

Implementing the New Zealand Health Strategy 2011

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

New Zealand's public health service continues to deliver improvements in health outcomes. In 2011 we made significant progress to deliver high-quality, patient-centred health services.

The Government's health targets have been a key driver of system-wide improvement as district health boards (DHBs) continued to improve their performance and deliver better services to New Zealanders. This has been achieved alongside greater fiscal responsibility and significant reductions in DHBs' deficits.

In its first year the Health Quality and Safety Commission has worked towards improving quality and safety for patients. Improving clinical leadership, medication safety and reducing medical errors and hospital-acquired infections have been key enablers for improving patient outcomes and care.

Much has been achieved in recent years, but there is still more to be done. Long-term conditions, an ageing population and a tight fiscal environment are placing greater pressures on the health system.

I am confident we have the people, the skills and the passion to improve system performance, which will help New Zealanders live longer, healthier and more independent lives.

Hon Tony Ryall
Minister of Health

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1 Introduction

This report highlights the actions taken throughout 2011 to progress the following priority areas:

- health targets
- bringing services closer to home
- health of older people
- strengthening clinical leadership and the health workforce
- financial management and sustainability
- ensuring quality.

These priority areas remain consistent with the goals of the New Zealand Health Strategy and will continue to be priority areas for the medium term.

This report fulfils the Minister of Health's responsibilities under section 8 of the New Zealand Public Health and Disability Act 2000 (the Act) to report annually on the implementation of the New Zealand Health Strategy (see sections 2–6 of this report). It also meets the requirements under section 9 of the Act to report annually on progress on implementing the National Strategy for Quality Improvement (see section 7 of this report).

2 Health Targets

The Government's health targets for 2010/11 were a set of performance measures that provided a specific focus for improving health outcomes and service quality at local and national levels. This focus on specific targets led to measurable improvements in the quality of care patients received across community and hospital settings. The targets were:

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

Shorter stays in emergency departments

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

For the second quarter of 2011/12 (ending December 2011), 92 percent of patients were admitted, discharged, or transferred from an emergency department.

Elective surgery

Target: the volume of elective surgery will be increased by an average of 4000 discharges per year (compared with the previous average increase of 1400 per year).

Results for the second quarter of 2011/12 show 75,907 elective surgical discharges were delivered against a target of 73,114. This total is 4 percent more than planned. The delivery above the target level follows the achievement of 145,353 elective surgical discharges against a target of 140,063 for the entire 2010/11 reporting period.

Shorter waits for cancer treatment

Target: from January 2011 everyone needing radiation treatment will have this within four weeks of their first specialist radiation oncology assessment.

Each year more than 19,000 New Zealanders are diagnosed with cancer; for half of these people, the appropriate treatment is radiation therapy. In the second quarter of 2011/12, 100 percent of patients who were ready for treatment received their radiation treatment within four weeks of their first specialist radiation oncology assessment.

Increased immunisation

Target: 85 percent of two-year-olds will be fully immunised by July 2010, 90 percent by July 2011 and 95 percent by July 2012.

In the fourth quarter of 2010/11, immunisation coverage for two-year-olds exceeded 90 percent for the first time. Results for the second quarter of 2011/12 showed a further increase to 92 percent.

Better help for smokers to quit

Target: 90 percent of hospitalised smokers will be provided with advice and help to quit by July 2011 and 95 percent by July 2012.

The national average number of hospitalised smokers receiving advice and help to quit increased from 57 percent in the first quarter of 2010/11 to 89 percent in the second quarter of 2011/12. Over 34,900 hospitalised smokers have been identified and 31,168 have received help and advice to quit.

Better diabetes and cardiovascular services

The health target for better diabetes and cardiovascular services has three components:

- *an increased percentage of the eligible adult populations will have had their cardiovascular risk assessed in the last five years*
- *an increased percentage of people with diabetes will attend free annual checks*
- *an increased percentage of people with diabetes will receive satisfactory or better diabetes management.*

The composite national result for the better diabetes and cardiovascular services health target increased slightly in the second quarter of 2011/12 to 74 percent. The number of district health boards (DHBs) meeting their annual targets for the first two components improved during 2011; however, only four DHBs met the target for the final component. A plan to improve the management of diabetes is being implemented.

3 Bringing Services Closer to Home

A key focus of 2011 was to accelerate the delivery of a wider range of integrated services closer to where people live. Progress in this priority area included:

- improved access to services, such as increased direct access to diagnostic radiology, ensuring patients can be assessed and receive treatment promptly
- more medication reviews for patients with long-term conditions
- a stronger focus on improving chronic obstructive pulmonary disease services
- the development and delivery of specialist health of older people teams to ensure appropriate and streamlined care for elderly patients
- work to develop shared electronic health records
- more integrated care for mental health patients.

In 2011 there was increased support and additional funding for the development of Integrated Family Health Centres (IFHCs) to bring together a range of services in communities. IFHCs are currently under development in 23 locations around the country. Notable progress has been made in the following regions.

- Auckland – there are multiple prospective sites across the Auckland metropolitan area. Some stakeholders are adapting existing facilities, while others are exploring purpose-built facilities.
- Canterbury – detailed planning for six IFHCs was progressed.
- Midlands Region – plans have been progressed to develop at least six IFHC sites in the Hamilton and South Waikato areas. Plans for two further sites in the Taupo–Turangi area are expected to progress in 2012.
- West Coast – planning for the Buller IFHC is nearing completion.

4 Health of Older People

Our population continues to age and pose new challenges. To meet the needs of older New Zealanders, now and in the future, the following actions were undertaken in 2011.

Supporting better quality services

- An integrated audit (DHB contract and certification) process was introduced and information for the public about aged residential care facilities was improved.
- Nurses working in aged care were funded to access additional training options to increase the quality of the aged care nursing workforce and prioritising nurses willing to work in aged care for the Voluntary Bonding Scheme.
- Comprehensive clinical assessments and information collection tools continued to be rolled out across DHBs to better match needs to services and provide crucial information for future service planning.
- The National Shared Care / Long-Term Conditions work programme was developed and piloted in partnership with the National Health IT Board and Auckland regional DHBs. The programme provides a single care plan for people with long-term conditions. It works across disciplines to define mutually agreed problems, goals, actions, timeframes and accountabilities for all involved and to assist the person to participate more in their own care.
- The *Mental Health and Addiction Services for Older People and Dementia Services: Guideline for District Health Boards* was issued to help DHBs develop integrated services across primary care, mental health, addiction, health of older people and dementia services.

Providing new and expanded services

- The MidCentral region extended the presence of specialist health of older people outreach teams in the Tararua and Horowhenua areas. This initiative has provided older people with better care and helped reduce their travelling distances.
- Canterbury DHB introduced Community Rehabilitation Enablement Support Teams to better support older people after discharge from hospital and support older people to remain at home.

New investment

Budget 2011 allocated \$10 million per year to DHBs to provide dementia beds in residential care facilities on a more sustainable basis. Residential care facilities now also have access to four regional advisory services to help provide better care for residents with dementia. Budget 2011 allocated a further \$1 million per year to DHBs to provide additional dementia respite services.

5 Strengthening Clinical Leadership and the Health Workforce

Ensuring the continued availability of highly skilled, motivated and appropriately trained health professionals is critical to ongoing clinical and financial sustainability. Developing opportunities to better use the potential of the health workforce by extending existing roles or developing new roles was a priority for 2011.

Health workforce

Through the establishment of Health Workforce New Zealand in February 2010, health workforce development activities are being consolidated and rationalised. A national overview enables all the activities to be prioritised to improve value for money and productivity and to ensure investment priorities are focused on the areas of most need.

The following achievements are some of the highlights from 2011.

- Voluntary Bonding Scheme – the scheme, which rewards medical, midwifery and nursing graduates who agree to work in hard-to-staff areas, was expanded in 2011 to a total of 1800 doctors, midwives and nurses.
- Advanced Trainee Fellowship Scheme – the scheme was implemented in 2011 and provides financial assistance for overseas training in exchange for a job at a New Zealand DHB for a minimum of two years. This scheme is targeted at medical professionals training in a specific specialty.
- Community pharmacy anti-coagulation management services – 15 demonstration sites were funded for community pharmacists to manage patients receiving the anti-coagulation therapy warfarin (a prescription medication) in collaboration with general practices. An independent evaluation found patients benefited from the convenience of access and the immediacy of test results and advice.
- Diabetes nurse specialist – a demonstration site confirmed that the practice of diabetes nurse specialists prescribing commonly used medicines for diabetes is safe and clinically appropriate, and it contributes to the effectiveness of the specialist diabetes service.

Clinical leadership

Clinical networks strengthen clinical leadership and engagement and are crucial in the planning and delivery of services. A wide range of informal and formal clinical networks now operate at national, regional and district levels; examples include the national child cancer network and regional cancer networks. The national cardiac surgery network has facilitated important gains in the number of operations delivered alongside shorter waiting times.

Canterbury earthquakes

The September 2010 and February 2011 earthquakes in Canterbury resulted in unprecedented challenges to Canterbury DHB and the wider New Zealand health system.

Incident management teams were activated within the Ministry of Health and many DHBs provided immediate and ongoing support to Canterbury DHB. The sector supplied a range of specialist staff, especially cardiac care nursing and public health staff. Hundreds of residents of aged residential care and disability support services were transported to new accommodation, as were many people in need of medical treatment. Primary care, ambulance and mental health services provided a range of health services through 12 welfare centres.

The health and disability sector has continued to support Canterbury on a regional and national basis, including in the delivery of health targets, in the face of a succession of severe aftershocks.

6 Financial Management and Sustainability

Shifting to a sustainable growth path involves actions to lower the rate of spending growth to align more closely with the growth in government expenditure as a whole. This shift must be achieved without comprising the current high quality and reliability of the health services. At a national level, efforts have been made to improve the fiscal sustainability of the health sector, including by:

- establishing Health Benefits Limited to work with DHBs to reduce back office and procurement costs and redirect these to frontline services
- re-focusing the National Health Committee on the prioritisation of investment in new technologies
- establishing the Health Quality and Safety Commission to improve efficiency and reduce the costs associated with preventable and adverse medical events (see section 7 for more detail)
- focusing the Capital Investment Committee on the assessment and prioritisation of DHBs' capital investment proposals
- ensuring the Ministry of Health's expenditure delivers value for money.

Ministry of Health departmental expenditure

The focus of the Ministry of Health is to improve the quality and prioritisation of its work while further managing costs down. The Ministry of Health has delivered savings in departmental expenditure through a 12.2 percent reduction in full-time equivalents between 2009 and 2011 – one of the largest reductions in the state sector.

DHB productivity

DHBs have successfully kept on the deficit reduction track set by the Ministry of Health while maintaining per capita service coverage. At the end of 2008/09 collective DHB deficits were approaching \$160 million; this total reduced to approximately \$55 million in 2010/11. The reduction was achieved against a background of continued growth in hospital activity and improvement in labour productivity in the delivery of medical and surgical services in 2010/11.

PHARMAC

Since 2000, savings made on medicines managed by Pharmaceutical Management Agency Ltd (PHARMAC) have delivered cumulative total savings of \$4.7 billion for DHBs. In 2010/11 PHARMAC funded 39 new medicines and widened access to 43 others. An estimated 260,000 people will benefit from this improved access.

7 Ensuring Quality

Improving the quality of health care services has the dual benefit of improving patient satisfaction and health outcomes, while also reducing costs associated with avoidable escalation, emergency admission and medical error.

The Health Quality and Safety Commission (the Commission) was established as a stand-alone Crown entity in November 2010 to accelerate national quality and safety improvement initiatives. The Commission's objectives are to lead and coordinate work across the health and disability sector to:

- develop a framework for the Commission and providers to work with patients, families and carers as partners to improve health quality and safety
- build the capacity of consumer representative agencies to work with providers as partners
- measure consumer experiences
- improve consumer literacy (initially on medication safety).

Clinical leadership

The Commission has formed partnerships with clinical leaders and champions to ensure its work is grounded in the most up-to-date, evidence-based, best-practice information. The Commission develops tools, techniques and methodologies to be promoted and implemented in the sector. Strong clinical leadership has been engaged for each key project.

Tracking performance

The Commission is charged with providing a clear picture of sector performance over time. The following are some of the highlights for the Commission from 2011.

- The first report against national and international measures and indicators of quality and safety will be published by June 2012. This will provide the starting point for tracking performance and demonstrate and motivate success across the sector.
- The first health care variation report to identify unwarranted variation in health care outcomes and practices was published. Variation reporting is designed to encourage clinicians to discuss good practice, and to help consumers get appropriate treatment regardless of who their practitioner is or where they live.

Medication safety

To reduce preventable medication errors, the Commission is leading the national Medication Safety Programme, which includes the implementation of:

- the national adult medication chart which is an effective way of reducing medication errors; all DHBs were on target to begin implementation by the end of December 2011
- the medicine reconciliation process which ensures that patient medicines are checked at critical handover times, such as when patients are admitted to, transferred within or discharged from hospital
- the e-medicine programme in partnership with the National Health IT Board (which is a cornerstone of a wider e-health programme).

Mortality review

The four mortality review committees (Child and Youth, Perinatal and Maternal, Family Violence, and Perioperative) transferred from the Ministry of Health to the Commission in April 2011. The committees report annually on mortality and morbidity, and identify priorities for preventing deaths and harm in the future. In 2011 the Child and Youth Mortality Review Committee released two reports – on low-speed run-over deaths and the role of alcohol in deaths of children and young people – that were widely publicised and discussed.