SYNERGIA

Whakakotahi Evaluation

Progress report on Tranche 3 initiatives

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Summary

- This progress report provides feedback on the implementation of Whakakotahi for tranche 3. This is largely based on the evaluation conducted between March – October 2019.
- 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 added partnership with PHARMAC for tranche 3 has resulted in some unique learnings about using quality improvement methodologies in primary care to improve medicine access equity. Use this link to go directly to the learnings about this value of the partnership.
- To go directly to the conclusions and key considerations use this link.

1 Introduction

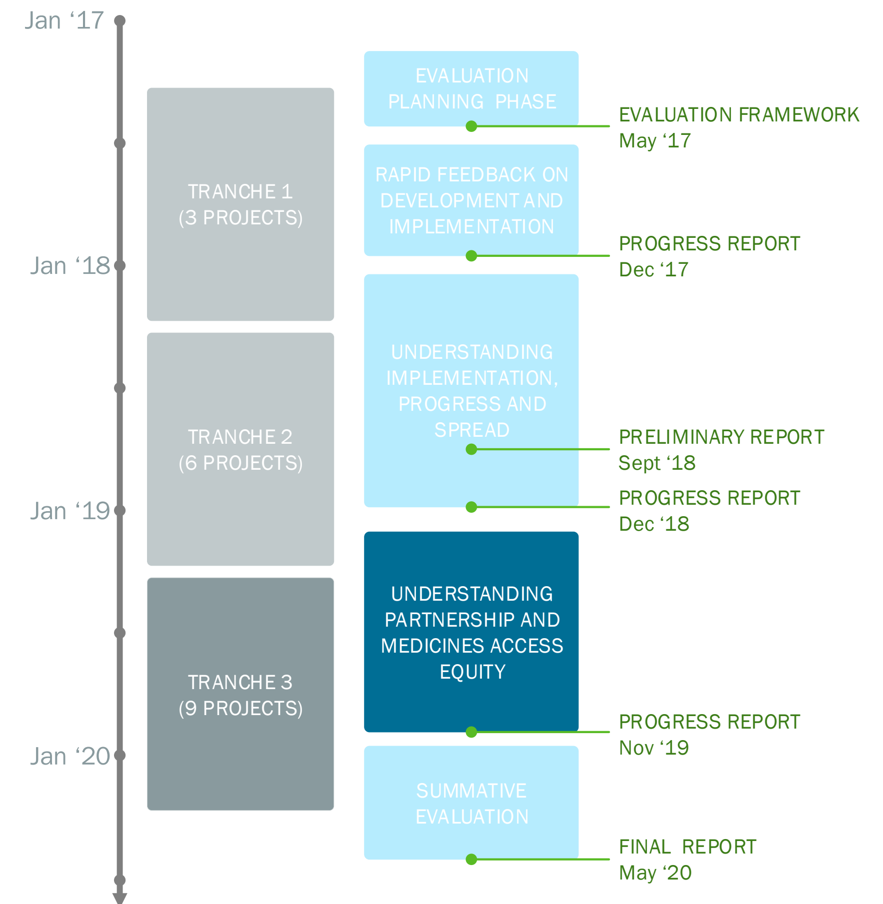
- About Whakakotahi
- The partnership between the Commission and PHARMAC
- The purpose of this report

Whakakotahi – quality improvement challenge

- The Commission launched Whakakotahi to the primary care sector with an expression of interest process in April 2016. Successful applicants participating in Whakakotahi are supported over one year to establish and implement small scale quality improvement initiatives in their local setting (usually general practice). This support includes bringing teams together for three learning sessions, and site visits, regular meetings, advice and facilitation support from a project manager and quality improvement advisor.
- The original aims of Whakakotahi were to:
  - Increase engagement between the Commission and the primary care sector,
  - Increase the quality improvement capability of those involved, and
  - Contribute towards improved processes leading to improved health outcomes, equity, consumer engagement and integration of those involved.

The Whakakotahi journey over time

- To date, two tranches of Whakakotahi have been completed. Tranche 1 involved three teams across 2017/18 and Tranche 2 involved six teams across 2018/19. Tranche 3 has been commenced in 2019 and involves nine teams.
- As a new initiative, Whakakotahi has evolved over time. This included refinements based on formative evaluation feedback and for Tranche 3 the Commission took an opportunity to partner with PHARMAC to build quality improvement capability for three teams with a focus on medicines access equity.



Commission partnership with PHARMAC

- The third tranche of Whakakotahi brought with it a partnership with PHARMAC. This sees a medicine access equity focus introduced to the programme, which aligns with the Commission's focus on primary care quality improvement and equity.
- PHARMAC's work in medicine access equity involves making sure different population groups, particularly those already experiencing health inequities, can access and make use of funded medicines equitably.
- The partnership has meant that three of the nine improvement projects for Whakakotahi 2019 have a medicine access equity focus. The three teams are receiving additional support from PHARMAC's principal advisor for access equity, as needed.

Medicine access equity

PHARMAC has identified that not all New Zealanders are achieving the same health outcomes from funded medicines.

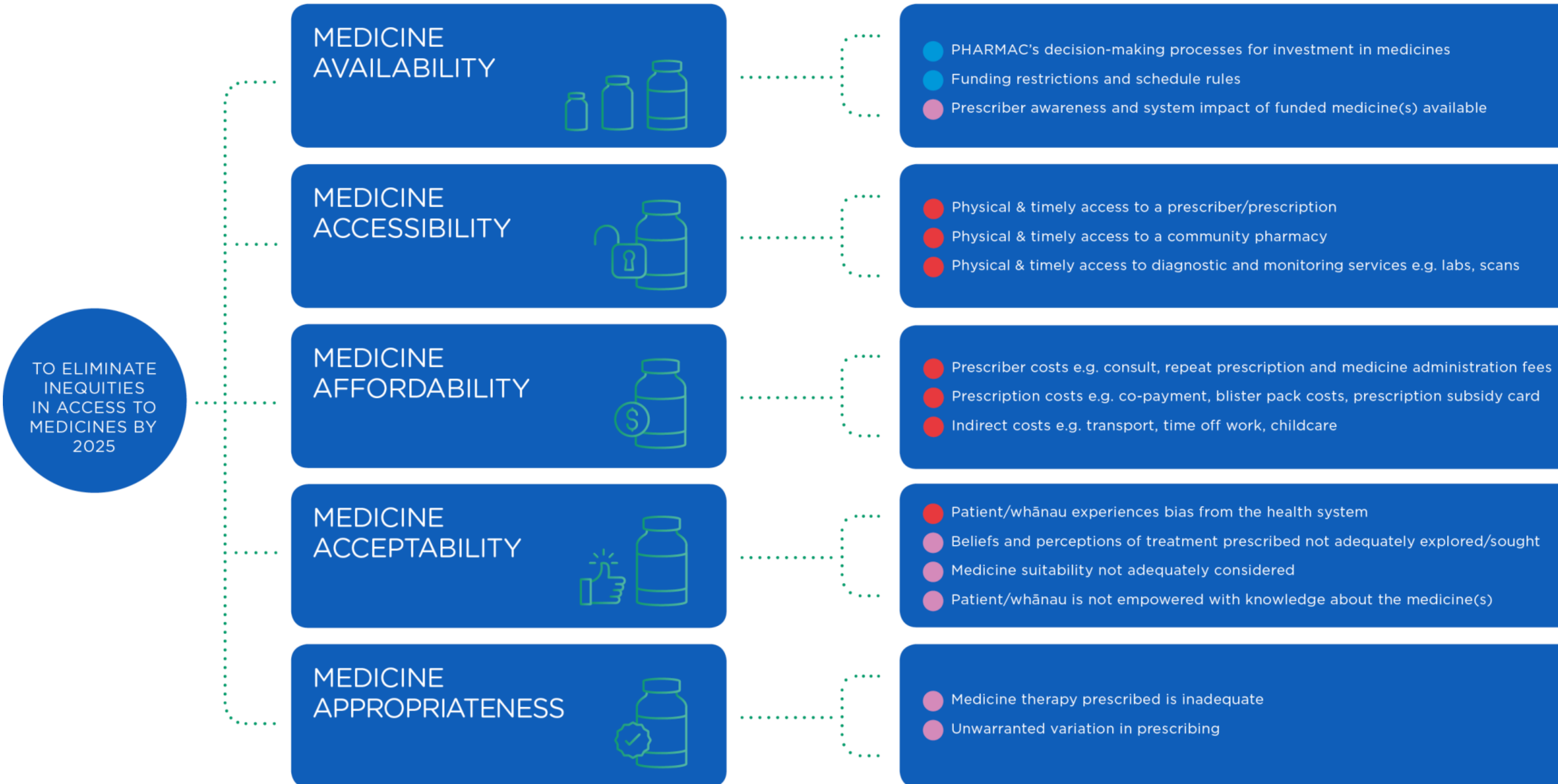
They have developed a goal to achieve medicine access equity by 2025.

PHARMAC's driver diagram identifies a systemic response to medicine access equity and identifies the extent of PHARMAC's role. The five primary drivers include:

- Medicine availability
- Medicine accessibility
- Medicine affordability
- Medicine acceptability
- Medicine appropriateness

A graphic is displayed on the following page.

Medicine access equity driver diagram



A **colour key** is used in the driver diagram to indicate the level of PHARMAC's impact.

PHARMAC HAS CONTROL means that it has direct levers related to that driver.

PHARMAC HAS A ROLE means that PHARMAC has existing programmes, advisory committees and networks related to the driver.

PHARMAC HAS INFLUENCE means that PHARMAC does not have a direct role or lever but as a Crown entity can influence policy and practice in other parts of the health and wider system.

Source: Achieving medicine access equity in Aotearoa New Zealand: towards a theory of change, PHARMAC, April 2019

Purpose of this report

This report sits within a wider suite of evaluation reports for Whakakotahi. Formative feedback on the experiences and insights from Tranche 1 and Tranche 2 have previously been reported by the evaluation to support ongoing development and improvement of Whakakotahi and a preliminary report shared some early insights into the value of Whakakotahi.

The origin of this evaluation report was the new partnership between the Commission and PHARMAC for Tranche 3 of Whakakotahi. The purpose of this report is to provide formative feedback based on the findings from Tranche 3 of Whakakotahi with a focus on this partnership. The formative feedback will focus on the introduction of PHARMAC to Whakakotahi; their relationship with the Commission, the experiences of the medicine access equity teams, and the contributions of Whakakotahi towards improving medicines access equity.

This report is not intended to provide summative judgements on the value of the programme. The summative evaluation report will be provided in May 2020 following the completion of Tranche 3.

2 Evaluation approach

- Overview of the approach
- Key evaluation questions
- Current phase and methods

Summary of the evaluation

A mixed methods approach is being used to conduct a process and outcome evaluation of Whakakotahi. The original evaluations aim, objectives, phases and methods are illustrated below.

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 Methods	Design and context	Rapid feedback on development and implementation	Understanding implementation, progress and spread	Summative evaluation
	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 following key evaluation question areas (with further questions within each focus area) guided the evaluation in addressing its objectives:

- Contribution to effective and increased engagement of the primary care sector
- Contribution to effective working partnerships between the primary care participants and the Commission
- Increased quality improvement capability among Whakakotahi participants
- Improvements in health outcomes and potential contribution to longer term outcomes of equity, integration and consumer engagement in participating settings
- Understanding Whakakotahi through the Commission's evaluation framework

The partnership with PHARMAC introduced a number of new evaluation questions to be answered. These are the following questions in the medicine access equity area.

Medicine access equity questions

The following questions arose specifically as a result of the partnership between the Commission and PHARMAC for tranche 3 of Whakakotahi and will be addressed in addition to the existing evaluation questions:

- What is the value of the partnership for both PHARMAC and the Commission?
- What can be learnt about effective interagency partnerships?
- What changes in medicine access equity (or associated health outcomes) have been supported by Whakakotahi?
- Which projects (medicine access equity and other Whakakotahi projects) have contributed to improved medicine access equity outcomes?
- What are the opportunities for spread and scale of effective projects?
- What can be learnt from implementation about areas for policy change to improve medicines access equity?

Current phase and methods

The evaluation has provided formative feedback to date and moves towards a summative evaluation in 2020.

This progress report presents the formative findings from Tranche 3 of Whakakotahi. The following methods have contributed data to this report:

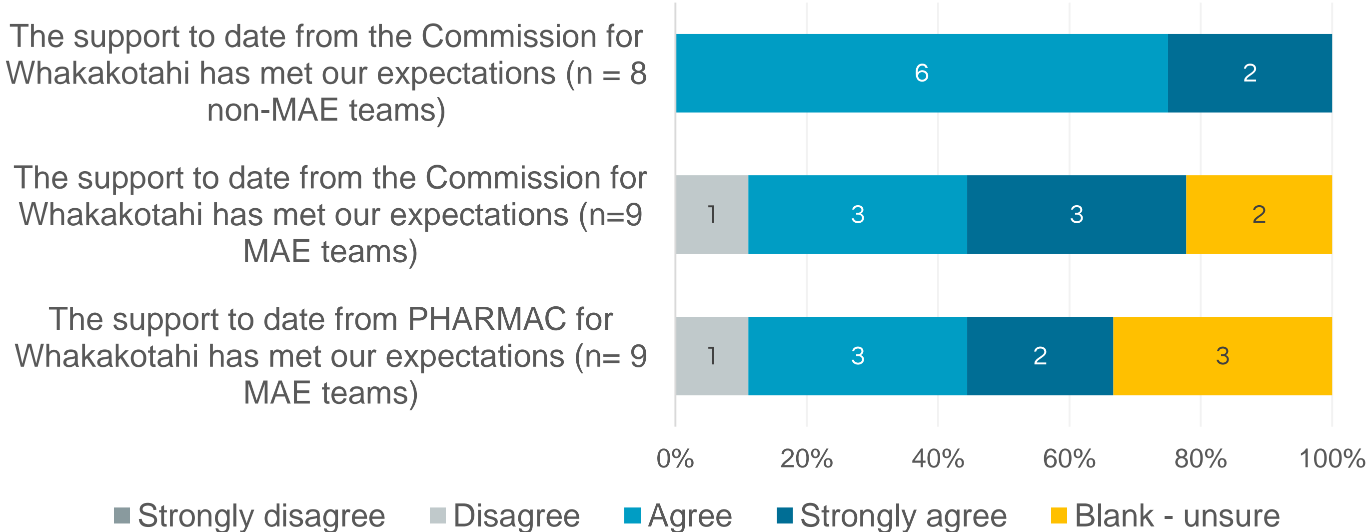
- Six site visits with Tranche 3 teams (including three MAE teams)
- Learning session survey and quality improvement data monitoring (Commission collected)
- Online project team survey
- Document review
- Regular meetings with Whakakotahi project team

3 Tranche 3 experiences

- Value of supports
- Relationship with the Commission and PHARMAC
- Organisation and team context
- Barriers and enablers to implementation

Overall, support from the Commission and PHARMAC meets expectations

- Overall, the feedback from the survey and site visits indicates that the support from the Commission and PHARMAC is helpful and meets expectations. All of the non-MAE teams agreed or strongly agreed that the level of support provided by the Commission met their expectations.
- The on-site visits were considered the most valuable support as they were tailored to the need of the site.



"Support is about how we should be doing things, they give us guidelines… and the team was very open about us using our knowledge of our population… so it's not really something tailored but they do show us a direction."

Learning sessions were highly valued by most teams

- Five of the six teams visited as part of the evaluation highly valued the learning sessions. The networking and sharing of learning with other teams was a key part of this value that teams identified.
- However, one team considered their resource would have been better spent elsewhere as the team commitment required was too large for the value they gained.

"The learning sessions that we have are very helpful, because not only are we able to see what other teams are doing and how they are doing it, its also when they present new things at these learning sessions that we are able to learn together and share our insights."

"Learning sessions are a great opportunity for gathering together, sharing ideas and knowledge as well. We often share inside our organisation but rarely outside."

""Learning sessions can be interesting to learn across the teams but not really worth the time of all of us to go. It might be more efficient to send everyone to the QIF course."

One MAE team was unsure what to expect from Whakakotahi

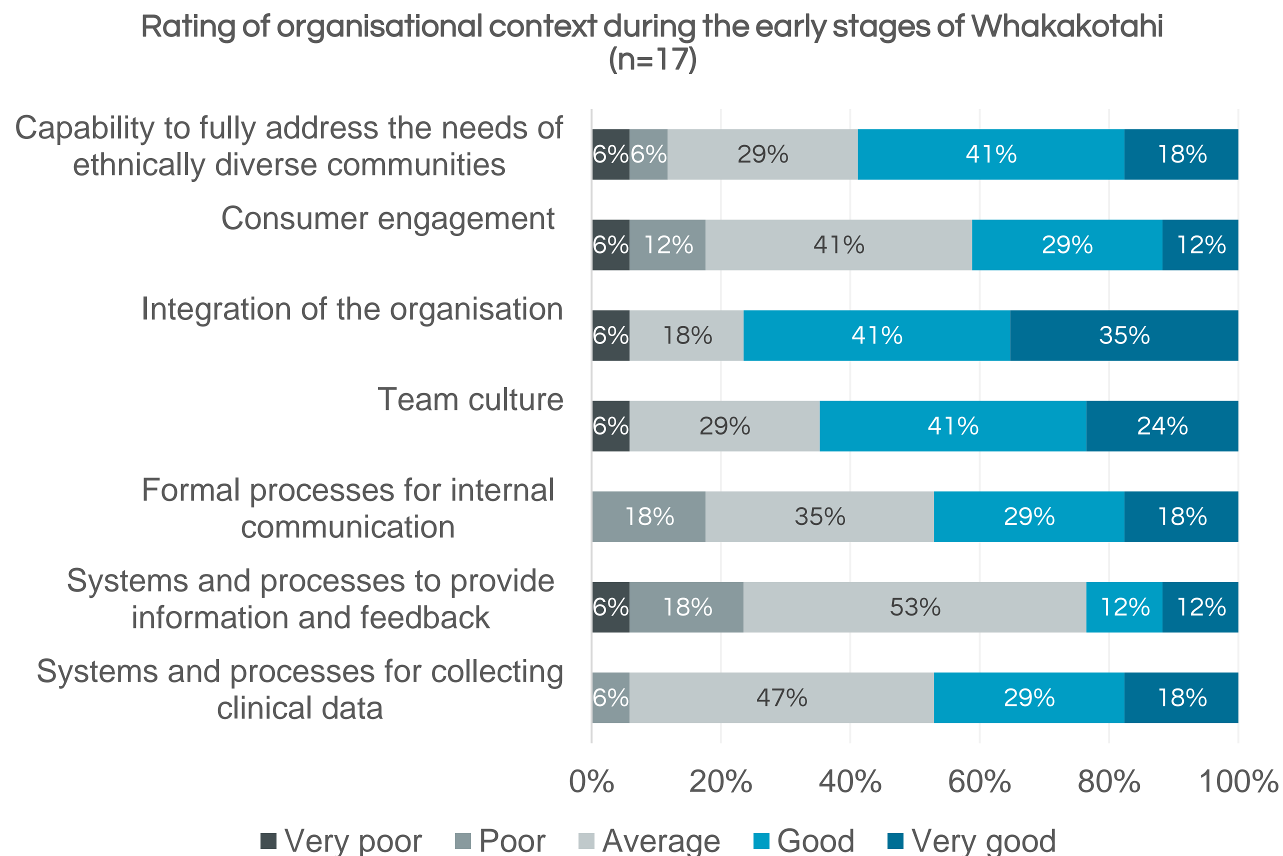
- One team was unsure what to expect from the Commission and PHARMAC support. They felt that more communication around the specific supports that were available would have helped them to access support in a timely way and get the most benefit from the support offered by the Commission and PHARMAC.
- This team also indicated initial confusion about the different sources of support. The participant on the Quality Improvement Facilitators course indicated that it took them some time to realise that this was not the same as Whakakotahi.

"So right at the beginning, like every other project facilitator, we were a bit confused about what we needed to do. We had no idea what was going to happen. And that was airy fairy for a long time until our first unofficial meeting, which they called a regional meeting, where we were able to do some one-on-one... Now I got the gist of what we're doing."
- Team facilitator/project manager

"For PHARMAC support, I appreciated the interest and genuine offer to help us, but I wasn't clear what to expect and so am not sure what PHARMAC can do. We appreciated the feedback on our initial storyboard. So, [it's] hard to comment as I didn't have clear expectations."
– Online survey response from MAE team

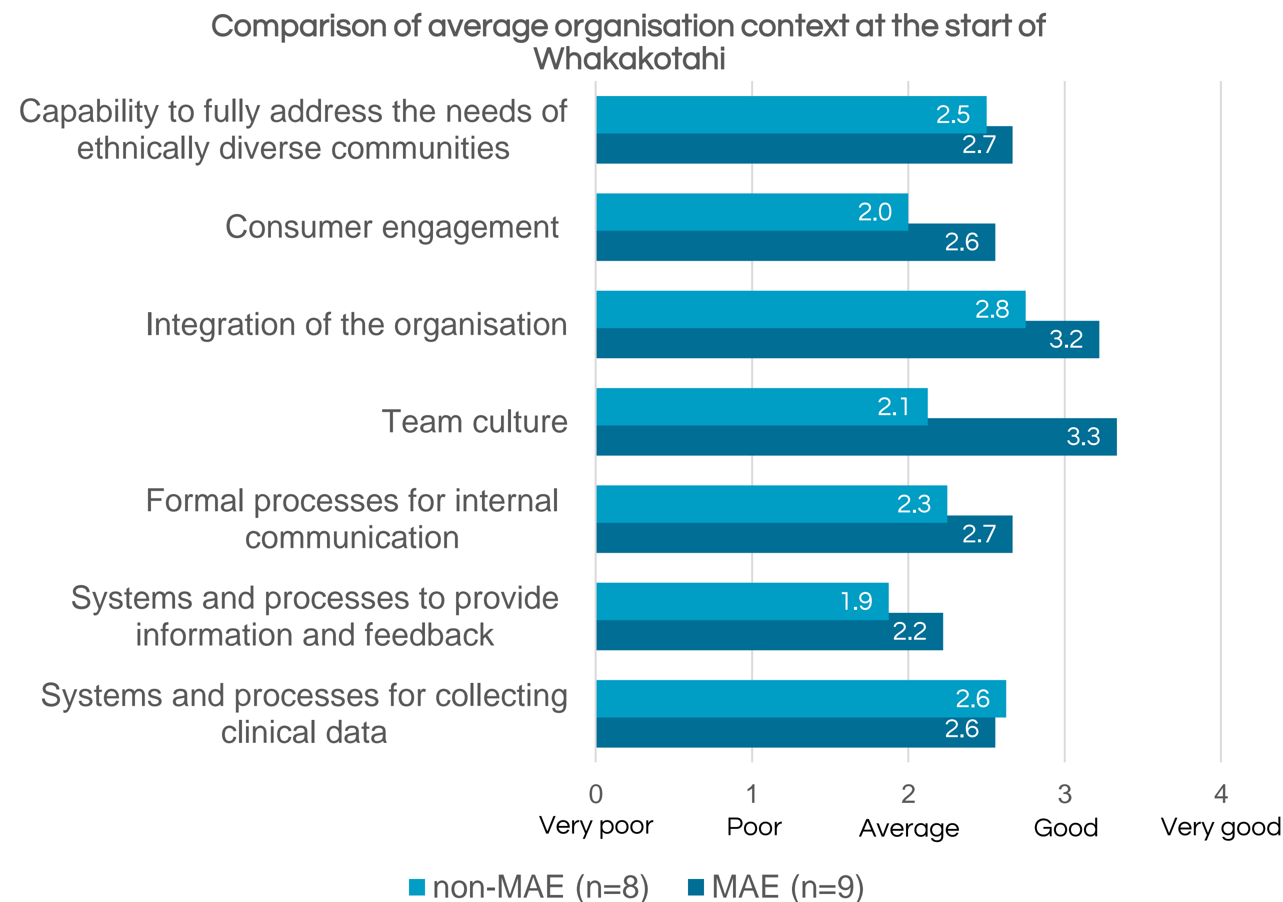
Some organisations are doing QI projects in challenging contexts

- Across the Tranche 3 project teams, systems and processes for collecting clinical data and providing information and feedback are common contextual challenges faced in conducting QI projects. Existing levels of consumer engagement are also commonly rated as less than good.
- Building QI in primary care is about building capacity as well as capability.



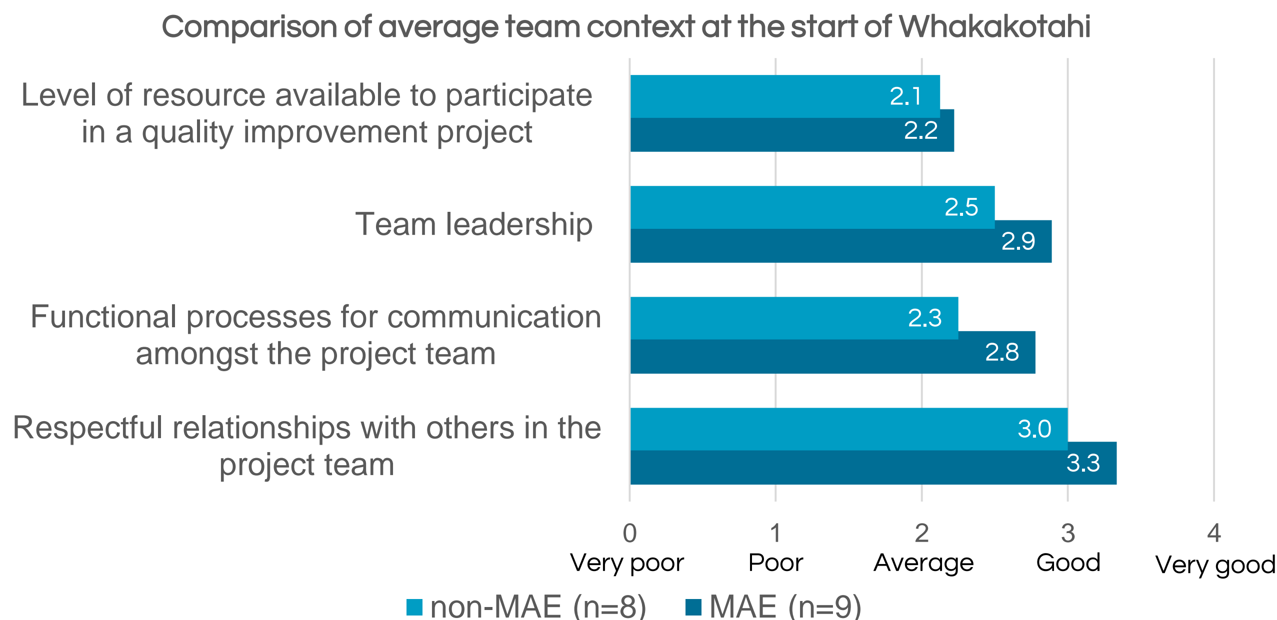
MAE organisations appear more ready for QI, with the exception of collecting clinical data

- Based on the survey in the early stages of Whakakotahi, people in the MAE teams reported better to conditions to support QI activities relative the other teams. Team culture in particular, was rated poorer by non-MAE teams.
- However, systems and processes to collect clinical data were rated as lower by MAE teams.



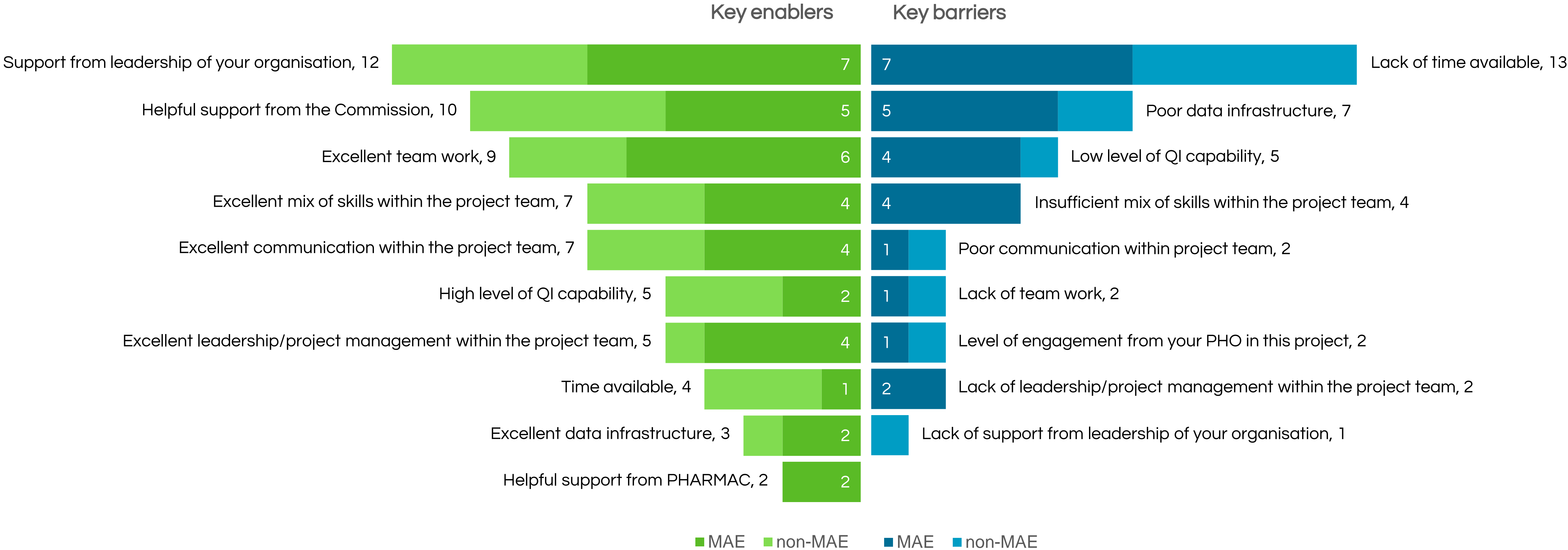
Level of resource available is the most challenging team factor for implementing QI in all primary care teams

- The level of resource is consistently noted as a challenge to conducting quality improvement projects in primary care.
- This is noted in the online survey and site visits and often speaks to structural issues around how primary care is resourced and the priority given to quality improvement work.



Key barriers and enablers to applying QI skills to local projects

The online survey identified the following key enablers and barriers while the site visits provided further detail into specific factors with influenced local experiences and implementation.



Time barriers

- A common theme that has been heard across tranches and across different teams has been the challenge of time available to work on a quality improvement project. The survey and site visits note lack of time available as the biggest barrier to applying QI in their settings.
- The additional resourcing through Whakakotahi is not intended to cover the amount of time required to conduct a QI project. And there is not usually non-clinical time that can be dedicated to QI activities in primary care settings. Teams are often completing Whakakotahi related activities in their personal time which is not sustainable to build QI culture and capability in the primary care sector.
- The application process was also noted as taking a lot of time to complete.

"It was definitely not an easy sell initially to say to the rest of the team 'maybe we should look at doing something like this' because it has been a big ask on people's time. And basically all of the work that has been done for Whakakotahi for our project has be in people's unpaid time. So it's voluntary - that means evenings, weekends, and when there were meetings that were required during working hours other staff members were having to cover for those people who left so that put an extra burden on the whole team".

"I think the thing that was surprising was the amount of work we had to do just for the sake of applying that added additional work. Like the application process; the only reason we could even do that is because I wasn't seeing patients for a year because I was doing this other research project."

Data infrastructure and capability

- Systems and processes to collect and use data are commonly noted as making the measures more difficult to collect and report. Site visits identify a number of contributing challenges:
  - Data infrastructure that is not designed for quality improvement,
  - Poor technological infrastructure in low-resource settings, including internet access
  - Level of technological capability of staff to use new tools, and
  - Access to data and analytical capability, whether this is internal or from their PHO or DHB.
- Particularly relevant to the MAE focus of Whakakotahi is the systems and processes that are embedded within pharmacy settings. These were described as being good for data entry but information is typically used by other stakeholders rather than designed to report back to pharmacy on the quality of their work. In addition, a pharmacist described decision making as usually happening rapidly using their professional judgement rather than based on methodological use of data.

"The initial data was a little bit harder to gather. There has been some gaps in the data collection. Trying to get it from the PHO and the hospital has been a little bit harder. We're finding a lot of it you have to do manually which is time consuming and... we've been lucky that we're only working with these 12 families."

"Pharmacy is really good at collecting data, but we're not that great at using it for improvement. This has forced us to think about the data we collect and what we do with it after we've got it."

Early reflections on consumer engagement

- At the time of interviewing, teams were still part-way through their Whakakotahi journeys. It is difficult to establish the full impact on consumer experience or outcomes, however some early reflections were offered through he interviews, particularly with Victory Square Pharmacy, where there was strong consumer representation and engagement in their project.
- Consumer engagement has been a huge benefit and success for this project, as they have been able to learn from one another and build relationships; patients are more comfortable talking to pharmacists.

"I know that if I'm unsure about anything my doctor or specialist tells me, I can always come in to ask these girls [pharmacists], it's comforting because sometimes it can be really confusing."

- Consumer

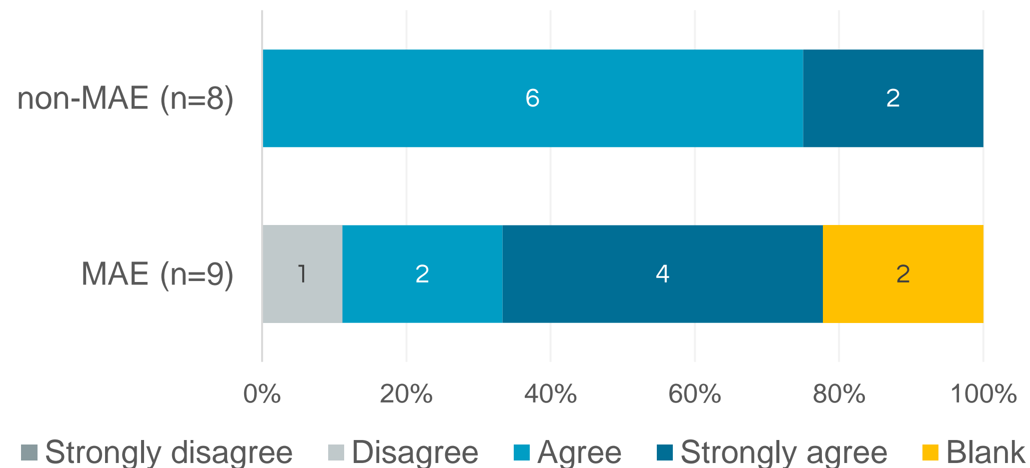
- The Te Taiwhenua o Heretaunga team also discussed the value they gained from their consumer feedback for implementing their project. Both Te Taiwhenua and Victory Square Pharmacy intend to continue building on the relationships they have built with consumers and involve consumer engagement across other projects.

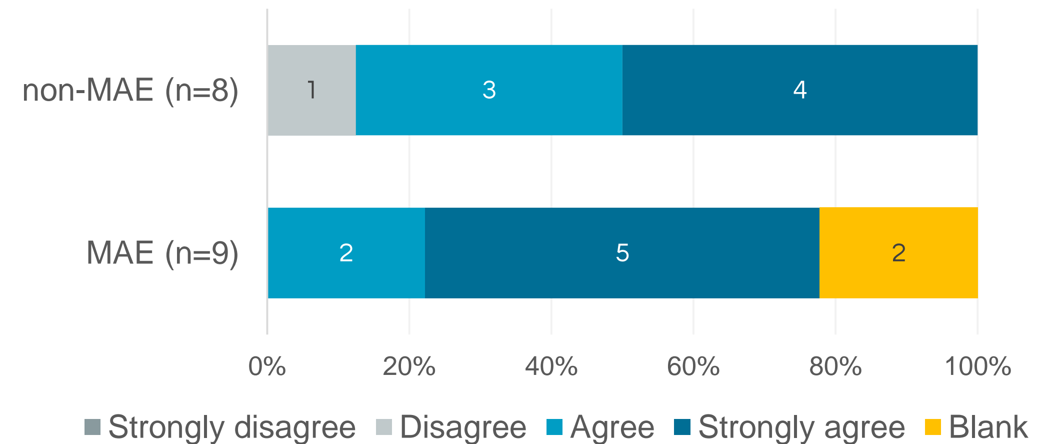
4 Increasing QI capability

- Change in capability
- System capacity for change

People participating in Whakakotahi report increased quality improvement capability

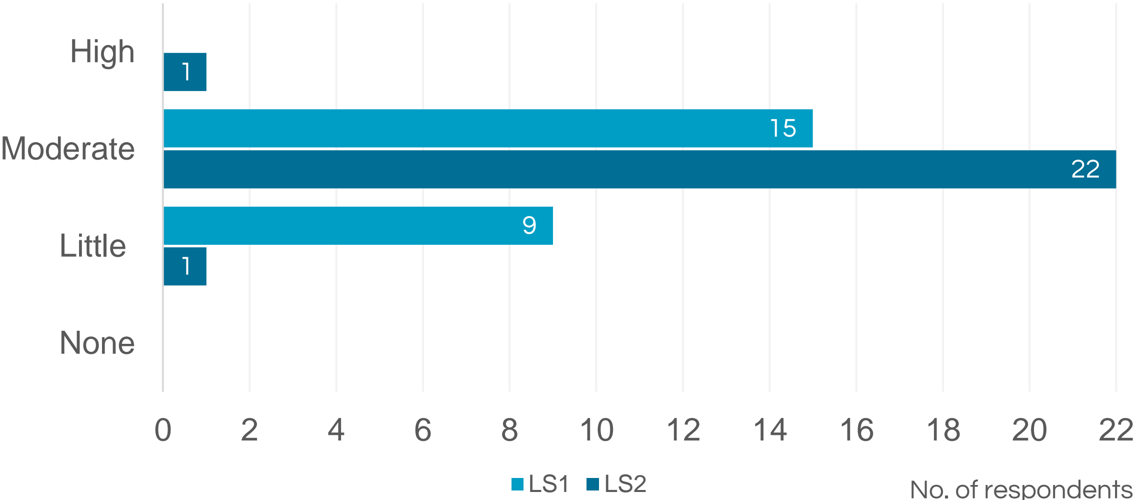
- Overall, data from the site visits and online survey indicate that participants are increasing their level of quality improvement capability.

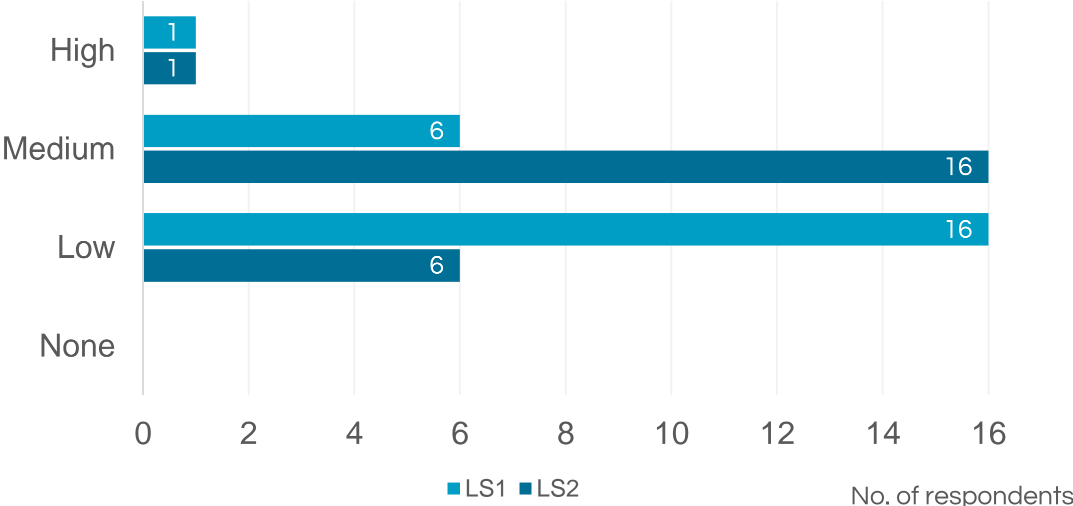




QI Knowledge and experience has increased

- Learning session survey data identifies that participants have increased both their knowledge of quality improvement approaches, processes and methods, as well as their experience at applying these methods. This is in line with precious tranches of Whakakotahi.





Quality improvement capability was valued by participants

- Quality improvement capability was reported as a valuable outcome that could be used to makes things better. Often teams acknowledged they were doing projects across their organisation that would be far better supported now that they have greater knowledge and capability in quality improvement methods.

"Another outcome was that we have added to our own knowledge about quality improvement and how we can do things better, so that has been a great positive for us."

"Attending QIF course has added a lot of value to the work we're doing at the moment, and we're hoping that as we're moving forward, we can apply all those skills and knowledge to other areas of work."

- MAE teams also noted that this capability was new to pharmacy and this is an important setting that can make a difference to patients.

"QI and the methodology is not anywhere on the radar in pharmacy, yet what we do and how we do it can have a significant impact on patients."

"In pharmacy, like yes we know what it [QI methods] is, but I guess there just hasn't traditionally been much time or capacity to take on projects like this though."

The biggest challenge to embedding QI work is in the way primary care is resourced and structured

- During the site visits, one team explored their views on the underlying factors for the common challenges in having time, resource and access to skills and expertise in QI and data intelligence:

"If we want to get meaningful about quality improvement in NZ then there has to be some substantial shift in how we are going to resource and fund it. Because at the moment we've got a work around to make this happen. So this wont happen because of the Health Quality and Safety Commission actually; this happens because we've got a workaround happening to resource time... If this was a commercial operation that was completely reliant on primary health care funding envelope – this would not be happening."

"If you look to global areas that have been successful they do have dedicated quality improvement teams. And I know that for a population panel of 1100 that we saw in Alaska they have one improvement scientist/facilitator for 1100 people. And I suspect until we can reach that point in NZ we're going to continue to have this nonsense. All due respect, I think everyone is trying really well to do stuff and HQSC has probably done some good stuff. Has it reached the sector? I suspect not really. I think we're really over resourced in NZ in desk jobs. I think that that has just got to tip the other way. We've got too many bureaucrats and insufficient [clinical, data and business intelligence staff to support QI] all well intentioned but its just not getting to where its needed."

5

Medicines Access Equity

- MAE team outcomes
- Other team contributions
- Systemic factors influencing the ability to address these drivers
- Ideas for improvement

Westbury Pharmacy/Hora Te Pai

Westbury Pharmacy and Hora Te Pai together have been implementing the new BPAC guidelines for gout within Hora Te Pai health services. The approach uses a multidisciplinary approach with a GP, nurse and community pharmacist working together to support patients.

The project has removed access barriers for patients needing gout medication, with free scripts and home deliveries as part of the package.

Hora Te Pai operates as a Health Care Home, which supports continuous quality improvement processes. The project team felt that Whakakotahi enabled them to put a clear structure around their activities and define them in a way that might not otherwise have happened.

The project team did feel that being involved with Whakakotahi was more resource intensive than originally anticipated, but recognised that this was the process of good and effective quality improvement.

"We're wired to just get on with it in health, at the coal face here we often make decisions and see results before the data even comes out. It's been a learning process."

The team report some great outcomes and believe their project is recognizing and responding to unmet need in the community, through capturing people who normally would never have walked through the door. Key successes include bringing whānau together and supporting education and realisation about the realities of living with gout and how to manage it, as well as successfully lowering serum urate levels for some patients below 0.36mmol/L.

Tongan Health Society

The Tongan Health Society focused on developing a Pacific innovative service to support Pacific patients who are beginning or intensifying their insulin usage to manage diabetes. The team identified social factors were influencing adherence and uptake of appropriate medication and engaged patients in the project through Self Management Education sessions, group sessions and patient champions to share their experiences.

This team felt that the support they received through Whakakotahi, including the QIF course added a lot of value to the work they were undertaking. The additional support from PHARMAC was valued, and the team enjoyed the relationship building that came from these connections.

For this project, the acceptability of medicines was challenged, as the cultural beliefs about healthcare and medicine in this population contrasts with the Western model our health system was built on. As a result, education and support from health navigators in the on-site pharmacy proved to be a significant support. Despite this, cost was still identified as the most significant barrier to accessing medicines.

Through this project, the team have noticed improvements in medicines access equity, with patients enquiring about picking up scripts. Beyond this, there has also been a noticeable increase in patient engagement with their health, as project participants have built relationships with the health professionals and now received treatment for other previously undiagnosed health conditions.

Te Whānau ā Apanui/Te Kaha

Te Whānau ā Apanui Community Health Centre is a 'special area doctor' that operates without a PHO and covers a wide geographic area from Hawai to Potaka. They are interested in learning how quality improvement practices can be conducted in low-resourced settings to support development of a sustainable model that can be scaled to other low-resource settings to support systemic reduction in health inequities.

Te Whānau ā Apanui Community Health Centre have been implementing a project to increase access to timely and accurate medicines. This was in response to having a number of patients who would call the medical centre complaining that they had not received their medications. Transport barriers to accessing medicines mean that a number of medicines are couriered by the pharmacy with which the Health Centre has a partnership.

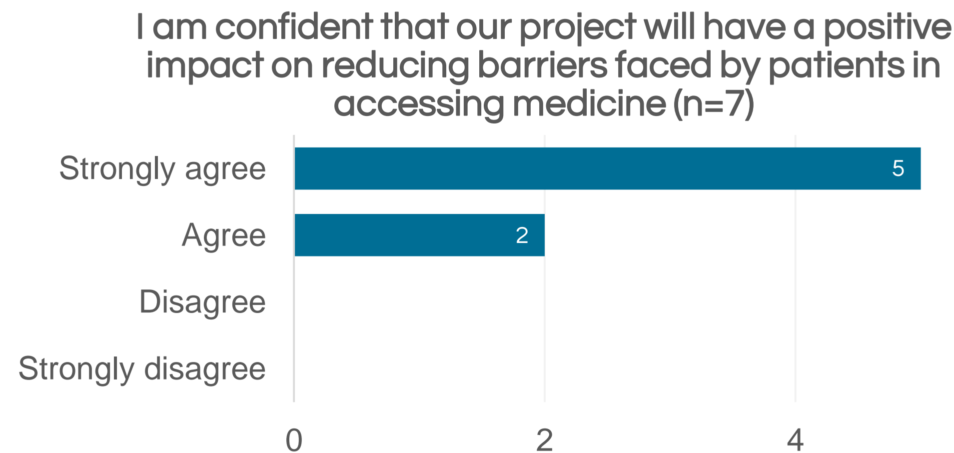
One of the challenges for their team was the uniqueness of the medicine access equity topic. This made defining the topic and findings standards they could measure and collect evidence on difficult for the team. The low level of technological infrastructure in their remote and low-resource setting further complicated the process.

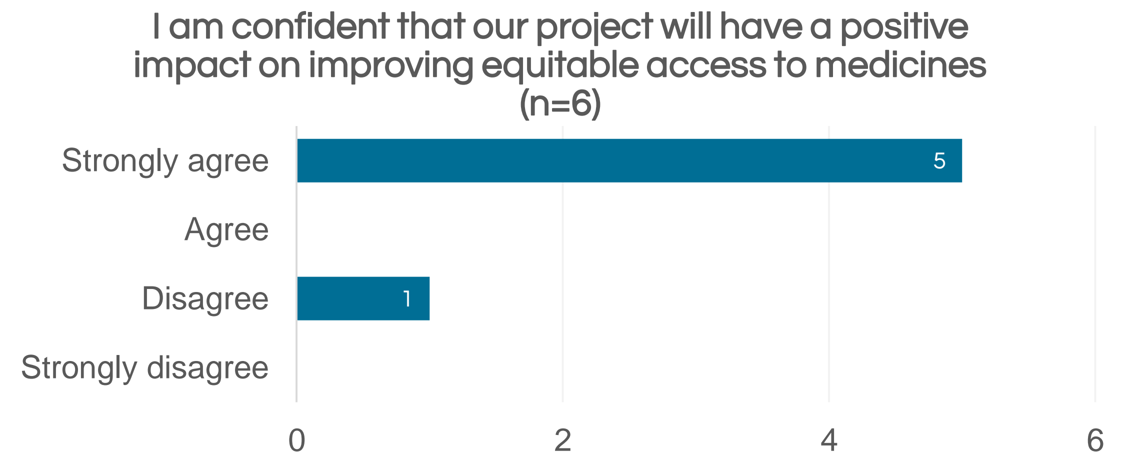
There has been a shift in the attitude of staff at the Community Health Centre with initial critics turning into the largest supporters of their quality improvement project.

They have tested a change in the practice process for scripts to reduce errors. Visiting locums have also noticed this change and it has resulted in improved access and accuracy of medicines for patients – no patients have called to complain about missing or incorrect medicines since the change.

Confident that Whakakotahi projects will have a positive impact on reducing barriers to medicines access

- All MAE respondents reported that they were confident their project would reduce barriers faced by patients in accessing medication, however one person acknowledged that this might not mean that there is a positive impact on improving equitable access to medicines.
  - The person who disagreed that their project would improve equitable access to medicines commented that a wider systems approach would be needed to address inequity. They considered reducing barriers was not enough on its own to improve medicine access equity when patients have competing priorities resulting from deprivation and challenges with health literacy levels.





Connecting Pharmacy and General Practice to support medicines access equity

- The introduction of the medicine access equity focus to Whakakotahi has encouraged general practices to connect with their local pharmacies.
- The disconnect between pharmacy and general practice in primary care is considered one of the biggest barriers to MAE for patients. For the teams that connected with their local pharmacies, positive experiences and outcomes were noted. This has been a success of Tranche 3 of Whakakotahi.

"We operate in an increasingly complex system and we're probably not the best at recognising that. Many doctors don't have strong relationships with their pharmacies beyond the minimum and that can't be supporting a coordinated system for our patients and whānau. I don't know if that's something PHARMAC can influence or not."

- One project team noted that this was the first time they had collaborated with their local pharmacy or health provider, but that it provided a great learning experience and relationships were built that would be sustained going forward.

"We did go over and work a bit with the pharmacy [co-located], and we've never really engaged with them in this way before...we're all trying to achieve the same thing [supporting patients], so yes we will try to do more with them in the future."

Victory Square Pharmacy project also contributes to medicines access equity

- Non-MAE project teams also contributed to the medicine access equity goals. Victory Square pharmacy was accepted into Whakakotahi under the general evaluation criteria. Their project looked at supporting opioid substitution therapy patients with the identification and treatment of physical health issues.
- Throughout this project, the team has recognised and adapted to many factors that are affecting access to medicines and care for this population.
  - Cost remains the biggest barrier for accessing medicines
  - Considerations around cultural barriers to adhering to medicines, and the role of pharmacists in supporting education and health literacy. Prescriber understanding of medicines appropriateness is key to supporting adherence and uptake.
  - The role of pharmacy in supporting patients to navigate the health system and helping to translate clinical conversations about medicine to something that is meaningful to the patient.
  - Consideration of the role of PHARMAC to facilitate health literacy and patient education around the importance of medicine and adherence.
- The project has identified the importance in consumer engagement in pharmacy. The consumer voice in this project has been invaluable, with the pharmacy learning a lot about how patients view and experience medicine. Listening to consumers is a critical part of achieving medicines access equity.

Systemic factors affecting MAE

- There are existing policy and legislation barriers that influence medicine access equity and are beyond the control of primary care. The types of medicines and devices that are funded, and who can access subsidies contribute to barriers in achieving equity. An example of this was shared from the Tongan Health Society project team, who spoke about the availability of funded diabetes meters for patients living with diabetes. These devices are only funded for patients who meet certain criteria*, however if all patients were able to test their levels it may support them to self-manage more effectively.
- Cost-related barriers remain the most significant inhibitor of accessing medicines. Cost barriers are both direct and indirect, and often simply paying for a primary care consultation prevents access to medicines that are necessary. Some projects had decided to make the cost of prescriptions free, and this was a key driver for patient engagement in the project.

"Despite what we do, the biggest barrier to medicine access equity remains the cost, all costs associated with getting and taking medication."

"Making it free – free medication, free scripts – has meant that people have been picking up their medicine... They're [patients] really keen, they're ringing up two weeks before saying 'oh my insulin is nearly finished can I have a script'."

* Criteria includes receiving insulin or sulphonylurea therapy, gestational diabetes, on home TPN at risk of hypoglycaemia or hyperglycaemia, or has a genetic or acquired disorder of glucose homeostasis excluding type 1 and 2 diabetes, and metabolic syndrome.

Ideas for improvement for MAE

- Improving medicine access equity is a key goal for PHARMAC.
- Throughout the site visits and project team surveys, ideas for improvements to medicine access equity include:
  - Supporting connections between pharmacy and primary care
  - Providing resources and education to prescribers to demystify appropriate prescribing, especially for patients with different cultural beliefs and backgrounds
  - Facilitating health literacy and patient education around the importance of medicine and adherence in a way that is able to be understood.
  - Supporting pharmacist time away from dispensing to allow pharmacists to support patients as navigators and clinical advocators, e.g. pharmacists helping patients to understand and translate clinical conversations around medicine.
  - Supporting the incorporation of quality improvement methods into pharmacy sector organisations.

6 Equity in Whakakotahi

- Engagement through Whakakotahi
- Equity of capability
- Equity of outcomes

Respectful engagement with teams continues

- Support provided through Whakakotahi from both the Commission and PHARMAC continued to be responsive and respectful of the contexts from which the teams were coming.
  - Support was provided in a way that was meaningful and adaptable to suit the requirements of different teams.
- This allows teams to approach their projects in a way that supports equitable learning and support. Teams acknowledge they are starting from different places and levels of experience.
  - The most valuable support was the on-site learning support which was tailored to the needs of the team at that point in time.

"Support is about how we should be doing things, they give us guidelines [guidance] … and the team was very open about us using our knowledge of our population… so it's not really something tailored but they do show us a direction."

"She did try and ask me to stay and keep the project the same way that we operated anyway and implement the things that I've learnt, the tools, into it but still keeping Māori kaupapa perspective on things."

"Great to know that we are not alone in our kaupapa. We are all at different stages but are learning from each other and the Commission."

Whakakotahi has the potential to build the skills of the Māori workforce

- A few project teams used the learning and development opportunities through Whakakotahi to intentionally build the capability of the Māori staff in their teams.
- This has the potential to provide a platform from which these staff can step into leadership positions. This provides more capacity for decisions to be made by Māori for Māori.

"We've got both Māori and non-Māori working in our organisation and we are very committed to growing our Māori workforce so when we were approved with the project I think we were also quite committed to ensuring that whoever had the opportunity of the learning and development it was going to be our next Māori leaders."

Whakakotahi has matured in the way it views equity

- The way that equity is viewed and measured through Whakakotahi has matured since its establishment through a change in the Commission's strategy that highlights the goal of equity, feedback from the Commission's expert advisory groups, and external cultural advisors.
- From prioritising the delivery of QI projects to largely Māori populations, there is an increasing acknowledgement of the scope to improve equity within all projects for their respective populations. Measuring equity within projects has developed to look at comparing achievements and outcomes within populations before project, to after. That is, measuring against themselves over time.
- It is acknowledged that Whakakotahi can only have a limited impact on broader system equity. There are other factors, such as the social determinants of health, that impact on equity beyond the scope of Whakakotahi and its influence. It will take change, commitment and collaboration from multiple organisations across the system to support equitable outcomes for patients.

7 Value of the partnership

- Raising awareness
- Additional expertise
- Evidence on change ideas

Raising awareness of PHARMAC's work

- Piggy backing on the Commission's Whakakotahi programme has supported an increased awareness of PHARMAC's for most teams taking part. Many teams were unaware or had only a little awareness of this work before Whakakotahi.
- One team went further in their assessment of the collaboration and suggested that it increased awareness of the work of both PHARMAC and the Commission.

"The collaboration between Whakakotahi and PHARMAC is a good idea and it creates practical PD opportunities for primary care. But it also exposes the work of the Commission and PHARMAC."

"We sort of knew some of their equity work and the stuff they had done with Māori engagement, but it's definitely a lot more that we know now about the work they do in this space since being a part of Whakakotahi."

Access to practical expertise

- The access to expertise from the Commission's Quality Improvement Advisor and Ko Awatea QIF course was highly valued by all teams, including MAE teams. MAE teams also found the support from PHARMAC to be helpful for their projects. The capability of the PHARMAC Advisor is likely to be important here as they blend QI and community pharmacy expertise.
- The combined Whakakotahi experience was described as being a "practical PD opportunity for primary care."
- However, more structure to the support from PHARMAC would enable teams to access it better.

"She [PHARMAC support] helped us with our presentations and now we know what graphs to show to have the most impact and how to present our work to an audience. It was really helpful."

"Personally I haven't experienced much direct support from PHARMAC … But I didn't really have high expectations for that either… I think 'hey, we're here let us know' is quite broad. And sometimes its hard to even know how to.. Like if there was a checklist, 'these are the things we can help with, send back which ones you'd like help with fax it back and then we'll come and help you with that' [that would make the support better]."

Evidence on scalable change ideas

- MAE and other Whakakotahi teams are demonstrating an impact on medicine access equity through their Whakakotahi projects. Many of these teams have reflected on the potential for their projects to be shared and scaled across other settings and for other health conditions.

Westbury Pharmacy & Hora Te Pai: Implementing the new BPAC guidelines for gout.

- They have integrated a community clinical pharmacist into the practice to improve outcomes for patients with gout.
- They believe that the project can easily be implemented in other contexts and plan to share the work with their PHO and DHB as well as at some conference presentations.

Tongan Health Society: Supporting Pacific patients with insulin usage to manage diabetes.

- Already have some interest in their project through presentations they have done.

Victory Square Pharmacy: Supporting opioid substitution therapy patients with physical health.

- Believe their project can be duplicated and happy to share with other pharmacies and DHBs.

- Te Kaha's project is very context specific but has potential to be scaled in rural locations where there are errors in having prescribed medicines couriered to patients. They are also planning to research how QI methodologies can be applied in low-resource settings.

8 Conclusions

Conclusions and key considerations from Tranche 3 of Whakakotahi

Conclusions

Overall, the progress made by tranche three teams continues to support the original goals of Whakakotahi as well as the medicine access equity goals of PHARMAC.

The partnership between PHARMAC and the Commission appears to be appropriate and acceptable to the primacy care sector engaged in Whakakotahi. It has added value to the experience of participating MAE teams, provided additional resource for the Commission and brought awareness and evidence of change ideas to support the goals of medicine access equity to PHARMAC.

This formative evaluation of the PHARMAC collaboration has identified some key considerations for the place of PHARMAC and Whakakotahi.

The following pages present these key considerations.

Key considerations

Improving the sector focus on medicine access equity.

- Consider the ideas for improvements identified by projects teams on page 40. These include increasing the connections between general practice and pharmacy, providing education and resources to prescribers and the increase the resource and time to support pharmacy to engage in quality improvement work.
- Help primary care to understand medicine access equity through spreading awareness of the work of PHARMAC through existing forums and organisations.
- Start acting on what has been learnt from Tranche 3 projects. This includes the scaling of effective change ideas and advocating for system level change to reduce system-level barriers that have been identified through these projects.

Key considerations

Building the capacity of the primary care sector to do quality improvement activities:

- Adopt a role in facilitating the sharing of quality improvement projects and networking across primary care teams with an interest in doing quality improvement.
- Explore options for building quality improvement activities into existing priorities for primary care e.g. Cornerstone.
- Advocate for system changes to the way that primary care is funded and structured and supported by technology to enable primary care to better engage in quality improvement.