs
- increasing use of electronic referrals, to better manage the transition of patients through the health system
- development in the Central Region of a regional archive of radiology images, which can be accessed 24/7 by authorised health professionals
- increased use of the 'GP2GP' patient file transfer system

- improved links between GPs and community pharmacists through the New Zealand Electronic Prescription Service
- increased use of telehealth tools, such as video-conferencing, to support clinical meetings and consultations with patients
- a new National Health Index (NHI) system that has reduced DHBs' creation of duplicate NHI records by 75 percent.

Strengthening the workforce

It is important to plan ahead to ensure we have the right mix of health and disability workforce skills available to deliver the services we need, where we need them, now and in the future. This will help us meet the challenges of demographic and technological change as well as the global shortage of health professionals.

Between 30 November 2008 and 30 September 2013, Medical Employed full-time equivalent staff increased by 1367. In the same period, nursing staff increased by 3083 (excluding Health Assistants).

In 2009, the Government set up Health Workforce New Zealand (HWNZ) to ensure that New Zealand's health and disability workforce is sustainable and fit for purpose. The broad approach is to make best use of the existing workforce and develop innovative ways of working. Key ways HWNZ better prepares the workforce include:

- improving integration of services and patient experience through training and development of new workforce roles across secondary, primary, community and private settings
- attracting and retaining critical workforces, particularly in rural areas, through the Voluntary Bonding Scheme (2688 participants), Rural Immersion Health Training Placements (120 per annum) and the Advanced Trainee Fellowship (29 current).

In 2013, some important milestones for strengthening the workforce were achieved, as follows.

Diabetes nurse prescribers: Twenty-seven diabetes nurse prescribers have been trained, and their services are gradually being rolled out across the country. Nurse prescribers free up diabetes specialists and enable patients to see a health professional closer to home and receive care sooner. An evaluation this year reported the success of phase two of the roll-out. A HWNZ priority is to increase the number of diabetes nurse prescribers to 100 in training or in employment by 2014.

Aged residential care Nurse Entry to Practice (NETP): Sixteen new nurse graduates in 11 aged residential care facilities have been funded across the country to take part in a new NETP pilot to promote high standards of care, and to strengthen and help retain the nursing workforce.

Nurse practitioners in aged care facilities: A positive evaluation was carried out of three aged care facilities with a GP shortage in which nurse practitioners provided clinical services. The care coordination approach improved the quality of care and reduced presentations to secondary care.

Pharmacist prescribers: Eleven pharmacist prescribers are now working in hospital and primary care settings to improve health outcomes. Based on the diagnosis of a medical practitioner, and depending on the clinical needs of the patient, a pharmacist prescriber can assess the effectiveness of a patient's current medicines; review and interpret test results; and decide to modify, initiate or discontinue medicines.

Community pharmacy anti-coagulation management service (CPAMS): Following on from a 2010/11 HWNZ innovation, a review this year reported very positive outcomes, for both patients and health professionals, of the roll-out of medicine management in 60 community pharmacies for patients on long-term warfarin medication. As at 30 November 2013, 75 pharmacies across 18 DHBs were participating in the CPAMS service and had enrolled 1979 patients. We are continuing to expand the number of participating pharmacies and, to date, 29 new CPAMS providers have been approved across 12 DHBs. This brings the total number of CPAMS contracted providers to 104.

Medical students and GP registrars: DHBs successfully increased the number of GP registrars and postgraduate Year 1 trainees: at least 23 additional postgraduate student places were filled by June 2013. To increase the number entering general practice, a new employment model for GP registrars was also introduced. A total of 172 GP registrars are now employed.

Supporting priority services: To help reduce surgical elective waiting times, increased funding was provided for training allied health and science and technical workforces. To better prioritise vulnerable and critical services, a revised funding model for post-entry medical training was introduced.

7 Financial Management and Sustainability

Two important government priorities are to get better value from our investment in health and to slow the growth in health spending. Maintaining and improving the quality of health services while managing the health budget within a sustainable growth path continues to be a challenge.

Every year the public health system in New Zealand is achieving cost savings in many ways, freeing up resources so that they can be focused on the highest priorities in health care. Particular improvements in value for money are achieved through the roles of:

- the Pharmaceutical Management Agency (PHARMAC) in managing the pharmaceutical budget (PHARMAC's newly expanded role covers hospital medicines, vaccines and medical devices)
- Health Benefits Ltd (HBL) in streamlining administrative, support and procurement services for DHBs
- the Health Quality & Safety Commission in supporting DHBs to improve the quality, safety and efficiency of services and reduce the costs of adverse medical events
- the National Health Committee in providing independent, evidence-based advice on the most cost-effective health technologies and services.

DHB spending

A key aim of this Government is to reduce the size of DHB health spending deficits. The Ministry of Health has set two key targets to focus DHB efforts on containing costs, and is working with DHBs and health service providers towards these goals.

Target: District health boards' planned deficits reduce from a baseline deficit of \$154.8 million in 2008/09.

Target: All 20 DHBs manage within their plans (budgets).

Results: Since 2008/09, DHB sector deficits have been reducing significantly; that trend was continued this year. DHBs achieved impressive results for the year 2012/13, reaching an overall deficit of \$19 million (post-audit). To achieve this, 11 DHBs managed within, or better than, their approved plans.

In the financial year 2012/13, DHBs received an additional \$392 million of funding,² representing an increase of 3.6 percent. This figure falls within a sustainable funding path.

² Ministry of Health Annual Report for the year ended 30 June 2013, page 138.

Ministry of Health departmental spending

The Ministry of Health continues to reduce departmental spending. In 2012/13, it achieved a \$13 million reduction in spending, down to \$183 million. This represents a 7 percent decrease compared to the previous year. This was achieved mainly by reducing spending on consultants and contractors, but was also supported by stricter prioritisation of travel, improved information technology and more efficient contracting arrangements.

PHARMAC

PHARMAC plays a vital role in containing health spending in New Zealand. It is a Crown entity that manages DHBs' pharmaceutical budgets and decides which medicines and related products are publicly funded in New Zealand, and to what level.

As the New Zealand population grows and ages, the demand for prescription medicines is expected to continue increasing. PHARMAC manages pharmaceutical funding so as to create room for growth in patient access to funded medicines. Through the Combined Pharmaceutical Budget (CPB), PHARMAC is able to negotiate lower prices for pharmaceuticals nationally. In 2012/13, the CPB is estimated to have saved DHBs \$56.5 million.

In 2012/13, pharmaceutical funding for DHBs amounted to \$783.6 million, which was met within budget. An estimated 52,398 additional patients benefited from increased access to medicines, and the number of funded prescriptions grew 2.7 percent to 42.2 million. PHARMAC's area of responsibility has recently expanded beyond community medicines to include hospital medicines and vaccines and medical devices. This is expected to return further savings to DHBs in the years ahead.

Health Benefits Ltd

HBL is a Crown-owned company that works in partnership with DHBs to save them money by reducing administrative, support and procurement costs. It leads and facilitates initiatives to streamline functions and identify efficiencies. HBL aims to deliver \$700 million of gross savings for DHBs in the first five years after its establishment in 2010.

Since its formation, HBL has saved over \$213 million. In 2012/13, HBL-assisted initiatives are estimated to have saved the health sector \$98.6 million. These savings are directly reinvested back into frontline services in the New Zealand health sector.

One of HBL's key strategies for achieving savings is the Finance, Procurement and Supply Chain programme. By combining DHB purchasing power, HBL expects savings of \$500 million over the next 10 years. As of November 2013, the programme is expecting a successful roll-out of shared services to the Hutt Valley, Capital & Coast and Wairarapa DHBs by March 2014.

8 Ensuring Quality and Safety

Quality and safety in the New Zealand health system matters to our health and wellbeing, to our trust in our health services, and to the costs of health care. Although our health system generally compares well with the performance of other countries in the Organisation for Economic Co-operation and Development (OECD), there is still ample room for improving quality and safety.

In November 2010, the Government created the independent Health Quality & Safety Commission to help health providers improve the safety and quality of their services. Three central aims underpin the Commission's work:

- building sector capability and clinical leadership, and a culture of quality and safety improvement
- facilitating consumer partnerships and values-based decision-making
- collating, analysing and using reliable information about quality and safety.

In 2012/13, the Commission continued to focus on four priority areas of patient safety:

- reducing falls and harm from falls in care settings
- reducing health care-associated infections
- improving surgical safety
- improving medication safety.

In May, the Commission launched the 'Open for Better Care' patient safety campaign to help address these priorities. The campaign seeks to engage health care workers in improving care for individuals, populations and the community. All 20 DHBs have signed up to the 'Open' pledge of this campaign.

Reducing falls and harm from falls in care settings

The priority area that is being addressed first in the 'Open for Better Care' campaign is the harm from falls in care settings starting with a focus on older people in hospitals. Falls continue to comprise the largest category of serious adverse events reported by hospitals, accounting for 47 percent of all serious events in 2011/12. To reduce harm from falls in health care settings, the Commission is leading a national programme, involving a multi-agency approach, to:

- reduce the impact of falls on the quality and length of life of individual patients
- reduce the health care costs of falls, such as those associated with additional treatments, rehabilitation and ongoing care.

Improving knowledge about falls prevention is an important part of this programme. A key piece of work was the review of falls risk assessment and care planning tools currently in use by DHBs. This recommended 'universal precautions' to create safe care environments for all patients, and developing individual care plans to manage particular falls risk.

Key achievements of the programme in 2013 are:

- the inaugural 'April Falls' promotion on prevention of falls, involving 1500 participants
- the May launch of the 'Open for Better Care' campaign, which introduced a suite of activities and resources aimed at encouraging the use of evidence-based interventions to prevent and reduce harm from falls
- expanding support for falls prevention to age-related residential care, including through a small-scale collaborative programme working with three DHBs in the greater Wellington region and the Accident Compensation Corporation.

Reducing health care-associated infections

Health care-associated infections are among the most prevalent adverse events in health care. The Commission is leading a programme to reduce the harm and costs associated with such infections, with an initial focus on hospital-level care. The programme focuses on three goals:

- improving the hand hygiene practice of DHB health care workers
- reducing central line associated bacteraemia (CLAB)
- reducing surgical site infections (SSIs).

Hand hygiene

Auckland DHB is leading a three-year programme to create culture change to improve health care workers' compliance with best-practice hand hygiene. In 2009, before the programme began, national compliance with best-practice guidelines in public hospitals was 35 percent.

The programme has been very successful. Audit results show hand hygiene compliance had improved to 70.5 percent by June 2013, exceeding the 64 percent target. The aim is to raise compliance rates to at least 80 percent in the next two years; this would make New Zealand's compliance among the best in the world.

Central line associated bacteraemia

CLAB is a serious but preventable complication from insertion of central lines, a relatively common procedure. In 2011, an evidence-based insertion and maintenance process to reduce CLAB in intensive care units (ICUs) was introduced across New Zealand.

The national CLAB programme has exceeded expectations. Intensive care unit CLAB rates reduced from 3.32 to 0.46 per 1000 central line days between April 2012 and March 2013: well within the 2012/13 target of less than one per 100 line days. All ICUs and high dependency units are now implementing the CLAB programme, and it will be introduced in 52 other clinical areas. The Commission is now preparing to introduce a sustainability model to ensure the maintenance of low infection rates as 'business as usual'.

Surgical site infections

Surgical site infections are the second most common form of health care-associated infection. They are costly to treat, can have a significant impact on quality of life, and increase a patient's chance of death. In 2012/13, the Commission helped implement a sustainable national SSI quality improvement programme for DHB-funded surgery, with an initial focus on infections following operations for hip and knee prostheses.

District Health Boards are very supportive of the programme; early uptake this year exceeded expectations. In July 2013, the programme was introduced in 19 DHBs. Initial analysis of the data will be ready to report in December 2013, and national reporting of the SSI quality and safety markers will start in March 2014. Reducing harm from SSIs will be the second topic in the 'Open for Better Care' campaign, which opened in October 2013.

Improving surgical safety

A 2012 research report for the Commission estimated that potentially preventable complications arise in 10 to 15 percent of the over 300,000 surgical procedures performed in New Zealand every year. Preventable surgery-related events include foreign bodies left during a procedure, accidental puncture or laceration, and post-operative complications. Data from 2009 show that, in that year, the rate of surgery-related adverse events tended to be higher in New Zealand than the OECD average.

International evidence indicates that the use of checklists and improved communication and teamwork can reduce preventable complications from surgery. The World Health Organization (WHO) surgical checklist is widely used across New Zealand, but there is room for improvement in how it is used in practice.

During 2012/13 the Commission published baseline data on compliance with the WHO checklist that will be used as a measure of improvement. In 2014, the plan is to pilot an education series to improve teamwork and communication within multidisciplinary surgical teams. Improving surgical safety will be the third topic of the 'Open for Better Care' campaign.

Improving medication safety

Medicines are one of the most common health interventions. Medicine management is complex; it involves many error-prone steps that can potentially harm patient health. The Commission and the ITHB are jointly implementing a national medication safety programme to reduce errors.

Key achievements of the programme this year are as follows.

- Two standardised national medication charts were introduced to 18 DHBs (up three from 2012) and some hospices and private hospitals.
- A day stay national medication chart entered the final testing phase, and a medication chart for aged residential care services was piloted at six facilities.
- A system of medicine reconciliation is now used by all DHBs to ensure patient medicines are checked on admission, and work continues on spreading reconciliation to more patients and to other critical handover times, such as discharge.
- The electronic medicines management (eMM) programme continues to make good progress in implementing electronic prescribing and administration, electronic medicine reconciliation, the New Zealand Medicines Formulary and the Universal List of Medicines. The purpose of eMM is to improve medication management by providing health providers better access to medication information for prescribing, administering, reconciling, dispensing and tracking medicines.

Tracking quality and safety

In 2013, important milestones were achieved in the area of quality and safety information, as follows.

Quality and safety markers

Quality and safety markers are a mix of process and outcome measures that track progress in the Commission's four priority areas of patient safety. In June, the first report of the markers was published to establish baselines. Three priority area markers are complete; medication safety markers will be introduced as part of the 'Open for Better Care' campaign.

Atlas of Healthcare Variation domains

The Atlas of Healthcare Variation is an interactive online tool displaying maps, graphs and tables to show the variation in health care service delivery, use and outcomes in different geographical regions. The purpose of the Atlas is to promote questions and debate about why variations exist and how acceptable they are for particular populations. Seven Atlas domains were published in 2013/14, and further domains will be published each year; a further six to 10 are planned for 2013/14. Early indications suggest this approach is working. Clinicians are engaging with the tool, and it has prompted at least one DHB to introduce clinical benchmarking against other DHBs to improve performance.

New Zealand quality and safety indicators

The first full report on quality and safety indicators was published in June 2013, providing baselines to measure future progress. This set of summary indicators aims to give a clear picture of the quality and safety of health and disability services and key health care system outcomes. The indicators include measures of change over time and comparisons with other countries.

Framework for measuring patient experience

A comprehensive framework of indicators for measuring patient experience in public hospitals was developed to implement in July 2014. The regular collection of data on patient experience is expected to help orient health services toward patient-centred care. The new framework complements the Commission's 'Partners in Care' programme, which aims to improve consumer participation, increase health literacy and develop leadership capability so consumers and providers can work together.