

CMDHB Partnering Ambitions for the development of EoI responses to *Better, Sooner more Convenient*

September 2009

Context

Invitations for expression of interest to develop *Better, Sooner, More Convenient Primary Care* have been released by the Ministry of Health. The invitation has been sent to primary health care organisations with a focus on more personalised care, services closer to home, making kiwis healthier and reducing pressure on hospitals.

The EoI process creates the opportunity for organisations with significant capacity and capability to make more flexible use of funding, contracting and accountability arrangements to improve outcomes.

CMDHB sees significant opportunities to partner primary health care in developing these expressions of interest. With its combined resources, primary health care and CMDHB will be able to provide a fully integrated service that can improve the health of all its residents. It is these sorts of fully integrated systems that are demonstrating the most significant health gains internationally and that we can emulate locally.

CMDHB's ambitions for the EoI proposals

CMDHB released a discussion document on what it saw as potential models and structures to support *Better, Sooner, more Convenient primary care*. This is available at: <http://www.cmdhb.org.nz/Funded-Services/PrimaryCare/default.htm>. The table below summarises the key areas of focus and improvement that CMDHB would like to see as part of partnering primary care in this EoI process.

Key ambitions	By that we mean ...
A focus on patients and overall outcomes	<ol style="list-style-type: none">1. A focus on overall health gain and patient experience rather than inputs2. A focus on improving the gaps in outcomes for different populations ie reductions in inequalities3. Being culturally responsive in the delivery of services
Equitable access across the district	<ol style="list-style-type: none">1. There is investment in areas of poor access and high need e.g. a new clinic in Randwick Park and other areas of Manurewa which have poor access to primary care2. Services are targeted to the communities of that locality (and not a one size fits all)

Key ambitions	By that we mean ...
Service access closer to people's homes	The development of Integrated Family Health Centres AND NETWORKS involving primary, secondary and other services
<p>Shifts in models of care to be fit for the future.</p> <p>That is, a future characterised by population growth, ageing, chronic conditions, inequalities, funding pressures and workforce challenges.</p>	<ul style="list-style-type: none"> • value for money • the notion of co-production between provider and patient • better use of inter-disciplinary teams (e.g. the inclusion of pharmacy, physiotherapy, social services etc) • cultural responsiveness • supported self care • patient held care plans • patient access to information • structured care • population stratification • better integration, and • prevention.
A focus on quality improvement and improved value for money	Clinical networks and governance arrangements are in place to improve quality and value for money.
Better integration	<ol style="list-style-type: none"> 1. Patients not being asked the same questions repeatedly 2. Patients feel like they are receiving care from the health system rather than autonomous organisations
Training and Development	Areas that focus on the development of existing staff but also the development of new models of working together with new workforce roles to achieve ongoing sustainability (e.g. healthcare assistant and lifestyle type roles).
Information	Shared clinical information to improve patient safety, integration and joint service development.
Regional consistency where possible	<p>Particularly where regionally the same principles can be applied that make sense to patients (e.g. those with similar needs in Otahuhu and Mangere having similar access to care and suitable programmes).</p> <p>It also includes funding and accountability arrangements that allows the efficient use of back office functions across DHBs.</p>
Honouring the Treaty of Waitangi	Maori are involved in the development, governance and delivery of services.

What CMDHB can bring to the partnership

1. Land
 - a. To catalyse the development of Integrated Family Health Centres, CMDHB is open to using land it owns as potential sites and capital for Integrated Family Health Centres. These include community sites such as Pukekohe, Papakura Maternity, Awhineta in Takanini, Manukau SuperClinic in Manurewa, and Botany.
2. Flexible funding arrangements and risk sharing
 - a. Where CMDHB is keen to look at new funding and risk sharing arrangements to build incentives into the system for better outcomes. This includes funding that currently flows from the DHB and, with joint work, potentially services currently delivered by CMDHB
3. Resources
 - a. Particularly in the form of devolution where this contributes to improvements in the models of care, integration, patient experience and ultimately outcomes (see the model of care below). This may include some diagnostic services, minor surgery, some elective services and others.
4. Locating CMDHB delivered services in Integrated Family Health Centres
 - a. Where feasible, CMDHB will look to locate CMDHB delivered services in Integrated Family Health Centres to help integration and initial viability
5. Training and learning
 - a. Particularly in relation to the Centre for Health Service Innovation on the Western Campus

Model of Care

