



# Cabinet Social Policy Committee

SOC Min (13) 13/3

Copy No: 35

## Minute of Decision

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### National Telehealth Services Programme

Portfolio: Health

On 26 June 2013, the Cabinet Social Policy Committee:

- 1 **noted** that in 2011, the New Zealand National Party made a manifesto commitment to roll out a comprehensive after hours telephone advice service;
- 2 **agreed** to develop a national telehealth service that will provide an improved frontline telehealth service for the public and reduce pressure on afterhours primary care, ambulance services, and hospital emergency departments;
- 3 **noted** that the next step in the process is to test the market by publishing a Registration of Interest for a national telehealth service by the end of July 2013, to enable implementation of the national telehealth service by December 2014;
- 4 **noted** that while no new funding is required to establish the national telehealth service, the Minister of Health may consider potential enhancements to this service in the future;
- 5 **noted** that Ambulance 111 and PlunketLine services will not be included in the procurement process.

Saphron Powell  
Committee Secretary

Reference: SOC (13) 76

**Present:**

Hon Tony Ryall (Chair)  
Hon Paula Bennett  
Hon Anne Tolley  
Hon Nikki Kaye  
Hon Jo Goodhew  
Hon Chester Borrows

**Officials present from:**

Office of the Prime Minister  
Officials Social Policy Committee

**Distribution:** (see over)

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Associate Minister of Health (Hon Todd McClay)  
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In Confidence

Office of the Minister of Health

Cabinet Social Policy Committee

## National Telehealth Services Programme

### Proposal

- 1 This paper asks Cabinet to agree to develop a national telehealth service that improves telehealth services for the public and reduces pressure on afterhours primary care, ambulance services, and hospital emergency departments and to note the proposed next steps.

### Executive Summary

- 2 Telehealth services are telephone and web-based services that allow a person in the community or at home to receive prompt triage, health advice and care via the phone or over the internet.
- 3 New Zealand has multiple individual telehealth services that handle around 2 million contacts per annum. Internationally, advances in technology have enabled countries to consolidate telehealth services to improve efficiency, enhance services and create greater public awareness through a single point of contact.
- 4 In our 2011 manifesto, we announced that we would roll out a comprehensive telephone advice service to make care more accessible and to reduce the pressure on afterhours primary care and hospital emergency departments.
- 5 A more comprehensive, national telehealth service will provide the public with better access to high quality health information and improved sign posting to appropriate local services. It will offer the public an enhanced range of service options including smart phone apps, a symptom checker and interactive communication with the national telehealth service via text and email.
- 6 The Ministry has been trialling the effectiveness of individual elements of this more comprehensive service. The next step is for the Ministry to test the market for a national telehealth service by publishing a Registration of Interest (ROI) by the end of July 2013. The national telehealth service will be implemented by December 2014.
- 7 I am expecting the market to come up with a range of innovative solutions and arrangements for a national telehealth service which will deliver efficiencies through rationalising back-end functions, and improving linkages with primary care and ambulance services. The service may be provided by one provider or many providers and will be expected to build off the Healthline brand.
- 8 No new funding is required to establish the national telehealth service, however I may consider potential enhancements to this service in the future (e.g. the addition of General Practitioner and pharmacist support). The national telehealth service is expected to have significant benefits in reducing pressure on afterhours primary care, ambulance services and hospital emergency departments by making telehealth advice more accessible, and encouraging patients to use community based health care services and self-care, where appropriate.
- 9 Ambulance 111 and PlunketLine services will not be included in the procurement process for a national telehealth service.

## Background

- 10 New Zealand's current telehealth services are delivered by a mix of commercial, university, and Non Government Organisations (NGOs) that handle around 2 million public contacts per annum. The providers are Ambulance 111, Healthline, PlunketLine, Poisonline and The Immunisation Advisory Centre (0800 Immune), Hepatitis C Support Services (HCSS), Hepatitis C Education and Health Promotion (HCHEP), Quitline, Gambling Helpline, Alcohol and Drug Helpline and Depression Helpline. Appendix 1 provides a fuller description of Ministry-funded telehealth services.
- 11 The Ministry of Health spends around                      per annum on these 11 telehealth services, with an average cost of around                      per contact. There is significant variation in the cost per contact, depending on:
  - how the service is staffed (e.g. by nurses, counsellors, or trained call takers),
  - how it interacts with its clients (e.g. via text, telephone, or email), and
  - whether electronic triage systems and decision support tools are used.
- 12 Housecare Medical Limited (HML) Telephone Triage Services are another sizeable telehealth provider that is estimated to take around                      calls per annum. HML is separately funded by Primary Health Organisations (PHOs) and District Health Boards (DHBs).
- 13 In 2011, the Ministry of Health built a "Your Health" section on its website to support Healthline by providing quality health information to the public. The "Your Health" section is forecast to have, at least, 800,000 hits in the 2013 financial year.
- 14 In 2011, the National-led Government announced that if re-elected it would roll out a comprehensive telephone advice service to make care more accessible and to reduce the pressure on afterhours primary care and hospital emergency departments. This comprehensive service would provide access to nurses, GPs and pharmacists and investigate integrating this care with ambulance service paramedics.
- 15 To implement the Government's manifesto commitment, the Ministry of Health has been trialling the effectiveness of initiatives that could form part of a more comprehensive after-hours telephone advice service, including trialling:
  - secondary triage pilots that transfer people who call 111 with low acuity to Healthline in Wellington and St John in Christchurch to provide appropriate clinical advice;
  - an urgent community care initiative in Horowhenua and Kapiti that involves using an experienced and skilled paramedic, rather than dispatching an ambulance; and
  - a Healthline Symptom Checker app for iPhones and iPads on the Your Health section of the Ministry of Health website to increase our understanding of how the public use symptom checkers.

## Problem definition

- 16 The New Zealand health sector currently has multiple individual telehealth services. In the past decade technology advances have enabled the consolidation of telephone and web services in other sectors, as it is more efficient to manage large information flows, identify priority clients, and create greater public awareness through a single point of contact.
- 17 Internationally health systems, such as in Scotland, have moved to establish an integrated source for phone, web and other digital health services. Scotland's NHS 24 service provides a wide range of services from health information, mental health services, alcohol and screening and prevention through a single source. NHS 24 can operate its call centre with approximately 20 percent less staff than 14 territorial Boards operating the same local services with estimated savings of the equivalent of \$12 million per annum.

- 18 Our relatively fragmented telehealth environment with multiple individual telehealth services, each with their own call centre infrastructure, phone number, systems for triaging calls and contracting arrangements gives rise to the following problems:
- multiple phone numbers may result in the public, clinicians, and providers having a lower awareness of and access to telehealth services;
  - lower public access to telehealth may mean that it does not fulfil its potential to assist in reducing the pressure on GP afterhours and hospital emergency departments and improve people's quality of life;
  - lower efficiency due to the duplication of call centre infrastructure arising from multiple services, triaging and diagnostic tools and service directories; and
  - a lack of scale limiting the ability of individual telehealth providers to develop and/or support value-added services, interactive web services and advanced decision support tools
  - an inability to provide appropriate access to a patient's health information that can be used to assist with triage and the provision of health advice.
- 19 Consolidating our multiple individual telehealth services therefore has the potential to make better use of resources by improving public access to high quality telehealth services, and reducing pressure on afterhours primary care, ambulance services, and hospital emergency departments.
- 20 While I do not propose to include PlunketLine or Ambulance 111 in the procurement process, I do expect them to closely co-operate with the national telehealth service.

#### **Comment**

- 21 The Ministry of Health has recently reviewed the performance of key telehealth services and identified that contractual and relational opportunities exist to improve the overall efficiency and effectiveness of telehealth by the use of new communication technologies, and by better oversight of the development, monitoring and advertising of these services.
- 22 Telehealth providers are committed to achieving better service integration and improved outcomes. The Ambulance 111, Healthline and PlunketLine services are already actively exploring and testing opportunities for integrated service provision.
- 23 Healthline is an important source of clinical advice, especially to parents and high needs groups, who value the free 24/7 service and the ability to talk to an experienced nurse. It also plays an important role in communicating with the public in times of national emergency, such as in the recent Influenza A H1N1 pandemic and the Canterbury earthquakes.
- 24 Work undertaken by the Ministry of Health has shown that telehealth can make an important contribution to reducing pressure on hospital emergency departments. In particular that:
- Healthline is effective in taking calls from people who believe they urgently need to visit an Emergency Department and, if appropriate, redirecting them to primary or self-care; and
  - secondary triage of low acuity 111 calls is effective in reducing ambulance transports to hospital emergency departments.

#### **National telehealth service**

- 25 The next step in this process is to commence the procurement process by going to market for a national telehealth service. The shape of the service due to be implemented by December 2014 will be influenced by what the market can supply to best meet my requirements to:
- Improve access to telehealth services for the public. We expect the preferred provider to grow the core nurse-led telehealth service where callers will be provided with high quality advice and, if needed, referred on to other services.

- Rationalise the back-end of telehealth services, while using frontline staff more efficiently, improving service sign posting and making better use of call centre infrastructure.
  - Standardise the approach to after-hours triage and advice so callers get consistent, high quality advice across the country.
  - Deliver secondary triage services for low acuity callers referred to the service from 111.
  - Improve referral processes to and from ambulance services and to primary care.
  - Deliver a single co-ordinated approach to service development that will ensure that we are able to maximise the potential for people to access a high quality telehealth service and run public health campaigns to improve health outcomes.
  - Deliver a wider range of options available locally to callers, including smart phone apps, a symptom checker and interactive communication to the national telehealth service via text and email.
- 26 The first step in the procurement process will be for the Ministry of Health to publish a Registration of Interest by the end of July 2013 to test the market. We are expecting the market to come up with a range of innovative solutions and arrangements to deliver this service. The service may be provided by one provider or multiple providers delivering different aspects of this service. The expectation is it that will continue to build off the Healthline brand that is owned by the Ministry of Health.

*Costs and Benefits of the national telehealth service*

- 27 The national telehealth service will require no new funding. I expect there will be efficiencies resulting in the move from multiple providers to a national service and that the benefits of moving to national telehealth service will be:
- improved access for the public to high quality 24 hour telehealth services
  - reduced pressure on GP afterhours and hospital emergency departments by making telehealth advice more accessible and improve signposting for the public to appropriate services
  - improved front-line telehealth services for the public with more service options including smart phone apps, a symptom checker and interactive communication to the national telehealth service via text and email. There will also be more consistent triage and advice and sign-posting to appropriate local services.

*Principles to guide the development of a national telehealth service*

- 28 The Ministry of Health has consulted with stakeholders on a set of principles that will guide the upcoming procurement process for a national telehealth service. These principles are that telehealth will:
- Assist in delivering appropriate care in the right setting by the right person at the right time.
  - Improve the patient experience of care; contribute to the improvement of the health of the New Zealand population and reduce the per capita cost of health care.
  - Have access to a shared patient care record that can be viewed and updated by those providing care or advice.
  - Promptly assist with public health issues like pandemics and natural disasters.

*Opportunities to Integrate with Other Government Agencies*

- 29 The Ministry of Health and the Ministry for Business Innovation and Employment are jointly investigating whether the ROI can include the provision of workplace health and safety advice and monitoring via the national telehealth service. Any such services would be funded by the Ministry for Business Innovation and Employment.

- 30 The Ministry of Health is assisting the Ministry of Social Development in the development of the proposed Child Protect Line. To ensure alignment between the Child Protect Line and the national telehealth service the Ministry of Health has offered to provide advice on the design, procurement and contracting of Child Protect Line.

#### *Risks*

- 31 The implementation of the national telehealth service will need to be carefully managed to avoid the risks that can arise with changes in providers, or methods of access. For example, there are risks of a decline in service quality (eg dropped calls) during the transition phase to a new provider. To ensure performance standards are met, the Ministry of Health may require the provider to make additional resources to be available from within existing budgets as a contingency during the start-up phase.
- 32 The procurement process will involve a full assessment of an individual provider's ability to deliver this service and the implementation risks.

#### *Next Steps*

- 33 The next step is for the Ministry of Health to publish a Registration of Interest by the end of July 2013. This project will be implemented by December 2014.

#### **Consultation**

- 34 Ministry of Social Development, Department of Internal Affairs, New Zealand Police, and the Ministry of Business, Innovation and Employment and the Accident Compensation Corporation were consulted on this paper. The Treasury and the Department of Prime Minister and Cabinet were informed.

#### **Financial implications**

- 35 There are no financial implications arising from the development of the national telehealth service. The national telehealth service will be established out of existing financial provisions, including the additional \$1.5 million per annum allocated (CAB Min (12) 13/5 refers) in Budget 2012 to boost telephone advice. However, I may consider potential enhancements to this service, such as the addition of General Practitioners and pharmacists in the future.

#### **Human Rights implications**

- 36 The proposals in this paper are not inconsistent with New Zealand Bill of Rights Act 1990 or the Human Rights Act 1993. A focus of the national telehealth services programme is to improve access to health advice for all New Zealanders through service integration and the use of a range of communication channels.

#### **Legislative Implications**

- 37 There are no legislative implications arising from the national telehealth services programme.

#### **Regulatory Impact Analysis**

- 38 A Regulatory Impact Statement is not required.

#### **Gender Implications**

- 39 Women are key users of telehealth services especially when calling on behalf of family members. The national telehealth services programme will ensure users' expectations and requirements are included in the procurement process.

#### **Disability Perspective**

- 40 Telehealth services have a special role to play in providing advice and access to health services for people with disabilities.

## Publicity

- 41 A communications strategy will be prepared as part of the procurement process. Questions from key stakeholders are being managed by the National Services Purchasing Group within the Ministry of Health.

## Recommendations

- 42 The Minister of Health recommends that Cabinet Social Policy Committee:
1. **note** that in 2011 the National party made a manifesto commitment to roll out a comprehensive after-hours telephone advice service
  2. **agree** to develop a national telehealth service that provides an improved frontline telehealth service for the public and reduces pressure on afterhours primary care, ambulance services, and hospital emergency departments
  3. **note** that the next step in this process is to test the market by publishing a Registration of Interest for a national telehealth service by the end of July 2013 to enable implementation of this service by December 2014
  4. **note** that no new funding is required to establish the national telehealth service, however I may consider potential enhancements to this service in the future
  5. **note** that Ambulance 111 and PlunketLine services will not be included in the procurement process.



Hon Tony Ryall  
Minister of Health

21, 6, 13



## APPENDIX 1 Ministry of Health Funded Telephone Advice Lines

Table 1 provides a list of Ministry funded telephone advice lines, their funding and contacts per annum. These contacts include; telephone, text and email contacts with the public.

**Table 1: Ministry of Health Funded Telephone Advice Lines**

Service	Description	Contacts p.a (2010/11)	\$m (2011/12)
<b>Ambulance 111</b>	111 emergency service with ambulance dispatch	[REDACTED]	[REDACTED]
<b>Healthline</b>	Health advice and triage service	[REDACTED]	[REDACTED]
<b>PlunketLine</b>	Child health advice	[REDACTED]	[REDACTED]
<b>Depression helplines</b> 8597 Depression line/ Like Minds 493 Journal Helpline Free Txt 5626 The lowdown	Integrated suite of phone, text and online services providing advice and support for those with depression	[REDACTED]	[REDACTED]
<b>Quitline</b>	Phone and online advice and support on quitting smoking including prescription of nicotine replacement therapy	[REDACTED]	[REDACTED]
<b>Poison line</b>	Advice on poisons and hazardous chemicals and human exposure incidents	[REDACTED]	[REDACTED]
<b>Immunisation Advisory centre</b>	Advice on immunisation	[REDACTED]	[REDACTED]
<b>Alcohol/Drug helpline</b>	Advice and support for persons with alcohol or drug problems and for other interested persons	[REDACTED]	[REDACTED]
<b>Problem Gambling line</b>	Advice and support for persons with problem gambling and for other interested persons	[REDACTED]	[REDACTED]
<b>Hepatitis C Education and Health Promotion (HCHP)</b>	Hepatitis C Advice, support and promotion	[REDACTED]	[REDACTED]
<b>Hepatitis C Support Services (HCSS)</b>	Hepatitis C Advice, support and promotion	[REDACTED]	[REDACTED]
<b>TOTAL</b>		<b>1,927,283</b>	[REDACTED]

In addition to telephone advice services funded by the Ministry there are a number of telehealth lines operated by primary care and the NGO sector. The largest of these is HML Telephone Triage Services that provides an afterhours nurse triage service for General Practice which is estimated to take around [REDACTED] calls per annum.

The Ministry of Health also:

- Has a *Your Health* section on its website that provides a web presence for Healthline. This section of the Ministry's website had over 500,000 contacts in the year from 1 June 2102 to 1 June 2013.
- Operates a National Contact Centre that takes around 540,000 calls per annum from the public and health providers on issues such as carer support, pharmacy, National travel assistance, national health index, respite care, DHB support, national immunisation register, B4 school checks, the Ministry's general line and talk teeth.

