



WHAKAKOTAHI EVALUATION:

Progress report on Tranche 2 initiatives

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SYNERGIA

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Summary

This progress report provides feedback on the implementation of Whakakotahi for tranche 2. This is largely based on the evaluation conducted between March – November 2018 but also reflects on the learnings from the evaluation of the first tranche of Whakakotahi.

Overall, Whakakotahi has been well received by projects involved in tranche 2 and there is evidence that the learnings from tranche 1 have improved ongoing implementation. The initiative continues to be achieving against its intended goals of improving quality improvement capability in the primary care sector and developing relationships between the Commission and the primary care sector.

The formative evaluation has identified some areas for consideration of the role of the Commission in supporting quality improvement in primary care beyond the current delivery of Whakakotahi. These include leveraging off the capability already developed and supporting networks and connections.

To go directly to the key considerations use [this link](#).

Introduction

The Commission in Primary Care

The Commission is responsible for monitoring and improving the quality and safety of health and disability services and promoting a culture of continuous quality improvement across the whole sector.

While the Commission has led a range of programmes that have supported the development of quality improvement capability within the sector, gains have been made predominantly in the secondary care sector. The Commission does not currently have a high profile in primary care and needs to learn where it is best placed to add value to the primary care sector quality improvement culture.

The Commission's 2015/16 Statement of Performance expectations demonstrated their intentions to increase their focus on primary care, aged residential care and disability services. A Primary Care work programme has been initiated and the Primary Care Expert Advisory Group (PCEAG) was established in 2015/16. The PCEAG has since been reviewed.



Whakakotahi – Quality improvement challenge

Whakakotahi is one of the Commission’s key initiatives in its Primary Care Programme. The initiative aims to increase quality improvement capability in primary care.

Whakakotahi aims to:

- 1.** Increase engagement between the Commission and the primary care sector
- 2.** Increase the quality improvement capability of those involved
- 3.** Contribute towards improved processes leading to improved health outcomes, equity, consumer engagement and integration of those involved.



Whakakotahi programme logic model

The below logic model demonstrates the pathway through which Whakakotahi intends to achieve its goal.

Programme goal: To increase quality improvement capability in primary care by more than 20% (as measured by the average score of the tools, methods and techniques self-assessment) which will contribute towards the long term aims of improving health outcomes, equity, consumer engagement and integration.

Context and need

- It is accepted that successful primary care is key to the future health of the population, reducing inequities and escalating costs.
- Most NZers (95%) are enrolled with a primary health provider.
- The Commission is responsible for health care improvement across the whole sector and intends to increase its focus on primary care and community services, aged residential care and disability services.

Resources and activities

- EOI process and selection of local primary care initiatives using prioritisation criteria developed by the PCEAG. Applicants can submit their own initiatives that are important to them and their enrolled populations but must be aligned to one or more of the priority areas: equity, consumer engagement, integration.
- Reimbursement for participating projects of staff time of up to \$6000 excluding GST plus any travel and accommodation costs.
- A project manager and quality improvement advisor will work with the individual initiative teams to support as needed. This will include site visits, regular meetings, quality improvement advice and facilitation.
- Three learning sessions for participating initiative teams for each tranche to facilitate quality improvement capability building, sharing of information and learning, and the formation of natural networks.

Outputs

- Staff in participating projects have attended Whakakotahi QI learning sessions.
- Participating practices have implemented their own QI initiative and tested changes.
- Identification of any initiatives with validity and transferability suitable for wider spread.
- Primary care QI process case studies
- Communications, tools and resources on how to implement QI initiatives across the primary care sector.

Short term outcomes

- Outcomes for participating projects:
- Stronger connections with the Commission.
 - Stronger relationships and possible partnerships between primary care and the Commission.
 - Increase in QI expertise and capability.
 - Improved patient outcomes and experience related to specific improvement initiatives.
 - Initial benefits towards intended QI goals in the areas of health outcomes, equity, consumer engagement, and integration.
- Outcomes for the Commission:
- Collaborative partnerships with participating primary care teams
 - Increased understanding of primary health care sector and QI in this context

Long term outcomes

- Stronger connections and engagement between the Commission and the primary care sector
- Stronger engagement and connections across primary care
- Increased primary care sector QI leadership capability and knowledge
- Improved quality of primary health care
- Improved health outcomes, equity, consumer engagement and integration in primary care
- Improved performance against key metrics including contributory and system level measures

Purpose of report

This report presents the experiences of tranche 2 of Whakakotahi. It focuses on the evaluation conducted between March – November 2018 but is part of the wider evaluation of Whakakotahi that commenced in May 2017.

The purpose of this phase of the evaluation is to provide formative feedback to inform the continued development of Whakakotahi. This includes understanding the successes, challenges and enablers to implementation of the local initiatives and overall quality improvement programme. It will provide insights and considerations to support the ongoing development of Whakakotahi.

This report is not intended to provide summative judgments on the value of the programme. The summative component of the evaluation will follow implementation of tranche 3.

Evaluation approach and methods

Summary of the evaluation

A mixed methods approach is being used to conduct a process and outcome evaluation of Whakakotahi. The evaluation aims to provide formative feedback in the early stages of Whakakotahi and move towards a summative evaluation in 2019.

Evaluation aim:

To conduct a formative and summative, process and outcome evaluation of Whakakotahi– Primary Care Quality Improvement Challenge

Process objectives:

- Evaluate the implementation of the Whakakotahi initiative.
- Evaluate the implementation of participating primary care quality improvement projects.
- Identify key barriers, enablers and success factors for the implementation of Whakakotahi.
- Identify key barriers, enablers and success factors for the implementation of participating primary care quality improvement projects.
- Identify areas for modifications or improvements to Whakakotahi and the implementation of other quality improvement programmes.
- Share learnings for doing quality improvement projects in primary care.

Outcome objectives:

- Evaluate the effectiveness of Whakakotahi in achieving its intended objectives.
- Evaluate the effectiveness of the participating primary care quality improvement projects in achieving their intended objectives.
- Identify any unintended outcomes of Whakakotahi.
- Identify if Whakakotahi is providing value for money.
- Identify considerations for the sustainability and scalability of Whakakotahi.

Phase	Design and context	Rapid feedback on development and implementation	Understanding implementation, progress and spread	Summative evaluation
Methods	Evaluation planning workshop Document review Evaluation framework	Document review Learning session and QI data monitoring (HQSC) Key stakeholder interviews Site visits	Learning session and QI data monitoring (HQSC) Key stakeholder interviews Site visits Online survey	Learning session and QI data monitoring (HQSC) Key stakeholder interviews Site visits Online survey Mixed methods data integration

Evaluation questions

The evaluation will address five key areas with related evaluation question. This progress report addresses the first three with respect to Tranche 2.

1. *Contribution to effective and increased engagement of the primary care sector*

- How has the primary care sector been engaged in Whakakotahi?
- How has the Primary Care Expert Advisory Group supported sector engagement?
- How effective has this approach been?
- How has the engagement approach and activities supported equitable awareness and engagement across the primary care sector?
- How widely across the primary care sector are people aware of Whakakotahi?
- How could this approach be improved?

2. *Contribution to effective working partnerships between the primary care participants and the Commission*

- How has the Commission's ability to work with primary care improved?
- How have the Commission and the primary care sector worked together?
- How have the projects engaged with the Whakakotahi work programme?
- Who has been involved from the sector and from the Commission?
- How effective have the working partnerships been?
- How equitably has the distribution of effective working partnerships been across unique contexts and cultures within primary care?
- How could this approach be improved?

3. *Increased quality improvement capability among Whakakotahi participants*

- To what extent has the project supported an increase in QI capability among participants?
- How equitably have the QI capability changes been distributed across participating people and projects?
- What activities have supported this increase in capability?
- Which of these activities, if any, appear to be the most successful?
- What are the existing barriers to developing QI capability?
- What else would support improvements in QI capability?
- How does the Whakakotahi programme align to and/or complement the QiF course and/or other QI related courses?

Evaluation questions

The final two questions areas will be addressed at a later stage of the evaluation. Question four is more appropriately addressed after tranche 2 has been implemented for a longer period of time to have an opportunity for outcomes to be realised and observed. However, some early insights around the contribution of Whakakotahi to equity, integration and consumer engagement will be shared. The final question is more appropriately addressed in the summative evaluation report.

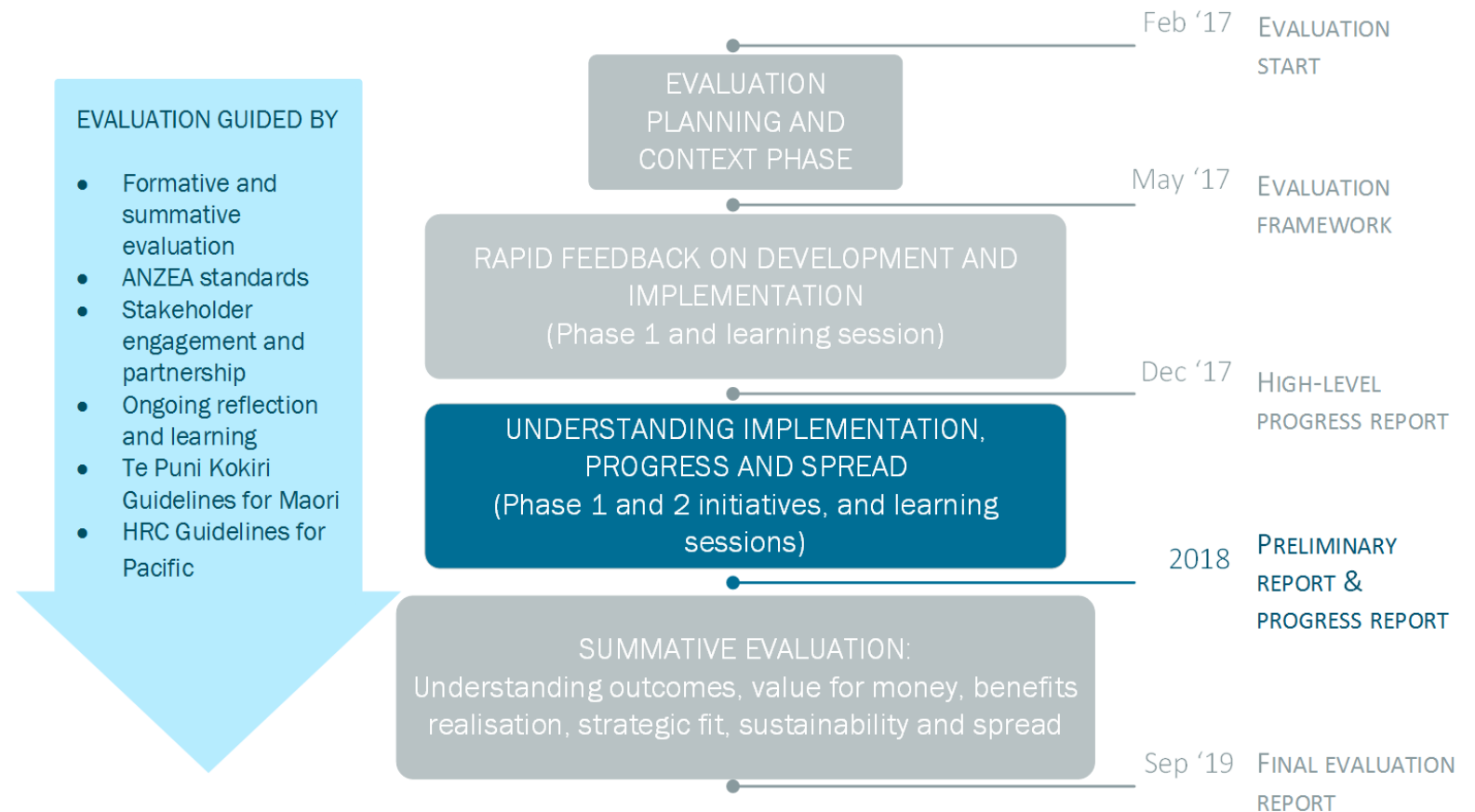
4. Improvements in health outcomes and potential contribution to longer term equity, integration and consumer engagement in participating practices

5. Understanding Whakakotahi through the Commission's evaluation framework

Current phase and methods

This progress report presents the findings from second phase of the evaluation of Whakakotahi. Within this phase the following methods were conducted:

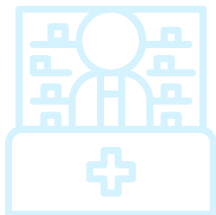
- Five site visits with Tranche 2 teams
- Learning session survey and quality improvement data monitoring (HQSC-collected)
- Online project team survey
- Document review
- Regular meetings with the Whakakotahi project team



Contribution to effective and increased engagement of the primary care sector

Whakakotahi is increasing the level of engagement with the primary care sector

One of the aims of Whakakotahi was to increase engagement between the Commission and the primary care sector. Findings from the evaluation indicate that Whakakotahi is actively contributing to increased engagement with primary sector.

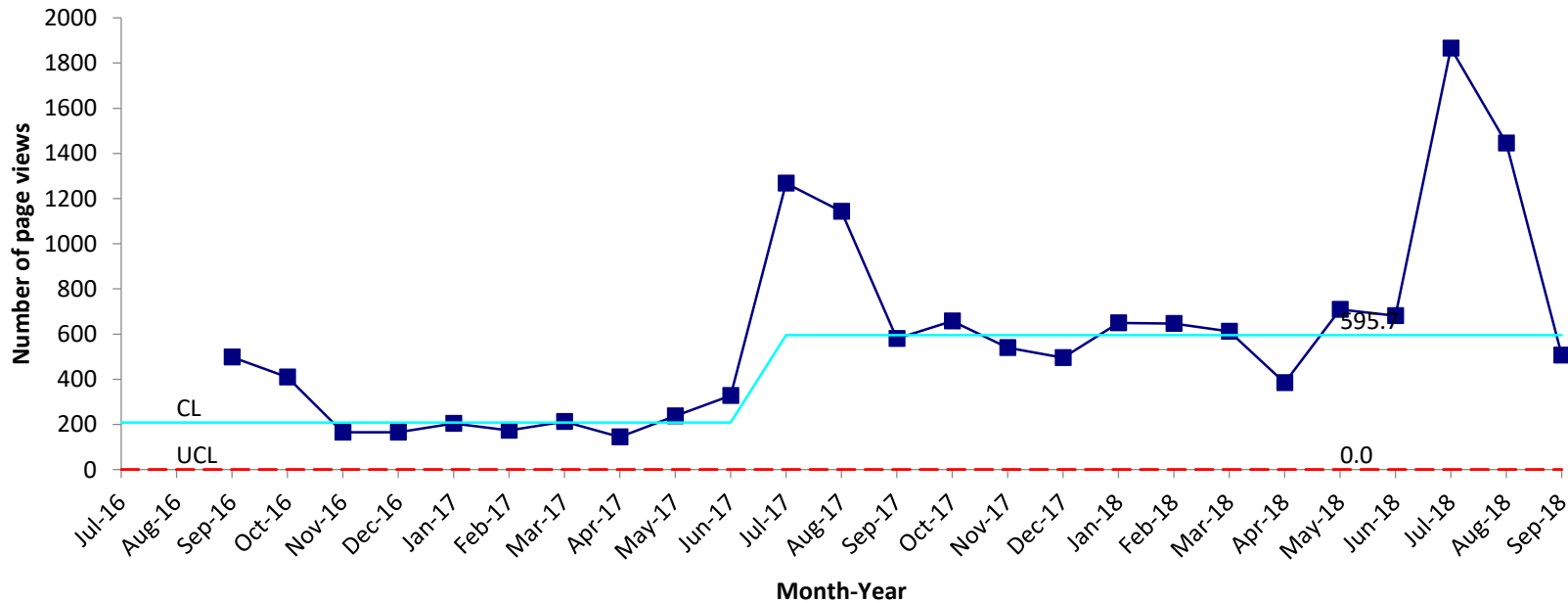


- The Expression of Interest process in 2018 for Tranche 3 participants attracted 23 applications – this the highest number of applications received throughout the duration of Whakakotahi, indicating the increasing interest in Whakakotahi as it becomes more well known at the community level.
- Tranche 3 continues with an increased focus on pharmacy, and extends it to include a specific focus on eliminating inequities in access to medicines. This is supported by a partnership with PHARMAC, and has resulted in a total of 7 applicants from pharmacies entering under this PHARMAC criteria.

Increasing engagement through page views

Webpage views for the primary care programme have continued to have a sharp peak during the expression of interest stage. The views are following a similar trend to previous years of Whakakotahi, however the engagement is increasing with a peak of 1866 views in July 2018, compared with the peak of 1268 in July 2017. The drop in views following the EOI stage is also reflective of previous years, it will be interesting to monitor whether there will be a sustained increase in average views in the coming months.

Whakakotahi Programme page views - I Chart



Establishing relationships between participants and the Commission

Most teams expressed that they did not have a relationship with the Commission prior to being involved with Whakakotahi.

- Whakakotahi has enabled this relationship to be built, although it was felt that these relationships are more with the individuals representing the Commission than the organisation.
- These relationships were valued and viewed positively, with the hope that they would be sustained after Whakakotahi ended.
- The relationships were described as having the potential for being the foundation from which further collaborations and information sharing could occur.

“They didn’t know who we were before, and now they know a bit about what we do and vice versa. Now we know a little bit about them and what they do, and if there’s anything that could be valuable for us to use in our work.”

- Primary care stakeholder



“We feel like there is a mutual trust there [with the Commission] and with that trust comes an opening to be able to engage with each other and share our knowledge.”

- Primary care stakeholder

WESTPORT: CHALLENGES OF THE WEST COAST AND THE NEED FOR QUALITY IMPROVEMENT

Engaging primary care in quality improvement capability development is critical - primary care needs the skills to address local challenges. It is clear by the experiences of the team in Westport and their relative successes through Whakakotahi that specific solutions for quality improvement may not be transferrable across different contexts and demographics, however the processes for quality improvement learning are.

Primary care in small rural towns presents a complex challenge due to a number of factors, including large geographic spread, difficulties in retaining health professionals and high levels of deprivation. Such is the case in Westport. With a population of just over 4,000 people, over 40% of these earn an annual income below \$20,000. The Westport community experiences significant poverty, low levels of employment, education and health literacy. Further, the low costs of living in the West Coast region has made it an attractive place for the government to relocate individuals needing high levels of social support. These individuals often also have high health needs.

Discussions with primary care stakeholders in the region identified key challenges in providing primary care under these conditions. They described a recent three-month period where they were only able to provide emergency services, and unable to deliver any planned or proactive care. Staff shortages and increased workload for those remaining disrupted the ability of services to achieve continuity or preventative care, which is critical to effective primary care – particularly in a region experiencing significant burden of disease and high health needs.

Whakakotahi was identified by the project team as a foundation for building quality improvement capability. Quality improvement was noted by the team leader as being “the way forward for primary care” in their context. Their project revolved around improving quality in the provision of diabetes care to their population, signalling a shift and allowing an opportunity to move back into the proactive planned care space. The skills gained through Whakakotahi have been critical in enabling this shift. The importance and value of quality improvement processes was highlighted by the team in Westport to address their challenges in primary care. The engagement from the Commission through Whakakotahi directly with primary care has allowed for increased focus in developing the QI knowledge and skills that are so desperately needed in communities with high needs and limited resources, like Westport.

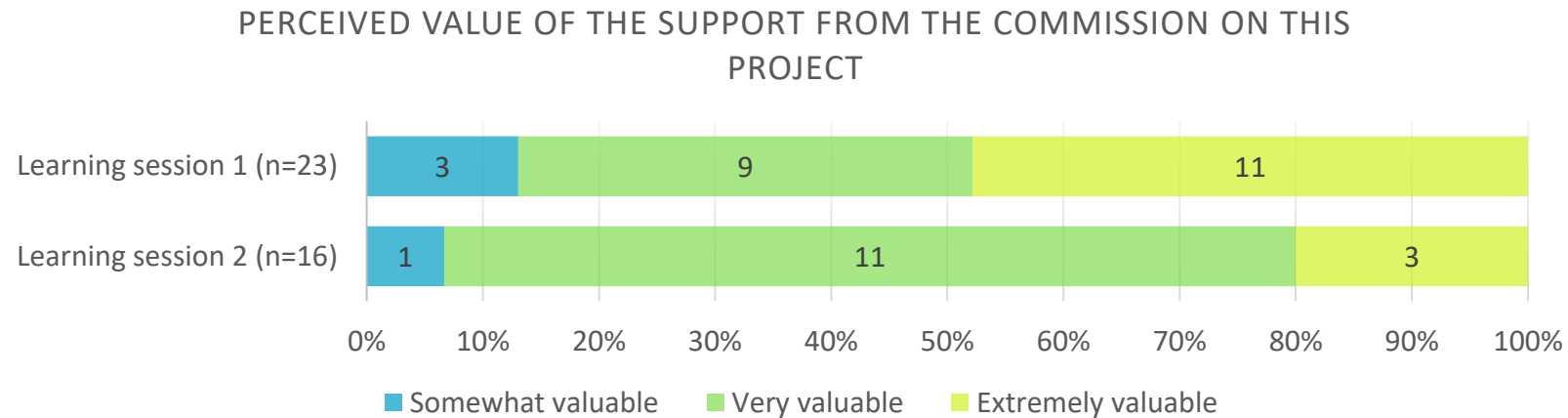
“I’m 100% certain that QI is the only way forward. To get out of the chaos, to get out, its got to be forward thinking, prevention, planned care and getting away from unplanned care, and I think that that’s the whole dilemma for the whole of the health system. I do certainly see that breaking it down as quality improvement and starting with the easy things, running PDSA cycles, collecting and measuring data is the way to get out of the chaos and that’s why I’ve been pushing for it here.”

- Project team leader

Contribution to effective working partnerships between the primary care participants and the Commission

Partnerships perceived as valuable

Feedback from Tranche 2 teams was mostly positive regarding their partnerships with the Commission. The development of these partnerships have been strengthened over time, with all but one (93%) rating their perceived value of the support from the Commission as being either very valuable or extremely valuable.



This was supported by the evaluation site visits, with comments from participants highlighting the value of their partnership with the Commission beyond just Whakakotahi.

“We’re passionate about growing the capability of pharmacy in primary care and partnering with the Commission has allowed us to be instigators and disrupters in the community – we’re hoping to do more than just counting pills.”

- Project team member

Positive partnerships with the Commission

Almost all of the people from Tranche 2 agreed or strongly agreed that the support to date from the Commission for Whakakotahi met their expectations. In addition, almost three quarters noted helpful support from the Commission as an enabler for carrying out their project

Feedback from the learning session surveys and the evaluation online survey also indicated that the Commission has been improving their approach to working in partnership with project teams and understanding the local context within which they operate.

This was supported by the evaluation site visits, where team members discussed the value of having the Commission visit the community in which the teams are working to better understand and adapt the learnings for their local contexts.

“Extremely grateful for the support provided and the level of engagement. These have been key to provide [Māori health organisation] the space to participate in.”
 - Project team member

“Fabulous team support and understanding of situational complexity.”
 - Project team member

“We have a different situation here as we don’t have quite the same relationship with our customers as other primary care. It was helpful for [the quality advisor] to see our setting and help us understand how we can use the tools in a meaningful way for our setting.”

- Project team member

Approaches to engagement

The teams involved in Whakakotahi are supported in a number of ways by the Commission to aid their learning and development of QI capability. It was reported that of these various methods, most of the learning has come from the practical application of the QI tools. The Commission-led learning sessions and on-site visits from the QI advisor have been a valuable source of support, with telephone contact and webinar sessions also supporting the teams.

ON-SITE VISITS FROM THE COMMISSION

- The Commission's Quality Improvement Advisor was available to the successful teams to provide both virtual and on-site support and mentoring as needed. At site visits and interviews with Whakakotahi participants, this was extremely valuable, and the way they were supported by the QI Advisor was critical to their successful progress.
- This support was also noted to go beyond the context of Whakakotahi, but extended to broader more general advice and support.

"Having [the quality improvement advisor] on hand has be great, she is accessible and contactable and I can run things off her. It's been those visits on site – she's an open page for us – with whatever we need insight to - she doesn't come with pre-agenda items for us – good recommendations and suggestions that allows us to have our own say."
- Project leader

QUALITY IMPROVEMENT FACILITATOR (QIF) COURSE

- The successful teams were awarded a scholarship for one team member to attend the QIF course, run by Ko Awatea. Participants who attended the QIF course spoke highly of their experiences and found that the content complimented their learnings from the Commission. It was noted that some of the QIF course content was repeated in Commission teachings, however this was considered beneficial as it reinforced the importance of the content.

"The QIF course was good – it was a bit repetitive and there was a lot of cross over with some of the Commission support, but this was a good thing. The repetition reinforced the new stuff we were learning. Some of this stuff is really new to us so it was good to hear it again from somewhere else."
- Project leader

Improved experience of engagement

Following evaluation site visits for Tranche 1 Whakakotahi teams, it was reported that teams felt that the level of reporting was intensive and teams found it difficult to formally document and report progress. This notion was noticeably absent in the Tranche 2 site visits, suggesting that reporting processes were manageable, and the changes made were effective.



Upon recommendations following the first Tranche of Whakakotahi, the Commission altered the way the teams reported progress:

- Rather than completing monthly reports, the teams were able to use the LifeQI platform to monitor progress.
- LifeQI enables teams create driver diagrams, conduct PDSA cycles and visualize results on an online platform that is easy to share across organisations.



On the whole, this platform was a useful tool for tracking progress, however there were some questions on usability of the software from a number of teams.

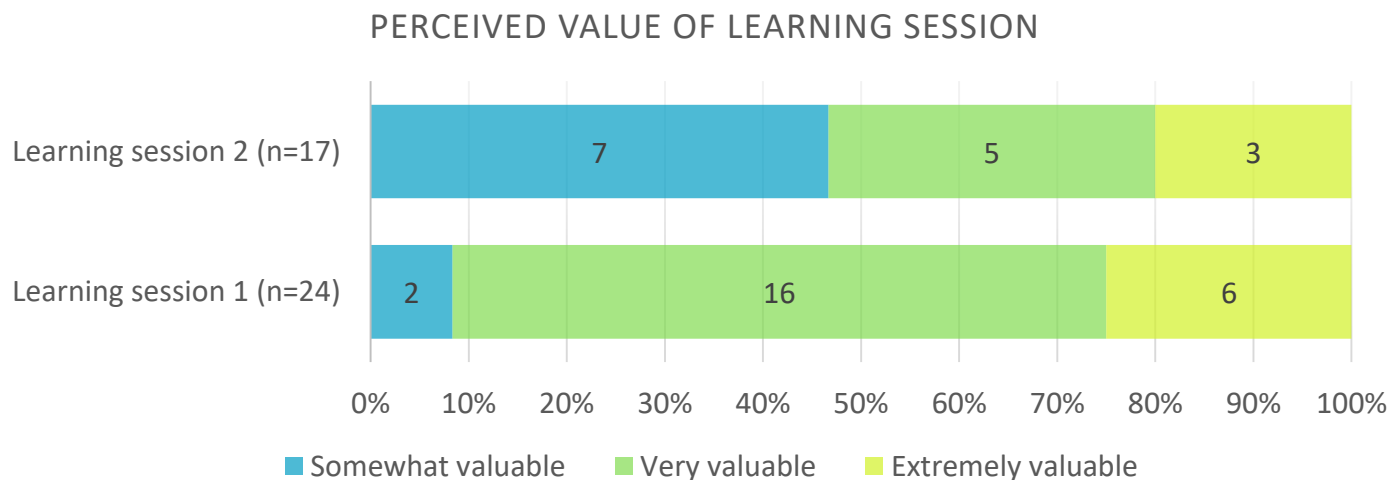
“I didn’t find it [LifeQI] user-friendly at all, in fact I avoided using it. It’s really hard to edit things once you’ve set it up, and the nature of what we’re doing means we had to edit a lot. I started doing my own thing in Excel instead.”

- Project team leader

Learning sessions

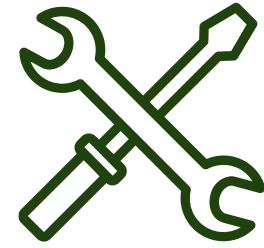
At the time of reporting, Tranche 2 teams have attended two out of three learning sessions. Feedback on these sessions from both the learning session survey and the evaluation site visits has been mostly positive.

- Learning session 1 was spoken highly of amongst project teams at site visits. This is supported by data from the learning session survey, with 92% of respondents rating the value of learning session 1 as either very valuable or extremely valuable.
- There were some comments made around the structure and relevance of learning session 2. Team members who attended the session noted that it was enjoyable to meet and engage with other teams and share projects, but questioned the emphasis and length of time dedicated towards this aspect of the session. This is supported by learning session survey data, with 53% of respondents rating the value of learning session 2 as either very valuable or extremely valuable.



“The first learning session was great – really helpful and learnt a lot. The second one less so. It was cool to see what the others were doing, and it was encouraging to see we had the same issues, but we spent way too much time doing this – it could have been done in 15 minutes. The second half of the session was better.”

- Project team member



Opportunities for improvement

While several opportunities for improvement were successfully addressed following Tranche 1 evaluation site visits, Tranche 2 visits identified a small number of additional considerations for ongoing improvement in the way the Commission collaborates with participating teams.



- Greater focus on learning QI methods in learning sessions, with less time spent on team sharing. While team sharing was enjoyed and valued, a number of teams identified that the time spent on this was too much.



- Teams commented that most of their learning came from practical application of the QI tools and methods. It was suggested that incorporating more practical components into the learning sessions would help facilitate engagement in these sessions.



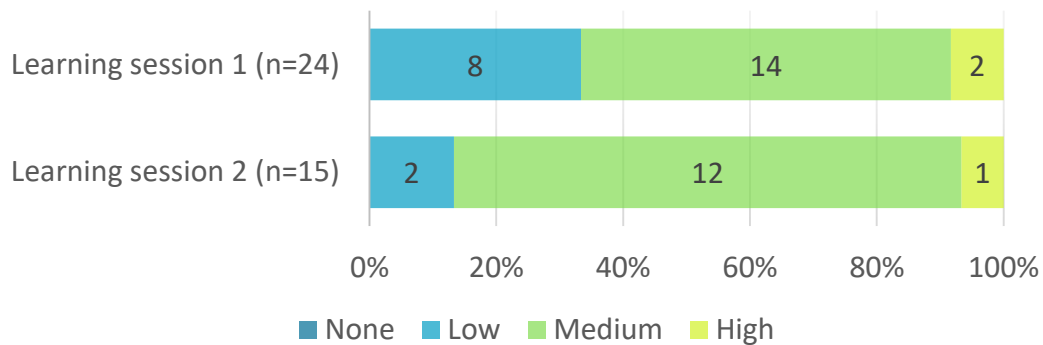
- The most valued engagement method remained the one-on-one on-site learning support provided by the Commission's QI advisor. This raises the question of sustainability going forward into Tranche 3 with up to 12 teams participating in Whakakotahi.

Increased quality improvement capability among Whakakotahi participants

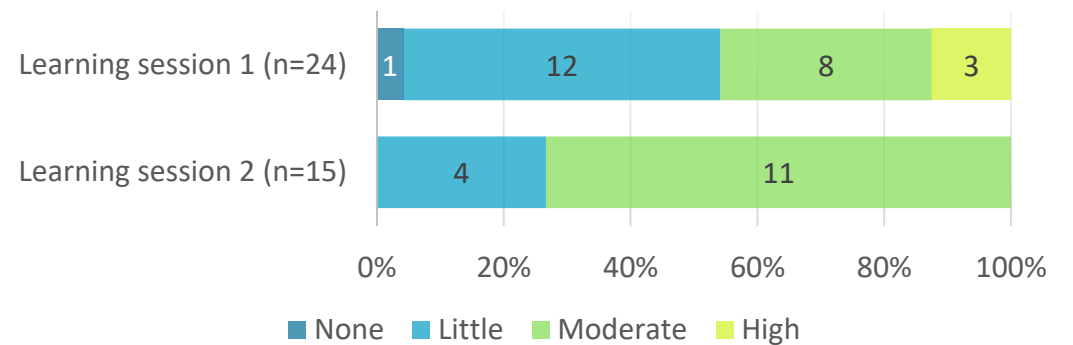
Participants increasing quality improvement capability

Increasing quality improvement capability is the key aim of Whakakotahi. Most participants have actively noticed an increase in their quality capability, paired with a greater understanding of what quality improvement is and how it can be applied in a primary care setting.

HOW WOULD YOU RATE YOUR KNOWLEDGE OF QI PROCESSES/METHODS?



HOW MUCH EXPERIENCE HAVE YOU HAD APPLYING QI IMPROVEMENT METHODS?

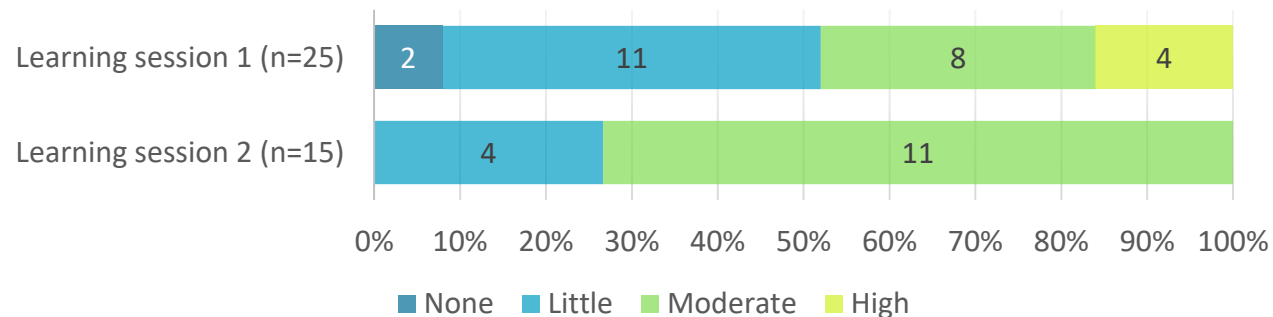


Evaluation site visits supported the idea that QI capability was increasing, although there may be differences in knowledge gained across team members. Team leaders were more likely to gain significant capability, with supporting members typically gaining more experience and tools rather than understanding the full QI process.

Increasing and sharing capability

During evaluation site visits, team members indicated that they felt they had learnt more about quality improvement theory, skills, tools, and gained some experience. Many reported that they felt they would use these skills and tools again in other aspects of their work.

HOW MUCH EXPERIENCE DO YOU HAVE USING THE PDSA TOOL AS PART OF ACTION LEARNING?



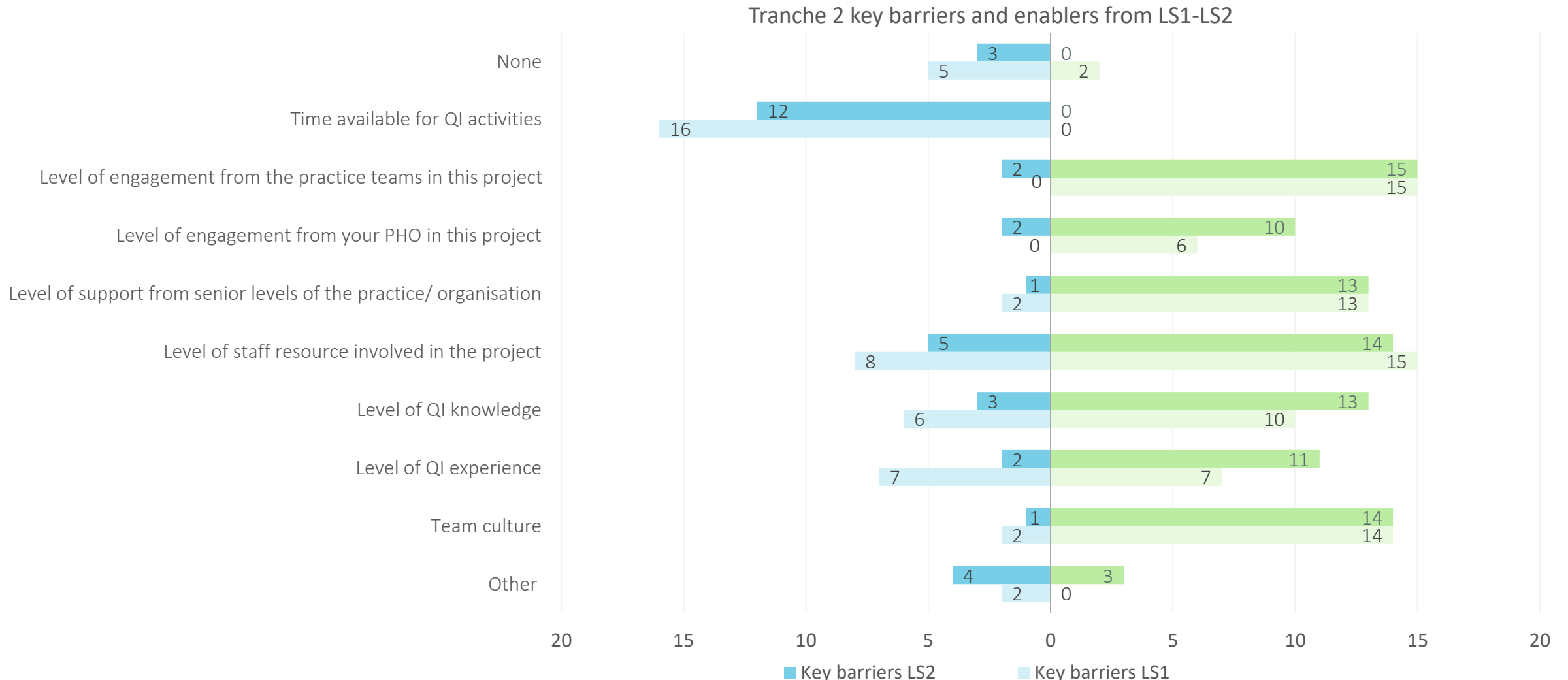
Several teams had already shared their knowledge and skills with others in their organization, and applied their learnings to other projects or contexts. One team's involvement in Whakakotahi prompted the development of a dedicated quality improvement team, whose role it is to inspire and teach others about quality improvement in their organization and work.

"We've created a QI team that are doing PDSA cycles over [at the organization]. They are there to inspire and teach others the quality improvement stuff and hopefully make it more ingrained in the culture."

- Project team leader

Key barriers and enablers to applying QI skills to local projects

At the first two learning sessions, the following were noted as key barriers (left) and enablers (right) to applying the quality improvement methods for this improvement project within their practice. This site visits provided further detail into specific factors which influence the local experiences and implementation of their local projects. The following pages will explore these further

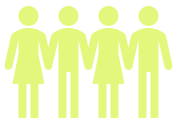


Capacity for project activities

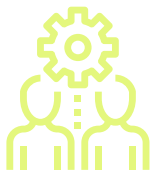
Factors relating to individual and team capacity were commonly noted as key barriers.



- 68% (n=19) of online survey respondents identified that across their project team, members perceived that they **collectively spent less than one day per week** on Whakakotahi related projects, with this reinforced during the evaluation site visits.
 - Evaluation site visits uncovered that this may be underestimated, as people don't always see how much others are doing.



- Finding time for the team to meet together was also particularly challenging – the **lack of protected time** for Whakakotahi-related activities, including team meetings was noted as a barrier to the project.



- Participants discussed the **value in having two co-leaders** to share the workload, teams with a single team leader struggled with competing priorities.

“A big challenge was our competing priorities. Whakakotahi is something that takes up a lot of time if we are to do it right, and we do want to do it right. Deciding what our priorities are, and whether Whakakotahi was one of them was a challenge.”

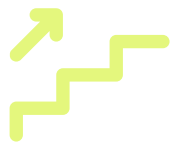
- Project team leader

Understanding and managing project scope

During evaluation site visits, team members often discussed the challenges around managing the scope of their projects. These challenges were found to be very similar to what was heard in Tranche 1, suggesting that even more clarification around the work involved in Whakakotahi is needed up front.



- Most people were not fully aware of the size of their projects and appreciate the workloads they would be taking on before becoming involved with Whakakotahi.
- Teams spoke of continuations of their projects and evolving into a “phase 2” to help manage the scope.



- One team described their realization that it is ok to not entirely fulfil their Whakakotahi as it was originally planned, as this process has been mostly about introducing quality improvement methods and tools.

“I would recommend [to others who might become involved in Whakakotahi] that they keep small and prepare at the beginning. See what’s achievable within the scope of the project and stick to that. It’s mostly about learning skills and tools to take forward.”

- Project team leader

Positive team culture and engagement

Teams were very open about the role of an enthusiastic and engaged team in the success of their projects so far.



- Fostering excitement in doing something new and different within their organizations helped to engage team members in Whakakotahi



- Teams spoke of their team culture, primarily encouraged by their project lead, and the way they worked together as a key enabler to achieving progress in their project.



- While capacity was noted as a challenge, when teams did get together, the enthusiasm and passion for creating change and improving quality helped keep the team motivated

“We don’t get together as often as we’d like, but when we do it’s great. We work really well together, and have done for quite a while now, but I think our enthusiasm and passion for this work has really helped us achieve what we have so far.”

- Project team member

Early insights on the contributions to equity and integration

Equity in Whakakotahi

Through building QI capability in primary care, Whakakotahi aims to support improved equity in health outcomes. This involves equitable inclusion of project teams in Whakakotahi, equitable provision of support to develop capability in participating projects, and supporting projects to focus on improving equity.

In the first tranche of Whakakotahi, some participants questioned the competence of the support provided from the Commission in supporting QI capability development and a focus on improving equity for Māori teams. In Tranche 2, the provision of support appears to be more acceptable to Māori providers with more time invested in developing relationships, mutual understanding and trust enabling the Commission to provide support that was meeting the needs of teams with different cultures and contexts.

"There was quite a clear purpose at the start and good stewardship through our Advisor, who was always approachable and contactable to answer questions and give advice. It was more around 'we write the script' instead of they tell us what to do.

We feel there is a mutual trust there, and also with that trust comes an open book to be able to engage with one another"

- Project leader



Equity in primary care

One project team questioned the ability of any one programme from the Commission to achieve equity across the primary care sector, highlighting that providers and organisations working in the areas of New Zealand with the greatest need for quality improvement may struggle with capacity to engage with the Commission and participate in Whakakotahi. Barriers to engagement were noted in the EOI writing process, which requires different skills and considerable time to formulate and develop projects according to the criteria of the application. They perceived that structural and policy change was required to support improved capacity and resource for those with higher needs to be able to engage with programmes such as Whakakotahi.

"I understand the panel's reasoning for selecting on equity, however equity is typically attached to those places that have a lack of capacity. They have the strength, drive, and want, but actually the ability to be able to work at the level that Whakakotahi expects, and work in a high needs clinic with low income, does stretch resources way too far"

- Primary care stakeholder



"You've got the ideas and want to transform that into something, but having someone to navigate all that technical stuff [for the EOI application] is not necessarily in house – you do need a bit of a hand"

- Primary care stakeholder

Integration and consumer engagement

While not consistent across all teams, there are early signs that some projects are making big gains in service integration and consumer engagement.

One project team comprised of pharmacists who shared a building with a general practice. To engage with more consumers meeting the criteria for their project, this team focussed on strengthening their relationship with the general practice. Improving collaboration was a change idea, arising from a PDSA cycle.

Through the creation of an integrated pathway from the general practice to the pharmacy, the team is hoping for improved consumer engagement, which will allow the project team to consult and engage with greater number of consumers needing medications and treatment. It is also hoped that this relationship will be sustained post-Whakakotahi and will be utilised and mutually beneficial in other contexts.

"We discussed integration and it's barriers and how to make things easier moving forward. We focussed on targeting the medical centre next door as a PDSA cycle to engage with more participants. They (medical centre) were receptive to working with us, and I can see a good relationship developing that could help improve integration for our population."

- Primary care stakeholder

Conclusions and Key Considerations

Conclusions

Overall, Whakakotahi continues to be well implemented and has been improving based on the learnings from Tranche 1. Even with an increase in the number of teams, their experience of Whakakotahi continues to be positive and teams are making progress against the intended aims of Whakakotahi.

Considerations for the Commission are less related to the delivery of Whakakotahi but to how the value achieved from Whakakotahi can best be leveraged going forwards. These considerations are presented and then followed by the next steps.



Key considerations

Continue to leverage off QI capability already developed through Whakakotahi

- Already, a wealth of QI capability has been developed in the primary care sector and this valuable resource can be leveraged to support further growth in primary care.
- The Commission does not have to do everything but can support the development of networks and relationships that support spread of this capability and knowledge. Facilitating the connections and development of skills is more valuable than developing ‘pre-packaged’ or ‘off-the-shelf’ solutions as primary care contexts are so diverse and one size does not fit all. Networks and relationships allow for the sharing of solutions if relevant to the context but more importantly allows sharing of QI knowledge and processes.
- Sharing examples of what has worked for previous projects in a broader sense is valuable. This allows for teams to utilise the knowledge gained through the experience of previous Whakakotahi teams without the programme being prescriptive. For example, sharing the value of having co-leaders to implement a project may be helpful to new teams in Whakakotahi who might otherwise struggle with leadership capacity.

Key considerations

Leverage the relationships and reputation of the Commission to support primary care efforts

- Teams are wanting to leverage off their relationships and reputation of the Commission, and connect with other organisations in the sector.
 - One team discussed their desire to link in with their DHB and develop their project and was having trouble engaging. They identified the opportunity to use their relationship with the Commission to support this potential partnership.
- Whakakotahi is seen as a “platform” for sharing their work and skills beyond their project, with the wider sector. Teams expressed interest in linking in to other opportunities, through their work with the Commission on Whakakotahi.
 - One team had established a dedicated QI team at a partner organisation who they were starting to share their quality improvement knowledge with. They expressed that ongoing support from the Commission in settings such as this that are outside the scope of their Whakakotahi project would be extremely valuable.

Key considerations

Thinking about equity at a system level and the role Whakakotahi can play

- At the participant level, the partnerships with the Commission have become more supportive of equity through the provision of individualised support in a respectful relationship.
- Capacity of providers in high needs areas needs to be considered and supported to fully address equity at a system level. The Commission needs to be clear on their intentions if this is where they aim to go.
 - Addressing equity as a system level is likely to be beyond the scope of any one initiative as they are only one piece of the system. Policy change and connections across the system are more likely to have a larger impact on improving equity. For example, increased CSC funding may have an impact on VLCA providers and increase their ability to engage in initiatives such as Whakakotahi.

Next steps

The next phase of the evaluation will explore the implementation of Whakakotahi Tranche 3 initiatives, as well as following the progress and spread of Tranche 2 initiatives and build on our knowledge of the challenges to implementation and monitor progress in outcomes.