

## MESSAGE FROM BOARD CHAIR

On behalf of the Board of the Whanganui Regional Primary Health Organisation (WRPHO), I have the pleasure of introducing the Annual Business Plan for 2011-2012.

The Whanganui region is served by the following WRPHO Board members:

- Rural and urban community representatives (Shelley Clarke, Jeremy Nash, Mike Ward)
- Iwi representatives (Barbara Ball, Adrian Rurawhe)
- Rural and urban General Practitioners (Dr Alan Mangan, Dr Rick Nicholson, Dr Ken Young)

WRPHO Board members actively contribute their skills and experience, resulting in constructive debate and informed decision-making. I thank the Board members for their committed engagement and strategic vision. The Board receives high quality reporting and data analysis from an outstanding management team led by our Chief Executive Officer, Judith MacDonald. Valuable additional input is regularly received from the Community Advisory Group, the Clinical Governance Group, the Diabetes Governance Group and Pasifika Health Trust, among many others.

WRPHO has exceptional operational teams. Their combined expertise in clearly communicating (and fairly facilitating) the management of change and quality improvement, is a major resource for the Whanganui District's health and social sector. The clear goal is to deliver more equitable, accessible and effective primary health service options for all our communities.

Obviously, the health sector continues to operate in a climate of change and financial uncertainty. The challenges involved in translating traditional 'hospital-based' services into 'whole of health' community-based services will continue. Of course, meeting the aims of the Primary Health Care Strategy involves more than just the primary health sector. Challenges will continue for all health and 'whole of life' participants. Participants include individuals, families, community groups, rural groups, service providers, General Practitioners, health clinicians, hapu and Iwi health groups, non-government organisations, secondary health services, Wanganui Hospital, Wanganui District Council, Whanganui District Health Board, Ministry of Health, other Government ministries and departments, etc.

Better primary health requires better planning, better communication and better partnerships between all sectors (although perhaps under Whanau Ora there won't be 'sectors' at all in future). How will health systems cope with continued tight fiscal restraint? The obvious answers require working closely together for integrated 'whole system' processes and solutions. Each part of the clinical and social journey for our individuals and our communities must be in partnership with the whole system. Will this be a challenge? Of course it will; we all may feel discomfort or inconvenience while these integrated systems become more seamless.

Another question remains – am I personally prepared to cope with short term inconvenience and uncertainty while better systems are built up for the longer term? I trust we will all answer “yes” to that challenge, because the alternative (i.e. not attempting to improve health system outcomes) is not an acceptable option! By actively working together in good faith to improve access to health service options, all of us should feel engaged in improving health and social outcomes for individuals, families and communities. These improved outcomes stand at the heart of the Primary Health Care Strategy.

I suggest the future of health systems for the Whanganui District will also involve looking beyond the district. Most of New Zealand faces similar issues of clinical capacity, equitable access, engagement, affordability, etc. Individual DHB's, as we now know them, may not necessarily be the vehicles by which primary health is developed. PHO's, as we now know them, may change also. While primary health is clinically driven, it is vital that communities are engaged in delivering direction. The Whanganui Regional Primary Health Organisation will continue to plan with and for our communities.

**Mike Ward – Chairperson**

**Whanganui Regional Primary Health Organisation**

## WRPHO BOARD



*Back (left to right):*

Dr Alan Mangan  
Dr Rick Nicholson  
Judith MacDonald  
Jeremy Nash  
Dr Ken Young  
Adrian Rurawhe

*Front (left to right):*

Barbara Ball  
Mike Ward (Chair)  
Shelley Clarke

## CLINICAL DIRECTORS



*Left to right:*

Dr Alan Mangan  
Dr John McMenamin  
Dr Rick Nicholson  
Dr Ken Young

## COMMUNITY ADVISORY GROUP



*Back (left to right):*

Karen Bukholt  
Gerald McDouall  
Frank Bristol  
Kate Brock  
Janette Dallas  
Linda Walker  
Julie Nitschke  
Carole Head  
Richard Safey

*Front (left to right):*

Dr Alan Mangan  
Jo Rangooni  
Glenn Horrex

*Absent:*

Margaret Roddick (Chair)  
Di Valentine  
Murray Weir

## WRPHO EMPLOYEES AND CONTRACTORS



*Back (left to right):*

Piri Rurawhe, Robyn Finucane, Hilary Ashworth, Alison Pavlovich, Pam Scott

*Middle (left to right):*

Sue Hina, Sharon Duff, Fiona Corbin, Tania Bailey, Lucia Fua'ava, Janine Spence, Lee-Ora Lusi, Lisa Mailman, Chris Hogan, Tina Thompson, Angela Johnson, Debbie Biggar, Jackie Tataurangi, Jeanette Hague, Andre Mason, Laura Pepere, Andrea Bishop, Julie Nitschke, Teresa Hague, Dr Alan Mangan

*Front (left to right):*

Judith MacDonald, Tracy Matthews, Robin Howard, Barbara Charuk, Barbara Cornor, Rihi Karena, Matt Rayner, Janine Rider, Andrea Thornton

*Absent:*

Gemma Kennedy, Del Davis, Janet Mace, Darin Bailey, Katrina Kemp, Sue McMenamin, Declan Rogers, Alan Guy, Leo Brown, Karen Veldhoen

## WRPHO SUBSIDIARY COMPANIES

### Gonville Health



*Left to Right:*

Dr Cindy Marks  
Dr Jack Scwinghammer  
Dr Mark Peterson  
Bridget Simmons  
Kirsty Gorman  
Kath Baggot  
Fran Gale  
Ann Stellingwerf  
Barb Cornor  
Lynn Skelton  
Lynda Aplin

### Whanganui Accident & Medical



*Left to Right:*

Loren Mooney  
Kim Rees  
Evelyn Sen  
Andrea Thornton  
Robyn Christiansen  
Vanya Tipene  
Hilary Ashworth  
Karen Stephenson

### Taihape Health Ltd



*Left to Right:*

Julia Chrystall  
Margaret McKinnon  
Ali Callow  
Naumai Wipaki  
Jenny Gray  
Kathy Carr  
Dr Raju Mathew  
Del Davis  
Marguerite Kauika  
Margaret Maxwell  
Kiwi Rowlands  
Gemma Kennedy

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## 1. EXECUTIVE SUMMARY

This plan represents the eighth year of delivering innovative health solutions for our population which resides within Whanganui city and the rural communities of Marton, Bulls, Taihape, Waiouru and Raetihi. Whanganui Regional Primary Health Organisation (WRPHO) is configured as a parent administration / clinical 'hub' and has three 'spoke' provider units; Whanganui Accident & Medical, Gonville Health and Taihape Health. The objectives and measures within this plan slide across all four components of the company.

The subsidiary provider units have each been established to meet a need and respond to a distinct opportunity that has presented at various stages of the organisation's development. Whanganui Accident & Medical provides a regional response to after-hours care and a primary response to accidents that can be capably managed in primary care. WAM is co-located with the Emergency Department in Wanganui Hospital and shares the role of triage of all walk in patients that present at the shared 'front door'.

Gonville Centre is an integrated family health centre in a purpose built facility within one of the most demographically disadvantaged catchments of Whanganui city. The integrated design accommodates partners that were considered by the local community as their greatest priority such as, a community pharmacist, Wanganui District Council Library and Te Kura Correspondence School programme, along with the Gonville medical clinic.

Taihape Health is a rural integrated family health centre that provides a range of core health service options to meet the needs of the Taihape community, such as general practice, allied health, maternity services including antenatal, delivery, inpatient and community postnatal care, mobile surgical bus services, visiting specialist services and clinics, day programme for the elderly, community nursing across the continuum and meals on wheels.

All of the subsidiary clinics demonstrate tangible evidence of adoption of the 'Better, Sooner, More Convenient' policy direction favoured by the current Minister and Ministry of Health. Together with the consolidated business infrastructure provided at the WRPHO hub, and working alongside the clinical contracted service providers within WRPHO and private general practice providers, innovative population health outcomes are delivered in a way that is culturally appropriate and clinically safe.

WRPHO has always been considered as a community governed and clinically led organisation since inception. Six clinical leaders (five of whom are medical Clinical Directors) work alongside the WRPHO administration and clinical contracted / employed workforce to drive health strategy locally, regionally and nationally. WRPHO has enjoyed an effective relationship with the local District Health Board and over time this enduring relationship has worked together to bring about change that has been measured through improvement in all the health targets appropriate to primary health and the beginnings of an integrated approach to clinical decision making across the continuum.

Meaningful relationships and regular communication with all of the WRPHO general practice members is considered important, and operationally every effort is made to engage members in decision making where appropriate either through their Clinical Director GP delegated members, Clinical Governance Group, Project Sub-committees and/or quality and risk reporting processes. This will be essential moving forward, as PHO's are challenged with living with less income while delivering the same services.

Relationships at all levels of the organisation have similar success factors; continuity of people in leadership roles, transparency with information in order to make good decisions, passion about the community and population they are supporting and a willingness to make a difference. While the organisation is well aware the future holds many challenges, the governance leaders, operational team and general practice members are committed to working through the hard decisions to ensure that the range and quality of services is appropriate and a priority for the population needs we are responding to. We value the open communication style that we have cultivated with Iwi and providers across the district and resolve to continue to keep the patient and their family at the centre of all of our decision making.

**Judith MacDonald – Chief Executive**  
**Whanganui Regional Primary Health Organisation**

## 2. VISION, MISSION, VALUES



### VISION

A leader in driving high quality health outcomes through innovative partnerships, resulting in healthier communities and improved individual wellbeing.

### MISSION

Leading equitable provision of primary health care, through creative and successful decision making with our communities.

### **3. PURPOSE**

This plan sets out Whanganui Regional Primary Health Organisation's (WRPHO) work plan for the coming year. It outlines collaborative ways of working and reinforces the vision of the Primary Health Care Strategy "*Primary health care services will focus on better health for a population and actively work to reduce health inequalities between different groups*"<sup>1</sup> and 'Better Sooner More Convenient'<sup>2</sup> health services. A discussion paper that includes a number of proposals for better sooner, more convenient healthcare has, since its release in 2007, become the foundation document for changes within the health sector. These changes are summarised as;

- Reducing endless waste
- Better, sooner, more convenient primary care
- Improving performance and quality
- Strengthening the health workforce

WRPHO seeks to support a changing health system that is better suited to prevention and supporting peoples' well-being. This will be achieved through;

- Meaningful relationships with our communities that will progress shared priorities
- A population health framework that will guide priorities and funding decisions moving decision making closer to the patient by providing a workforce which is best placed to make the best decisions in partnership with the client and their whanau
- Organisational values and cultural principles which guide and assist us to recognise and seek to improve population realities
- Improving the patient journey through navigating a smooth transition across primary, secondary and tertiary sectors

### **4. CURRENT REALITY**

The initiatives in this plan reflect the Minister's national health targets and priorities;

- 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

There is an expectation from government that more resources will focus toward delivering services in local community settings, closer to patients. This strategy will include the following outcomes;

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<sup>1</sup> Ministry of Health (2001), Primary Health Care Strategy

<sup>2</sup> Tony Ryall, Minister of Health (2007), Better Sooner More Convenient: Health Discussion Paper

- Reducing unplanned readmissions through working with community and hospital based clinicians on chronic disease management, the frail elderly and after-hours
- Ensuring community and hospital based clinicians are at the forefront of development and decision making, supported by management and enabled to provide services more effectively
- Developing effective and efficient integrated family health centres
- Supporting Whanau Ora initiatives and outcomes

### **Local DHB Position**

Wanganui District Health Board local priorities;

- Strengthening clinical leadership
- Extending regional collaboration
- Integration of care across the continuum
- Progressing the devolution of hospital based services to primary and community settings
- Responsiveness to Maori including Whanau Ora
- Living within our means

More than ever before there will be significant pressure on government spending and a need to demonstrate waste reduction and improved efficiency across all public sectors, not just health. Whanganui Regional Primary Health Organisation has developed a set of principles that reflect and articulate this current reality and are focused on improving the Whanganui population's health with less income, while delivering the same services.

## **5. PRINCIPLES**

The following principles are considered critical in under-pinning our way forward for 2011/12 and future years given the global economic environment health is experiencing;

### **Live with less income while delivering same services**

- Make critical portfolio choices and trade-offs
- Move away from 'fee for service' contracting models
- Invest in workforce education and development
- Invest in systems and processes (develop tools and infrastructure)

### **Lever off local health system changes to improve population health**

- Integrate decision making across the continuum at leadership and governance levels, particularly with WDHB and primary sector
- Position ourselves – right place, right time
- Create 'continuum' decision making (considering the whole journey)
- Translate regional decision making locally
- Move to total workforce planning, development and recruitment

### **Create a regional/local health priority agreement**

- Integrated network visible and functional (IT and people)
- Priorities are consistent across and population improvement centric
- Consistent guide, maps, tools developed across the local/regional sector
- Agreement on core services that require priority investment
- Intersectorial engagement and consideration to achieve whole system population improvement
- Increase community engagement and capacity to drive self management strategies

## **6. KEY STRATEGIES 2011/12**

The key strategies are focus areas and/or actions we intend to take to realise these principles.

### **Live with less income while delivering same service**

- Create a range of contingencies in response to each funding risk associated with possible withdrawal of PHO funded contracts, based on the least disruption to patients
- Identify practice member priorities and match with population profile for each practice
- Undertake serious discussions regarding expectation of outcomes from capitation funding
- Utilise experts in development of electronic tools to improve efficiency at general practice interface for assessment, risk calculation, referral processes, etc

### **Lever off the local health system change to improve population health**

- Promote an integrated executive clinical leader/management decision making forum for strategic discussions inclusive of primary and DHB leaders
- Create opportunity for integrated PHO and DHB governance board forums, focusing on vision and culture appropriate to the whole population, through the creation of a governance forum which is inclusive of all parties
- Monitor and support the effectiveness of the integrated Clinical Governance between WRPHO and DHB and consider wider inclusive membership
- Create opportunity for Progressive Health Inc. members to influence strategy at practice level (as well as through their delegated clinical director members)
- Drive regional decision making opportunities at a local level, through creating appropriate forums to influence and engage appropriate clinicians and business leaders, i.e. renal, cancer, cardiac, mental health
- Position WRPHO business unit on site within WDHB campus, reinforcing a positive commitment to work together and strengthen the collaborative clinical environment
- Create one medical recruitment agency in primary care for recruitment and retention of a medical workforce to offer more purchasing power and create cross service unit recruitment solutions within a more efficient model

- Facilitate a move toward total workforce planning development across primary and secondary sectors to maximize potential and offset risk associated with maintaining a clinical workforce in provincial and rural geographical locations

### **Regional and Local Health Priority Agreement**

- Agree priorities locally for creating an integrated IT service model across the continuum
- Champion clinical care pathways across primary/secondary continuum as a priority for improving patient satisfaction, participation and concordance
- Select critical areas for intersectorial participation and focus such as domestic violence and health/justice interface
- Agree milestones forward to increase community engagement and capacity for consumer driven self management decision making

### **Rural Health Plan**

Whanganui Regional Primary Health Organisation will work alongside our rural member practices to support delivery models which meet the unique needs of the communities they are serving. WRPHO works hard to create a transparent communication style with providers from the rural communities, so together we support sustainable health solutions and access to a range of services for rural communities. Priorities for the 2011/12 period;

- Supporting practice members to create sustainable primary health models that are responsive to community need within the constraints of financial parameters and workforce availability and capability
- Undertaking workforce development that builds a workforce that is competent and demonstrates best practice
- Building a reliable and capable information technology infrastructure that, where possible, connects and integrates with provider partners to create an integrated record
- Working cooperatively to achieve better health outcomes, such as measurable improvement in target areas, i.e. Cornerstone Accreditation and Performance Management Programme targets
- Managing risk associated with after-hours provision for the remote practices located within Taihape, Raetihi and Waiouru
- Developing an effective 'Integrated Health Centre' business model at Taihape that is responsive to health needs, financially viable and meets the community's expectations
- Utilising cultural competence measurement as an opportunity to improve service responsiveness and create practice relationships and partnerships with Iwi health providers
- Supporting enablers of access, such as the shuttle bus transport options

## **Health Promotion Plan**

A population health approach is applied to all health promotion activities within WRPHO. We work across all the key determinants of health in areas of need that have been identified by the enrolled population, community groups and health professionals. The objectives are in line with nationally identified health goals and globally with the World Health Organisation millennium goals. Key focus areas will build upon work undertaken in 2010/11 and include;

- Supporting healthy eating initiatives, such as the distribution of seasonal heritage vegetable seeds, plants and fruit trees
- Encouraging the community to access government led health initiatives, such as Warm Up NZ
- Strengthening community action, such as supporting patient's transportation to secondary and tertiary care, i.e. access to Cancer Centre services, supporting Gonville community initiatives as identified by community groups
- Mapping patient journeys across the continuum of care to support community and consumer action to drive holistic wrap around family services
- Undertaking collaborative partnership initiatives with general practice to decrease smoking rates and improve breast screening rates for Maori and Pacific Island people
- Working collaboratively with WDHB and ACC in their identified goal to support older people to remain, safe and healthy and reduce risk of accidents and injuries that result in fractures
- Working collaboratively with the WDHB to develop a district wide health promotion plan
- Championing innovative projects undertaken by community partners, including the Wanganui District Council Library's project Resources for Patients on Prescription, which is modelled on the NHS Books on Prescription scheme, and the Computers in Homes project, which provides low decile families with a home computer and the training required to use it

## **Quality Health Plan**

The quality team will drive system and process improvement within WRPHO and general practices as well as across the care continuum. For the 2011/12 period there will be a greater emphasis supporting workforce development and clinical infrastructures to reduce waste and duplication and improve efficiency. Some of the key focus areas this year include;

- Working collaboratively with WDHB to promote and foster continuous quality improvement initiatives across the primary secondary divide
- Developing and implementing local initiatives to align with national guidelines, clinical pathways, information system initiatives
- Strengthening evaluation and auditing functions
- Transferring hard copy policy documents to web based / electronic systems
- Consolidation of business and service functions of subsidiary organisations
- Business continuity planning (building on lessons learnt from Christchurch earthquake)

## **Maori Health Plan**

Cultural training and the development of general practice specific Maori health plans has seen significant engagement and uptake of culturally safe practice. In some instances general practices have enhanced the value of their Maori health plan through effective engagement and development of shared discussion with their local Iwi group. Building on the work already undertaken within general practice teams in 2010, going forward will see a greater emphasis placed on initiatives and actions that support improved access and uptake for Maori.

This year's focus will see the realisation of Whanau Ora within WRPHO and general practice teams through focusing on three key objectives. These objectives will give WRPHO and general practices an opportunity to strengthen their delivery model inclusive of culturally safe practice and offer evidence that mainstream practices embrace the concept of Whanau Ora within their individual clinical environments. Whanau Ora concept means many things depending on who you speak with. WRPHO aims to work with its clinical team and individual practices to apply the principles of Whanau Ora as they relate to their enrolled population. The objectives are;

### **Realisation of Whanau Ora**

- Ability for mainstream general practice to describe Whanau Ora and create actions that will progress and improve health and wellbeing for Maori
- Establish tangible and measurable linkages between Whanau Ora Iwi providers, Manaaki Hauora and general practice teams in rural locations
- Develop and facilitate processes that will embed a sustainable infrastructure to support linkages between general practices and Iwi
- Work with the WDHB Director of Maori Health on strategies that improve responsiveness to Maori

### **Educate and audit general practice teams' responsiveness to Maori**

- Develop and implement audit tools
- Develop and implement a cultural survey tool that can be applied to individual practices which is relevant for practice specific populations
- Facilitate the development of action plans and provide practice specific backup support, such as education and training to ensure culturally safe practice is the norm

### **Population health data reporting**

To assist general practice in understanding their practice population and provide a foundation for their response to inequalities that exist.

- Develop an inequalities reporting framework
- Identify gaps
- Initiatives developed to meet identified Maori health needs
- Evaluate impact of revised diabetes model using Whanau Ora impact assessment

Strategies and measures for the 2011/12 year are outlined in further detail as key deliverables under Appendix One.

## **7. CHALLENGES**

WRPHO recognises that to achieve agreed strategic outcomes there are a number of challenges to address, such as;

- Population health inequalities, increasing prevalence of chronic disease and increased consumer expectation. These are set within a zero cost growth capacity
- Health need and expectation exceeding funding resource, resulting in some difficult debates, such as raising the threshold to access a service, rationing of services and end of life discussion 'upfront' (as opposed to by default)
- The tension between private general practice operating as a business 'for profit' model versus devolution of services to primary care that have not had the actual cost quantified in the context of considering private business parameters and risk
- The government imperative that services devolved from secondary to be delivered in primary care will be at no cost to the patient

## **8. CRITICAL SUCCESS FACTORS**

- Developing a population health culture that is universal and conversant across primary and secondary sectors considering the patient first (not the 'patch')
- Effective, trusting relationships between clinicians and managers across all sectors that drives partnership decision making
- Moving to flexible funding models to efficiently deliver 'more for less' simultaneously demonstrating improved measureable outcomes

## **9. KEY RISKS AND MITIGATION**

Whanganui Regional Primary Health Organisation believes that the current size and scale of our business model, which consists of the PHO business unit and three subsidiary companies – Gonville Health, Taihape Health and Whanganui Accident & Medical, is best placed to drive population health moving forward. The organisation, which is clinically led and community governed, uses a range of champions close to the community and our provider partners, which includes five medical clinical directors, a nursing clinical director, and a CEO with a clinical qualification, who are backed by an effective operations manager and robust business unit.

WRPHO operates an after-hours service in the city that is co-located alongside the WDHB Emergency Department, demonstrating tangible evidence of aligning primary and secondary services. WRPHO has established Taihape Health Ltd as integrated primary led service model and Gonville Health which is delivered within an integrated health facility, involving partnerships with Te Kura Correspondence School and Wanganui District Council Library.

WRPHO is realistic in recognising risk associated with the current tight fiscal environment, which is under increasing pressure following the Canterbury and Japan earthquakes, and it was from this platform that WRPHO has critically analysed its internal management functions.

Through robust project budgeting and assertive contract management WRPHO intends to drive innovation and productivity in 2011/12.

Outlined in table two are strategies to mitigate these risks as well as those risks identified in the operational management of the organisation.

**Table Two – Risk Mitigating Strategies**

Risk	Risk Level	Risk Mitigating Strategies
<b>Financial</b>		
Tighter financial parameters at a national, regional and local level as a result of the global economy and Canterbury earthquake	High	<p>Assess funding risk for 'business as usual' and other priorities maximising existing revenue streams and reserves</p> <p>Early adopters of innovation to reduce duplication and eliminate waste</p> <p>Maximising clinical and financial resources</p> <p>Signal exits and management of change process for affected contract lines</p> <p>Communicate changes to the board and operational team</p> <p>Re-evaluate underwrite risks for subsidiary clinics with a view to minimise financial impact for parent company</p>
MoH and WDHB signalling potential for disinvestment in primary health care funding contracts for 2011/12 (not yet been quantified)	High	<p>Monitor situation closely and seek clarification if none forthcoming</p> <p>Explore potential mitigation strategies at the managers and clinical directors forum by end May 11</p> <p>Informed decision making prior to any changes in local funding formulas</p> <p>Communication plan for practices/patients and general public</p>
Fixed funding streams within silos create barriers to long term client improvement	High	<p>Consolidate and streamline funding to create a chronic care pool of revenue that funds chronic care programmes and supports long term sustainability within general practice such as Care Plus, ADCs, smoking cessation, etc, following confirmation that these funding streams are sustainable into the next two years</p>

Regional consolidation and regionalisation dilutes focus on unique needs of population	High	<p>Regular strategic interface at all levels including local integrated governance, Regional Clinical Services Group, Central Region Cancer Network, Renal Network membership, Central Region Mental Health and Addictions Planning PHO Alliance and GPNZ</p> <p>Create opportunities for integration and coordination across a continuum of care through focus on improving population health across the Whanganui region</p> <p>Engage stakeholders in critical decision making early and encourage an open and transparent communication style</p> <p>Build strategic alliances through relocation to WDHB campus</p>
<b>Workforce</b>		
Workforce capacity, capability and competence will influence level of care provided	High	<p>Streamline recruitment and retention strategies using a coordinated/cooperative approach</p> <p>Strengthen workforce development across the primary sector through provision of education and training as a core investment priority</p> <p>Participate in local sector wide, regional and Health Workforce NZ initiatives</p> <p>Implement workforce strategies to grow and retain home grown workforce</p> <p>Adopt a whole systems approach whereby the role of allied health team and community health workers are integral to the delivery of front line services / Whanau Ora</p> <p>Support initiatives that reduce avoidable hospital admission through a primary strengthened hospital front door</p> <p>Encourage utilisation of nurse led activities within general practice settings as a mitigation factor for tight GP resource</p>
Locum workforce cost and turnover	High	<p>Short and long-term workforce development plan in place</p> <p>Preparation of workforce to take up nationally driven workforce changes, i.e. nurse prescribing for diabetes, clinical pharmacist prescribing</p>
Succession planning for clinical leadership roles	Medium	<p>Define leadership development and investment as a goal and mentor others into roles and responsibilities</p>

<b>Patient care</b>		
Community understanding - failure of the community to understand primary health care strategy and impact of current health care environment	Medium	<p>Implementation of effective communication plan using branding, multiple strategies and approaches</p> <p>Community Advisory Group mentored and informed through good information to ensure championing right priorities and right messages</p> <p>Advanced Care Planning Steering Group develop a communication strategy to inform the general public on key considerations for the future</p>
Private business model of general practice verse Ministers expectations of Better, Sooner, More convenient care within a financially constrained environment	Medium	<p>General practice is informed of key developments, risk and participate in decisions re mitigations strategies that are likely to have impact on their businesses</p> <p>Clinical leadership partnering management in making tough decisions</p> <p>Facilitate effective communication forums for general practice teams to ensure issues are aired and where possible, implementing solutions through shared decision making</p> <p>Promote and implement smart decisions re alternative models of care delivery</p>
An increasing focus on screening and intervention rates will create a demand the health system may not have and capacity or capability to respond to	Medium	<p>Consider a system wide response to all resource decisions effecting clinical pathways, programmes and projects such as the diabetes review and chronic disease management</p> <p>Lobby and articulate risks associated with access to diagnostics and treatment services</p>
Ministry of Health letter of expectation (2011/12)	Medium	<p>Embrace opportunities and look 'outside the square' to create health outcome improvements for the population that are patient centric, sensible and efficient</p> <p>Champion change by working with clinical leaders across the sector to develop and implement collaborative approaches to care that work for our population</p>
<b>Leadership &amp; Governance</b>		
Regionalisation of secondary services	High	<p>Position ourselves to ensure WRPHO is represented on governance and strategic planning groups, advisory groups or leadership forums where future planning and investment discussions occur for the prioritisation of population health across the district</p>

<p>Post election changes to national health structure and its impact on primary care demonstrate economic value in the current environment</p>	<p>High</p>	<p>Explore tools to measure qualitative gains made by WRPHO that have economic value from a MoH/DHB perspective</p>
<p>Whanau Ora policy change is viewed as 'for Maori by Maori' therefore the PHO and general practices do not engage to the level required to achieve improved outcomes for the population</p>	<p>Medium</p>	<p>Political astuteness and organisational awareness are paramount in integrating the Whanau Ora policy within mainstream PHO</p> <p>The WRPHO Maori Health Plan drives a previously undemonstrated point of difference by creating cultural responsiveness in 'real' terms</p>
<p>Indecisiveness of national strategies impacting on local population needs</p>	<p>High</p>	<p>Define, describe and articulate Whanau Ora within the context of WRPHO and member practices that forms a model that will improve health inequalities and improve access to services for Maori</p>

## APPENDICES

### Appendix One: Key Deliverables 2011/12

Outcome	Objective	Short and medium term strategy	Measure
<p><b>A patient centred approach</b></p> <p><b>Better sooner more convenient primary health care</b></p>	To improve child health through delivering a more integrated service model between primary and secondary care services	<p>Participation in the review of the current paediatric service model to ensure the model is 'best fit' with population health need and policy direction</p> <p>WRPHO will be a strategic leader in creation of a new model of care</p> <p>Immunisation coverage rates for two year olds to 95% by 30 June 12</p> <p>WRPHO achieves national leader status in B4 Schools</p> <p>Maintain a strong focus on reaching high deprivation populations</p> <p>Integrated Family Health Centres at Taihape and Gonville will showcase new and innovative work practices to best meet patient need</p>	<p>Reduction in avoidable hospitalisations for children</p> <p>Evidence of strengthened primary/community model</p> <p>Measurement of pathways completed and evidence of collaborative working in creating a pathway for child abuse</p> <p>Participate in the WDHB and MidCentral Child Health Alliance Network and the local Paediatric Guidelines Advisory Group</p> <p>Immunisation rates for the total Whanganui population reach 95% target</p> <p>B4 Schools targets for reaching high deprivation groups is met</p> <p>Multi-access approaches to immunisation target population visible through WAM and general practices working together – reported quarterly to WAM directors</p> <p>Create PHO/private general practice partnerships to drive nurse practitioner led activity within general practice</p> <p>Implementation of an online patient portal to drive a menu of self management activity by 30 June 12</p> <p>Implement a process redesign to create patient preparedness prior to appointments, i.e. diagnostic tests completed and available prior to GP appointment by 30 June 12</p>
	Health services are accessible – 'right place right time'	Opportunistic streamlining of processes and systems that build upon the integrated WAM/ED triage approach	<p>Reduction in the number of primary appropriate presentations to WDHB Emergency Department</p> <p>Timeliness of waiting times at WAM appropriate as evidenced through quarterly reporting to directors</p>

		<p>Embed processes and systems that support primary prevention strategies</p> <p>Champion the capability of developing shared care plans between all those providers funded by WRPHO</p>	<p>Evidence of clinical pathways developed in collaboration with secondary clinicians for DVT, cellulitis – and solutions to barriers worked through at the Integrated Medical Forum</p> <p>Implement appropriate IT software to support access by 30 June 12</p>
	<p>WAM will be an appropriate and responsive vehicle to meeting after-hours services contract outcomes for the WRPHO region enrolled population</p>	<p>Undertake a review of WAM/GP member arrangements to measure the historical model matches current workforce capability</p> <p>WRPHO will diversify as opportunities arise within a changing environment</p>	<p>All WRPHO GPs will hold a back to back agreement for after-hours with WAM by 30 December 11</p> <p>Te Waipuna practice will have a formal signed after-hours agreement with WAM by 30 December 11</p> <p>A funding model will be agreed that is fair and equitable, supports a viable business unit and maintenance of a capable and available workforce by end November 11</p> <p>Narrative reports to Board</p> <p>Taihape Health a pilot site for Interai tool by 30 June 12</p>
	<p>Lever off local health system change to improve population health</p>	<p>Transformation change processes implemented to support primary focused chronic disease care management</p> <p>Work with Dr Info, PPP, MoH and general practice teams to identify and resolve issues relating to data quality</p>	<p>Outcomes of diabetes review are implemented within resources available and reported within annual diabetes report February 12</p> <p>Diabetes target indicators are achieved</p> <p>Patient satisfaction rates reflect confidence in the new model</p> <p>Evidence of improved practice teams knowledge and skills in CVD and diabetes management</p> <p>Measurement of improved information dissemination and access for patients</p> <p>CVD target improvement for all practices</p> <p>Evidence that smoking cessation processes are sustainable and embedded within general practice systems</p>

		<p>Refocus the role of Manaaki Hauora Wellness Support Team to focus on chronic disease management from a population perspective within general practice team setting</p> <p>Clinical leaders participating in regional forums/networks and influencing policy and decision making</p> <p>Collaborative partnerships enable refocusing of services towards delivering services in local community settings closer to the patient</p> <p>Subsidiary companies act as a conduit for the delivery of 'Better Sooner More Convenient' strategies</p> <p>Initiate Vitamin D Project in collaboration with ACC to reduce falls in Aged Residential Care (ARC)</p>	<p>Evidence that specialist nurses working across the continuum are creating improved health outcomes for patients</p> <p>Evaluation report demonstrates improvement in national health and PPP targets</p> <p>Effective continuum decision making locally and regionally resulting in less avoidable mental health admissions</p> <p>All WDHB Community Mental Health Service clients are enrolled with a GP and access services to improve their physical health</p> <p>WDHB community psychiatrist is working in partnership with general practice teams</p> <p>Participate in the development of a Wanganui renal services business case</p> <p>Evidence of translation of regional clinical decision making disseminated and actioned locally</p> <p>Participate in the community nursing review to evidence a model that complies with 'Better Sooner More Convenient' policy position</p> <p>Evidence of an integrated community nursing model working to meet the priorities of the local population</p> <p>Subsidiary companies demonstrate improved access for the community to services through measuring of utilisation rates</p> <p>High level of patient satisfaction reported quarterly to directors</p> <p>Sustainable workforce planning measures; reduction of locum costs, decrease in interrupted general practice services and increased enrolments for Gonville Health and Taihape Health Ltd</p> <p>Increase prescribing of vitamin D in WDHB district ARC homes by June 12</p>
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		<p>WRPHO site move to WDHB campus</p> <p>WRPHO continues to champion devolvement of services into primary care where there is evidence of cost saving and or services better delivered closer to the patient</p>	<p>Site relocation supports strengthening of relationships between primary and secondary health evidenced by integrated decision making</p> <p>Evidence of new contracts negotiated during 2011/12</p>
	Improved access to diagnostics and clinical decision support tools	<p>Establish guidelines and criteria that results in improved access to diagnostics and pharmaceuticals for general practitioners</p> <p>Explore information systems that enable controlled access to diagnostics via agreed protocols</p>	<p>Number of approved general practitioners with direct referral access to diagnostics such as ultrasounds, MRI, etc</p> <p>Evidence that general practices have 'right time' access to diagnostic results</p> <p>General practices regain access to primary referred echocardiographs by December 12</p>
<b>Effective use of high cost services</b>	Patients and families will be prepared and informed to make right decisions right time	End of life planning will be a catalyst for community driven initiatives to improve patient/whanau/family ability to make right choices	<p>End of life planning is a constant agenda item for the Integrated Medical Forum</p> <p>End of life planning steering group will drive measurable and reportable outcome focused actions</p>
		Progress sustainable service models of care for rural communities	<p>Taihape Health Ltd evolves as a rural integrated family health centre with capability to respond to wider rural community need</p> <p>Actions reported through THL director monthly meetings</p> <p>Waimarino Health general practice supported to establish a satellite clinic in Ohakune</p> <p>Evidence of increased workforce capability in response to local workforce challenges</p> <p>WAM provides technological support after hours to support rural nursing workforce weekend clinics</p> <p>Action plan implemented to improve cultural responsiveness of Marton general practice services at Ratana – completed by 30 June 12</p>

		Development of an outcomes based framework that supports the Whanau Ora concept within a mainstream environment	Social determinants of health able to be captured and progress measured over time
	To implement a robust family violence routine enquiry framework which is suitable for use within primary care and general practice team	Primary care family violence training plan is implemented throughout primary care  Implement within primary care a family violence reporting system, utilising clinical and patient support processes  Improved linkages and systems between primary, secondary care and statutory reporting agencies	Training completed by 30 June 12  Documented evidence of practitioner learning's  Documented evidence of individuals screened for family violence and referred for support or interventions by March 12  Evidence reported to Clinical Governance Group that progress has been achieved quarterly
<b>Investment principles align with strategic organisational objectives</b>	To promote wellbeing in our target population	Consolidate a population health strategy and operational plan that aligns funding with a suite of options and outcome measures  Identify practice member priorities and match with population profile for each practice  Continue to develop robust shared business unit capability	Evidence of continuous quality improvement initiatives implemented as a result of district wide reporting against outcome measures  General practice 'population stratification reporting' developed for each practice by March 12  Business unit reports to board demonstrates level of uptake  Concept design reduces cost of backroom functions to enable funding to be spent on the 'front line'
<b>Frontline funding a priority</b>	Live with less income while delivering same service	Assess funding risk for 'business as usual' and other priorities that maximise existing revenue streams and reserves	Signal exits and management of change process for affected contract lines  WRPHO demonstrates early adopters of innovation to reduce duplication and eliminate waste
<b>Healthy Eating Healthy Action</b>	WRPHO will lead and drive a community development approach to population wellness	Drive a 'healthy eating healthy action' strategy that is practical and sustainable	Continued distribution of free vegetable seeds, vegetable plants and fruit trees to all parts of the community  Information and assistance is available for communities to grow their own vegetables and fruit

		Supporting access to government initiatives	Information and assistance is available for the community to access programmes such as, Warm Up NZ, Baby Friendly Communities, Ultra-fast Broadband and Computers in Homes
		Strengthening community action	WRPHO is an advocate for the enrolled population locally and nationally  Evidence of working intersectorally to provide better patient transport systems and community led health initiatives
		Patient journeys will be seamless and access friendly for high need patients	The learning's from the cancer journey project shape future Central Cancer Network investment projects in 2012 locally
<b>Health inequalities reduced</b>	To support general practice teams responsiveness to Maori	Develop and implement general practice survey tool targeting their enrolled Maori population  Develop and implement general practice cultural audit tools  Action plans developed and implemented within each practice to ensure culturally safe practice  Practice specific objectives developed and implemented  Maori engagement process developed and supported	Evidence of cultural continuous quality improvement activities that support culturally responsive services in 16 practice teams with outcomes reported to Clinic Governance Group quarterly
	To implement a collaborative approach in rural practices to reduce inequalities	Describe implications of Whanau Ora for main stream general practice team  Translate Whanau Ora principles into collaborative work plan  Establish linkages across Iwi providers and general practice teams (i.e. THL and OTMK) in rural  Develop infrastructure to support linkages	Evidence of Whanau Ora approach to care in Taihape with collaboration from Otaihape Health Komiti and Taihape Health Ltd (THL) evidenced by June 12  Completion of a robust THL Maori health plan that meets the needs of the Taihape community by December 11  Established projects with rural Iwi providers are evidenced through CGG reporting quarterly

	Assist practices to better identify at risk population	Initiatives developed to reduce identified Maori health needs	Maori health data from cultural surveys made available to specific general practice teams  Support practices to understand findings and create action plans
	To develop a strategic approach to improving access to health services for Maori	Investigate a multifaceted approach that encourages Maori to access health services  Evaluate impact of revised diabetes model using Whanau Ora health impact assessment	Evidence that key learning's are applied across practice setting  Established collaborative processes and projects
	To increase understanding of Whanau Ora model and its implications for improving health status locally	Establish processes to better understand the complexities of Whanau Ora care and link referrals to appropriate services to meet the needs of whanau  Adopt an integrated team approach which advocates and ensures the service is culturally appropriate	Whanau Ora services inclusive in general practice beginning December 2011  Evidence that health and social services clinicians utilise the Whanau Ora model within their own practice  Whanau Ora approach entrenched in general practice  Maori engagement processes are developed and supported
<b>Strengthened primary workforce capacity and capability</b>	To strengthen primary workforce development	Prepare workforce to take up nationally driven workforce changes i.e. nurse prescribing for diabetes, clinical pharmacist prescribing  Identify and encourage primary nurses to gain expert knowledge in chronic disease management  Participate in local sector wide, regional and Health Workforce NZ initiatives  Implement workforce strategies to grow and train home grown workforce	Workforce development pathway for nurses and community health workers established to advance skills that support the rehabilitation/management of patients at home (palliative care, chronic care)  Practice nurses are level one diabetes competent  Specialist knowledge accessible within primary care and utilised across the care continuum  Evidence of up-skilling generalist nurses with specialist knowledge and work across the care continuum  Nurse led clinics established within general practice for chronic disease management  Centralised primary medical recruitment centre established by December 12

		Participate in the development of multi PHO electronic standing orders steering group	PGY1&2 participate in general practice rotations by June 12  Implementation and use of electronic standing orders by practice nurses
<b>Sustainable quality services</b>	Demonstrate clinical excellence across continuum of care	Create an environment where clinical leaders drive transformational change and are engaged in decision making processes  Collaborative and integrated clinical governance networks drive population health outcomes	Primary/secondary clinical leader forums outcomes reported and celebrated  Narrative report of outcomes from opportunistic whole systems clinical governance initiatives  Evidence of quality cycle within general practice teams  Clinical Governance Group have the ability to review trends from general practice critical incidents  Evidence that critical incidents are shared across primary/secondary  Evidence of continuum approach taken to mitigating clinical risk  Learning's shared from establishment of district wide infection control position
		Adopt and implement national integrated guidelines locally	Evidence of local adoption of regional integrated clinical pathways  Congestive heart failure collaborative initiatives implemented by June 12
	Systems are in place to support risk mitigation and business continuity	Updating community based assessment plans to include all emergencies  Explore establishment of Risk and Audit Board Sub-committee to mitigate risk	Lessons learnt from the Christchurch earthquake included in general practice and PHO business continuity plans  Board committee in place
	Clinical initiatives drive information system development	WRPHO considers and responds to local changes in service delivery requirements	Implementation of e-referral capability  Diabetes decision support software implemented in general practice and aligned with WRPHO systems  Development and implementation of electronic long term conditions assessment tools

		Information system improvements and innovations to improve clinical communications across sector	<p>Evidence of linking of family violence, mental health screening into IT software developments</p> <p>Software explored and implemented between general practice and WAM</p> <p>Patient self-assessment tools explored and where appropriate implemented, e.g. INR testing for rurals</p>
	WRPHO follows strategic and operational planning principles to ensure deliverables are robust and sustainable	IT developments support strategic direction	<p>Stakeholders have access to information system plans and measures and have clarity towards end goal</p> <p>Subsidiary practices have robust information systems infrastructure in place</p> <p>Evidence of local, national and intersectorial relationships that support the local health infrastructure</p>

## **Appendix Two:**

### **About the Whanganui Regional Primary Health Organisation**

WRPHO is responsible for an enrolled population of 58,083 people (1<sup>st</sup> April 2011), of which 11,746 are Maori and Pasifika, 11,213 are non-Maori/PI that live in a Deprivation Five area; therefore forty-percent of the WRPHO enrolled population have known inequalities in health due to ethnicity or socio-economic status. The Care Plus initiative has 2,796 patients registered.

Since establishment, one of the key focuses for WRPHO has been to improve patient access to general practice services, given that a majority of general practices are operating with maximum enrolment. Traditionally, when a general practitioner has withdrawn from general practice or left the area, access to a new general practitioner for enrolled patients has been difficult. The establishment of the WRPHO owned Whanganui Accident & Medical clinic and the salaried Gonville Health general practice have been effective mechanisms for managing patient enrolments within WRPHO.

WRPHO has practice members that reside within Whanganui city, Bulls, Marton, Taihape, Waiouru and Raetihi. This diversity of geography is matched by the range and models of general practice that are in residence. For example, the PHO has solo and group practices, practices owned by community trusts, private business models and one WRPHO general practice. In addition, WRPHO provides the one after-hours primary Accident and Medical Clinic for the region and this is innovatively located alongside Emergency Department at Wanganui Hospital.

While WRPHO provides administration, management, information system and support functions, the PHO also employs a clinical workforce. This nursing and allied health workforce innovatively respond to high need population health objectives through implementing creative partnerships with their clients and families. The team achieve a range of successful outcomes for a group of clients who without effective advocacy, cultural support and one to one professional health care in their place of choice would 'opt out' of accessing the health services they need to maintain good health and wellness. This clinical team works alongside general practice to support agreed goals and together a 'wrap around', holistic service is created.

The WRPHO has created partnerships through a range of opportunities they have shared with funding partners such as Ministry of Health, DHBNZ, ACC, Ministry of Social Development, Whanganui DHB and Wanganui Prison. Delivering health care within the boundaries and context of health has not been the style adopted by WRPHO. The team can be found working alongside people within the justice system, corrections service, non-government departments, supporting agencies, community trusts and working alongside Iwi providers across the region. It is the PHO's intention to become well embedded within the communities we serve and be seen by providers, funders and consumers as delivering effective outcomes that make a lasting difference to health and wellbeing.

## Decision Making Processes

### Governance

The governing board is representative of key stakeholder groups – Iwi, community, rural and urban general practice. Selection of members is through a delegated process and includes;

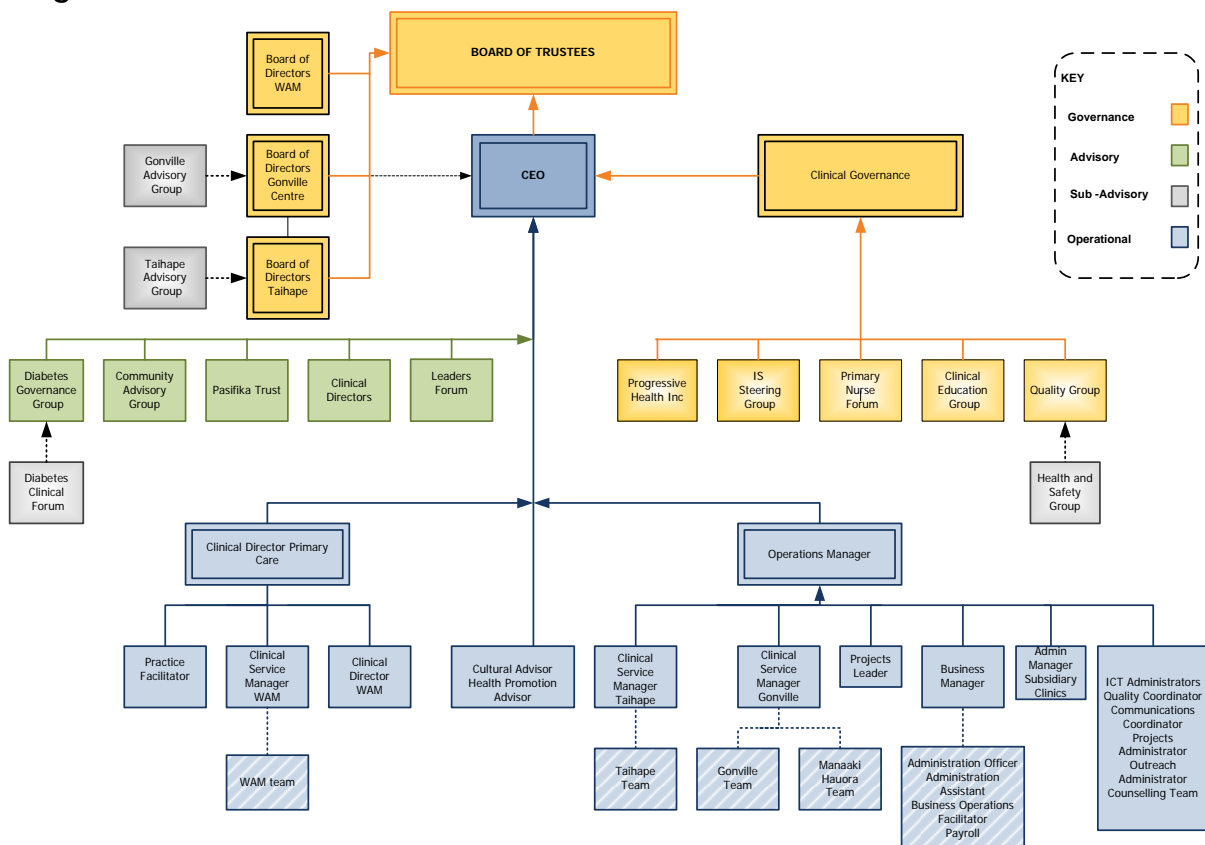
- Wanganui community representative nominated by the Community Advisory Group
- General practice representatives nominated by Progressive Health New Zealand Inc, our local Independent Practitioners Association (IPA) executive
- Rural representatives nominated by the Waimarino Locality and Planning Committee and Otaihape Health Committee
- Iwi representatives nominated by TOIHA PHO board and Nga Iwi O Rangitikei

Many of the members are proficient in governance through their experience in governing roles external to WRPHO Board responsibilities. Ongoing education is provided and the organisation subscribes to governance resources.

### Organisational Structure and Capability

The WRPHO Board is informed through the various advisory committees in place. The organisational chart described in diagram one reflects the current organisational structure. With the changes across the health sector the organisational structure has been realigned to ensure continued responsiveness to service requirements and to enable effective succession planning.

Diagram one:



## **Appendix Three:**

### **Whanganui Regional Primary Health Organisation Stakeholders**

Services provided by, or in conjunction with, Whanganui Regional Primary Health Organisation

#### **General Practice Members**

Aramoho Health Centre, Wanganui

Bulls Medical Centre, Bulls

Castlecliff Healthcare Ltd, Wanganui

Gonville Health, Wanganui

Jabulani Medical Limited, Wanganui

Dr Kay, Wanganui

McMahon Health Clinic, Waiouru

Dr Moore, Wanganui

Taihape Health Ltd, Taihape

Quay Medical Centre, Wanganui

Springvale Medical Centre, Wanganui

St Johns Medical Centre, Wanganui

Stewart Street Surgery, Marton

Waimarino Health Ltd, Raetihi

Whanganui Accident & Medical, Wanganui

Wicksteed House Medical Centre, Wanganui

#### **Whanganui Regional Primary Health Organisation Subsidiary Practices**

Whanganui Accident & Medical located at the Wanganui Hospital

Gonville Health located at the Gonville Centre in Abbot Street, Whanganui

Taihape Health Ltd, Taihape

#### **Clinical Directors – Medical**

Dr Alan Mangan

Dr John McMemamin

Dr Rick Nicholson

Dr Ken Young (rural)

## Appendix Four: Fee Schedule for WRPHO Practices

### General Practice Fees Schedule for Patient Co-Payments for a Standard Consultation

General Practice Fees Schedule						
Practice	0-5 yrs	6-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65+ yrs
Aramoho Health Centre	No charge	\$27.00	15-17years \$27.00	\$32.00	\$32.00	\$32.00
			18-24 years \$32.00			
Bulls Medical Centre	No charge	\$24.00	15-17years \$24.00	\$29.00	\$29.00	\$29.00
			18-24 years \$28.00			
Dr Kay	No charge	\$24.00	15-17years \$24.00	\$30.50	\$30.50	\$30.50
			18-24 years \$25.50			
Dr Moore	No charge	\$25.00	\$25.00	\$32.00	\$32.00	\$32.00
Springvale Medical Centre	No charge	\$33.50	\$33.50	\$33.50	\$33.50	\$33.50
St Johns Medical Centre	No charge	\$20.00	15-17years \$20.00	\$30.00	\$30.00	\$30.00
			18-24 years \$30.00			
Jabulani Medical Ltd	No charge	\$32.50	\$32.50	\$32.50	\$32.50	\$32.50
Stewart Street Surgery (Marton)	No charge	\$25.00	15-17 years \$25.00	\$30.00	\$30.00	\$30.00
			18-24 years \$30.00			
Wicksteed House	No charge	\$21.00	15-17 years \$33.00	\$33.00	\$33.00	\$33.00
			18-24 years \$33.00			

Very Low Cost Access Practices			
Practice	0-5 years	6-17 years	18+ years
Waimarino Health Ltd (Raetihi)	No Charge	\$11.50	\$17.00
Taihape Health Ltd (Taihape)	No Charge	\$11.50	\$17.00
Castlecliff Healthcare Ltd	No Charge	\$11.50	\$17.00
Gonville Health	No Charge	\$11.50	\$17.00
McMahon Health Clinic (Waiouru)	No Charge	\$11.50	\$17.00
Quay Medical Centre	No Charge	\$11.50	\$17.00

## **Appendix Five: WRPHO 2011/12 Financial Intent**

Whanganui District Health Board has agreed that Whanganui Regional Primary Health Organisation can develop a flexible funding approach for targeting primary health care delivery 'population health to chronic disease management' in primary care. This will include pooling of funds from Health Promotion, Services to Improve Access, PPP achievement funding, Care Plus income, Diabetes Contract Management, Cervical Screening, Smoking Cessation, and Skin Lesion removal. It is intended that a pilot will be established where funds are used collectively to support a contractual population health model within general practice. Collective funding will be used to support either new services or those that were historically funded through isolated Fee for Service funding.

Delivery of community health services outside of general practice will continue thorough provision of services such as; nutritional initiatives, health literacy support, community development and engagement, rural youth clinics, increased uptake of screening and intervention for priority families, Manaaki te Whanau, Manaaki Hauora, housing insulation, elective service funded programmes delivered in primary care and further development of integrated health centres.

WDHB has allocated funding to support chronic disease management models in primary care. This has been generated through a robust review of the Diabetes Programme which will be rolled out along with cardiovascular, renal and respiratory initiatives.

WRPHO is cognisant of the Minister and Ministry of Health priority of moving resources to the frontline and therefore a majority of the resource allocation has been directed to improving the patient journey and creating improved health outcomes for patients. WRPHO has focused on a comprehensive realignment and consolidation of the business functions for the three subsidiary clinical service units, parent organisation and developed capability to undertake business functions for other primary health providers such as Hospice Wanganui.