

PRIMARY HEALTH CARE PROJECT BRIEF – THE SCOPE OF THE PROJECT

Health and Disability Sector NGO-Ministry of Health Working Group

Title: How NGOS contribute to improving Primary Health Care in NZ

Examples of how non-profit NGOs help improve primary health sector outcomes through innovative, integrated models of care – and what gets in the way of this.

Project overview

There is a vast array of reports, strategies, plans and discussion documents about primary health care for government policy advisors to pore over and analyse. The added value that the Health and Disability NGO Working Group can bring to this challenge is the real world experience of its members and wider health and disability NGO networks.

Anecdotal evidence suggests there are barriers to more integrated primary health care models, yet some NGOs and other primary care providers manage to make it work. This research project will profile 8-15 examples of NGOs working collaboratively in different health fields and locations. It will describe their experiences working with other primary health care providers (such as PHOs) to deliver integrated primary health care services; and it will attempt to analyse what makes a difference. The focus will be on identifying what works, what factors play a key role in success, and what gets in the way.

The NGO/PHO stories will be supplemented with findings from an online survey of the wider health and disability NGO sector – seeking quantitative information about their services, their challenges and their opportunities for providing more effective, integrated primary health care services.

This is the first phase of the NGO Working Group's Primary Health Care project. The next phase will depend on the analysis of the barriers and success factors, and whether these relate to policy issues and funding models, or systemic ways of operating and relationship building. In the meantime, the NGO profiles will provide opportunities to raise awareness of the important contribution NGOs make to health outcomes for New Zealanders.

Core theme of proposed report (key message)

The NGO sector is a major provider of public and personal primary health care in New Zealand. Its expertise and community reach ideally position it to assist the government to achieve better health outcomes for New Zealanders. Greater co-ordination between ALL providers will deliver integrated primary health services that improve effectiveness and efficiency across health and disability services in primary health. The examples identified in

this report illustrate how integrated health services involving NGOs can help lift taxpayers' return on investment in health – reducing the use of secondary and tertiary health services and encouraging personal responsibility for wellness.

Primary Audience

- Ministry of Health primary health care policy team

Other Stakeholders the report may be useful to

- Health Minister/Associate Minister and health spokespeople from other parties
- National Health Board
- NGOs working in Primary Health Care – including:
 - Pacific providers
 - Māori providers
 - mental health
 - consumer providers, etc
- PHOs
- Health Quality & Safety Commission, Health & Disability Commissioner
- Whānau Ora providers
- DHBs

Objectives/Purpose

The research findings will aim to:

- influence government policy and funding models for Primary Health Care services (especially Ministry of Health and DHBs)
- advise government Ministers and other party spokespeople on the views of health and disability sector NGOs about Primary Health Care
- raise awareness about the range of Primary Health Care services non-profit NGOs can provide (especially among PHOs).
- help NGOs identify opportunities to contribute more effectively to the provision of Primary Health Care in New Zealand via integrated service delivery models.

Content of paper

The profiles in the report will cover a range of primary health services delivered by NGOs in conjunction with other primary health care providers.

Possible examples may include some of the following:

- WellChild checks
- Parenting and behaviour support services
- Māori health services (probably a Whānau Ora provider/example)
- Pacific health services (that draw on the strengths and opportunities within Pacific communities in NZ)
- Community health services (eg: Pomare, Newtown or Nelson's Victory Village)
- Mental health service
- Consumer providers
- Health education
- Sexual health example
- Counselling services
- Diabetes service
- Alcohol and drug dependency (including methadone treatment) services
- Integrated family health centre (eg: Tararua Health in Dannevirke)
- Nutrition and physical activity
- Screening services
- Smoking cessation supports
- Transport and accessibility supports
- Aged care
- In-home support services
- Cardiovascular health example

The profiles will:

- identify examples of successful service co-ordination and particular strategies that NGOs and PHOs consider productive for advancing integration and new models of care
- describe the issues and barriers for NGOs arising from attempts to work with PHOs to provide better integrated services via multiple points of entry

- provide an NGO perspective on opportunities for integration through innovative models of co-ordination and co-operation between NGOs and the broader primary health sector (eg: virtual integrated family health centres in partnership with GPs, public health services and other ancillary health and social service providers, alternative pathways to care)
- possibly include one or two examples where the barriers have been insurmountable so far (ie: non-profit NGOs are shut out.)

A consistent interview structure will be followed, but with a flexible approach allowing for appropriate delivery and questioning most suitable to the examples being profiled.

Lines of questioning are likely to include:

- What does the service deliver?
- What providers are involved in the delivery?
- How is the service integrated and connected to other providers?
- How are commercially-focused PHOs and/or community-based PHOs involved – were they the drivers of the integrated approach?
- Who led the initiative to its current delivery model?
- How long did the process take?
- Who benefits most from the collaboration? How does the patient/consumer benefit? How is their experience different?
- What population groups does the service work with?
- How have the services reduced inequalities or improved access for disadvantaged groups?
- How do non-profit NGOs help target services to address issues of long-term disadvantage and complexity for marginalised population groups?
- How is it funded?
- How does the funding model affect integrated models of care?
- How were costs able to be reduced?
- What impact does location and community connections have on the service?
- What role (if any) does integration with other non-health agencies play? (eg: welfare, education, police, etc)

- Is this example unique to a region/population or is it a local response to a national issue?
- What lessons can the wider health and disability sector learn from the approaches being used?
- How could this approach be replicated elsewhere or adapted for use more widely? What learnings could others take from the example?
- Where integration does occur, what factors help it to happen, and what gets in the way?
- What were the key factors that help them succeed?
- What role has training, upskilling and/or workforce development played in supporting the collaborative approach? What skill or knowledge gaps have had to be filled?
- What roles do IT systems and technology play in supporting or preventing service integration?
- If there is a central access point for both practitioners and clients/patients, how does it help to facilitate a smooth journey for the client/patient and enable easier collaboration for health practitioners?
- How do the different providers connect into a clear and transparent care (treatment and support) pathway with well delineated responsibilities for engagement of key personnel at each stage of the pathway?
- How is demographic information shared to enable all parties to understand the nature and extent of the needs?
- What performance measurement processes are in place to inform and/or improve quality of care?
- How are referrals supported and encouraged and what systems are in place to provide important feedback to the referrer? What specifically do nurses, doctors etc do to support referrals?
- What **specific** levers or triggers helped make a difference? What is done differently?
- What does an 'ideal' primary health care team look like in this example? Who is involved?

Selection criteria for case studies

Not all primary health areas can be explored within the resource constraints of this phase of the project. An important focus needs to be on choosing appropriate case studies with real potential to **provide specific insights** that will facilitate greater collaboration between providers in the future.

Therefore case studies will probably feature:

- at least one non-profit NGO and a PHO working together (views from a range of participants will be obtained to ensure different perspectives are illustrated)
- formal and informal arrangements between PHOs and NGOs (eg: co-location, the PHO paying non-profit NGOs for services, etc)
- non-profit NGOs involved early in planning processes (eg: at the set up stage)
- true collaboration (eg: non-profit NGOs as members of advisory groups, an inclusive process, etc)
- innovative approaches to reaching marginalised or high risk communities (eg: youth and sexual health)
- established services that have had time to measure achievements and reflect on what specific factors make a difference
- comprehensive referral processes and solid systems to provide feedback to referrers
- contemporary examples established since many PHOs have amalgamated (eg: Southern PHO)
- examples that allow us to identify real learnings and don't just provide a bunch of 'nice stories'.

Where possible, examples will be chosen that feature a general health service working with specific population groups (eg: a mental health service focused on Pacific communities).

Project success factors

A range of examples will be needed and the report will have to go beyond just describing what they did. It will need to focus on the **key factors that made a difference** and the barriers that got in the way.

The research intends to build upon existing bodies of work and information from known networks and informed sources regarding best practice collaborative health initiatives. But it also needs to bring something new to the table – adding value via the NGO Working Group members' own experiences and wider networks with the health and disability NGO sector.

NGO working group members, NGO health and disability providers and key umbrella groups will be vital sources of real-life examples and information on issues and solutions if innovative ideas are to be identified and analysed. Possible case studies may also be identified through forthcoming national events such as Victory Village Forum (Nelson, 27-29

July), NZ Home Health Assn Conference (Wellington, 3-5 August) and Public Health Assn Conference (Christchurch, 31 Aug-2 Sept).

Working Group members can play a key role in making introductions and in some cases conducting an interview or visit in their region to gain greater insights than can't be obtained by phone or e-mail, as there are unlikely to be project resources available for contractor's travel/accommodation costs.

Background

Non-government organisations (NGOs) receive significant funding (in the order of \$2 billion-\$4 billion per year [approximately 25% of overall non-departmental health operating budget of \$12.8 billion]) from both the Ministry of Health and district health boards. Many are non-profit, and along with providing services to consumers they are a valuable contact at community level.

Primary health care covers a broad range of health and preventative services, including health education, counselling, disease prevention and screening.

Non-government organisations have a long, well established record of contribution to New Zealand's health and disability service delivery. Health and disability NGOs include a wide range of organisations that provide flexible, responsive and innovative frontline service delivery. Diverse services are offered in primary care, mental health, personal health, and disability support services, and include kaupapa services, such as Māori and Pacific providers. Many of these providers/groups/organisations provide valuable input into the wellbeing of the community¹.

Health purchasing changes in the early 1990s aimed at improving competition and choice in the health and disability sectors led to a proliferation of providers. The NGO sector flourished in response to the complex needs of key population groups in the community. The sector is now at a cross roads as government reforms aim to deliver care that will add value and efficiency at a time of burgeoning health and disability spend.

Many aspects of primary healthcare function with little integration, co-ordination or collaboration with the NGO health and disability sector. This creates gaps in care, duplication and confusion for consumers and community alike. The NGO/MoH Working Group suggests that the largest impact on health outcomes for individuals, whānau and community will arise from better integration and co-ordination of services.

¹ Source: Ministry of Health website – accessed 10 May 2011

There is a need to define the current scope of NGO contributions to the primary health sector and for renewed models of co-ordination and co-operation. Key to its success is the role of primary health in reducing demand for tertiary services. There is a need to improve the return on investment of taxpayers' dollars and provide measurable health gains to disadvantaged groups by reconfiguring the shape and delivery of services in the primary sector.

Ongoing issues of equity and access to primary health services, as well as the appropriate mode of delivery to Māori as tangata whenua and Pacific groups have yet to be realised. The NGO/MoH working group supports a primary health care philosophy that is centred on a person/whānau approach. The delivery of primary health care needs to be responsive to individual and community need, flexible, adaptable and appropriate. The NGO health and disability sector providers have a breadth of experience in providing this and a willingness to work in collaboration with others in delivery of services.

Improved integration will require a greater acknowledgement of the wide range of practitioners/professionals and funders who contribute to Primary Health Care and a commitment to engage with the NGO sector. Building of relationships, collective understanding of each others roles, and **trust**, will be vital to the development and success of any future Primary Health Care models.

Key information sources

Background information and context will be drawn from:

- *Better, Sooner, More Convenient Primary Health Care*
- the Government's initiative to deliver a more personalised primary health care system that provides services closer to home and makes Kiwis healthier. A package of services is proposed to make significant improvements. This includes multiple Integrated Family Health Centres, nurses acting as case managers for patients with chronic conditions, providing a wider range of care and support for patients and shifting some secondary care services to primary care.
For information relating to this initiative go to:
<http://www.moh.govt.nz/moh.nsf/indexmh/phcs-bsmc#backtotop> and see 2011 profiles at <http://www.moh.govt.nz/moh.nsf/indexmh/better-sooner-more-convenient-health-care>
- 9 successful proposals from PHOs for the *Better, Sooner, More Convenient Primary Health Care* initiative.
See <http://www.moh.govt.nz/moh.nsf/indexmh/phcs-bsmc-proposals>
- *The Primary Health Care Strategy*, Ministry of Health, February 2001.
Download this document at:
<http://www.moh.govt.nz/moh.nsf/0/7bafad2531e04d92cc2569e600013d04?OpenDocument>
- *The NGO Sector Role: A Key Contributor to New Zealand's Health and Disability Services – 2010*
Recent changes in the political and economic environments of most western democracies indicate a further change in the role and participation of NGOs in health and disability sector service provision may be imminent. Those changes are explored in this paper, which quantifies

the current contribution of NGOs and includes examples that show when NGOs collaborate, they are key drivers of innovation. That capacity to innovate will play a significant part in the future sustainability of health and disability services in this country.

Available at: <http://www.ngo.health.govt.nz/moh.nsf/indexcm/ngo-resources#1>

- *Barriers and Opportunities for Innovation and Collaboration in the Health and Disability NGO Sector – 2007*
This document summarises a number of issues raised by NGOs about the barriers to, and opportunities for, innovation and collaboration within the health and disability NGO sector.
Available at: <http://www.ngo.health.govt.nz/moh.nsf/indexcm/ngo-resources#1>
- *Non Government Organisations (NGOs) and the Primary Health Care Strategy - Developing relationships with Primary Health Organisations from an NGO perspective – 2005*
This study explores the experiences, and identifies the key issues, of eight NGOs as they sought to develop relationships with primary health organisations (PHOs), and establish their fit within the new primary health care structure. The study also draws on statements reflected in the NGO – MOH survey of relationships with DHBs and the Ministry of Health.
The full report is at: <http://www.ngo.health.govt.nz/moh.nsf/indexcm/ngo-resources#1>
- *The New Zealand Health Strategy*, Ministry of Health, December 2000.
Download this document at: <http://www.moh.govt.nz/nzhs.html>
- *Trends in Service Design & New Models of Care* literature review from the National Health Board, Aug 2010.
Available from: <http://www.hiirc.org.nz/page/21269/trends-in-service-design-and-new-models-of/?section=9097&tab=27>
- *He Ritenga Whakaaro: Māori experiences of health services*, Mauri Ora Associates, January 2009.
Download this report at: <http://www.mauriora.co.nz/file/He-Ritenga-Whakaaro.pdf>
- *Whānau Ora - a whānau centred approach to Māori wellbeing*, New Zealand Public Service Association (PSA), November 2009.
Download this document at:
http://www.psa.org.nz/Libraries/PSA_Documents/PSA_submission_Whānau_Ora_Nov2009.sflb.ashx
- *He Korowai Oranga: Māori Health Strategy*, Ministry of Health, November 2002.
Download this document at: <http://www.moh.govt.nz/mhs.html>
- *Ala Mo'ui – Pathways to Pacific Health and Wellbeing 2010-2014*, Ministry of Health, March 2010.
Download this document at: <http://www.moh.govt.nz/moh.nsf/indexmh/ala-moui-pathways-to-pacific-health-wellbeing2010-2014>

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