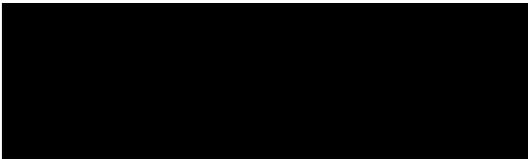


27 January 2022



Dear 

### **Official Information Act Request – South Taranaki Rural General Practice**

Thank you for your request, under the Official Information Act received on 14 December 2021 (with an extension being granted due to the Christmas/holiday period) regarding the South Taranaki Rural General Practice.

Please find responses to your questions below. In addition to written answers being requested, you have also asked for “any written documents, letters, or other forms of communication containing any information regarding these questions”.

#### **Question 1:**

Why has the Practice decided to reduce the pace of enrolments?

#### **Response:**

*As per Appendix 1 – 3, the key reasons for reduction in enrolment were to:*

- a) Ensure that the practice could operate safely within its staffing levels*
- b) Ensure that the practice would be able to prioritise its response towards patients and whānau impacted by COVID-19 within the COVID Care in the Community Framework.*

#### **Question 2:**

The press release lists the criteria patients must meet for enrolment (no GP at all, not within a safe travelling distance of current GP or have complex, high needs which are not being met). What were the previous conditions, or criteria for a patient to be enrolled with the Practice?

#### **Response:**

*There were no conditions or criteria previously.*

#### **Question 3:**

For how long does the Practice plan to reduce the pace of new enrolments? (i.e how long is a short period of time?)

#### **Response:**

*No formal decision has been made on timeframes.*

**Question 4:**

After reducing the pace of enrolments, does the Practice believe it will still be able to meet its goal of supporting access to primary care services in south Taranaki?

**Response:**

*Yes, we believe that the Practice continues to support increased access in South Taranaki as per Appendix 4, 'December Board Update' - the provision of STRHGP has:*

- *Provided additional primary care capacity for enrolled and casual patients requiring urgent care. Noting that previously there was no urgent care access in South Taranaki*
- *Increased access to after hours primary care services for casual and enrolled*
- *Initiated a cross-organisation interdisciplinary team approach*

**Question 5:** How much does it cost to run the Practice**Response:**

*As below, since implementation began in October 2020 to December 2021 expenses attributed to the practice have been \$1,497,168. As the practice grows these costs are likely to fluctuate.*

	Raw Data	Overheads 30%	With Overheads
Revenue	(433,882)		(433,882)
Expense	1,151,668	345,500	1,497,168
<b>Grand Total</b>	<b>717,786</b>	<b>345,500</b>	<b>1,063,286</b>

Please note that this response, or an edited version of this response may be published on the Taranaki DHB website.

Yours sincerely



Becky Jenkins  
GENERAL MANAGER  
PLANNING, FUNDING & POPULATION HEALTH

- APPENDIX 1: Emails regarding STRHGP  
 APPENDIX 2: Draft Policy (not endorsed), attachment from email from Emma Davey, 12 November 2021.  
 APPENDIX 3: Media Release  
 APPENDIX 4: December Board Update  
 APPENDIX 5: Cost Per Month

## **APPENDIX 1 – Emails regarding STRHGP**

**From:** Gillian Campbell [TDHB] <Gillian.Campbell@tdhb.org.nz>  
**Sent:** Wednesday, 24 November 2021 10:52 AM  
**To:** Chloe Mercer <Chloe.Mercer@tdhb.org.nz>; Rosemary Clements [TDHB] <Rosemary.Clements@tdhb.org.nz>; Becky Jenkins [TDHB] <Becky.Jenkins@tdhb.org.nz>  
**Subject:** RE: STRHGP \_PRIORITISING ENROLMENTS\_ KEY MESSAGES \_ FOR REVIEW

Hi Chloe

Thank you

I know the team are urgently wanting to get this comms out – I am supportive of you developing this with Beth. As noted this is our current messaging and still holds our priority. We will just be managing this more.

It is really important we do keep to these messages and not “closing our books”

Ngā mihi,  
Gillian

**Gillian Campbell** | Chief Operating Officer | Taranaki District Health Board  
**T:** +64 6 7597207 | **M:** +64 27 4529057 | [Gillian.Campbell@tdhb.org.nz](mailto:Gillian.Campbell@tdhb.org.nz)



**From:** Chloe Mercer <[Chloe.Mercer@tdhb.org.nz](mailto:Chloe.Mercer@tdhb.org.nz)>  
**Sent:** Monday, 22 November 2021 8:27 PM  
**To:** Gillian Campbell [TDHB] <[Gillian.Campbell@tdhb.org.nz](mailto:Gillian.Campbell@tdhb.org.nz)>; Rosemary Clements [TDHB] <[Rosemary.Clements@tdhb.org.nz](mailto:Rosemary.Clements@tdhb.org.nz)>; Becky Jenkins [TDHB] <[Becky.Jenkins@tdhb.org.nz](mailto:Becky.Jenkins@tdhb.org.nz)>  
**Subject:** STRHGP \_PRIORITISING ENROLMENTS\_ KEY MESSAGES \_ FOR REVIEW

Kia ora Rosemary, Gill and Becky,

I have attached the current key messages from our website and some new ones regarding prioritising.

Was there a perspective of when this could start? I think the team were hoping for mid this week.

Beth is happy to help with developing the comms approach ( I think we need internal and external) but suggested starting with reviewing the existing key messages and adding the new ones which are attached here.

Probably need a little improving but went for simple.

Chloe Mercer | Portfolio Manager

TARANAKI DISTRICT HEALTH BOARD | TE POARI HAUORA-Ā-ROHE O TARANAKI

T: [06 759 7222](tel:067597222), Ext 7602 | M: [027 234 9184](tel:0272349184)

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**From:** Emma Davey [TDHB]

**Sent:** Tuesday, 16 November 2021 3:49 PM

**To:** Tom Dawson [TDHB]; Gillian Campbell [TDHB]; Chloe Mercer; Rosemary Clements [TDHB]; Becky Jenkins [TDHB]; Megan Tahere [TDHB]

**Cc:** Janine Rider [TDHB]; Kerry-Ann Adlam [TDHB]

**Subject:** Re: COVID unenrolled South Taranaki and STRHGP response

Thank you Chloe for this clear guidance from TAS and thank you Gill for your response.

I also support the priority system due to our current climate, the increased demand and our current limitations in workforce and facility.

I agree that the DHBs priority is to ensure the whole of community can access healthcare and should be delivered in the most appropriate place by the most appropriate person.

Can I suggest that as part of the community communication we could consider priority enrolments at STRHGP (and hopefully this is a temporary solution). We could bolster the workforce in the acute care service to allow increased access to a primary appropriate service for whole of population. This would allow an opportunity to address strategies with other primary care providers in South Taranaki to assist in supporting models of care that encourage addressing the needs of their own enrolled populations including opportunistic population health screening and towards working more collaboratively as one team.

Ngā Mihi,

Emma Davey

Clinical Director - STRH

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**From:** Tom Dawson [TDHB]

**Sent:** 15 November 2021 21:21

**To:** Gillian Campbell [TDHB]; Chloe Mercer; Emma Davey [TDHB]; Rosemary Clements [TDHB]; Becky Jenkins [TDHB]; Megan Tahere [TDHB]

**Cc:** Janine Rider [TDHB]; Kerry-Ann Adlam [TDHB]

**Subject:** RE: COVID unenrolled South Taranaki and STRHGP response

Tena koutou,

Thanks for discussing this matter with some urgency and all of the hard work going on to make the right choice. I support the use of the priority system – to me it looks fit for purpose. I agree a clear communication strategy will be required but I would like to impress the urgency of completing this. In the past week we had a further 90 enrolments taking our total to 2225 enrolled. If anything our enrolments are accelerating, exacerbating the potential for clinical risk.

If we could have a decision around this urgently and move on to the communication strategy that would be much appreciated.

Tom

**From:** Gillian Campbell [TDHB]

**Sent:** Monday, 15 November 2021 9:04 p.m.

**To:** Chloe Mercer; Emma Davey [TDHB]; Rosemary Clements [TDHB]; Becky Jenkins [TDHB]; Megan Tahere [TDHB]

**Cc:** Janine Rider [TDHB]; Kerry-Ann Adlam [TDHB]; Tom Dawson [TDHB]

**Subject:** RE: COVID unenrolled South Taranaki and STRHGP response

Good evening

This priority model looks like a good way to manage the current demand but also the current environment we are in. Our priority as a DHB is to ensure all our community can access health care.

If we do move to this where those with a GP are effectively waitlisted to move we need to really think about how this is communicated to the community and will need to be carefully managed

Ngā mihi,

Gillian

**Gillian Campbell** | Chief Operating Officer | Taranaki District Health Board

**T:** +64 6 7597207 | **M:** +64 27 4529057 | [Gillian.Campbell@tdhb.org.nz](mailto:Gillian.Campbell@tdhb.org.nz)



**From:** Chloe Mercer <[Chloe.Mercer@tdhb.org.nz](mailto:Chloe.Mercer@tdhb.org.nz)>  
**Sent:** Monday, 15 November 2021 7:10 PM  
**To:** Emma Davey [TDHB] <[Emma.Davey@tdhb.org.nz](mailto:Emma.Davey@tdhb.org.nz)>; Gillian Campbell [TDHB] <[Gillian.Campbell@tdhb.org.nz](mailto:Gillian.Campbell@tdhb.org.nz)>; Rosemary Clements [TDHB] <[Rosemary.Clements@tdhb.org.nz](mailto:Rosemary.Clements@tdhb.org.nz)>; Becky Jenkins [TDHB] <[Becky.Jenkins@tdhb.org.nz](mailto:Becky.Jenkins@tdhb.org.nz)>; Megan Tahere [TDHB] <[Megan.Tahere@tdhb.org.nz](mailto:Megan.Tahere@tdhb.org.nz)>  
**Cc:** Janine Rider [TDHB] <[Janine.Rider@tdhb.org.nz](mailto:Janine.Rider@tdhb.org.nz)>; Kerry-Ann Adlam [TDHB] <[Kerry-Ann.Adlam@tdhb.org.nz](mailto:Kerry-Ann.Adlam@tdhb.org.nz)>; Tom Dawson [TDHB] <[Tom.Dawson@tdhb.org.nz](mailto:Tom.Dawson@tdhb.org.nz)>  
**Subject:** Re: COVID unenrolled South Taranaki and STRHGP response

Kia ora koutou,

I have talked to Mike Howard from TAS in regard to options around prioritisation of enrolled patients in the context of the Enrolment Requirements. Generally he noted that general practice needs to operate within the caseload that they can deliver effective and high quality care to. The Enrolment Requirements are established to prevent "cherry-picking" ( i.e low-acuity patients with low care needs). This proposal is a reversal essentially of cherry-picking in that sense.

On the above basis, there is no concerns from a contractual perspective if South Taranaki Rural GP were to "close it books", but operate a prioritisation framework. You probably wouldn't need it tiered; but rather simply a priority order based in caseload and wait-time experience ( generally judged on 3rd next available appointment, if this were extending into weeks it begins to impact avoidable ED visits/ Hosp/Use of urgent care at higher cost). ie as you have noted

- Priority 1. Unenrolled who require Covid support
- Priority 2. Unenrolled who have long-term condition needs
- Priority 3. Other unenrolled patients who live in the area
- Priority 4. Enrolled out of region, moving to South Taranaki / or distance to GP prohibitive - Higher needs prioritised
- Priority 5. Enrolled with complex and high needs ( unmet need). Benefiting from the IDT approach.

If the above were to be implemented, communications to the public would be critical, particularly to those who are currently enrolled elsewhere. I believe there are a number of New Plymouth practices already operating on a similar basis.

I think on the basis that this type of approach would enable a focus on those who would most benefit from the care of STRHGP, I would be supportive. It would also allow us to put impetus on supporting surrounding practices to stabilise to meet the needs of their enrolled pops potentially.

Ngā mihi,

Chloe

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**From:** Emma Davey [TDHB]  
**Sent:** Friday, 12 November 2021 6:50 AM  
**To:** Gillian Campbell [TDHB]; Rosemary Clements [TDHB]; Becky Jenkins [TDHB]; Megan Tahere [TDHB]

**Cc:** Chloe Mercer; Janine Rider [TDHB]; Kerry-Ann Adlam [TDHB]; Tom Dawson [TDHB]  
**Subject:** COVID unenrolled South Taranaki and STRHGP response

Tēna Koutou Katoa

Realising you also have a lot on your plate at the moment, we want to present some solutions to the enrolment pressure facing STRHGP that also may help with a strategy to manage the unknown unenrolled population of South Taranaki if they return a positive COVID-19 result.

Tom and I attended a meeting with the local GPs, Cathy Taylor and Katy Smith and Tama last evening at the Pinnacle office in Hawera. We had met with Ngā Ruahine and Ngāti Ruanui earlier in the week.

We discussed how the region might manage COVID-19 positive unenrolled patients in the community.

One strategy discussed was that patients are highlighted by the PHU and COVID-19 community response teams will aim to engage patients with a local primary care and link with a community provider.

In the current climate with an upcoming epidemic, new cases in our region and noting that South Taranaki GPs will all need to work together collaboratively, should we consider limiting new enrolments to STRHGP except for currently unenrolled COVID-19 positive patients (who could be some of our most vulnerable population) and other particular criteria as indicated in the attached proposed policy. This would allow a focussed approach to enrolment that would help support whole of region especially with a short- med term COVID-19 community response.

From here on we would also have an enrolment policy to guide any new enrolments as they come through depending on our COVID-19, workforce and facility capability.

To the PSG group: please consider the above suggestions and if agreeable endorse the above processes reflected in more detail in the attached policy.

Happy to discuss further and would appreciate in advance your swift response.

Ngā Mihi

Dr Emma Davey, FDRHMNZ

Clinical Director, South Taranaki Rural Health

## **Management of New Enrolments**

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### **1. PURPOSE**

To outline the process for managing new person(s) who wish to enrol at South Taranaki Rural Health General Practice

To consider COVID-19 Community Clinical response to the unenrolled population of South Taranaki

### **2. AIMS**

2.1. To assure a primary care service that provides best practice quality care and responds to the needs of the South Taranaki population

2.2. To assure that STRH meets its enrolment rules obligations in parallel with appropriately managing clinical risk and primary care access and equity responsibilities

2.3. To ensure consistent and transparent enrolment processes are in place

2.4. To outline the criteria for new enrolments that reflects the importance of a system that prioritises primary health care access for vulnerable populations

### **3. SCOPE**

This policy relates to

- those people wishing to enrol at South Taranaki Rural Health who meet the criteria for enrolment
- Assisting with a South Taranaki COVID-19 community clinical response for the unenrolled population returning a COVID-19 positive test.

### **4. POLICY**

Health inequalities are identified within the South Taranaki area. These arise from and are maintained by unequal distribution of the determinants of health and include:

- socioeconomic factors (e.g., income level)
- social cultural factors (e.g., ethnicity)
- environmental factors (including living and working conditions and rurality factors)
- population based services (e.g., childcare, healthcare complexity)
- individual/behavioural factors (e.g., life skills)
- biological factors (e.g., age, clinical complexities)

South Taranaki Rural Health is focused on improving health, reducing inequalities and provision of coordinated care in a way that improves long-term of better health care outcomes. South Taranaki Rural Health General Practice may be a last option for some people wishing to enrol with a GP. This policy considers the needs of the community and those wishing to enrol

whilst recognising the importance of quality clinical care provision and ensuring that the service responds to its most vulnerable populations.

The numbers of patients accepted and/or enrolled in STRHGP may from time to time be dependent upon the capability and capacity of the practice team. There may be times when STRHGP is demonstrating capacity risk for a range of reasons (such as facility or workforce) and risk is becoming evident that the clinical team is not appropriately managing the number of currently enrolled patients as well as new enrolments.

Where the enrolments exceed the workforce capacity or infrastructure capability, enrolment levels are to be reviewed and a plan instigated.

### **Contingency Plan:**

#### **Level one:**

- Fully staffed open to new enrolments without restrictions. Preplanning and resourcing in place based on agreed methodology and service capacity
- Business as usual

#### **Level two:**

- Partial compliment of staff or evidence of an overwhelmed service and underserving or patients – enrolments limited, and risk reported
- Activating the level two contingency plan will be delegated to both the STRH Clinical Director and Head of Department in dual agreement.
- Monthly reports on the enrolment level and areas of risk are provided to the TDHB COO along with any incident relating to the enrolment wait times whether it is a clinical or reputational risk.

#### **Level three:**

- Capability and capacity of workforce depleted and indicates change in status
- Unenrolled COVID-19 patient status in South Taranaki determined
- Activating the level three contingency plan is via the approval of the TDHB COO

### **Criteria to Determine Priority Enrolment:**

#### **Level one**

- Open enrolments and non-discriminatory enrolments

#### **Level two**

Enrolments accepted for:

- Patients wishing to enrol with STRHGP that have no local general practice enrolment access in South Taranaki
- Patients wishing to enrol at STRH and have presented at STRHGP non enrolled acute service, HIP or HED and agreed by the SMO as having inequalities, vulnerabilities, or high clinical / comorbid risk and needing STRH coordinated care
- Patients wishing to enrol with STRHGP and identified through IDT, or COVID coordination team, HIP or HED as needing STRH coordinated care

- No local general practice or lives in Hawera and has driving or mobility access issues
- Is registered with a GP but there has been a breakdown in the therapeutic relationship
- Sensitive patient disclosure

Waiting list for enrolment maintained and reported

### **Level three**

- Enrolments limited to unenrolled COVID-19 positive patients requesting enrolment with STRHGP or as indicated by the Community COVID-19 Clinical response team
- Waiting list for enrolment maintained and reported

## **5. MEASUREMENT CRITERIA**

- CNR > 100, PDF > 20
- Number of patients on waiting list to enrol
- Waiting times for enrolled routine appointments less than one week
- Tracking of numbers of persons enrolled on any given month against those persons transferring out
- Tracking of use of STRHGP acute care / HED volumes
- Number of incidents/complaints related to enrolment process
- Tracking of unenrolled people in Taranaki

## **6. RELEVANT LEGISLATION**

NZ Health and Safety in Employment Regulations (1995)

Privacy Act (1993)

Health Information Privacy Code (1994)

Human Rights Act (1993)

**Signed:** \_\_\_\_\_

**Name**

**Designation**

### **APPENDIX 3: Media Release**

**From:** Beth Findlay-Heath [TDHB] <Beth.Findlay-Heath@tdhb.org.nz>  
**Sent:** Wednesday, 1 December 2021 3:53 PM  
**To:** Gillian Campbell [TDHB] <Gillian.Campbell@tdhb.org.nz>; Chloe Mercer <Chloe.Mercer@tdhb.org.nz>  
**Subject:** FW: MEDIA RELEASE: Busy first year for South Taranaki's Rural General Practice

Just letting you both know the STRHGP release has gone out to our local media distribution list, as well as Pinnacle and a few of the councils.

Ngā mihi  
Beth

**From:** Beth Findlay-Heath [TDHB] **On Behalf Of** Communications [TDHB]  
**Sent:** Wednesday, 1 December 2021 3:49 PM  
**Subject:** MEDIA RELEASE: Busy first year for South Taranaki's Rural General Practice



## **MEDIA RELEASE**

December 1, 2021

### **Busy first year for South Taranaki's Rural General Practice**

This month South Taranaki's Rural General Practice (The Practice) celebrates one full year of operation in Hāwera.

Taranaki DHB's chief operating officer, Gillian Campbell says the Practice was implemented to meet the needs identified by the community, and support access to primary care services in South Taranaki.

“We are very proud of the new rural model of care we started last year. The team has worked extremely hard to achieve a high standard of service, enrolling over 2000 patients since opening the doors and extending hours five days a week to meet the demands of people needing access to urgent and planned health care.

“We really want to ensure the service continues to deliver high quality, responsive primary care that meets the needs of both enrolled patients, and those who access the service casually. The model of care is constantly evolving, and it is important the team has time to strengthen and continue developing the service.

“For these reasons the team has taken the difficult decision to reduce the pace of new enrolments for a short period of time, and will be enrolling only people who do not have a doctor at all, are not within safe travelling distance to their GP, or are identified as having complex, high needs which are not being met by the practice team,” says Mrs Campbell.

The Practice will continue to provide primary care services for casual patients and their own patients.

Dr Tom Dawson, who heads the Practice, acknowledges the amazing community support over the past year, but says challenges and uncertainty posed by COVID-19 mean they need to be ready to support people in the community whose health and wellbeing may be impacted the most.

“The Practice team wants to thank the South Taranaki community for all their support and positive feedback over the past year.

“As we enter more challenging times with COVID-19 the Practice has a pivotal role to support the community, and this includes being available to take on patients who do not currently have a doctor, or whose doctor is out of the region. We will continue to enrol these patients and look at those with the highest need,” says Dr Dawson.

For more information on The Practice, including hours of service, please visit [South Taranaki Rural Health General Practice • Healthpoint](#)

Ends

**For more information contact:**

Beth Findlay-Heath | Communications Manager | 021 665 017

## APPENDIX 4: December Board Update

### **SOUTH TARANAKI RURAL HEALTH GENERAL PRACTICE**

Key Development	Progress /Update
<p><b>South Taranaki Rural Health General Practice</b></p> <ul style="list-style-type: none"> <li>• Staffed by a team made up of senior nurses that are specialists in general practice care, and general practitioners with specialist training in rural hospital medicine.</li> <li>• Provides all services typical of a general practice, including diagnosis and treatment; health education; disease prevention and screening.</li> <li>• Acute and episodic care for patients requiring a same day appointment. See below for more information.</li> <li>• Introduction of extended hours/weekend services.</li> <li>• Primary care services for the two Hawera Rest Homes, residential and hospital level care.</li> <li>• Establishing integrated care services with NGO's community and secondary care providers with Primary Care as the connected care service.</li> </ul>	<ul style="list-style-type: none"> <li>• In November 2021 STRHGP introduced an enrolment policy focusing on patients with specific access issues, health inequities and co-morbidities in order to safely manage the high number of enrolments coupled with ensuring focus on access and coordinated care for high risk people</li> <li>• Currently the practice has 2,347 enrolled patients with a presentation mix of 45% enrolled (long term conditions/routine) and 55% primary care appropriate non enrolled acute on complex patients (recognising a community that has had a history of unmet need).</li> <li>• Some extended hours now available and is currently offering services to 7pm on Monday, Wednesday, Thursday and 1-4pm Saturday and Sunday.</li> <li>• Patients attending ED are assessed for primary or ED appropriateness and offered redirection to primary care if appropriate. In the past quarter, the primary care service completed approximately 500 ED redirects, the rest of the acute non- enrolled patients are presenting via telephone or the front door of the practice and it is highly possible that they would have attended ED if the primary service was not available.</li> <li>• Resthome services for the two local residential and hospital care resthomes is progressing well and establishing some integrated care between the services.</li> <li>• COVID-19 – keeping streaming and keeping patients out of the facility.</li> <li>• COVID-19 management in the community.</li> </ul>
<p><b>Rural Medical Training and Education</b></p> <ul style="list-style-type: none"> <li>• Key facility for development and training of the South Taranaki rural workforce.</li> <li>• Pivotal to growing and retaining a South Taranaki workforce fit for the region's future.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued progression towards workforce sustainability and an interdisciplinary model of care with workforce working towards top of scope.</li> <li>• External interdisciplinary open invite to interdisciplinary team meetings to support</li> </ul>

	<p>across system integration and whānau centred coordinated care.</p> <ul style="list-style-type: none"> <li>• Community Placement House Surgeon working within General Practice, ED and Inpatients to help understand the rural interdisciplinary model of care.</li> <li>• Nurse Practitioner Intern accepted to a funded Nurse Practitioner development practicum programme 2022.</li> <li>• Longer term vision is that STRH becomes a rural academic centre of excellence.</li> </ul>
<p><b>After-Hours Phone Access to South Taranaki GP Services</b></p> <ul style="list-style-type: none"> <li>• Facilitated after-hours by Homecare Medical.</li> <li>• Run by registered healthcare professionals who provide health advice over the phone and/or refer patients to the most appropriate service for their specific health needs (including emergency services).</li> </ul>	<p>There has been increased activity to the programme and we believe this to be because of COVID-19 and delayed BAU care for long term condition patients.</p> <p>Total call volume for direct handling by medical staff was 85</p> <ul style="list-style-type: none"> <li>• 39 of these were for STRHGP patients</li> <li>• Highest demand of calls was around the hours of 8am and 4pm.</li> </ul>
<p><b>St John ‘See and Treat’ service</b></p> <ul style="list-style-type: none"> <li>• An additional paramedic service that provides assessment and treatment for minor illnesses and injuries at the patient’s location, e.g. wound care, ear nose and throat examinations, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Services now working well in Hawera and Stratford. Regular meetings at Hawera Hub and Avon. GPs actively connecting.</li> <li>• Significant increase in referral calls form last quarter from 160 to 198.</li> <li>• Reduction in transport as an outcome by 11%.</li> <li>• 13% of those helped identify as Māori.</li> </ul>
<p><b>Te Manawanui (Pinnacle)</b></p> <p>The integrated primary mental health and addiction service makes a range of supports rapidly available to a general practice’s enrolled population to help people manage challenges that adversely affect their wellbeing. The model is about mental and physical health concerns – including thoughts, feelings or actions that are impacting on health and wellbeing – so when people are in distress, they know there is appropriate support available that is easily accessible. The types of support available for people experiencing distress includes self-management support, brief interventions, and social and cultural supports.</p>	<ul style="list-style-type: none"> <li>• Service is now being delivered from STRHGP.</li> </ul>
<p><b>Recruitment to the Extended Care Team (Pinnacle)</b></p>	<ul style="list-style-type: none"> <li>• The team has implemented dedicated days working in south Taranaki to ensure better</li> </ul>

<ul style="list-style-type: none"> <li>• A range of health professionals (e.g. social worker, clinical pharmacist or dietitian) who support patients and coordinate services in the region to better manage patients' health needs.</li> <li>• Will support all patients regardless of the practice they are enrolled in.</li> </ul>	<p>access to services. Most work has been re engaging in face-to-face BAU following a period of virtual services.</p>
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## Progress Report on Supporting Framework October 2021

<p><b>Māori and Iwi Engagement</b></p>	<ul style="list-style-type: none"> <li>• Chief Māori Health &amp; Equity Officer is a member of the PSG providing an equity-specific lens.</li> <li>• Te Kawau Māro Māori providers participate in co-design workshops, e.g. to design 'the practice'. This engagement and opportunity for input will increase (currently in development with the providers).</li> <li>• Work initiated with Ngāti Ruanui to map and improve flows between STRHGP and Ngāti Ruanui – practices are located on the same campus.</li> <li>• Taranaki ki te Tonga Māori community hui is a forum to share information and updates regarding the project and to seek input from iwi and providers.</li> <li>• Chair of Te Whare Punanga Korero receives governance updates as part of our DHB Board meetings.</li> <li>• Te Whare Punanga Korero Trust receives regular updates and requests for guidance when needed via the Chief Māori Health &amp; Equity Officer.</li> <li>• The Chief Executive of Ngāti Ruanui exercises an open-door approach with the DHB Chief Executive.</li> </ul> <p><b>New service establishment:</b></p> <ul style="list-style-type: none"> <li>• Ngāruahine and Ngāti Ruanui as part of the Collaborative Diabetes Service (new model of care) are currently recruiting Kaitautoko Huka Mate - 1.4 FTE with a strong focus in South Taranaki.</li> </ul>
<p><b>Governance</b></p>	<p>A Project Steering Group remains in place and is chaired by DHB Chief Executive to ensure implementation of the model. Scope and membership being reviewed and updated in Q2.</p>

<p><b>Evaluation Framework</b></p>	<p>Initial scoping of evaluation has been agreed. Approach is to be refined through a workshop on 20<sup>th</sup> of December, and evaluation will begin in January/February working with the Whanganui Regional Health Research Collaborative (WRHRC) aims to evaluate the STRHGP using an asset-based approach to evaluation, which is reported to facilitate equity within an organisation or system (Morgan &amp; Ziglio, 2007).</p>
<p><b>Ministry of Health Approval for Service Change</b></p>	<p>The Ministry of Health and Taranaki DHB have reached agreement on the interim model for the operational framework for the primary care service as part of an integrated model of care and this is expressed as a Letter of Agreement and extended to 31 December 2021. This provides the framework for which the DHB can operate a general practice and charge co-payments. This interim agreement will be replaced once agreement has been reached on the operational framework.</p>
<p><b>Operational and Commissioning Framework</b></p>	<p>STRHGP Primary Care agreement is now with Sector Services for finalisation and capitation will begin 1 January.</p> <p>A side contract for LARCs, Bowel Screening, Cervical Screening and Extended Mental Health Consultations is also being finalised for 1 January. Pinnacle Midlands Health Network has agreed to provide the infrastructure and claiming mechanisms for Primary Options, this is a positive step as ensures alignment across GPs and reduces duplication.</p>
<p><b>COVID-19 Response</b></p>	<p>DHB establishment of COVID-19 testing availability seven days a week at Hāwera Hospital to ensure access and complement iwi strategies. Iwi led COVID-19 testing through Ngāruahine and Ngāti Ruanui Health Services.</p> <p>STRHGP are also providing testing as required and are strongly connected into the COVID Care in the Community response.</p>

