



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

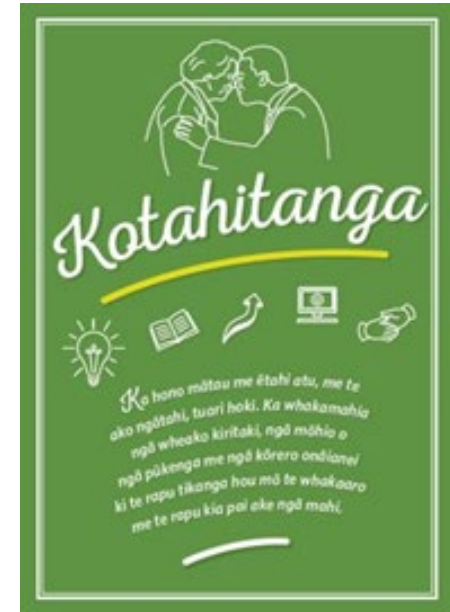


Whakakotahi: Co-creating quality improvement in primary care

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Whakakotahi – origins

- Increased focus on primary care
- Build quality improvement capability
- Projects chosen by the sector with a focus on:
 - equity
 - consumer engagement
 - integration



Together – we partner with others,
and learn and share together

A growing focus on equity

2017	2018	2019
Three projects	Six projects	Nine projects
All in general practice, one integrated with the DHB. Two very low cost access (VLCA) practices with high-needs populations. Two projects centred on Māori, Pacific peoples and areas of high deprivation.	Four general practices (VLCA), one pharmacy (Hastings), one NGO kaupapa Māori health organisation (Turanga Health, Gisborne). All projects centred on Māori, Pacific peoples (Tuvaluan) and areas of high deprivation.	Equity weighted in selection criteria. Seven embedded in general practice (six VLCA), three pharmacies, three Māori/Iwi health providers and the Tongan Health Society. All projects centred on Māori, Pacific peoples and areas of high deprivation.

Whakakotahi 2017

- Hutt Union & Community Health Services – diabetes
 - high-needs population, consumer focus
- Papakura Marae Health Clinic – gout
 - high-need population, consumer focus
- Nelson Marlborough DHB and three general practices – post-stent follow-up
 - quality issue, integration focus

Hutt Union & Community Health Services

- Aimed to reduce average HbA1c in the > 64mmol/l cohort by 10 percent
- Achieved an improved diabetes annual review (DAR) rate and lowered HbA1c

Te Kete Hauora – patient co-design



Toiora diabetes exercise group



HUCHS team at *Let's talk* conference



Progressing consumer
engagement in primary care

Te whakakoke i te whai wāhi a te
kiritaki ki te tiaki hauora tuatahi



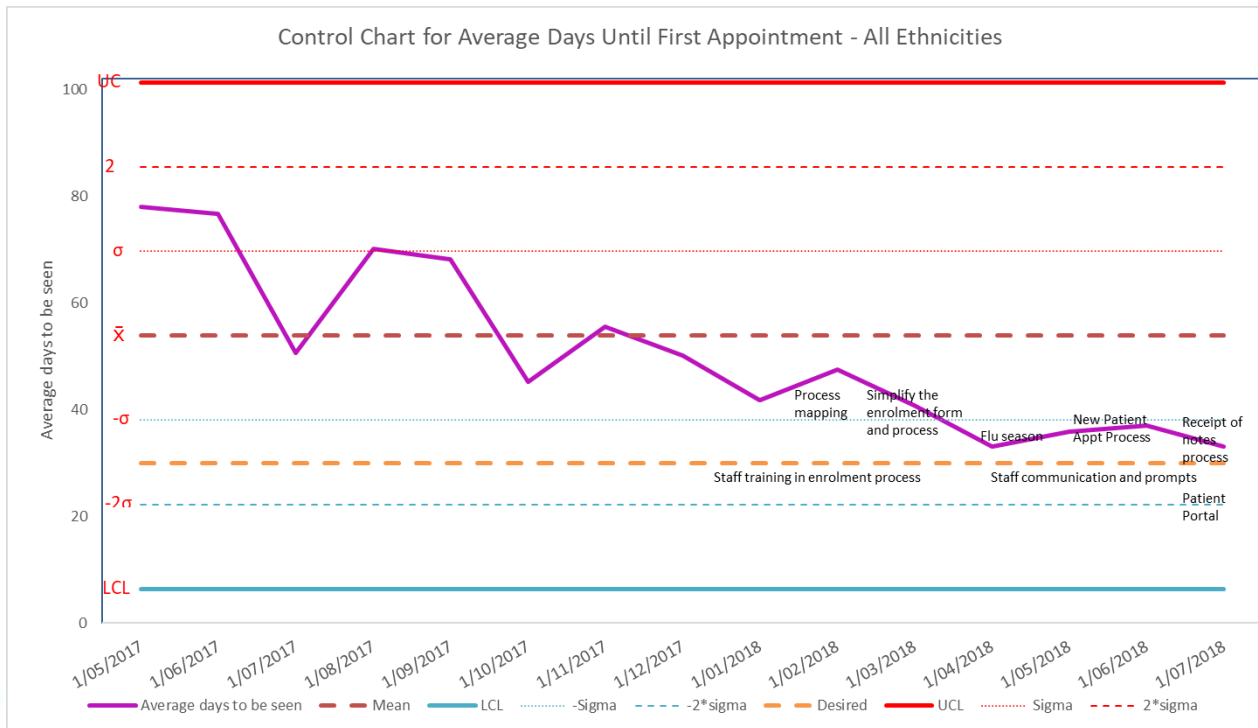
Whakakotahi 2018

1. The Fono, Auckland – skin infections in the Tuvaluan community, equity and consumer/community focus
2. Turanga Health, Gisborne – accessing wrap around services for rural communities, equity, whānau focus
3. Gonville Health, Whanganui – improving the new patient process, access equity focus

Whakakotahi 2018

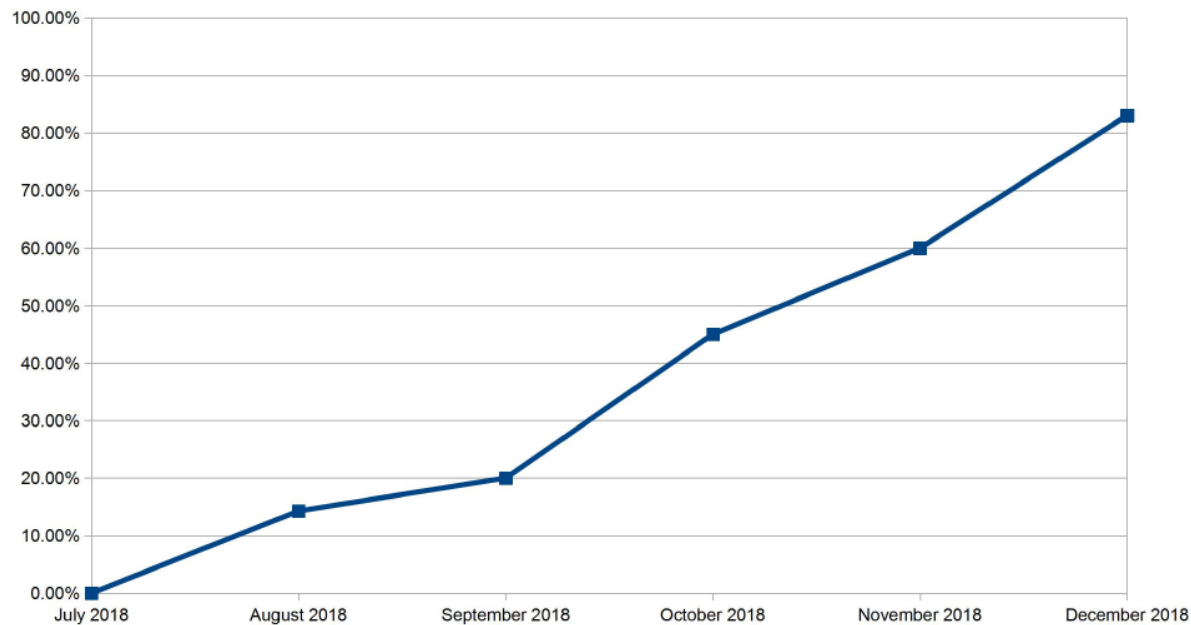
4. Unichem Russell Street, Hastings – achieving asthma control test targets with Māori youth, equity focus
5. West Coast PHO – diabetes, equity and integration focus
6. Linwood Medical Centre and Canterbury Diabetes Centre – diabetes, integration focus

Gonville Health



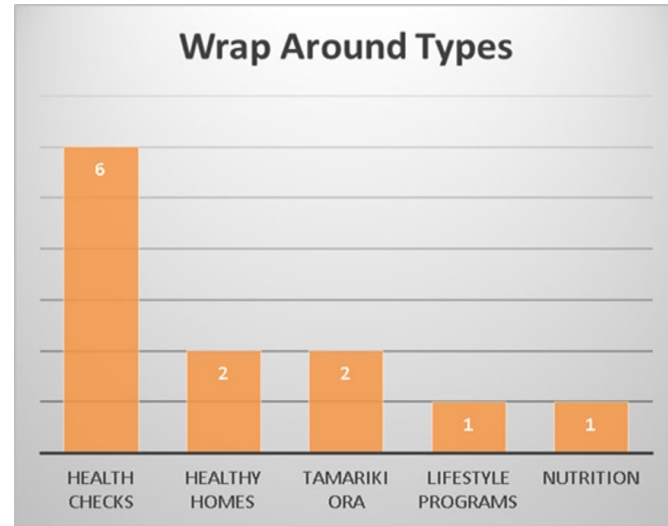
Unichem Pharmacy, Russell Street

Percentage reaching target ACT score



Turanga Health – Tu Mahi project

- Two primary industry workplaces
- Fifty-five employees
- Eighty-five percent Māori
- Fourteen at-risk employees identified



Equity as a priority

- Equity is a strategic priority for the Commission
- Develop partnerships with other agencies
- As a Crown entity, focusing on our Te Tiriti o Waitangi obligations; disparities for Māori are unacceptable
- Actioning health equity for Māori is a priority

Te Tihi o Ruahine Whānau Ora Alliance

Partnering with the Commission to strengthen:

- the focus on equity
- engagement with Māori to improve health outcomes for tangata whenua

PHARMAC Te Pātaka Whaioranga partnership

- PHARMAC partnership 2019
- Learnings critical to better understand the causes of medicines access inequities
- Goal to eliminate inequities in access to medicines by 2025
- www.pharmac.govt.nz/medicines/equity



MEDICINE ACCESS EQUITY DRIVER DIAGRAM

AIM



PRIMARY DRIVERS



SECONDARY DRIVERS



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

Whakakotahi 2019

- Tongan Health Society, Auckland – diabetes
- Westbury Pharmacy and Hora Te Pai, Kāpiti – gout
- Te Whānau ā Apanui Community Health Centre, Te Kaha – rural medicines management

Whakakotahi 2019

- Te Taiwhenua o Heretaunga Trust, Hastings – eczema (0–4 years)
- South City Health, Hamilton – eczema
- Local Doctors Otara / Tamaki Health / Counties Manukau Health – diabetes

Whakakotahi 2019

- Taumarunui Community Kokiri Trust, Taumarunui – diabetes
- Victory Square Pharmacy, Nelson – improving physical health in opioid substitution treatment clients

Lessons learnt

- Start small and build knowledge incrementally
- Engagement and relationship-building up front are essential
- Partner with those with cultural expertise and the lived experience of care – especially those most affected by inequitable health outcomes

Critical success factors

- Partnerships and relationships are key
- Expertise exists within the system to improve the system
- The Whakakotahi bottom-up approach, co-created with the sector as partners, has generated some early wins

Critical success factors

- Listen and be prepared to learn, adapt and respond to the local context
- Share improvement stories in a variety of forums and media to widen the impact

The challenge

- Progressing scale and spread while maintaining the key factors that have made Whakakotahi a success
- Particularly for populations who are experiencing inequitable health outcomes
- See: www.hqsc.govt.nz/our-programmes/primary-care/news-and-events/news/3739

Ehara taku toa, i te toa takitahi engari, he toa takitini

*My success should not be bestowed onto me alone,
as it was not individual success but success of a collective*