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.
High Level Objectives

1. **Eliminate health inequalities that exist for the enrolled population within the confines of the health network influence**

2. **One health system locally inclusive of community and hospital health care**

3. **A strong and effective primary care workforce seamlessly connected with the specialist clinical workforce**

4. **A local health system where 70% of services are accessed within the community**

5. **70% of the local health budget is invested in community health care**

6. **The quality, safety and experience of care is rated as a national leader**

Executive Summary

Whanganui Regional Primary Health Organisation (WRPHO) was established ten years ago, on 1 July 2003, in response to the government’s policy on delivery of a sustainable health system for the future. The vision was to support general practice to deliver population health improvement, through matching the needs of the local population with a range of strategies that improved health and wellbeing. Given the landscape at the time was experiencing a succession of solo general practices exiting; community access to general practice services was poor both within the city and rural communities.

Over a ten year period the community experienced an improvement in access through the establishment of three subsidiary companies by the Whanganui Regional Primary Health Organisation; Whanganui Accident and Medical (after-hours general medical clinic), Gonville Health Ltd (integrated family health centre) and Taihape Health Ltd (a rural interdisciplinary/community based health centre). In addition, WRPHO supported the local population and general practice through the development of an innovative clinical team delivering health and social development contracts. Clinical leadership was evident at every level of the organisation, i.e. governance, Chief Executive, Clinical Director roles, and operationally.

In July 2013, the organisation recognised that the title Primary Health Organisation (PHO) was not an accurate description of the activities the organisation was responsible for or actively engaged in, therefore a name change was supported and effective July 2013 became Whanganui Regional Health Network (WRHN). This coincides with the Iwi general
practices joining WRHN from 1 October 2013, and the local landscape changing to one District Health Board / one Primary Health Organisation / one Whanau Ora lead agency.

The health landscape in 2013 is a very challenging environment, with the Treasury’s long-term fiscal projections showing a publicly funded health spend continuing to increase at a rate that is not affordable for New Zealand. As a share of GDP, this equates to an increase from 3.1% in 1950 to 6.9% in 2011. The Treasury report highlights the future landscape having fewer hospitals, a change in the skill mix of the health workforce, more national prioritisation of services and health technology taking a key role and function. Strategy supports shifting health care delivery to more cost-effective and clinically sustainable community settings, such as general practice working in a team approach with their patients, other clinicians and support services.

A new language is creeping in to describe the activities expected by the stakeholders; such as, clinical integration, consumer led, provider integration, alliance leadership teams, and ‘best for system’. These are all turns of phrase that the leaders of WRHN are examining, exploring and interpreting so we are best placed as a market leader locally, regionally and nationally. WRHN is well placed as a clinical network to take its place at the table as clinical leaders, innovators and courageous performers, to ensure our local community and our district’s population access a range of essential services now and into the future that are delivered within the community in a well connected and effective manner.

Core Business

There are two aspects of core business for WRHN. The first is in the form of the Primary Health Organisation Services Agreement, which is a national contract between Whanganui District Health Board (WDHB) and WRHN. The expectations within the contract that are relevant to general practice are passed on to our members via a back to back agreement. From 1 October 2013 WRHN has responsibility, within the contract, for all general practices operating within the Whanganui DHB district and one practice within the Taranaki DHB (located at Waverley). WRHN commits to working alongside general practice members, creating an environment where the best quality and incentive standards for general practice are met by all members, supporting the larger group practices to meet the national Integrated Quality and Incentive Framework ‘advanced to excellence expectation’. This will afford them a greater level of autonomy and demonstrate their ability to integrate a range of services, both clinical and support, and demonstrate high levels of responsiveness to the patient experience.
Secondly, WRHN has a comprehensive range of contracts from various funders, such as WDHB, Ministry of Health, and Ministry of Social Development:

- ABC Alcohol education intervention
- Antenatal education development and implementation service
- B4 School Check
- Cervical screening for priority women
- Chronic disease management and education
- Community health services – Taihape
- Diabetes service – Whanganui District
- Early intervention mental health
- Free after-hours care for children under 6 years old
- Immunisation services
- Population health improvements
- Providing Access To Health Solutions (PATHS)
- Rural after-hours primary health care
- Skin lesions
- Sleep apnoea
- Smoking cessation services
- Strengthening Families coordination

**Strategic Alliances**

The future will require us to have formal alliance agreements with groups/organisations, which will empower the organisations within the alliance to act in ways that are people centred and ‘whole of system’. WRHN will need to jointly share risk and celebrate success.

The list below is not exhaustive but does include significant and valued alliances:

- ACC
- Age Concern
- Ati Hau Trust
- Balance
- BreastScreen Aotearoa
- Cancer Society
- Castlecliff Community Charitable Trust
- Central PHO
- Central Tree Crops Association
- Computer in Homes
- General Practice New Zealand
- General practice teams across the district
- Home and Dry Ltd
- Hospice Wanganui
- Kidney Support Group
• MidCentral DHB
• Ministry of Social Development
• Ngati Rangi Community Health Centre
• Nga Tai o te Awa
• Otaihape Health Komiti Inc
• Otaihape Health Trust
• Pharmacies across the district
• Police
• Rangitikei District Council
• Ratana community
• Royal New Zealand College of General Practitioners
• St John
• Te Kotiku Hauora
• Te Oranganui Iwi Health Authority
• UCOL
• Wanganui District Council
• Whanganui DHB hospital clinicians and managers
• Wanganui Womens Centre
• Work & Income NZ
• Yes To Youth Trust
• YWCA

Quality Improvement

WRHN has a well established clinical leadership structure that ensures clinically led decision making is occurring at all levels of the organisation and that all practical steps are being taken to identify hazards and minimize and mitigate risk, internally and externally.

Some of the mechanisms to drive this culture are:
• Auahi Kore (multi-sector smoking cessation group)
• Before School Check Steering Group
• Board of Directors for WAM, Gonville Health Ltd and Taihape Health Ltd
• Central Cancer Network
• Clinical Directors and Managers Group
• Clinical Governance Group (WRHN and general practice members)
• Collaborative Clinical Director Forum (WDHB/WRHN)
• Collaborative Clinical Governance Group (WRHN/WDHB)
• Data Review Group
• Digital Leaders Forum (Wanganui District Council – strategy for our communities)
• Education Sub-committee (WRHN and general practice members)
• Health and Safety Committee
• Kidney Support Group (consumer advocates group)
Culture

WRHN has established a culture over time, consisting of a ‘can do’ attitude. We attract risk takers, champions, leaders and passionate people at all levels of the organisation who have one common goal of wanting to make a difference. The common language at WRHN is that we are all whanau. We might not all agree with each other all of the time, but we constructively strive to ensure that each one of us is heard and everyone’s contribution is valued and appreciated. Some hallmarks that express the culture of our organisation are:

- The environment we work in is safe and risk is mitigated and managed
- Authentic leadership is evident
- Advocacy and support for Māori, Pacific Island and other minority ethnic groups of staff is provided, so they progress and contribute to their communities in a positive way
- Individuals are supported to maximise their potential, so they may achieve the organisation’s objectives
- Investment in the strengths of our team members, so we collectively maintain a sector edge

Our Staff

We recognise that the success of WRHN is dependent on our ability to attract, retain and motivate staff. WRHN will be a good employer by;

- Fairly remunerating staff
- Recognising performance
- Providing a positive, stimulating, nurturing and safe environment
- Encouraging skill and career development
- Providing a culture that recognises the individual strengths and achievements, accepts and learns from mistakes, and encourages contributions and innovations
The team was invited to individually contribute key statements that support what makes them proud of Whanganui Regional Health Network as individuals:

- There is a real effect/purpose in the mahi we offer to our communities
- There is flexibility in how we drive and achieve our outcomes/results
- The culture is people/consumer focused
- The organisation values and supports diversity
- WRHN team re-instated Taihape Health after the liquidation
- Champion Māori health – it’s a priority for us in every sense
- Opportunities staff are given to grow
- The innovative approach and model at Gonville Health
- The people
- Tautoko/support
- Passion and drive
- We do achieve outcomes
- We have strong values and principles
- Passion and commitment as a team
- Focused
- Team striving to improve results for our community
- Opportunities and nurturing
- People, Power, Passion – we have the people to create and support change to our clients lives
- We challenge the status quo

Efficiency

Maximising the health dollar to achieve investment at the front line has been a critical success factor in the business performance of WRHN. Key strategies applied and proven to be effective are;

- Overhead contribution for backroom functions is contained to within 10%
- Expand backroom function business capability to ensure all aspects and functions are adequately covered by a competent workforce through attracting new business (Hospice Wanganui payroll) and aligning all subsidiary business functions centrally to WRHN
- Administration and support costs kept to a minimum
- Clinical managers and leaders are empowered and delegated to make decisions
- Central repository for quality and risk management such as policy development
- ‘No meetings for meetings sake’
- We will continue to encourage and support a culture of best practice reviewing our current use of technology to ensure we progress this important area. A key element of the seamless journey in the health system for the community is the implementation of new technology
Customer Focus

WRHN supports consumer co-design concepts. This is evidenced by the following strategies:

- Consumer representative on WRHN Governance Board, Clinical Governance Group, WDHB/WRHN Clinical Governance Group
- Co-design with consumers incorporated within the diabetes programme and community development projects, such as housing insulation programme and distribution of heritage fruit trees, vegetable plants and seeds
- Consumer feedback particularly sought from groups who may not feel they have a voice, i.e. young families that utilise the Whanganui Accident & Medical service, people with disabilities
- Support the Whanganui Kaumatua Group (city)
- Advocacy and support for consumers who have concerns regarding their experience at general practice or hospital, so their issues are heard and they feel they have been listened to
- Partner with community groups, such as the Taihape Older and Bolder group and Taihape Health Trust, and attend community group meetings to talk about the services provided

Owner Expectations

WRHN is incorporated as a Charitable Trust under the Charitable Trust Act 1957 and is governed by the Whanganui Regional Health Network Board of Trustees. The obligations are as follows:

- Trustees recognise their individual and collective responsibility to meeting the objects of the Trust as contained within the Trust Deed. This obligation extends to the three subsidiary businesses that are owned and operated by WRHN
- Adequate financial reserves are accumulated so the Trust has choice over the decisions it makes
- That the level of reserves at least matches Ministry of Health expectations and covers all the financial obligations inclusive of the parent and three subsidiary companies
- The current turnover of seventeen million dollars will increase exponentially in line with the government health policy of ‘Better, Sooner, More Convenient’, i.e. services moving from the hospital to the community
- Should the current health policy direction of strengthening service models in primary care be enforced through future political decision making, then it would be the expectation of the owners that WRHN size and capability grows to 100 fulltime equivalent employees by 2017
Best Practice and Technology Advancement

It is WRHN’s intent to align with the e-health vision for the National Health Information Technology (IT) Plan in achieving high quality health care and improved patient safety: "New Zealanders will have a core set of personal health information available electronically to them and their treatment providers regardless of the setting as they access health services."

While the health sector recognises the value of a connected health system and moving towards one patient record, progress to achieve this strategy has been somewhat slow and currently the central region investment focus has been on updating the hospital IT platforms. CRISP (Central Region Information System Programme) is the vehicle District Health Boards are using to drive technological change in the central region. Their goal is;

- One Portal,
- One Password,
- One Patient Record for every clinician at every facility across the central region.

It is however intended that WRHN will work with partners in the sector such as Patient First (GPNZ), to progress the following actions which will be evident and accessible in our member general practices:

- e-enrolment
- e-clinical audit
- e-referral / e-discharge summary
- e-patient portal
- e-provider view
- e-clinical pathway

The implementation process locally will incorporate a consumer voice to champion the change from a user perspective.

Financial Accountability

Financial accountability for WRHN extends to two significant accountabilities:

1. Financial viability of the parent company and the three subsidiary companies owned by the parent company (Gonville Health Ltd, Taihape Health Ltd and Whanganui Accident & Medical). It is expected that each of the subsidiary clinics will be in a financial breakeven position by year three of the plan (2016) and contributing to an evolving and challenging sector, with ever increasing demands for integrated care models across the rural and urban landscape. In addition, WRHN will need to continue to invest in infrastructure and capability, therefore a concerted effort to grow new revenue and contain costs will be paramount.
2. Introduction of alliance contracting to promote integration, strengthen primary care and work towards a whole of system approach. In the first instance WRHN will be required to meet the following minimum requirements:

- Have the necessary capacity and capability in clinical and financial expertise and governance arrangements
- Will facilitate and coordinate integration of services they provide
- Will effect transformational change in models of delivery and patterns of demand
- Will ensure accountability through participation in the integrated performance and incentive framework (replace PPP funding for general practice)

Funding approaches will change; for example Services to Improve Access and Health Promotion funding will be considered at the alliance table, in how it addresses priorities locally via the establishment of a flexible funding pool and will be used across the system. There is a significant shift in investment focus and prioritisation starting with across sector health services, not core business.

Exciting Future

These are exciting and challenging times for the organisation’s management and staff. While achieving our objectives will not be easy, it is intended that this will happen through;

- Leadership
- Devotion of time and energy
- Provision of appropriate human, physical and financial resources to ensure our success
- Continuous strategic initiatives
- Continuing to develop and grow strategic alliances
- Creating an organisational learning culture in Information Communication Technology

The Chair of the Board, Trustees and Chief Executive Officer believe that the direction, initiatives and programme of work outlined in this plan will ensure that WRHN achieves our objectives.

Dr Ken Young               Judith MacDonald
Chair, Whanganui Regional Health Network   Chief Executive Officer
# Strategic Priorities 2013 – 2017

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<tr>
<th>Stakeholder</th>
<th>Customer</th>
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<tr>
<td></td>
<td>Māori and Pacific Island Population</td>
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<td>Iwi governors and providers of services</td>
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| Objective | Māori and Pacific Island people will enjoy the same level of health status as non-Māori. |

| Strategies | 1. Equality between Māori and non-Māori national target rates is achieved.  
2. Health targets for Māori and Pacific Island people will achieve national performance target.  
3. WRHN will partner with WDHB in subscribing to the delivery of objectives of Huarahi Oranga (Māori Health Plan) that are pertinent to WRHN and their employees and general practice members.  
4. Whanau Ora services locally (within WDHB district) will connect with general practice.  
5. WRHN Māori workforce will be engaged as leaders in development of services across the community.  
6. Self management strategies support the patient and their whanau in the driving seat.  
7. Integrated approaches with sector partners will result in a connected service model for vulnerable children.  
8. Variation in general practice performance will reduce through sustained action.  
9. Consumers will partner WRHN in system redesign change.  
10. A culturally competent workforce is practising across primary care member practices.  
11. Long-term conditions strategy demonstrates Māori and Pacific Island people have opportunity to access a range of services that improve their health status and that are delivered within a culturally appropriate framework, and in an environment that increases rate of participation and engagement.  
12. Breastfeeding rates for Māori babies demonstrate an increase in the length of time babies are breastfed. |

| Measures | 1. Percentage of the eligible population that have received a national targeted service (i.e. immunisations, CVD, cervical screening, breast screening, ABC Smoking, ABC Alcohol, flu vaccination, diabetes), measures no ethnic disadvantage for Māori and Pacific Island people compared with European by 2017.  
2. WRHN will improve national target performance (when compared to national peers) to meet top ten in year one, top six in year two, and top five in year three. |
| 3. | Objectives within Huarahi Oranga pertaining to WRHN are achieved. |
| 4. | All general practices have a partnership approach with Whanau Ora programme. |
| 5. | Percentage of Māori workforce that are engaged in service development across the health system. |
| 6. | Stanford training programme evidence 50% increase annually of volumes attending train the trainer programme. |
| 7. | Social Worker in schools pilot programme evaluated and recommendations presented to Child Youth Health Governance Group in 2015. Leadership and pathway established for vulnerable pregnant women between LMCs / community and general practice by 30 June 2014. |
| 8. | Quarterly trend reports on general practice performance will be provided to Clinical Governance Group and action plans will be established to address variation and shape a behaviour change. |
| 9. | System redesign activity will demonstrate evidence of consumer engagement, leadership and co-design principles being actioned in every annual plan. |
| 10. | Systems and processes measure and monitor cultural competency of workforce in general practice, subsidiary clinics and WRHN annually. |
| 11. | Each community collective demonstrates at least one option of service delivery that is non-traditional, i.e. a service delivered on Marae or within an Iwi / Pacific Island recommended environment. |
| 12. | Breast feeding rates for Māori babies at six weeks and six months improve by 50% by 2015 and meet national target by June 2017. |
| Stakeholder | Customer:  
| | • Whanganui and MidCentral District Health Boards  
| Owner:  
| | • Primary care and hospital clinicians  
| | • Clinical leaders across the system (regional and local)  
| Objective | **The individual will access 70% of health services in the community, spend less time within the hospital specialist health system, and experience one unified health system locally.**  
| Strategies | 1. Establish and implement the alliance agreement with the WDHB and the appropriate service alliance leadership team to develop clinical activity across the sector.  
| | 2. General practice collectives will create an infrastructure inclusive of leadership, facility space and business capability, in readiness to prepare for a devolution of services and resource.  
| | 3. Isolated rural communities will demonstrate resilience, self-management strategies and competently navigate the health system.  
| | 4. Advance care planning (ACP) will be understood by the community and adopted by age residential care facilities and all patients considered being in their last year of life.  
| | 5. Clinical Governance Group will drive clinical strategies across the system shaped by consumer feedback.  
| | 6. Antenatal vulnerable women will access a range of services earlier and will experience a more connected interdisciplinary team approach to care and be safe for primary level delivery and birth (rather than specialist hospital delivery services).  
| | 7. General practice will progress within an integrated quality and incentive framework and prove their capability to deliver services across the system and within an interdisciplinary team environment.  
| | 8. Communities across the Whanganui region will have a level of confidence WRHN is competent, capable and competitive.  
| Measures | 1. Alliance Leadership Team established 1 October 2013 with independent Chair.  
| | 2. 80% of general practices demonstrate readiness. Four large practice groups will operate at the ‘advanced’ level as per the integrated quality framework by 2015.  
| | 3. Whanganui River community will be informed, resilient and capable of self navigation of the local health system by December 2014.  
| | 4. 50% Aged Residential Care (ARC) clients have an ACP by December 2014 / 50% community clients in last year of life have ACP by July 2017 / 75% patients presenting to hospital with multiple co-morbidities have an ACP by June 2015.  

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<td>5.</td>
<td>Clinical Governance membership is representative of clinical leaders in the hospital and the community, and their work plan demonstrates a shift of service models from the hospital to primary care and will consider process changes associated with the roll out of regional service models.</td>
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<td>6.</td>
<td>30% increase in primary level births by December 2015.</td>
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<td>7.</td>
<td>40% of practices will meet the advanced level of the Integrated Quality and Incentive Framework by July 2016.</td>
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<td>8.</td>
<td>WRHN will enter the Whanganui Chamber of Commerce Business Awards and WDHB Health and Disability Awards and achieve a positive community profile.</td>
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| Stakeholder | • General practice members  
• Specialist hospital clinicians  
• WRHN clinical leaders and managers  
• Communities and individuals |
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<td>Objective</td>
<td>The primary health workforce will integrate with local and regional specialist clinicians, so they are equipped and capable of delivering a greater range of health services locally and within communities. WRHN will create effective alliances with Central PHO, MidCentral and Capital Coast DHBs to ensure patients accessing health care across the system do so in a connected way.</td>
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| Strategies | 1. A general practice workforce plan will provide a pathway and measures that demonstrates a workforce competent and capable of driving a health system where 70% of services are delivered in primary care.  
2. Investment in strategies to advance the primary nursing profession will result in a greater volume of nurses working in primary care.  
3. Collaborative clinical director leadership drives integrated priorities and workforce plans at the hospital front door through the delivery of outcomes identified within the ‘yellow space’ work plan.  
4. The general practice workforce will have direct access to ultrasound services and diagnostic investigation reports. General practice will have access to a suite of shared care applications such as clinical pathways and portals to deliver better system care.  
5. WRHN will develop a strategy to create connection and shared patient information capability between general practice and lead maternity carers for high risk women.  
6. General practice will be capable of conducting patient consultations other than face to face.  
7. Presentations to ED for avoidable hospital admissions and readmissions will be diverted to be managed effectively in primary care.  
8. Targeted health promotion initiatives to promote healthy environments will be delivered and driven by the general practice team for their enrolled population.  
9. Shared clinical strategy will develop with Central PHO to support the Central Alliance pathway intent.  
10. New service delivery models demonstrate an integrated system wide approach. |
| Measures | 1. WRHN will invest in developing a capable workforce that is resilient to change and opportunity, through undertaking annual workforce strategies and measuring improvement and outcomes within the Workforce Plan, and reported to Clinical Governance Group quarterly.  
2. Annual nursing workforce growth of 10% experienced across primary care.  
3. WAM/ED operate a collaborative workforce roster by July 2014. All WAM/ED workforce have equal access to diagnostics, district nursing and allied health by July 2014.  
4. An agreed clinical pathway tool will be implemented by 30 June 2014.  
5. Communication and system change evident by June 2014 for antenatal care and management for vulnerable women.  
6. A range of consult solutions will be implemented and will include e-consults / extended whanau consults / interdisciplinary care consults, that will match patient needs and expectations. Will be evidenced by June 2015.  
7. 25% reduction in readmissions to hospital and avoidable hospitalisations by 2015 and a 50% reduction by 2017.  
8. Resources, education and training will engage 100% of all the general practice collectives in health promotion activities. One hundred homes per year will be insulated for people and whanau diagnosed with a respiratory disease – targeting people with a community services card. Healthy environment assessments that include ventilation, energy and safety are undertaken in conjunction with the homes being insulated. A targeted programme of distribution of heritage fruit, vegetables and seeds will be undertaken across all communities annually.  
9. Evidence of clinical partnership activity within annual plans with Central PHO to improve the patient journey and evidence WRHN is connecting with the hospital providers in the central region through TAS work streams; to create greater connectivity for patients navigating regional service models across the central region.  
10. WRHN active partners in roll out of Blue Print policy through engagement on governance group and operational strategy. |
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<tr>
<th>Stakeholder</th>
<th>Owners:</th>
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<tr>
<td></td>
<td>• WRHN clinical leaders, business and support staff</td>
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<td></td>
<td>• Subsidiary clinic governors and staff</td>
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<td></td>
<td>• Communities and individuals</td>
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| Objective | **70% of the local health budget is invested in community based health care, therefore, WRHN and its subsidiaries will be financially viable and capable of providing and delivering a range of options of clinical and social care and services.** |

| Strategies | 1. A Quality Improvement Plan for each subsidiary company is developed by December 2013 and will include key performance indicators that ensure a positive patient experience / clinical performance / financial indicators are monitored monthly and remain a particular focus for the Board of Directors. |
|           | 2. Investment in building WRHN data and information systems capacity results in business decisions being based on factual information that is easily accessed. |
|           | 3. Evidence WRHN is growing revenue and containing costs. |
|           | 4. Business process redesign will ensure that debt recovery is maximised at Whanganui Accident & Medical, Taihape Health Ltd and Gonville Health Ltd. |
|           | 5. Business workforce capability and competency will match and support change and opportunities that present in the sector. |
|           | 6. Subsidiary companies performance will pass public and stakeholder scrutiny through executing well designed and implemented business plans and business measurement. |
|           | 7. General practice members will apply best practice business strategies to ensure their privately owned and operated clinical business models deliver maximum effectiveness within a tight fiscal environment. |

<p>| Measures | 1. WRHN Board receive quarterly performance reports for all the subsidiary companies and monitor key performance indicator achievements, holding Board of Directors and Clinical Services Manager for each subsidiary company to account. |
|          | 2. Evidence of Information Systems and analyst workforce access is equivalent to the outcomes achieved for the organisation and its subsidiary companies via the Strategic Information Systems Plan developed by 30 June 2014. |
|          | 3. Revenue growth will increase from seventeen million in 2013 to nineteen million in 2017. Evidence that funding partnerships with Ministry Social Development and other intersectorial agencies increase revenue by 25% (when compared to 2013 revenue). |
|          | 4. Debt recovery for subsidiary clinics will be equal to or greater than 97% by 2017. |</p>
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<tr>
<td>5.</td>
<td>WRHN will be the preferred provider for backroom business functions for Manawatu and Whanganui Primary Health Networks.</td>
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<tr>
<td>6.</td>
<td>Gonville Health Ltd will meet its financial viability performance plan by 2015. Taihape Health Ltd will expand as a hub and spoke for the rural hinterland responsible for facilitating rural sustainable options for Taihape and Waimarino communities within an integrated plan by 30 June 2014. Whanganui Accident &amp; Medical will approach business investment decisions through expanding the ‘yellow space’ to include management of 100% primary appropriate presentations to ED by December 2014.</td>
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<td>7.</td>
<td>WRHN will facilitate business forums for general practice members quarterly to share business strategy and learning, commencing October 2013.</td>
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<td>Stakeholder</td>
<td>Owners:</td>
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</table>
|             | • National IT and regional IT stakeholders (NHB, Patient First, CRISP)  
|             | • Community and individuals  
|             | • General practice members |

| Objective | The quality, safety and experience of care is rated as a national leader and consumers experience a connected health system they can self-navigate. |

| Strategies | 1. General practice members will be supported to implement a range of strategies that align with patient benefit as prioritised through the Clinical Governance Group.  
|            | 2. Clinical and social care pathways will be seamless for all practices with a high proportion Māori, Pacific Island people and low income families enrolled by 30 June 2015.  
|            | 3. WRHN will apply new technological strategies to drive a one patient record IT strategy, which includes access for patients to their clinical record.  
|            | 4. WRHN will support general practice to have a suite of e-transfer of care applications.  
|            | 5. WRHN will clinically champion the development of an integrated landscape locally, which includes primary care access to a range of services that will create a seamless journey for patients.  
|            | 6. The alliance agreement will provide a platform for clinical leaders in primary care to work in partnership with WDHB and TOIHA to create a more connected health system locally by 1 January 2014 (established 1 October 2013).  
|            | 7. WRHN will support the local government digital strategy goal of 100% connectivity for Whanganui residents to underpin the WRHN Information Communication Technology (ICT) strategy, to enable consumers to interface with the planned ICT innovation in general practice. |

| Measures | 1. Evidence of on-line services for appointments / enrolment / repeat medications / laboratory results by 30 June 2015.  
|          | 2. Evidence long-term condition and acute pathways will engage the patient, their whanau and an interdisciplinary team of health professionals and Whanau Ora workers by 30 June 2016.  
|          | 3. The IT Strategic Plan will map out opportunities through alliances with regional and national partners, such as Central PHO and GPNZ, to deliver the strategic outcomes required for patient access to their health record – plan developed by 30 June 2014.  
|          | 4. Evidence of local implementation of e-enrolment / e-clinical audit / e-discharge summary / e-referral / e-patient portal / e-provider view by June 2017. |
5. General practice and primary care teams will have direct access to advanced diagnostics and community radiology, i.e. ultrasound and community nursing by 30 June 2015. General practice access to acute care packages to support elderly to remain in the community when unwell by 30 June 2016.

6. Alliance leadership team outcomes; 30% investment and resources from hospital to community by 30 June 2014; 50% transfer by 30 June 2015; 70% of health service transfer by 30 June 2017.

7. Community technology centres are opened in Whanganui Accident & Medical, Taihape Health Ltd and Gonville Health Ltd, with Wifi capability by 2015. Other avenues for connectivity are explored in partnership with practices throughout region. Education initiatives are supported to increase digital and health literacy in the target population.