



 Te Awakairangi Health
NETWORK

ANNUAL REPORT 2019/20



A YEAR IN THE LIFE OF GENERAL PRACTICE



124,086
enrolled patients



342,500
GP visits



138,825
practice nurse visits



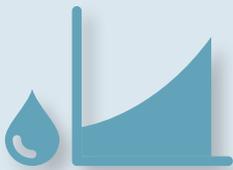
1 GP
per **1,704** people



1 Nurse
per **2,046** people

9% of patients
are **Pacific Peoples**

18% of patients
are **Māori**



5.3%
are diabetic



12.5%
are smokers



88%
of smokers offered
help to **quit**



100%
of **General Practices** have a
Long Term Conditions Practice Plan



92% babies
fully immunised
(8 months)

93% babies
fully immunised
(2 years)

75%
of women are up to date
with their cervical smear

100% Pacific
babies fully
immunised

A MESSAGE FROM THE CE AND BOARD CHAIR



2019/20 has been a year none of us will forget, with the COVID-19 pandemic impacting significantly on Te Awakairangi Health Network from February 2020 onwards. Our team was well positioned to make key decisions quickly and to effectively mobilise resources to support the Hutt Valley's primary health care response. Our general practices adapted to the challenges and we thank them for their ongoing response to COVID-19 during the lockdown and in the aftermath. The strong partnerships, knowledge and skills of our general practices, health providers and Te Rūnanga o Te Āti Awa meant we all could shift our focus from business as usual activities to new ways of supporting our people and communities.

Our teams continued their focus on addressing inequities in healthcare, both within the COVID-19 response and in the usual delivery of services and programmes. In 2019/20, we implemented the recommendations from the Tau Utuutu - Primary Health Care Report for Māori, weaving them into all aspects of our planning and delivery.

Given the mental health issues affecting the people of the Hutt Valley, we were delighted when our joint proposal for the Access and Choice model was successful. Despite COVID-19, we were able to begin implementing the service in May 2020, placing mental health workers into several general practices over the following months. This service will work alongside the Piki pilot (set up in 2019 to provide innovative and responsive care for young people aged 18 to 25 years) and our existing Wellbeing service.

Ensuring the sustainability of general practices continues to be challenging. In 2019/20, we continued our local work with the Health Care Home model, with fifteen practices now implementing this model supported by investment from Hutt Valley District Health Board and Te Awakairangi Health Network. At national level, we have advocated for increased investment and more equitable funding for general practice, and for increased support to train more general practitioners and primary care nurses.

The Government's Health and Disability System Review report published in June 2020 contains proposals for wide-ranging changes to improve population health and wellbeing. The proposed changes have the potential to make a significant impact on the way primary care and general practice operates within the system. Te Awakairangi Health Network is working closely with colleagues across the country to showcase the benefits and potential of well-supported general practice. We want to ensure that any recommendations implemented are delivered in a way that drives population outcomes through strong primary care, replicating the positivity, innovation and can-do attitude demonstrated by general practice and primary care teams to date. There are some uncertain times ahead, but we will continue to offer our practices and our population all the usual support and services, working constructively with our local health system partners.

Thanks to all our Board members and staff for their commitment and effort, making a positive difference to health in the Hutt Valley.

M N (Joe) Asghar | Chair

Bridget Allan | Chief Executive

RISING TO THE CHALLENGE

Te Awakairangi Health Network at the heart of the Hutt Valley's COVID-19 health response

The Network's commitment to supporting general practices with any challenges that arise was put to the test when COVID-19 appeared in the community and the country went into lockdown in March 2020.

The strong partnerships, knowledge and skills of our local community, health providers and Rūnanga meant that the Network could quickly respond and mobilise resources to support the entire Hutt Valley's primary health response. The Network immediately shifted its focus from business as usual activities, to supporting safe general practices with good infection control processes. Having strong in-house clinical expertise and knowledge meant that our staff were able to anticipate, understand and respond effectively to an evolving range of challenges as they arose.

One of the most significant and far-reaching transformations was how quickly and successfully general practices adopted phone, email and video for patient consultations. General practices and the Network's extended care teams worked together to contact Māori, Pacific, and high-risk patients, develop proactive care plans, and encourage patients to get their ongoing health needs met.

Innovative ways were found to ensure childhood immunisations continued and influenza vaccinations for vulnerable people were given ahead of the flu season. Some practices set up dedicated morning flu clinics in their car parks where patients remained in their car for their injections, while others staggered consultations and screened patients for COVID-19 symptoms upon entry. Over this period, our practices managed to achieve the highest ever level of flu vaccination uptake (77%) in the 65 years and over population.

Te Awakairangi Health Network minimised transmission risk to our frontline primary care staff by providing a regular supply chain of personal protective equipment (PPE), alongside information about its correct use. Our dedicated pharmacy team worked alongside general practices to enable signature-less prescriptions at a pharmacy of the patient's choice.

Feedback from patients about the responsiveness of general practice and the quality of care they received during the lockdown period has been overwhelmingly positive. Many practices continue to offer flexible options to suit their patient's need.



77% flu vaccination uptake in the 65 years+ population



22 positive COVID-19 tests in the Hutt Valley



9,902 COVID-19 tests in the Hutt Valley



Establishing Covid-19 testing in the community

Alongside the continued COVID-19 testing in our general practices, Te Awakairangi Health Network and our partners created Community Based Assessment Centres (CBACs) to test and assess people in the Hutt Valley with COVID-19 symptoms.

Over a two week-period from 23 March 2020, we established five fixed CBAC sites across the Hutt Valley and provided the first mobile CBAC service in New Zealand, testing people who were either unable to reach a fixed CBAC location or who resided in Aged Care Facilities. A large part of this success was due to the invaluable, flexible, and time-critical support from Lower Hutt After Hours Medical Centre where the first CBAC was based.

In April, the Network established a mobile outreach CBAC service alongside our iwi Te Rūnanganui o Te Āti Awa to deliver this service in hard to reach areas of the Hutt Valley. Working closely with the local Māori and Pacific health leaders and providers, this service enabled whānau and vulnerable people in more isolated communities to access assessments, testing and wraparound services.

Over May and into June, our teams undertook surveillance testing in specific workplaces and communities while continuing to manage CBACs and support general practices to implement virtual consultations.



Te Awa Living

In response to restrictions on gatherings during the COVID-19 lockdown, our Health Promotion team created the Te Awa Living Facebook page to continue delivering healthy lifestyle advice and live exercise sessions. This page, which quickly grew to 1500 followers, also acted as a trusted source of daily information updates on COVID-19 testing clinics and primary care updates.

Te Awa Living worked with patients enrolled in our Healthy Families Coach service, Valley Fit, and Good Food programmes. It was through their engagement in these interactive online sessions and posts that the Network was able to reach the wider Hutt Valley community and beyond.

All posts, messages and interactive content was designed and delivered by a workforce with strong connections to our priority audiences promoting Korikori (exercise), Kai & Wai (healthy eating), Te Mana Hauora (wellbeing), Whānau connectedness and Moe (sleep hygiene).

ENHANCING PRIMARY CARE IN THE HUTT VALLEY

Expanding Health Care Home

Over the past 12 months, Te Awakairangi Health Network has continued to work locally with health partners to support people staying well and having continuity of care.

In the last quarter of 2019/20, general practice teams were working under extraordinary circumstances to meet the demand of the COVID-19 response at Alert Level 4. In March 2020, the Royal New Zealand College of General Practitioners requested that practices move to providing their patients with care through telehealth options (phone, video, or email) with a target of reducing their face to face consultations by 70%. This move aimed to protect vulnerable patients from the potential spread of COVID-19 in practice waiting rooms.

Our existing Health Care Home practices moved easily into this new way of working, and our team supported the remaining practices to make this move.

Over the quarter, it became clear that the non-Health Care Home practices had effectively implemented several aspects of the model (GP triage, virtual consultations, patient portal) and were meeting most of the requirements of the model. This led to requests from five Hutt Valley practices to fast track them into the Health Care Home programme, joining the ten practices already implementing the model.

Hutt Valley DHB will have achieved its goal of having the Health Care Home programme implemented across most general practices by the end of 2020/21, with over 90% of the Hutt Valley population enrolled in a Health Care Home Practice.

Enhancing the Patient Portal experience



41,332
patients
activated in the
patient portal

All but one
of our practices
is offering a
patient portal

Our data shows a steady increase in patient portal activation across the Network. Practices are using creative ways to promote the patient portal and its benefits and all but one of our practices is offering a patient portal. Our staff are also supporting community providers to use the portal themselves and be confident to show their clients how to sign up and use the functions.

“I’ve hardly ever had to go to the Doctor, until I got really sick and was in and out of hospital. Suddenly I had to make big decisions and it was hard to remember everything.

I phoned my medical centre from my hospital bed and signed up to the patient portal. Within a few hours, I had my health information in my hands, literally. I could even see my hospital discharge letter from the previous week.

This helped ease my stress as I was able to look up and share my information and test results with family, all in my own time and not have to worry about losing paper copies of things.

When I got home, I had a video appointment with my GP which was awesome as I couldn’t afford to take any more time off work. Really glad I signed up.”

36-YEAR-OLD HUTT VALLEY MAN

Investing in Clinical Pharmacists

Te Awakairangi Health Network is progressively expanding the number of clinical pharmacists in general practice, with the aim of having a pharmacist in every one of our practices.

In 2019/20, the Network had five clinical pharmacists working across nine general practices. The service is provided by the Network and jointly funded by it and general practices. This approach strongly aligns with the DHB Pharmacist Services Strategy, which supports better integration of pharmacists into the wider healthcare team, recognising the significant cost savings for the health system that clinical pharmacists make by supporting practices to reduce polypharmacy, improve monitoring of high-risk medications and deprescribing processes.

“Having had a clinical pharmacist work with us over the past several years, we now find them indispensable. The benefit to patients through thoroughly done medicine reconciliations post-discharge is immeasurable, as is having the pharmacist available for staff and patient

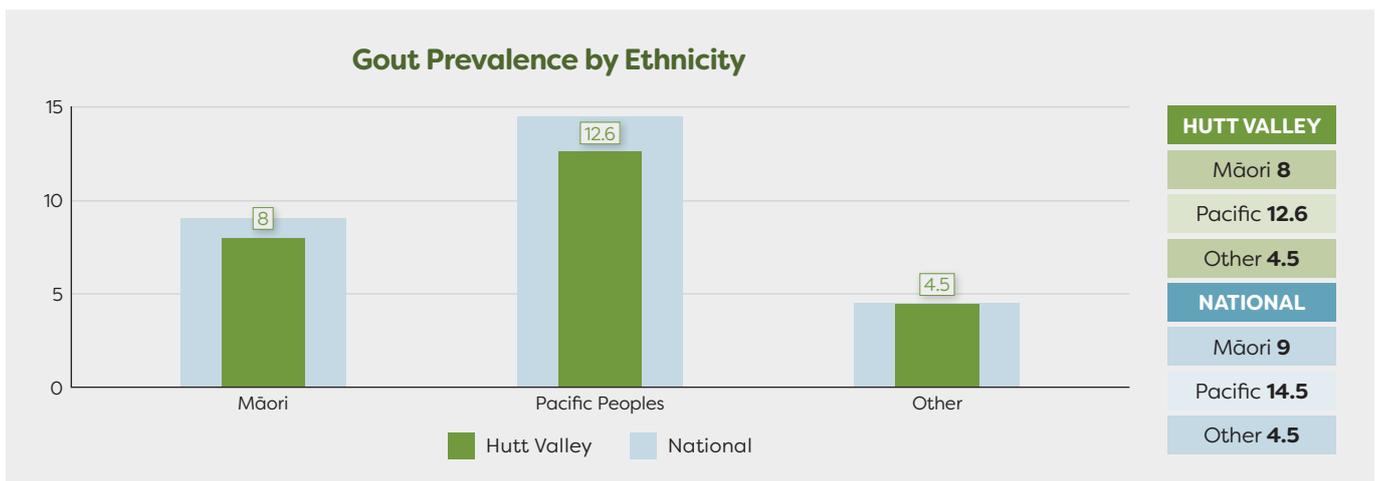
education. Keeping the clinical staff up to date with changes to medicines and guidelines is invaluable – actually, I don’t know how a practice manages without one”.

TRISH NYDAM, WAIWHETU MEDICAL CENTRE PRACTICE MANAGER

Improving Patient Outcomes - Gout

Several practices in our Network are prioritising improved gout management with encouraging results. With the assistance of our clinical pharmacists, the Network has worked consistently over several years to educate and support practices to better manage patients with gout. Interventions have included implementing more structured processes for managing patients starting on allopurinol, setting up pre-set prescriptions to guide GPs with initiating and titrating doses, organising gout starter packs to be blister packed for patients, and follow-up of patient throughout the first few months of therapy.

It is encouraging to see a significantly lower prevalence of identified gout in the Hutt Valley compared with national rates, including for Māori and Pacific people. The use of urate-lowering therapy is also higher across all ethnicities. The percentage of Pasifika people being treated for gout with urate-lowering medication has increased significantly over this period.



PIKI – Providing Integrated Therapies for 18-25-year olds

Piki offers support for young people with mental health concerns and is being delivered in the Hutt Valley by Te Awakairangi Health Network's primary mental health team, the Wellbeing Service.

The Piki pilot was officially launched in the Hutt Valley on 26 August 2019 by Associate Minister of Health, Julie Anne Genter at the Walter Nash Stadium. The launch event included a group discussion facilitated by Green MP Chloe Swarbrick, around the drivers of mental health concerns in the Hutt Valley.

Over the 2019/20 year, the Wellbeing therapists have offered support in a diverse range of settings (such as VIBE - the local youth health service, marae, and general practices) to enable easy access to the service. The service has been actively promoted at Te Rā o te Raukura and other local and regional events.

Over the past year the Piki service has **reached 349 unique individuals** and provided **1394 sessions**.



Improving Access and Choice – Integrated Primary Mental Health and Addictions

The Access and Choice model (based on Te Tumu Waiora and Awhi Ora) aims to provide all New Zealanders experiencing mental distress or addictions challenges with access to convenient, high quality, integrated and person-centred care and support. The Wellbeing team at Te Awakairangi Health Network worked closely with the other PHOs and DHBs and several mental health NGOs to establish the Greater Wellington Collaborative, preparing a comprehensive proposal for a more easily accessible primary mental health and addiction service.

Te Awakairangi Health Network and our partners began rolling out the Access and Choice model of support for the Hutt Valley population in May 2020. The first tranche of funding (to June 2021) enabled implementation in seven practices, with priority being given to those practices serving a high needs population.

The universal model provides a brief intervention for clients experiencing distress from thoughts, feelings and behaviours. This service improves access by being available to clients in most cases on the same day that they visit the practice. There is no referral form, rather a warm handover is completed by the GP. It is available to both individuals or groups and is free of charge for anyone eligible for publicly funded health services.

A Health Improvement Practitioner (a registered professional with experience working in mental health) and a Health Coach are based in the general practice to link closely with, and upskill the practice staff. A community support worker from a local NGO is also linked to the practice and the model is integrated with other local services so that the client can receive additional support as required.

ADDRESSING RHEUMATIC FEVER

Prevention

For several years, Te Awakairangi Health Network has managed the Rheumatic Fever prevention programme to test Māori and Pacific people aged 4 to 19 years who have sore throats. Anticipating that these young people would be less able to access testing for Rheumatic Fever during lockdown, the Te Awakairangi Health Network team offered Rheumatic Fever testing at the COVID-19 testing sites.



Bicillin Treatment Programme

Te Awakairangi Health Network provides a follow-up treatment service for young people (aged 16 to 21 years) who have been diagnosed with rheumatic fever, to prevent recurrences and cardiac damage, and support healthy lifestyle choices. The service supports over 20 young people in the community to ensure they are receiving their monthly prophylactic antibiotic injections.

The success of this rheumatic fever management programme comes from the close relationship that has formed over several years between our outreach nurses and the young rheumatic fever patients and their families.

Despite challenges of confirming appointments, transience, and changing circumstances of the young people being treated under the Bicillin programme, the nurses have fostered high adherence rates of injections with an ever-increasing number of young people in the Hutt Valley. Overall, Bicillin injections are being given on time and are well received by patients because of the rapport between them and the nurses.

The communication between patients, their families, outside agencies, Regional Public Health, schools, the Paediatric and Cardiology Departments of Hutt Valley DHB, the general practices and the patient's employers has been essential to the programme's success.



Trish Kerr (Outreach Nurse) and Daniel (Bicillin Patient)

COMMITMENT TO MĀORI HEALTH

With the Hutt Valley having a large Māori and Pacific population comes the responsibility of ensuring that there is equitable access to health and wellbeing services.

As well as supporting general practices, the Network has a focus on improving outcomes for Māori and Pacific people through health promotion activities to help individuals and whānau avoid health risks such as rheumatic fever, diabetes, and heart disease.



Dr Dougal Thorburn (*Clinical Director for Population Health*) worked closely with our partners to improve health outcomes and achieve equity for Māori, Pacific and low-income families.

Rawiri Hirini (*Te Kaiwhakarite Māori*) filled the Hutt Valley DHB Pou Tikanga Māori role in April, further strengthening the relationship between the Network and the DHB Māori Health Unit.

Te Rā o te Raukura

Te Awakairangi Health Network and Te Rūnanga o Te Āti Awa continued their successful partnership at Te Rā o te Raukura on 1 February 2020. This year, the Hauora Warrant of Fitness zone was visited by hundreds of people, with more than 200 being screened for health conditions, and many more having health and wellbeing conversations. The Hauora zone was staffed by volunteers from general practice teams, DHB teams and partner organisations such as the Regional Stop Smoking Services, Stroke Foundation, Melon Health, Sports Wellington, and Les Mills. Our staff also supported Regional Public Health, giving immunisations for measles to some adults who had missed earlier vaccinations.



Protecting Patient Data

Te Awakairangi Health Network are the custodians of data provided by general practices, the DHB, and community providers with the purpose of improving the health and wellbeing of the people of the Hutt Valley through its use. It is vital to protect the rights and interests of the people and their whānau who provide data as service users. Te Awakairangi Health Network also wants to achieve a data environment that reflects the principles of Māori Data Sovereignty by appropriately ensuring Te Tiriti o Waitangi obligations are met and that data analysis has Māori health improvement as a focus.

The Data Governance Group has met regularly since its inception in January 2020 and reports directly to the Te Awakairangi Health Network Board of Trustees. Data governance processes are guided by agreed principles, facilitating appropriate analysis of practice and patient data for greater effectiveness in how care is delivered, as well as increasing patient safety. The Group includes clinicians and consumers, and covers general practice, Māori and Pacific providers, Hutt Valley DHB and Health IT specialists.

CELEBRATING SUCCESS

Hutt Valley DHB Quality Awards 2019

Primary care people and teams featured strongly in the Hutt Valley DHB 2019 Quality Awards, held on 14 November. Congratulations to all the teams and individuals who won awards.

-  **Kirsty Morrison and Dr Jess Gray** from Upper Hutt Health Centre with their Sexual Health Guideline and checklist (Excellence in Clinical Care)
-  **Immunisation Flying Squad** - Naenae Medical Centre and Pacific Health Services (Excellence in Community Health & Wellbeing)
-  **Ruth Cooke** and Petone Medical Centre (Excellence in Community Health & Wellbeing)
-  **Jessica White** and Health Care Home Team (Excellence in Process & Systems Improvement)
-  **Tū Kotahi Māori Asthma and Research Trust** (Excellence in Integration)
-  **Dr Hans Snoek** (Outstanding Leadership)
-  **Lynda Ryan** (Te Awakairangi Health Network Chief Executive's Award)



Top photo: Fionnagh Dougan (CE for Capital & Coast and Hutt Valley District Health Boards), Ruth Cooke (Petone Medical Centre) and Bridget Allan (Te Awakairangi Health Network Chief Executive)

Bottom photo: Bridget Allan and Dr Hans Snoek (Connolly Street Medical)

Financial Statements

For more information including summary financials go to:

<https://teawakairangihealth.org.nz/about-us/publications/>



Cover photos: patients and health practitioners who participated in the "Reach Out" videos developed by Te Awakairangi Health Network during the 2020 COVID-19 response to encourage people to contact their general practice.



OUR VISION

Everyone in the Hutt Valley
is healthy and well

OUR PURPOSE

We will make a positive difference to the health and wellbeing of everyone in the Hutt Valley, with a clear focus on achieving equity.

OUR VALUES

Whanaungatanga

Manaakitanga

Rangatiratanga

Pūkengatanga

OUR GOALS

People and whānau are
empowered and resilient

Enhanced and
sustainable general
practices

Connected health and
community services

OUR STRATEGIES

- Keeping people well
- Connecting people to the care and support that meets their needs
- Strengthening the patient voice

- Improving sustainability and capability of general practice
- Growing the primary care workforce
- Improving access and extending primary care
- Promoting self management and enhanced care

- Partnering for a healthy and resilient community
- Integrating services
- Advocating for investment in primary and community care

