
Annual Plan 2009 - 2010

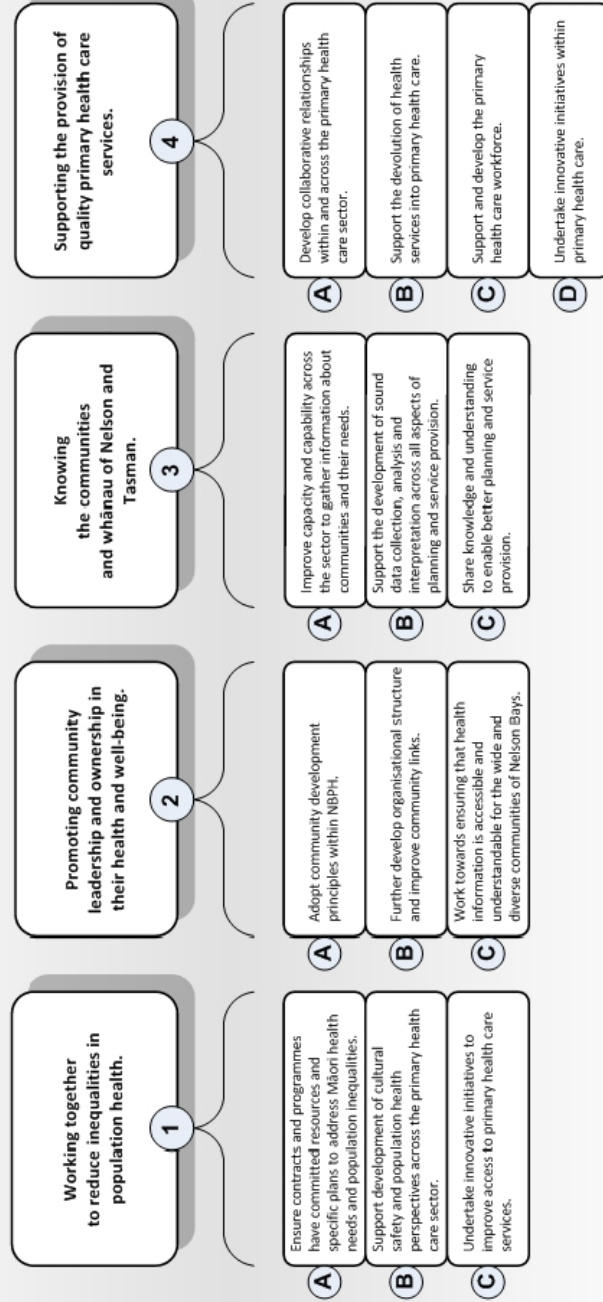
Annual Activities for NBPH

26/06/09

This document provides a list of the annual activities occurring within NBPH for the year June 2009 – July 2010. The activities planned link and contribute to the four strategic objectives established in the five year strategic vision set for the organisation

The health and well being of people in the Nelson Bays region has improved and health inequalities have been reduced.

Strategic Objectives



Strategic Targets

1. Working together to reduce inequalities in population health

A. Work to ensure contracts and programmes have committed resources and specific plans to address Māori health needs and population inequalities.

B. Support development of cultural awareness and population health perspectives across the primary health care sector.

C. Undertake innovative initiatives to improve access to primary health care services.

Annual Activities

- Assistance and opportunities are provided for all staff to develop basic competency and awareness of language and cultural practices; with a focus on Māori, Pacific and other population groups represented in our region.
- He Taura Tieke is implemented within NBPH to monitor progress towards improving health outcomes for Māori.
- Facilitate resourcing and referral pathways for Māori clients.
- Develop and support clinical programmes specifically for Māori and/or Pacific Island clients:
 - WHEELS programme
 - Māori MEND
 - Rongoa Māori
 - Lifestyle interventions
 - Diabetes Annual Review
 - Diabetes Management Programmes
 - Tane Swim
 - Aqua Aerobics
 - Mental health
 - Nursing
 - Pharmacy
 - Heart Guide Aotearoa

- Workforce development for primary health care addresses engagement with Māori, Pacific, low socioeconomic groups and diverse population groups e.g. Chin.
- Expand use of Language Line.
- Assist primary health providers utilise PMS (Practice Management Systems) to identify and understand different population groups.
- Develop models of service delivery to better meet client's needs such as:
 - Mobile clinics
 - Community-based clinics
 - Outreach clinics
 - Nurse-led clinics.
- Link all clinical contracts with Māori and Pacific communities. This includes:
 - Community nutrition
 - Primary mental health
 - VRA (Vascular Risk Assessment)
 - Annual diabetes check
 - Podiatry
 - Pharmacy
 - Chronic conditions
 - Be Well Lifestyle support programmes

- Online profile of primary providers
- Work with general practices to assist them to convert to VLCA clinics.
- Work to reduce pharmacy intervention charges.
- Work with practices to develop ways to assist clients with debt.
- Decrease need for pharmacy intervention charges.
- Expand the community nutrition service.
- Develop community-based programmes e.g. Caring for Whanau, Weight and Shape 4 Life, self-management programmes.
- Support provided to community-based health providers e.g. Victory Community Health Centre, House 44, Heartlands, Green Prescription, Way-2-Go.
- Transport needs assessment completed with recommendations trialled.
- Increased patient access to pharmacy subsidy cards.

2. Promoting community leadership and ownership in health and well-being.

A. Adopt community development principles within NBPH.

B. Further develop organisational structure and improve community links.

C. Work towards ensuring health information is accessible and understandable for the wide and diverse communities of Nelson Bays.

Annual Activities

- Implement a Health Promotion Policy which contributes across the organisation to service planning, implementation and evaluation.
- Support staff to undertake professional development regarding community development principles.
- Continue to develop a Community Participation Strategy which fosters community representation in health forums and service planning and delivery e.g. Clinical Governance Group.

- Support and facilitate the connection between the NBPH Board, staff, Community Representatives and the communities they represent.
- Develop a process for maintaining and enhancing organisational connections with NBPH Charter signatories.
- Further develop organisational processes and policies to improve community connections.

- Continue to develop NBPH processes for communicating with communities of Nelson Bays, key stakeholders, primary health providers and providers in the wider health sector.
- Continue to develop diverse methods of communication which is appropriate for all key stakeholders. This includes:
 - Incoming communications
 - 'Be Well' newsletter
 - 'The Indicator' for general practice
 - 'Rx' for pharmacies
 - 'Be Well' website
 - Resource publication
 - 'Teen Health' website
 - Age appropriate modes of communication
 - Paper-based media
 - Radio
 - Quarterly and Annual Reports.
 - Contributing to Charter partners' newsletters

3. Knowing the communities and whānau of Nelson Tasman

A. Improve capacity and capability across the sector to gather information about communities and their needs.

B. Support the development of sound data collection, analysis and interpretation across all aspects of planning and service provision.

C. Share knowledge and understanding to enable better planning and service provision.

Annual Activities

- Improve capacity and capability to collect quantitative data from primary health care providers e.g. PHO Performance Programme data, software tools like Dr Info, workforce training.
- Improve IT capability across the primary health care sector. This includes:
 - full utilisation of MedTech capabilities such as recalls, audits, screening and advanced forms;
 - Introduction of PMS (Practice Management Systems) and ECDS (Electronic Clinical Decision Support) Tools to primary providers
- Improve systems to gather qualitative information.

- Facilitate and lead the coordination and interpretation of data within the primary care sector.
- Input to collaborative information gathering and analysis in groups such as:
 - LDT (Local Diabetes Team)
 - Aged Care, Emergency Department and After Hours Service
 - Breastfeeding Network
 - CYAERG (Child and Youth Expert Advisory Group)
 - Immunisation Working Group
 - Māori Health Reference Group
 - Māori Nurses' Forum
 - NPA (Nutrition and Physical Activity Programme)
 - Way-2-Go and Green Prescription
 - Primary Mental Health Group
 - Te Roopu Tupu Tahī
 - Suicide prevention
 - Well Child
 - Primary Health Care Nursing Advisory Group

- Clinical leadership is promoted and utilised for service development and implementation in primary care:
 - Clinical Governance Group
 - Pharmacy Advisory Group
 - Primary Health Care Nurses' Advisory Group
- Encourage staff to take national leadership roles such as:
 - NZ Cancer Network
 - Quality and Safety in Medicines (QSM)
 - PHO Performance Programme National Advisory Group.
 - National Dietetic Association
- Joint planning with NMDHB for developing primary health care services within the primary health care sector in forums such as Planning and Funding performance meetings, NMDHB Shifting Some Secondary Services Group, Shifting Services discussions and Nursing education.
- Regular meetings with Public Health regarding joint programmes e.g. HPV, B4School, Immunisation Coordination.
- Gain a good understanding and ensure joint planning with primary health care providers

4. Supporting the provision of quality primary health care services

A. Develop collaborative relationships within and across the primary health care sector.

B. Support the devolution of health services into primary health care.

Annual Activities

- Strengthen organisational relationships with stakeholders which include:
 - Māori Health Providers
 - Public Health Service
 - ACC and other Crown entities
 - Pharmacists
 - General practice
 - NGOs
 - Private business
 - Health professional groups
 - NMDHB
- Implement collaborative projects in the primary health care setting. Such as:
 - Healthy workplaces
 - Falls prevention
 - Specialist services
 - Breastfeeding
 - Food industry collaboration
 - VRA (Vascular Risk Assessment) in occupational settings
 - Men's Health Initiative
 - CAYAD (Child And Youth Alcohol and other Drugs)
 - Nursing competencies utilising tertiary institutions
 - The Primary Health Care Nursing Advisory Group
 - Self-management
 - Diabetes Care and Education
 - Weight Management for children and adults
 - Mental Health

- Enable NBPH as an organisation to accept the delivery of services which are transferred from secondary services to primary care. These could include diabetes, respiratory conditions, diagnostic procedures, pain management, minor surgery and others as identified through the Shifting Services process.
- Enable the NBPH as an organisation to accept the transfer and service specification changes of the PCO contracts in a smooth and efficient way. They include:
 - After Hours
 - Diabetes Annual Review
 - GP meetings
 - Healthy Lifestyles
 - Care Plus
 - Nursing Entry To Practice (NETP): transition for new graduate nurses.
 - Palliative care
 - Podiatry
 - Research and Sabbatical
 - Rural Workforce and Retention
 - Smoking Cessation
 - Telephone Nurse Triage (HML)

C. Support and develop the primary care work force.

D. Undertake innovative initiatives within primary health care.

Annual Activities

- Continue to implement the Primary Mental Health Plan across the region by:
 - Workforce development
 - Participate in the research of the Primary Mental Health Plan for Nelson Bays
 - Support the development of the BIC programme (Brief Intervention Counselling)
 - Continue to support the PMHI (Primary Mental Health Initiative)
 - Undertake initiatives as opportunities arise, to support the NBPH Primary Mental Health Plan.
- Expand on the implementation of the Vascular Risk Programme by:
 - Linking with workplaces
 - Supporting general practice, Māori Health Providers and other primary health providers to be involved in the programme
- Implementation of Lifestyle programmes in primary care:
 - Healthy lifestyles support
 - Smoking cessation support
 - Chronic / long term conditions support.
- Work with primary health care providers to work towards delivering high standards of service delivery.
 - Core competencies are supported in primary care nursing e.g. CPR, asthma, mental health, diabetes, motivational interviewing, Te Tiriti o Waitangi, health literacy
 - Support workforce development opportunities (formal and informal across the sector)
 - Support Cornerstone accreditation achievement
 - Support professional development in the sector
 - Support delivery nursing, continuing medical and practice management education
 - Utilise opportunities to support the wider primary health sector in workforce development opportunities.

- Support and develop community initiatives:
 - Utilise community initiatives grants to support health related activity in the community.
- Support quality improvement initiatives:
 - Develop quality accounting systems for delivery of programme payments
 - Support general practice to be engaged in quality improvement programmes e.g. PPP, Cornerstone
 - Support audits of general practice e.g. MoH patient enrolment.
- Support rural health primary health care providers:
 - Support the implementation of the Golden Bay Integrated Health Project
 - Support quality improvement programmes in Murchison general practice
 - Support the development of outreach services to rural communities.
- Support Māori Health Providers to:
 - Improve capability to deliver more clinical programmes
 - Develop their services to further meet the needs of their clients.