

Tūria, tūria te mata hau nō Rangi
Tūria, tūria te mata hau nō Papa
Paiheretia te tangata ki te kawa tupua,
ki te kawa tawhito
He kawa ora! He kawa ora!
He kawa ora ki te tangata
He kawa ora ki te whānau
He kawa or ki te iti, ki te rahi
He kawa tātaki ki au mau ai
Tūturu o whiti, whakamaua kia tīna
Hui e! Tāiki e!

Elevate and celebrate the gifts of Rangi
Elevate and celebrate the gifts of Papa
People are bound by the spiritual forces of ancestry
Uplift the spirit! Support the spirit!
Raise up the health of people, of family, of all.
A spirit that guides me
Hold fast! Uphold the essence.
Bring it together! It is complete.

# Stakeholder hui

- Margie Apa, Chief Executive Health New Zealand
- Martin Hefford, Director Living Well
- Andy Inder, Director Ageing Well
- Corbin Whanga (MC)
- iSign NZ Sign Language

7 May 2024





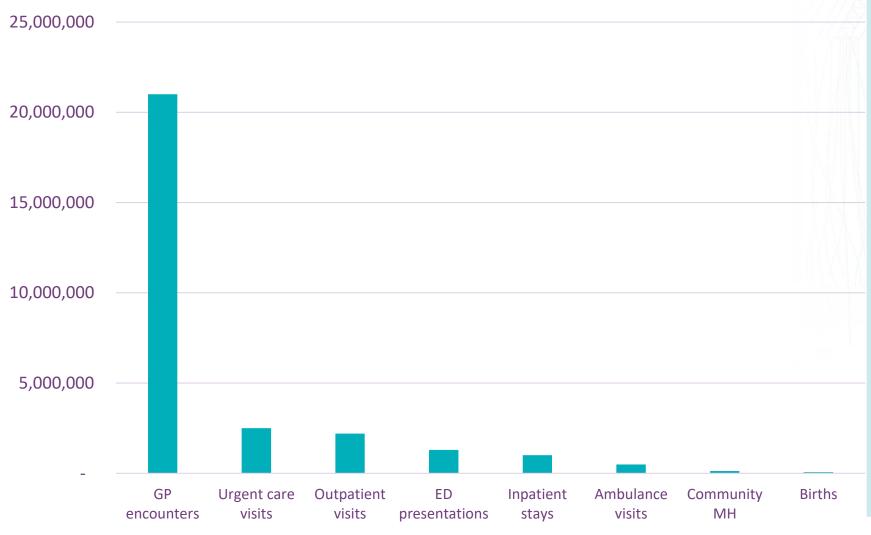
#### Please tick the multiple-choice poll

You can select more than one option

- Tend
- Practice Plus
- CareHQ
- Bettr Health
- House call
- **Ka Ora**
- None

# Primary care is big...





# We spend about 6% of our budget (\$1.4B) on GP / PHO services

#### **GP visits generate:**

- 80+ million script dispensings,
- 50+ million lab tests,
- 2 million outpatient referrals

#### **Enrolled population:**

- 5 million people,
- 970 GP facilities,
- 83 Māori owned



Strong primary health care benefits society and the overall health system, and can contribute to delivery of health targets.

Currently there are significant constraints to accessing high quality care.



Cost barriers - Even if enrolled, patients may not be able to afford a visit.

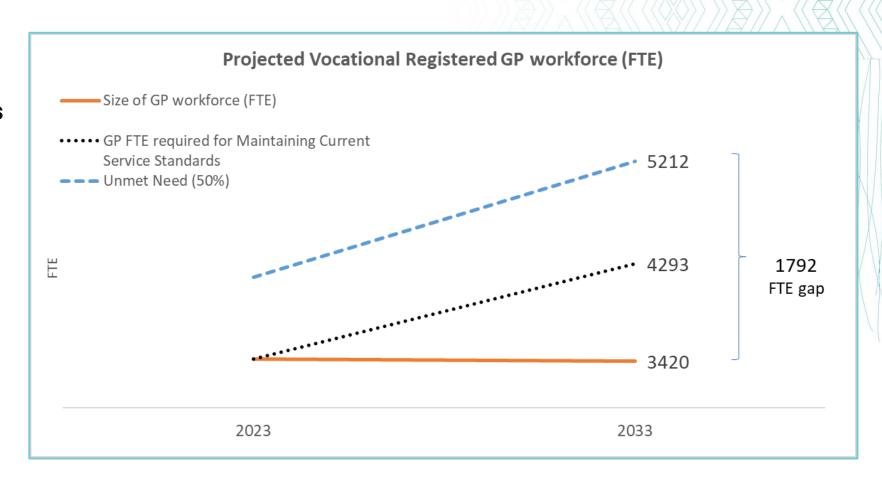
Waiting time barriers – wait times are a significant access barrier - even where affordability may not a problem.

## **Workforce: General Practitioners**

Forecasting shows a shortage of 753 to 1,043 vocationally registered GPs by 2033 relative to population demand.

#### GP workforce:

- Average age is 54 years;
- 45 percent of GPs retiring in the next 10 years.
- 40 per cent of NZ GPs are overseas trained;



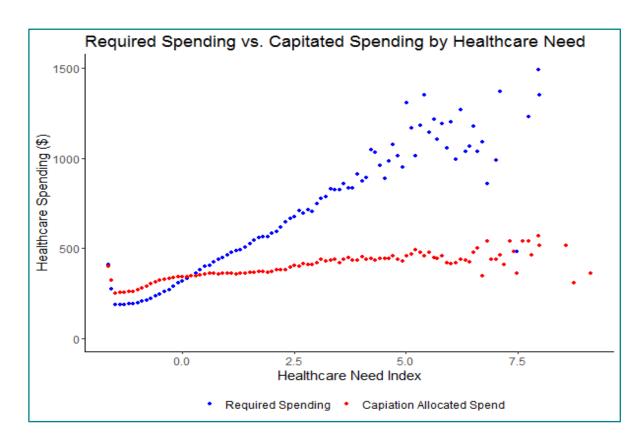
The medical cavalry are not coming...



# Constrained resources not well targeted to need

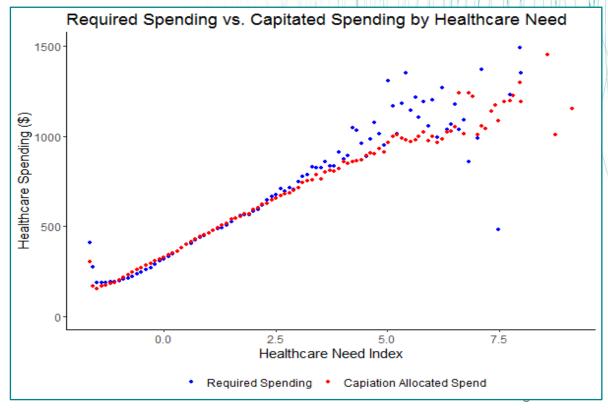
#### **Current capitation formula:**

funding (red) does not match need (blue)



#### Future capitation:

funding (red) closely matches need (blue)



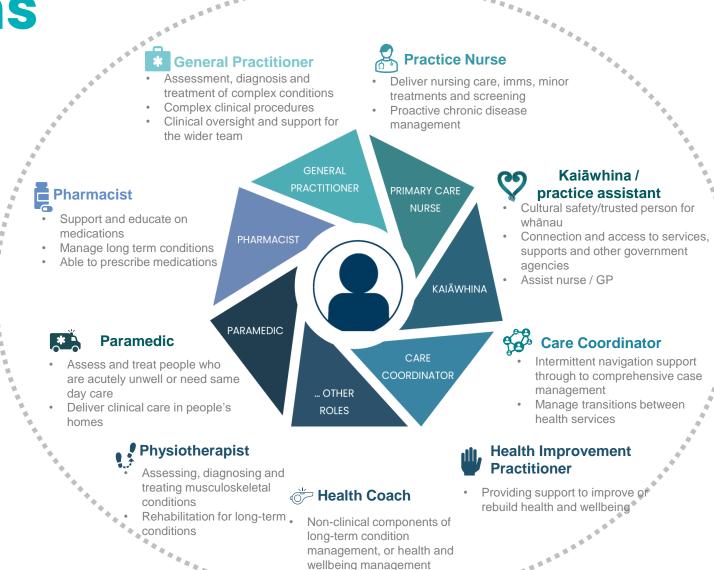
# Poll results ...

### Which of these telehealth GP services have you used?

- Tend
- Practice Plus
- CareHQ
- Bettr Health
- House call
- Ka Ora
- None

## **Future directions**

- Optimal use of telehealth
  - o Ka Ora / GP telehealth
  - Support for self-management
- Team based care
  - Full use of nonmedical staff
  - Prework to sort to right person
- Shifting the joy:admin ratio
  - Inbox management roles / Al
  - Restructuring appointments
  - GP with Specials Interests (GPSI) roles



## Solutions in train: Clinical telehealth

#### Rural Clinical Telehealth Programme

A Rural Clinical Telehealth service (Ka Ora) was established in November 2023.

#### The service includes:

- After hours telehealth nurse triage, booking, and handover service
- GP overflow and afterhours telehealth consultations
- Integrated booking system support service
- Programme coordination (of rural practices)



# Primary Care Development Programme

#### Primary care

- Meso-level contracted services
- Capitation re-weighting
- Data & digital modernisation
- Workforce planning
- Contracting and accountability frameworks

#### Urgent care and after hours

- Models of care / Workforce Telehealth
- Levels of service across NZ / pricing / fees

#### Rural unplanned care

Urgent care inc PRIME

<u>Primary Care Development Programme – Health New Zealand | Te Whatu Ora</u> https://www.tewhatuora.govt.nz/health-services-and-programmes/primary-care-development-programme/

# **Ageing Well**

# The Review of Aged Care Service and Funding Models across our system

May 2024

Andy Inder, Director Ageing Well

## What our system delivers now for older people

Many older people get the services they need from our system today:

- 35,000 live in over 670 care homes at any point in time
- More than 80,000 people receive Home and Community Support Services
- Over 96% of people over the age of 65 are enrolled in general practice, access is a challenge
- 32% of 65+ New Zealanders receive five or more long term medicines; this rises to 52% of those over 85
- People 65+ are cared for in hospitals for over 1.25M bed days per annum, and we
  need to ensure there are better options to keep people healthier outside of hospital,
  and to ensure an efficient and sustainable return to living location

But we need to do better and design a health system that works for older people.

### **Population Trends**

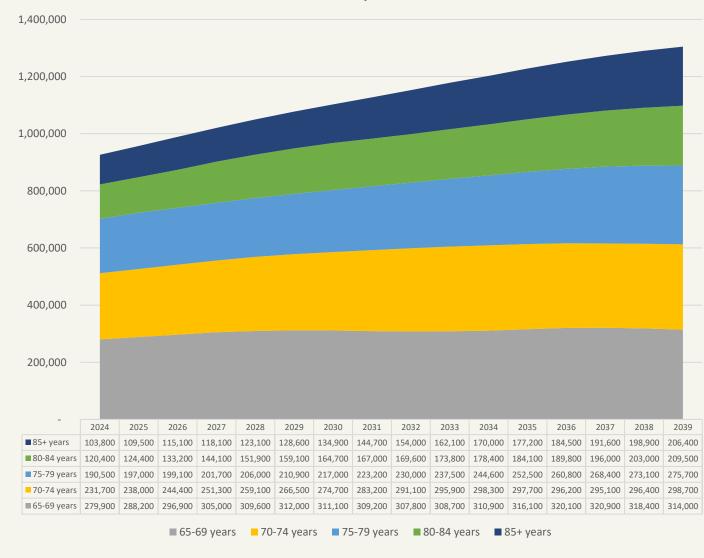
 New Zealanders over the age of 65 comprise for 16.6% of the 5.1m person national population

 In the next 15 years the over 65 years population is expected to increase by 44% (based on StatsNZ medium growth forecast)

 Over the same period the 85+ population will **double** to 198,900 people

 The overall population will grow by just 11.8%

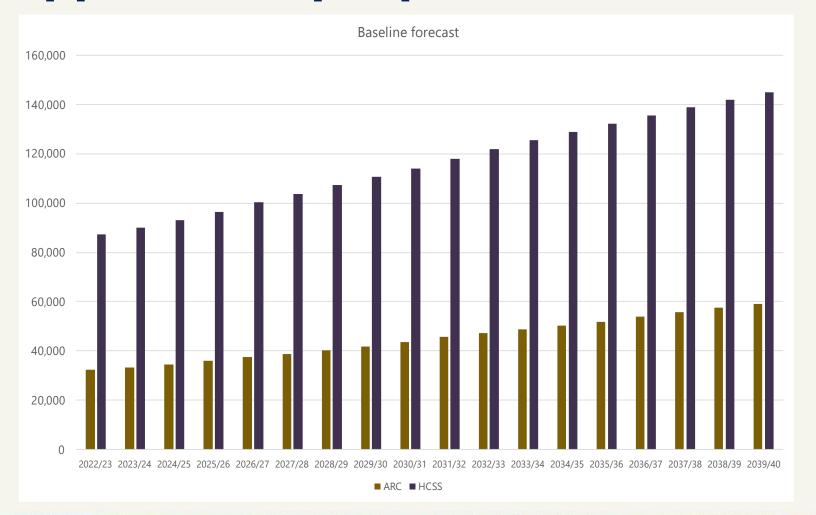
#### New Zealand Total Population Growth 65+



# Reviews and consultation confirm key pressure points in our aged care system

- While provider operating costs are covered by funding models', margins are insufficient to invest in sustainable businesses over the long term.
- Access to aged care and relevant community services is inequitable across regions and population groups, particularly for priority populations and in rural areas.
- Like the rest of the health system the aged care sector continues to face workforce pressures.
- Models of care across the regions are inconsistent, with some delivering flexible restorative models and others have tasked-based traditional home support.
- Access to support for carers is inconsistent across the regions.
- The funding models used to distribute funding to the sector are no longer fit for purpose and commissioning arrangements do not deliver the service mix the system needs.

# Impact on aged care services is driven by the type of support older people need • Baseline forecast suggests by 2040 there will be ground

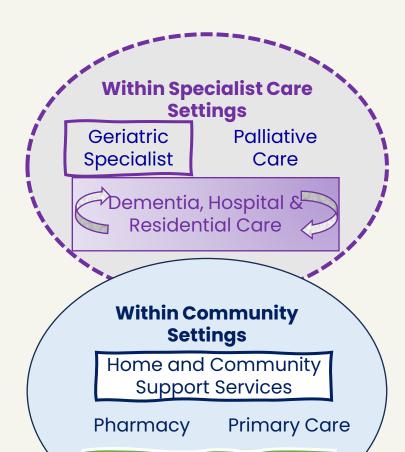


- 2040 there will be ground
  - c59,000 in ARC
  - c145,000 receiving HCSS
- However, older people do seem to be getting healthier, ARC use is declining, and we are substituting care from ARC to HCSS services
- In the best-case scenario by 2040 there will be around
  - c45,000 in ARC
  - c152,000 receiving HCSS
- To achieve this, we need a clear plan to align the health system and its services

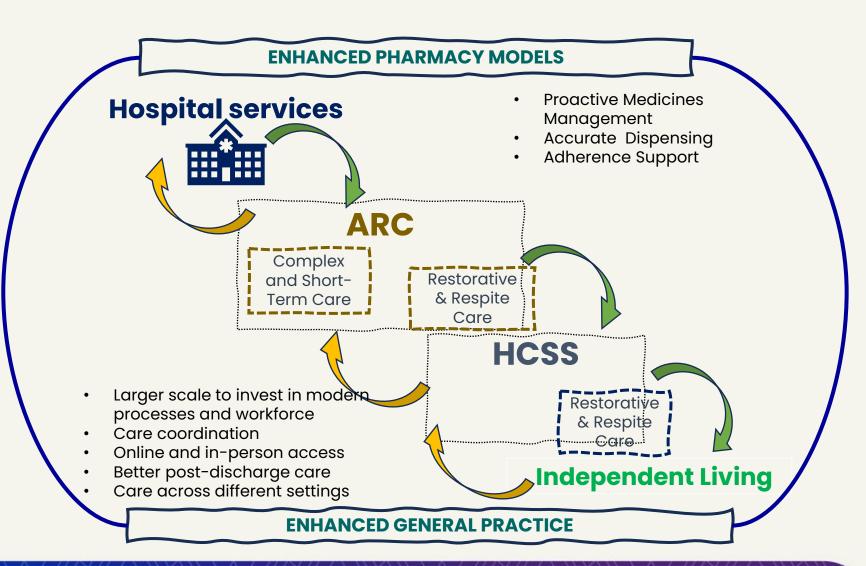
### What we need to aspire to:

- Better links <u>between aged care and the wider health and hospital system</u> to improve patient pathways and reduce barriers for patients needing services from residential care or home support
- Better <u>patient and medicines management in community settings</u> to support independence, lower system costs and maintain continuity of care, especially across different care settings
- Support for older people, their carers and whanau to safely maintain the level of independence they aspire to
- Equitable and sustainable funding that is easy to understand, incentivises the services and infrastructure the system needs and supports better outcomes for older people
- Support quality, innovation and transparency to:
  - deliver person-centred, quality care by a skilled workforce.
  - improve aged care services and their relationship with the health and hospital systems.
  - increase accountability for how aged care funding spent while minimising regulatory and administrative burden.

### Integrated Models of Care For Aged Care Services



Independent living



### What we are doing.....

- We recently sent out hundreds of invitations to key stakeholders around the country to attend one of our eight workshops nationwide. Two complete, plus an online session with Dementia New Zealand.
- We will also hold an online workshop in June for those unable to attend face-to-face workshops, and an online survey to capture views from the public and those in the sector.
- Some of our partner organisations will also facilitate workshops for target groups.
- We want to work with the sector and users of the system to design an integrated model of care to arrest the challenges the sector faces in the coming years.
- This work will take some time, but we have identified some areas where there are
  quick gains to be and we will work together on areas that will take more time and
  potential investment.
- Phase 2 of the work programme to design the system should be completed in October 2024.

### For more information

#### **Living Well Information**

- o Email: <u>Primary.Care@tewhatuora.govt.nz</u>
- Website: <u>Primary Care Development Programme Health NZ</u>

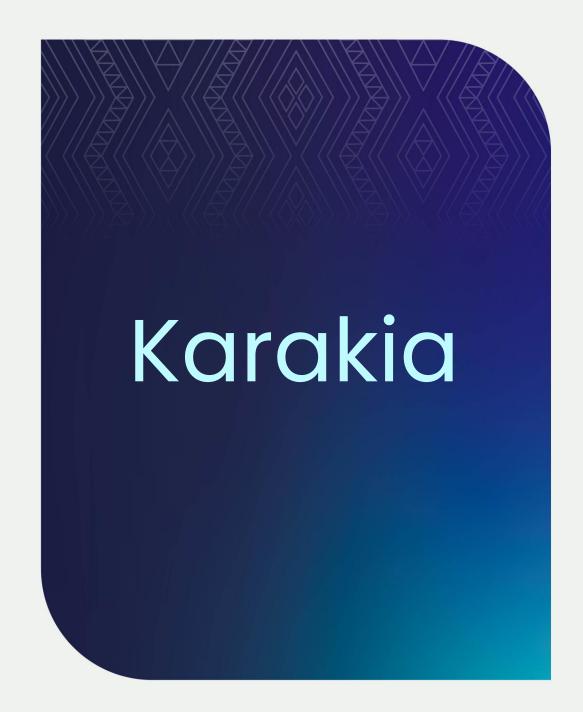
#### **Ageing Well Information**

- o Email: <u>Agedcarefunding@health.govt.nz</u>
- Website View Report: <u>Aged Care Funding and Service Models Review Health NZ</u>

#### **Primary and Community Care**

- o Email: <u>Kamini.Pather@TeWhatuOra.govt.nz</u>
- Website: Workforce Development Programme for Primary and Community Care Health NZ





Kia whakairia te tapu Kia wātea ai te ara Kia turuki whakataha ai Kia turuki whakataha ai Haumi e. Hui e. Tāiki e!

Restrictions are moved aside
So the pathway is clear
To return to everyday activities.