

Case study 10: Making the system work for everyone

An accreditation process for NGOs is improving access to health services for high need populations, while generating enrolments with the local PHO.

Statistics show that the Māori population across Otago and Southland is growing faster than in the rest of New Zealand. Much of the Māori population is young and has a lower social-economic status. *Tatau Kahukura*, the Māori Health Chart Book provides accessible information on key Māori health indicators to assist the **Southern PHO** and other service planners to develop policy and services, and allocate resources.

To help transform services, the Southern PHO is encouraging the wider health sector to build strong clinical networks and collaborative support and engagement with Māori providers and other community agencies.

The Southern PHO, which has 94 general practice members, has engaged an independent expert from a North Island Māori NGO to set up an accreditation system that establishes the credentials of various providers. The IT platform records what services they provide, that appropriate systems are in place, nurses' specialist skills, and if they have contracts with the DHB or PHO, or have done accreditation through Telarc, DAA, Quality House or others.

"It means if a patient is sitting with a GP, the GP can scroll through a menu and give them a choice about whether they have a Southern PHO-funded clinical service done there or with another accredited provider," says Southern PHO chief executive, Ian Macara.

"The GP can make an electronic referral to accredited NGOs via MedTech using the NHI tracking number. The referral is acknowledged and once the NGO has provided the service, they invoice the PHO."

Three health programmes (sexual health, cardiovascular and diabetes) have begun in the past few months, and ultimately 15 programmes will be part of the referral system.

Ian Macara says many NGOs are aware of people not enrolled with a PHO, so they can refer them to a general practice, which then enables the patient and NGO to tap into a range of support. Once enrolled, the PHO can use its discretionary funding to improve services for high needs patients, such as Māori and Pacific Island people or those classed as Deprivation 9 or 10, or in high needs areas like Bluff, where 43% of the population is Māori.

While Ian is keen to work with a range of NGOs, he admits it can be difficult to find out which NGOs work in different communities and what services they offer.

"In some cases, we know they are providing health care but we don't know what contracts they hold or what they are for. We have asked the DHB for this information, but haven't got it yet," says Ian.

Ian's desire for this information should be a welcome relief to many NGOs, as he views a successful government contract as satisfying the process for accreditation with the PHO.

"If NGOs are being paid by the Ministry or DHB to deliver a service and the contract has been satisfied, then that's an indication to us that an NGO's processes are robust and rigorous enough for us to consider using them. We're not going to subject them to multiple audits," he explains.

“The primary health sector is complex, so there needs to be a mechanism that co-ordinates information. We don’t have a comprehensive database that we can tap into yet. For example, I know the Arthritis Foundation is in our communities, but I don’t know how many people they can service, what staff they have, how they are funded or what services they provide.”

While some NGO and provider information is publicly available through various databases such as the [Charities Register](#), [Webhealth](#), [Healthpoint](#), the [Family Services Directory](#) or the [Contract Mapping website](#) – none of these provides a complete picture, and each has its own challenges in maintaining and accessing data.

“It’s also a challenge to get information out to the sector about the PHO’s progress and priorities,” says Ian.

The Southern PHO already has **30 non-GP accredited providers** across the Otago/Southland region and Ian says there are various areas where NGOs can deliver a superior service.

“For example, GP skills have waned in the insulin initiation area – because this service has gravitated to DHBs.

“By appropriately using non-profit providers, we can assist to unclog the secondary care system.”

Ian is especially enthusiastic about the outreach nursing services, which are reaching the non-enrolled population who haven’t engaged with primary health care.

“Some can’t afford it, others live remotely or are transient so end up being treated as a casual patient, which costs them more. We also have a significant migrant population here for work, but they can’t enrol until they’ve been in the country for 24 months,” Ian explains.

In Invercargill, the Southern PHO worked with **Nga Kete Matauranga Pounamu Charitable Trust, Māori providers, GPs, government agencies** and **church groups** on a mobile community nursing project targeting high needs patients. In Dunedin, **Arai Te Uru Whare Hauora** is one of the providers of mobile nursing services. It covers a large Otago area from Balclutha to Oamaru and inland to Middlemarch, and has government contracts of around \$2 million from the Ministries of Social Development and Health and ALAC.

More information: www.southernpho.health.nz

This is one of the 15 case studies profiled in *How NGOs Make a Difference to Health Care in the Community* – a 96-page report from the Health and Disability NGO Working Group, Jan 2012.

The case studies cover acute nursing services, health information services, virtual practices, youth one-stop-shops, mental health networks, community development approaches, cardiac rehab, Whānau Ora and Asiasiga models of care, and more – from North to South.

See www.ngo.health.govt.nz for more of the report.