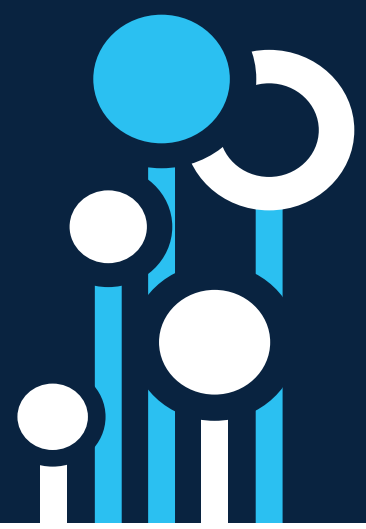




The National Telehealth Service

Annual Plan 2016/17

Delivered by



In partnership with



NTS examples of integrated care

Putting people in touch with additional expert advice and support

Healthline call from a mother of 3 children under 5 years. 6-week old was unsettled with diarrhoea. Nurse triaged the baby's diarrhoea symptoms, gave care advice, worsening statement and a disposition. She discussed the baby's feeding regime and discovered that mother had been crushing biscuits into the baby's formula bottle at night to help settle to sleep – she thought her baby was hungry. She had recently had a visit from the Plunket nurse and baby was meeting developmental and growth expectations but mum had not discussed feeding.

Healthline nurse discussed infant nutrition, how to increase breast milk supply, and settling techniques and suggested mum talk to Plunket for more info around these topics and for more support – she agreed to this. Staying on the line, the Healthline nurse was able to transfer mum to PlunketLine, with an introduction and an explanation of the reason for the call. The nurse remembers this call because the mum called back to say what a wonderful job had been done helping her and that she felt that she accessed an awesome free service all from the comfort of her own home.

Recognising anxiety and calling in specialist support

Homecare Medical after hours call; caller wanting GP appointment. A young woman looking after parent with terminal illness. Initially upset, fleeting idea of self-harm, secondary to stress and isolation. Spoke for some time about the issues at home. Reassurance given. With consent, suggested she may want to speak with one of our counsellors. She was happy to speak with female counsellor, who advised formal counselling and GP appointment and had reassurance from caller that she felt safe.

Wrap around support

A woman contacted Healthline concerned about her husband who had recently been seen by an on-call GP regarding insomnia, emotional distress, and panic attacks. He had taken diazepam and still hadn't slept. She was anxious as she didn't think that she or her husband would cope without more medication or support.

She was also aware that there was no mental health service available over the weekend other than the crisis team; she felt her husband was safe and didn't think the crisis team was appropriate. The crisis team number was provided in case she felt the risk had changed.

The Healthline nurse organised for one of our mental health professionals to ring her back at a time suitable for her, after she and her husband had seen the on-call GP to sort medications. Great wrap round service to help this family manage over the weekend.

Managing multiple addictions

A woman phoned the Gambling Helpline to talk about her partner's gambling. During the conversation it became apparent that he also a methamphetamine user. Our mental health and addictions staff are trained to be able to support people with multiple addictions and to support their families. The call was managed by a MH&A staff member without being transferred or signposted to another service. The caller was very relieved and grateful.

Recognising physical and psychological interdependencies

A caller to the Depression Helpline was experiencing postnatal depression. During the conversation she explained she had been prescribed anti-depressants by her GP and had since been experiencing burning and painful skin. The Depression Helpline MH&A staff member supported her anxiety and then were able to have a Healthline registered nurse join the call to talk her through her physical concerns.

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NB: There are additional documents to support this plan:

- Public Relations Plan
- Stakeholder Management Plan
- Risk Management Plan
- Emergency Management Plan
- Disaster Recovery and Business Continuity Plan
- NTS Marketing and Service Promotion Plan

About us

The National Telehealth Service ('NTS' or 'the services') provides the New Zealand public with access to free health, wellness and injury advice, support and information, 24 hours a day, seven days a week across seven digital channels. The NTS is co-funded by the Ministry of Health, the Accident Compensation Corporation (ACC) and by the Health Promotion Agency (HPA) through the Alcohol Levy.

Homecare Medical (an organisation owned by ProCare and Pegasus Health) is the Ministry of Health's partner to develop and deliver the enhanced, integrated, national telehealth service for New Zealand – which went live in November 2015.

The service is underpinned by a 10-year contract and governed by a Service Improvement Board.

The national telehealth services

The services are free of charge to users and available 24 hours a day, seven days a week, 365 days a year.

They are:

- 1 **Healthline** 0800 611 116 - registered nurses provide health triage and advice www.health.govt.nz
- 2 **Quitline** 0800 778 778 - support for people wanting to quit smoking and stay quit www.quit.org.nz
- 3 **The Alcohol Drug Helpline** 0800 787 797 and text 8681 - advice, information and support about drinking or other drug use. www.alcoholdrughelp.org.nz
- 4 **The Depression Helpline** 0800 111 757 and text 4202 - callers can talk through emotional and psychological issues with counsellors and via the national depression initiatives:
 - **Depression.org.nz** – helping people find a way through depression
 - **The Lowdown** and text 5626 – support to help young people recognise and understand depression or anxiety www.thelowdown.co.nz
 - **The Journal** @ depression.org.nz - an online programme to help people learn skills to tackle depression
- 5 **The Gambling Helpline** 0800 654 655 and text 8006 - support for those worried about gambling or the gambling of others www.gamblinghelpline.co.nz
- 6 **Poisons advice for the public** 0800 POISON (0800 764 766) – advice and initial triage (delivered through the National Poisons Centre) www.poisons.co.nz
- 7 **Immunisation advice** 0800 IMMUNE (0800 466 863) - providing advice to the public (in partnership with the Immunisation Advisory Centre (IMAC)) www.immune.co.nz

We also partner with great organisations

- Homecare Medical nurses provide ambulance secondary triage – clinical telephone assessment by registered nurses for low acuity 111 calls to **St John** and **Wellington Free Ambulance**
- **PlunketLine** now uses the national telehealth service technology to triage sick children under 5 years old as part of Healthline.

Homecare Medical has a large nursing and mental health and addictions workforce based in contact centres in Auckland, Wellington, Christchurch and Dunedin and with 90 registered nurses working from home, Kaitiaia to Bluff.

Homecare Medical DNA

Homecare Medical is owned by ProCare and Pegasus Health.



The ProCare Network is New Zealand's largest Primary Health Organisation (PHO) and has more than 800,000 patients (over 55%) enrolled throughout the greater Auckland region, including the largest Māori and Pacific populations in NZ. **ProCare Health Limited** supports the network's more than 180 practices through a range of clinical products and programmes for their patients and practice business services.



Pegasus Health is a charitable company that supports 109 practices and 400,000 enrolled patients within Canterbury. The Pegasus community includes 340 member GPs, 470 practice nurses and nearly 400 support staff, as well as other community providers.

Both ProCare and Pegasus are clinically led, with strong clinical governance boards and robust quality and professional management structures. For all three organisations, keeping Kiwis well drives our passion for delivering outstanding, clinically-led services to our clients.

Our vision: To deliver a national telehealth service that more effectively meets the needs of NZ and provides a platform for continuous care innovation and improvement

Our ambition: for the national telehealth service is to virtually support kiwis to stay well and connect them seamlessly with care when they need it

Our values: underpin all we do, and how we do it:

Motivated by Quality

We aim every time and provide a quality, high level customer experience

Do the Right Thing

People are empowered to make the right decisions and are backed to do this

Pokohiwi ki Pokohiwi

We want to stand shoulder to shoulder with the people who use our services – and with their communities, and health and social providers – to connect them with care seamlessly when they need it

Passion for Better

Continually being the/our best and seeking to do better every time, with every interaction

And at the centre of all we do are examples of service users we created to ground us and to keep us focussed on what matters most



Foreword

Where every door is the right door

At a practical level, launched in November 2015, the national telehealth service brings together a number of Ministry-funded health advice phone lines. It establishes a platform for services capable of ensuring that every part of the national telehealth service contacted can deliver the right care at the right time by the right person in the right place.

At a strategic level, the national telehealth service is a key enabler of the New Zealand Health Strategy Future Direction (April 2016). We have no doubt that this service is already having a positive impact on reducing acute and unplanned care, improving self-care and getting people help earlier.

The 'direction of travel' is for the service to be adaptable and flexible to develop over time to meet the changing needs of users and technology; and to enable additional services, organisations and Government agencies to utilise its infrastructure and relationships.

That direction of travel is outlined in this first annual plan for the national telehealth service. The initiatives outlined in this plan - supported by the innovation fund - will ensure we keep the services relevant and that we are leveraging new technology and ways of engaging.

The key areas of focus are:

- 1 Constantly evolving services to better meet consumer needs.
- 2 Innovating to improve access to service.

We look forward to reporting on the progress of the services, the depth of the relationships developed in the health sector, and on the innovation focussed on supporting New Zealanders and improving their access to support.

**the right care
at the right time
by the right person
in the right place**



A handwritten signature in blue ink that reads "J Lane".

Jill Lane

Director, Service Commissioning
Ministry of Health



A handwritten signature in black ink that reads "A Slater".

Andrew Slater

Chief Executive Officer
Homecare Medical

From there to here

Oct 2013: After Government committed to the national telehealth service, a request for information (RFI) was used to gather information about how a sustainable, integrated service could be provided. The Ministry received 32 responses to the RFI from various organisations.

Aug 2014: Three shortlisted suppliers and their potential subcontractors met with the Ministry to share with them information on current services and the vision for the national telehealth service.

May 2014: The registration of interest (ROI) document was released to identify a shortlist of suppliers. Proposals were put through a rigorous competitive dialogue evaluation process.

2015

January		The closed RFP document was released to three shortlisted suppliers
18 Jun	✓	Homecare Medical announced as successful partner to develop and deliver new integrated national telehealth service
19 Aug	👤	First meeting of the Homecare Medical Clinical Governance Group
14 Sep	✍️	NTS contract signed
28 Sep	👤	First induction session for new staff
1 Oct	📞	PlunketLine go live
1 Oct	📞	First call on the new platform!
7 Oct	👤	Mihi Whakatau event in Christchurch to acknowledge the work of the Alcohol Drug Association of New Zealand (ADANZ) team and the new journey for the services delivered by Homecare Medical
7 Oct	📞	Alcohol Drug Helpline go live
14 Oct	👤	Mihi Whakatau event in Wellington to acknowledge the work of the Quit Group and Medibank
19 Oct	📞	Quitline go live
25 Oct	📞	Healthline go live (upper North Island (landlines))
26 Oct	📍	Christchurch team move into [REDACTED] – our Christchurch contact centre
27 Oct	📞	Healthline go live (lower North Island and South Island (landlines))
29 Oct	📞	Healthline go live for mobile calls
1 Nov	📞	<p>National telehealth service go live!</p> <ul style="list-style-type: none"> ○ 250+ people recruited and welcomed ○ 7,000 hours of training ○ 3 contact centres built ○ A national directory of 3,500+ health services in place ○ 219 computers, 60 servers and a new cloud-hosted secure health platform in place ○ A new smoking cessation programme in place, to support 40,000 New Zealanders in the next 12 months – including developments to support an electronic Quitcard service ○ A PMS software system defined and built that underpins the whole service.

6 Nov		Mihi Whakatau event in Auckland to acknowledge the work of the Lifeline team
?		Wellington team move into level 24 Plimner House – our Wellington contact centre
9 Nov		111 'clinical hub' extended to Hauraki/ Coromandel – Homecare Medical nurses providing secondary triage
2 Dec		First Homecare Medical leader's forum – focused on our core values
7 Dec		111 'clinical hub' extended to Northland – Homecare Medical nurses providing secondary triage
10 Dec		Roger Sowry announced as new Chair of Homecare Medical Board
17 Dec		Sir John Kirwan video message provided about getting support from the Depression Helpline over the Christmas holidays
December		Frozen berries scare – Healthline staff respond
2016		
January		Tobacco taxes increase – start of influx of calls to Quitline
14 Feb		Launch of the new Quitline TV ads – fronted by Quitline advisors Sonya, Dave and Jordan
22 Feb		Christchurch pokohiwi ki pokohiwi event to officially open Christchurch office
Feb - March		Homecare Medical works closely with the Ministry of Health to support Zika virus response
March		All NTS services running 24 x 7
31 Mar - 3 Apr		Homecare Medical participate at Dunedin Rural GP conference profiling the new integrated national telehealth service
5 Apr		200,000 contacts with New Zealanders
1 Apr		Opening of Homecare Medical Dunedin office
14 Apr		Homecare Medical leader's forum – focused on our work with priority populations
28/29 Apr		NTS the keynote address at Australian Telehealth Conference
11 May		CEO Andrew Slater and the national telehealth service are feature story in NZ Doctor
11 May		Minister Coleman media release "Telehealth service helps 14,000 Kiwis a week"
6 Jun		Ministry of Health/ NTS shortlisted in CIPs Australasia Supply Management Awards 'Best supplier relationship management'
18 Jun		300,000 contacts with New Zealanders
1 Jul		NTS mental health and addictions team moderating the Lowdown Facebook page
17 Jul		400,000 contacts with New Zealanders
		By september 500,000 contacts expected

The context – our guiding approach

The National Telehealth Service supports the New Zealand Health Strategy and the Statements of Intent for ACC and the Health Promotion Agency.

Overarching strategic framework

The New Zealand Health Strategy 2016

The New Zealand Health Strategy 2016¹ (NZHS 2016) vision is that ‘all New Zealanders live well, stay well, get well’ and is the overarching strategic framework for the national telehealth service. The Health Strategy is underpinned by eight guiding principles, which are expected to be reflected in work across the health system, and in any new strategies or developments. The guiding principles are:

- Acknowledging the special relationship between Maori and the Crown under the Treaty of Waitangi.
- The best health and wellbeing possible for all New Zealanders throughout their lives.
- An improvement in health status of those currently disadvantaged.
- Collaborative health promotion, rehabilitation and disease and injury prevention by all sectors.
- Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay.
- A high-performing system in which people have confidence.
- Active partnership with people and communities at all levels.
- Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing.

The Health Strategy has five interconnected strategic themes. The themes are:

- 1 People powered
- 2 Closer to home
- 3 Value and high performance
- 4 One team
- 5 Smart system.

These guiding principles and the strategic themes will be applied to the development and operations of the national telehealth service – on a consistent and deliberate basis.



Source: New Zealand Health Strategy

The ACC Statement of Intent 2015-2019

The Statement of Intent includes three outcomes which will help ACC achieve its vision to “create a unique partnership with every New Zealander, improving their quality of life by minimising the incidence and impact of injury.” They are:

- Reduce the incidence and severity of injury
- Rehabilitate injured people more effectively
- Ensure NZ has an affordable and sustainable scheme.

The national telehealth service supports all three ACC outcomes. We have a role to connect people seamlessly with services and to provide self-care advice. Ensuring this approach for all service users sees improved rehabilitation outcomes, reduces the impact of injury, and helps keep the scheme financially sustainable. An example of this is the Poisons service which provides injury prevention education, early first aid advice when a poisoning event occurs, and warm transfer to an emergency department to reduce the impact of the poisoning event on the individual.

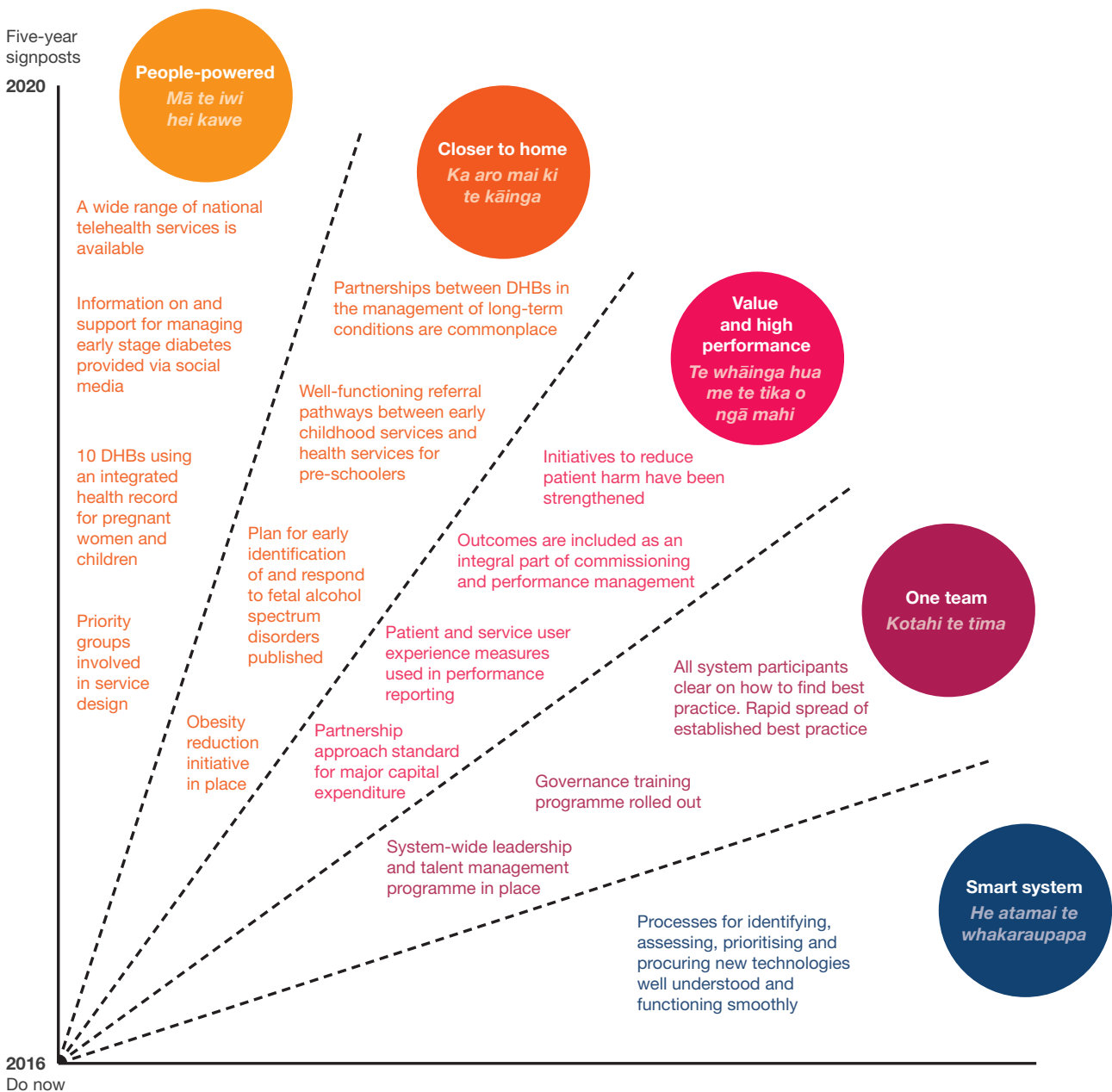
¹ The New Zealand Health Strategy future directions and New Zealand Health Strategy Roadmap of actions 2016, were both launched on 18 April.

Health Promotion Agency Statement of Intent 2014-2018

The Health Promotion Agency (HPA) has three strategic objectives:

- New Zealanders experience better health and wellbeing, and less harm and injury
- People are more aware, motivated and able to improve and protect their own and their family's health and wellbeing
- Physical, social and policy environments and services better promote and protect health and wellbeing

The national telehealth service supports these objectives and provides services to support HPA's help-seeking campaigns when people reach out for help e.g. the 'Choice not Chance' and 'Say Yeah, Nah' campaigns. HPA is a key partner in the promotion of the demand driven services that the national telehealth service delivers. The organisation also provides crucial data to inform research and campaigns undertaken by the HPA.



Source: New Zealand Health Strategy: Roadmap of Actions 2016 April 2016

Guiding principles

National telehealth service outcomes

The national telehealth service outcomes can be summarised as²:

- 1 Achieve effective and efficient national health and wellbeing outcomes for New Zealanders.
- 2 Contribute to meeting Government priorities for health, and leverage any opportunities for improved NTS outcomes.
- 3 Contribute to reducing acute and unplanned care, improving self-care, support for clients and health literacy.
- 4 Contribute to the ongoing development of an integrated health system.
- 5 Be adaptable and flexible to develop over time to meet the changing needs of users and technology; and to enable additional services and government agencies to utilise its infrastructure and relationships, as required.
- 6 Promote evidence based approaches, activities, information and resources that contributes to protecting and improving the health and wellbeing of New Zealanders.
- 7 Understand help seeking attitudes, beliefs and behaviours of New Zealanders.

Clinical quality

Homecare Medical is responsible for the clinical quality of all the services delivered by it. We have established clinical governance mechanisms, including structures and processes that enable us to provide high quality, current and accountable telehealth services, through telephone and digital channels.

The principles that guide these clinical structures and processes are:

- Deliver the right care at the right time by the right person in the right place.
- Have a positive impact on reducing acute and unplanned care, improving self-care, support for clients, and health literacy.
- Be integrated with local, regional and national health, social and injury services.
- Be adaptable, flexible and develop over time to meet the changing needs of consumers and technology; and to enable additional services and government agencies to utilise its infrastructure and relationships, as required.

Partnership values

The following values guide the service and how we work:

- Service user focus: Our decisions will be based on what's best for – and what works for – New Zealanders.
- Partnership: We will work together as partners in areas of mutual interest, proactively seeking input, valuing the expertise and opinions of others. We will encourage innovation and keep an open mind.
- Good faith: We will, at all times, act openly with honesty, trust and sincerity, and treat information provided by others with care and in confidence.
- No surprises: We will provide early warning to our partners on matters that may require a response, may be contentious in any way, or may attract attention from shared stakeholders, media or the public.
- Service user focus: Our decisions will be based on what's best for – and what works for – New Zealanders.

Some of the above principles will also be relevant to relationships with key partner organisations such as IMAC and the National Poisons Centre. These organisations can provide important 'on the ground intelligence'; they also need to be forewarned of emerging issues or promotional activities that are likely to impact on their service delivery and capacity.

² Relationship Agreement between the Health Promotion Agency and Homecare Medical Limited 2015 to 2018.

Our plan of actions for 2016/2017

The National Telehealth Service Annual Plan

Our vision: To deliver a national telehealth service that more effectively meets the needs of the community and provides a platform for continuous care

Partnering – Together we do Better

Key Focus 1: Better consumer experience through strengthened operational foundations

Partnering – together we do better

- **Continue to develop our relationships** with the Ministry of Health, ACC and the Health Promotions Agency – providing deeper insights into the service outcomes and day to day operational integration, including to key ACC processes (eg ACC45s) ●
- **Continue to develop relationships** with relevant people in a range of portfolio areas in DHBs to support the integration of our services into the wider health pathways ●
- **Embed our operational and strategic relationships** with MSD and Police ●●
- **Strengthen and build key relationships** with influential and innovative technology partners and at influential forums ●●
- **Cement ourselves as a partner** in the NGO sector ●●

Building consumer focussed services

- **Review and improve call flow process** to improve clinical quality, provide a more personalised service user experience, that is culturally capable and uses time and resources more effectively ●●●●
- **Develop great service user and referral information** so other parts of the health and social system (eg Police, teachers) can easily refer to the service ●●
- **Commence multi-year evaluation** of the service focussed on consumer outcomes ●●●●●

Telling our stories

Clinical Excellence

We need to keep an eye on:

- Outcomes
- Maintaining trust and confidence of service users and managing issues proactively
- Keeping our staff happy and inspired
- Maintaining the two-way relationship of trust with Government, the Ministry of Health and other agencies
- Managing any changes in our volumes that are unexpected
- Making sure we manage our costs – particularly the technology and staff ones.

People-
Mā t
heī h

Smart system
He atamai te whakaraupapa

A
New Ze
live
stay
get

One team
Kotahi te tima

Motivated by Quality

Do the Right Thing

Underpinned

Telehealth Service

Annual Plan 2016/17

National telehealth service that meets the needs of NZ and provides a platform for innovation and improvement



Key Focus 2: Innovating to improve access to services

Building technology integration

- **Develop an integration strategy**, mapping the NTS architecture requirements and innovation agenda to the enablers of integration ●
- **Embed NHI look up** in call flow and business process ●

Growing service channels

- **Develop enhanced web platform** with new mobile accessible Journal ●●
- **Explore digital health opportunities** for the web platform as prioritised (potentially, Quit, Healthline, Gambling) ●●●●●
- **Grow the digital service** marketing and social media capability ●●
- **Build capability** for consumer and frontline health participation in service improvements, national and local campaigns and marketing initiatives ●●●●
- **App strategy** (relates to/dependent on the integration strategy "new" above) Develop clinical criteria and process for how the service might introduce apps. Explore offshore evidence of supporting NTS services and test our process for bringing innovations like this into the service through a small contained pilot ●●●●

Expanding current service functionality

- **CRM** - We will work with the Ministry of Health to develop a business case to open the platform up to face-to-face community providers like Smoking Face to Face services ●●●●●
- **Ambulance secondary triage roll out** - we will further roll out Ambulance Secondary Triage to the agreed areas in partnership with NASO, St John and Wellington Free Ambulance ●●

New service innovation

- **Design and develop new service:** Earlier Mental Health Response ●●●●

■ Proposed Innovation Fund initiative

Improving our Quality

Improving our Systems

Growing and Caring for our People

For the future:

This year we are going to seek to learn, discover and explore solutions that solve some of the key emerging issues in society. Some of the solutions that we will seek to find are those that:

- Focus on the confluence of mental health issues and societal disadvantage
- Provide rehabilitation and coaching to allow NZers to participate in society despite chronic mental and other health issues
- Support priority populations to appropriately access mental health and health care, and strengthen the ability of communities to support those people
- Reduce the intergenerational social and mental health issues within families of priority populations
- Work within the existing health system to virtualise the way providers deliver care to their patients at scale, whilst respecting existing funding and provider arrangements
- Track developments in virtual healthcare, keeping at the forefront of clinically proven technologies that improve access to and effectiveness of healthcare in the NZ context.

Pokohiwi ki Pokohiwi

Passion for Better

by our values

Timings and measurement of success

			Health Strategy	Innovation fund call	2016		2017	
We will know we have achieved these things because:					100 day sprint #1	100 day sprint #2	100 day sprint #3	100 day sprint #3
Key focus 1: Better consumer experience through strengthened operational foundations								
Partnering – Together we do Better								
1.1	Continue to develop our relationships with the Ministry of Health, ACC and the Health Promotions Agency	Relationships at strategic and operational levels demonstrate the smart system and one team approach	●		🏃	🏃	🏃	
1.2	Continue to develop relationships with relevant people in a range of portfolio areas in DHBs to support the integration of our services into the wider health pathways	Key people in DHBs are aware of our capabilities and contribution to the health of their communities both now and in the future. DHBs report value in the customisable reports on the whole telehealth service	●		🏃	🏃	🏃	
1.3	Embed our operational and strategic relationships with MSD and Police	Active operational and strategic relationships in place with MSD and Police and improved operational integration	● ●		🏃			
1.4	Strengthen and build key relationships with influential and innovative technology partners and at influential forums	MOUs in place with leading organisations and work plans agreed that enhance service user access	● ●			🏃	🏃	
1.5	Cement ourselves as a partner in the NGO sector	MOUs in place with named organisations and work plans agreed. Access to services by priority populations enhanced	● ●		🏃	🏃	🏃	
Building Consumer Focused Services								
2.1	Review and improve call flow process to improve clinical quality, provide a more personalised service user experience, that is culturally capable and uses time and resources more effectively	Existing service operational performance measures are improved, and new measures and mechanisms for recording service user experience are embedded to BAU. Channel shift in Healthline is improved	● ● ● ●			🏃		
2.2	Develop great service user and referral information so other parts of the health and social system (e.g. Police, teachers) can easily refer to the service	Build referrals to the service from other services	● ●			🏃	🏃	
2.3	Commence multi-year evaluation of the service focussed on consumer outcomes	Evaluation process and framework underway and ongoing evaluation part of BAU	● ● ● ● ●			🏃		

Themes: ● People-powered ● Closer to home ● Value and high performance ● One team ● Smart system

We will know we have achieved these things because:			Health Strategy	Innovation fund call	2016		2017	
					100 day sprint #1	100 day sprint #2	100 day sprint #3	100 day sprint #3
Key focus 2: Innovating to improve access to services								
Building technology integration								
3.1	Develop an integration strategy, mapping the NTS architecture requirements and innovation agenda to the enablers of integration	Strengthened linkages with Ministry Technology and Digital Services, architecture integration timetable agreed and well understood. Linkages will be in place with at least one national system	●					
3.2	Embed NHI look up in call flow and business process	The system integrations will be in use and under evaluation	●	✓				
Growing service channels								
4.1	Develop enhanced web platform with new mobile accessible Journal	New Journal delivered on time	●●	✓				
4.2	Explore digital health opportunities for the web platform as prioritised (potentially, Quit, Healthline, Gambling)	A plan for prioritisation of new web resource development will be in progress and implementation commenced	●●●●	✓				
4.3	Grow the digital service marketing and social media capability	Digital response team in place. Nimble, short duration digital campaigns for priority populations underway	●●					
4.4	Build capability for consumer and frontline health participation in service improvements, national and local campaigns and marketing initiatives	Services reach priority populations, either directly or through intermediaries and this is represented through an increase in utilisation by specific populations	●●●●					
4.5	App strategy (relates to/dependent on the integration strategy “new” above) Develop clinical criteria and process for how the service might introduce apps. Explore offshore evidence of supporting NTS services and test our process for bringing innovations like this into the service through a small contained pilot	We will have created and refined a process for assessing apps and piloted our process with an app that supports an NTS service	●●●	✓				
Expanding current service functionality								
5.1	CRM – We will work with the Ministry of Health to develop a business case to open the platform up to face-to-face community providers like Smoking Face to Face services	The way forward for CRM as a part of the NTS will be defined	●●●●					
5.2	Ambulance secondary triage roll out – we will further roll out Ambulance Secondary Triage to the agreed areas in partnership with NASO, St John and Wellington Free Ambulance	Clinical triage will be in place nationally by 30 June 2017	●●					
New service innovation								
6.1	Design and develop new service: Earlier Mental Health Response	Project delivered to plan, pilot location evaluated, national roll out plan agreed	●●●●					

Themes: ● People-powered ● Closer to home ● Value and high performance ● One team ● Smart system

Technology: build, buddy or buy?

We are focused on innovation in health, particularly technology-enabled delivery of clinically effective programs that address the needs and preferences of the population. Homecare Medical is positioned as the telehealth provider, and as such will have a major role to play as technology opens new opportunities to create improved clinical outcomes for patients.

We expect that healthcare will continue the journey towards greater patient involvement in their care, and for care to be available immediately at point of need. Wellness, early intervention and management of chronic and ongoing conditions will be central to satisfaction with the outcomes that the system provides.

Homecare Medical will aim to balance innovating ourselves, against leveraging innovations that have been proven in other jurisdictions. We recognise that there are more good ideas available than there is time, funding and attention to implement, so a critical success factor will be our ability to triage opportunities and select those with the best chance of success in the NZ context.

Our triage criteria will look for programs that:

- have proven clinical effectiveness, preferably through randomised controlled trials (RCT)
- address serious health issues in NZ, and offer solutions that materially improve population outcomes
- address problems that cannot be addressed through traditional means – i.e. programs where the cost of the national telehealth service not doing it is that the need will go unmet
- have demonstrated patient preference for treatment via virtual healthcare.

Many of these programs will come with existing technology solutions. We are not averse to integrating additional technologies into our solution, but also need to take care that every program doesn't imply an additional and unique solution that requires management and integration into the broader system.

In particular, many programs will come with web-facing capability or mobile applications. Our view is that:

- 1 Mobile applications require commitment from the service user, and are appropriate for chronic and ongoing conditions, particularly where monitoring or management of that condition requires regular reminders and benefits from geographic and activity related information. Examples may include addictions support and chronic conditions such as diabetes and cardio-vascular disease.
- 2 Web applications provide rapid access to support and information without an ongoing commitment from the service user. They are appropriate for crisis and acute situations where the service user is unlikely to have forecast the need and to have downloaded the application ahead of time.
- 3 Homecare Medical prefers not to develop mobile applications. When assessing solutions, we will look for applications that have the scale and customer base to remain up-to-date with developments in operating systems, and therefore we are better to choose existing supported applications rather than developing our own.
- 4 Homecare Medical will develop web sites, web applications and web content, as these provide substantial reach with modest ongoing investment.
- 5 Our aim will be to select the best international clinical programs, and their supporting applications, with a demonstrated ability to localise the content to NZ requirements. We will not implement technology in the absence of demonstrated clinical utility.
- 6 There are similarities across a number of clinical conditions. Our “platinum” partners will be those whose platform can and does address multiple conditions, allowing a single investment to address a large number of patients, and allowing our staff and service users to become familiar with that platform.
- 7 Our “gold” partners will be those whose platform has very strong clinical effectiveness, albeit in a narrow domain. We will look to implement these where they are the best clinical option, but will minimise IT integration costs and training costs for our staff by containing the size of these programs.
- 8 We will consider investing to create new programs in areas of demonstrated need and where no existing credible alternatives exist, but will seek partners both local and international to increase the likelihood of success.
- 9 We will have a preference for local partners where possible within the above criteria and will work with New Zealand organisations who are developing technologies like this – however that work may not involve direct funding.

Contact forecasts and measuring progress

We are expecting service volume increases across all service lines. Our future plans will project call and contact volumes and identify the required staffing. This process can also trigger funding related change requests to account for changes in volume to better meet consumer needs. Once there is enough historical volume available for our forecasting tools, we will be able to predict volume. We anticipate being able to do that in the period 1 November 2016 - February 2017 to inform the next annual plan.

In the meantime, we continue to track volumes against those of each of the historical providers.

Our forecasting approach uses a best practice industry tool to forecast volume across all service lines. We will project call volumes in 15 minute increments across all contacts and live monitor variations to that projected volume to ensure that we have the capacity to meet the required demand on the service.

Glossary of terms

Abandoned call	A phone call that has been terminated by the caller before it has been answered by a staff member. A short message is played to callers as the call is connected, and some calls are abandoned during or soon after the message. Other calls are abandoned after the caller has waited for some time.
Call	A contact from a service user made by phone.
Call transfer	A call that is transferred to another staff member (e.g. from Healthline to Depression) or to another service (e.g. emergency services, GP practice).
Chat conversation	A contact made via website chat. Often leads to a series of exchanges between the service user and NTS staff, but the initial chat contact from the service user is counted as a conversation.
Contact	An occasion when a service user has made contact with one of the NTS services via any channel. There may be multiple contacts from one service user.
Email conversation	A contact made by email. Often leads to a series of email exchanges between the service user and NTS staff, but the initial email from the service user is counted as a conversation.
Frequent user	A service user who contacts one or more than one NTS service on multiple occasions, usually more than 10 times a month.
Hang-up	A call that is terminated by the caller as soon as a staff member answers the call, without the caller saying anything.
Individual service user	A person who has used an NTS service in a given time period. May have used the service more than once in that time period.
Interaction	An inbound or outbound message or communication that forms part of an email, chat or SMS conversation. An email conversation may include more than 10 email interactions, and an SMS conversation may contain more than 20 interactions.
Outbound call	A phone call made by staff to a service user as part of service provision.
Phone queue	A queue within the NTS phone system of calls waiting to be answered.
SMS conversation	A contact made by SMS messaging Often leads to a series of text exchanges between the service user and NTS staff, but the initial message from the service user is counted as a conversation.

Performance and reporting

November 2015 to June 2016

We continue to develop our reporting cubes to provide rich reporting insights to both funders and key stakeholders. Included in this is the development of our core KPI set. The majority of our current measurement is based on core process measurement and includes wait times, abandonment and some work around end disposition points. We also have extensive data sets that support the monitoring and measurement of clinical safety.

A key project over the next year will be the completion of phase 1 of the service evaluation, in partnership with the Ministry of Health. This will inform the development of an outcomes framework. Outcomes measurement in services like ours relies on significant infrastructure being in place within the broader health environment, so service users subsequent use of face-to-face services can be assessed.

Summary report – all service lines to date

Service users, contacts and interactions

290,989

individual service users contacted the NTS service between 1 November 2015 and 30 June 2016.

98,504 of these service users contacted the service more than once in that time.

381,726

total inbound contacts were received from the 291,002 service users by phone, text, chat or email.

Many of these contacts led to on-going interactions (such as support calls, follow-up SMS messages, email conversations).

636,331

Total interactions took place between service users and Homecare Medical staff between November and June.

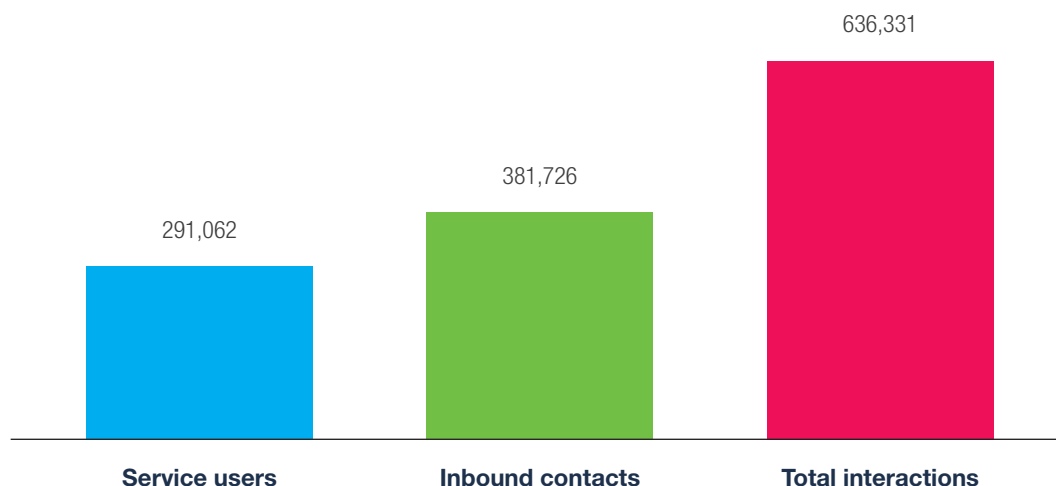


Figure 1: Number of individual service users, inbound contacts and total interactions - Nov 15 to Jun 16

Contacts and service users by service line

Table 1: contacts by service line by month – Nov 15 to Jun 16

Service	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Total
Healthline contacts	27,845	28,801	29,396	29,330	30,258	27,236	30,454	29,975	233,295
Mental health and addiction contacts	4,374	4,776	6,211	7,475	7,092	6,535	6,914	6,694	50,071
Depression	2,376	3,035	4,674	5,562	4,998	4,564	4,815	4,568	34,592
Alcohol and other drug	1,465	1,195	1,166	1,305	1,447	1,326	1,534	1,507	10,945
Gambling	533	546	371	608	647	645	565	619	4,534
Quitline contacts	5,447	4,487	8,190	7,158	8,362	7,481	8,281	8,082	57,488
Emergency services contacts	4,660	4,973	5,329	5,282	5,395	5,149	5,198	4,886	40,872
National Poisons Centre	2,452	2,328	2,477	2,502	2,410	2,340	2,493	2,367	19,369
Ambulance clinical hub	2,208	2,645	2,852	2,780	2,985	2,809	2,705	2,519	21,503
Total	42,326	43,037	49,126	49,245	51,107	46,401	50,847	49,637	381,726

Table 2: individual service user numbers by line – Nov 15 to Jun 16

Service	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Total*
Healthline service users	25,805	26,641	26,894	27,044	28,018	25,198	27,975	27,707	197,782
Mental health and addiction service users	6,650	8,159	10,376	9,872	9,933	9,734	10,808	10,296	
Depression	1,810	2,076	2,007	1,933	1,879	2,018	2,032	1,830	14,143
Alcohol and other drug	966	972	1,000	1,063	1,106	1,059	1,271	1,246	8,474
Gambling	433	426	296	472	511	484	430	453	3,128
Quitline service	3,514	4,748	7,143	6,486	6,540	6,276	7,187	6,896	34,823
Emergency services service users	4,616	4,937	5,278	5,223	5,339	5,094	5,060	4,789	
National Poisons Centre	2,452	2,328	2,477	2,502	2,410	2,340	2,400	2,337	19,296
Ambulance clinical hub	2,164	2,609	2,801	2,721	2,929	2,754	2,660	2,452	22,441

*Note: totals are lower than the sum across 8 months, as some service users will have contacted the service line more than once in the 8 month period.

Interactions by service type

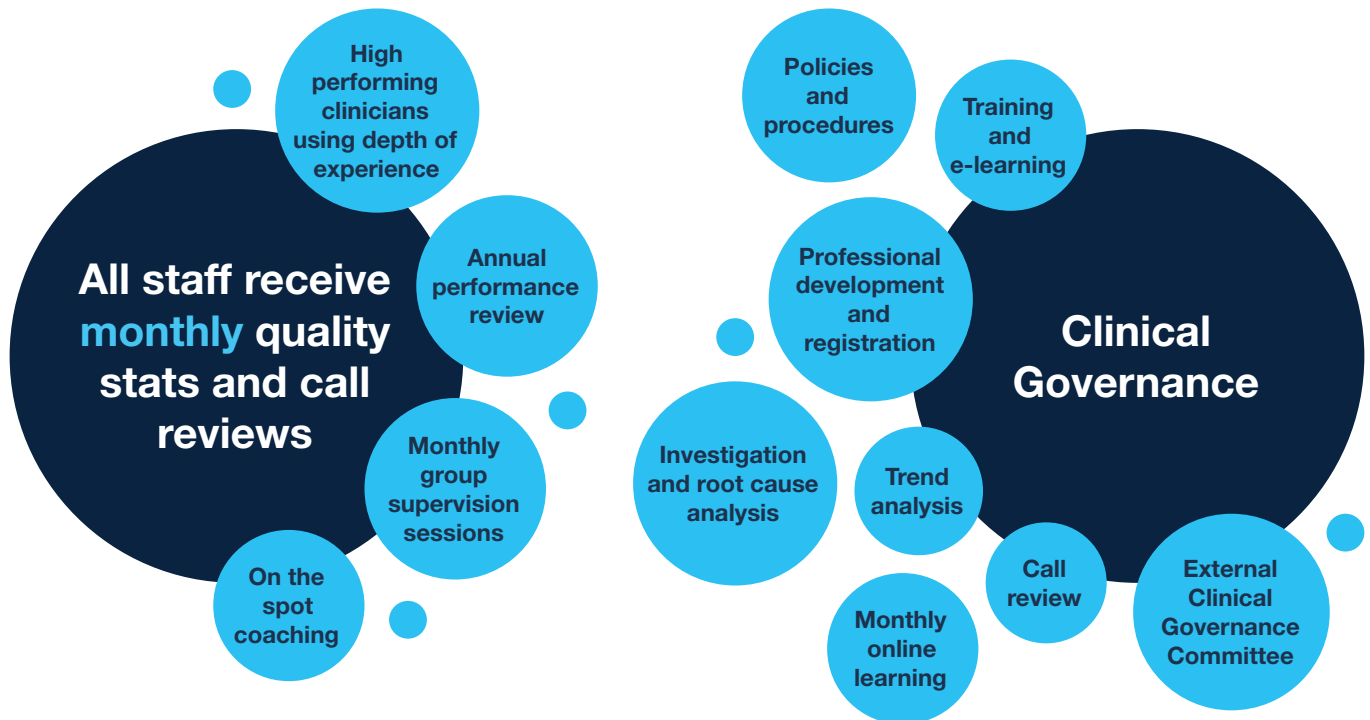
Table 3: Interactions by line by month – Nov 15 to Jun 16

Service	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Total
Healthline interactions	33,808	34,205	35,405	35,547	35,970	32,700	35,988	35,789	279,412
Mental Health* and Addictions interactions	23,760	17,304	18,412	18,182	17,636	22,600	24,228	22,162	214,149
Quitline interactions	9,469	12,292	20,939	21,456	21,153	20,683	23,062	22,782	101,971
Emergency services interactions	4,660	4,973	5,329	5,282	5,395	5,149	5,198	4,886	40,872
Total	71,697	68,774	80,085	80,467	80,154	81,132	88,476	85,619	636,404

* Outbound calls cannot be identified by individual service line (Depression, Gambling or Alcohol Drug) as counsellors work across the services and may be using a phone associated with any line.

Behind the scenes

- All services are integrated on one shared platform with 24/7 availability
- Technology platform is managed by Spark, and is accessible anywhere in NZ
- Five frontline teams of highly skilled people; each managed by a Service Delivery Manager:
 - General nursing team
 - Mental health and addictions team
 - Emergency nursing team (ambulance secondary triage)
 - Service and Support Advisors
 - Poisons Information Officers
- These teams operate 24/7 across a number of channels (phone, txt, online, chat, social messaging)
- These teams are supported, supervised, coached, and developed – based on a set of clinical capabilities
- We have a comprehensive workforce development strategy which includes:
 - Recruitment of qualified, experienced staff
 - Procedural and clinical training incorporating online training with new modules added monthly
 - Call reviews and quality audits each month for all staff
 - Coaching to strengthen service delivery
 - Peer reviews that support clinical and service delivery
 - Professional development for portfolio support along with a learning management system
 - Credentialing, confirming registration
 - Performance management with manager training and HR support.



Our services

Clinical triage service: Healthline

Information	Health service
<p>What does the service provide?</p>	<p>Assessment and triage of callers with symptoms</p> <p>General health advice and information for callers without symptoms</p> <p>Transfer, signposting and referral of callers to other services (e.g. emergency or urgent care services, health information services, face-to-face services)</p> <p>Information on health services throughout New Zealand</p> <p>Public health incidents</p> <p>The clinical triage service is:</p> <ul style="list-style-type: none"> ○ Provided by registered nurses with training in assessing and advising over the phone ○ Supported by a clinical decision support tool, Odyssey
<p>Who is the service for?</p>	<p>General public, whether symptomatic or asymptomatic (i.e. a person does not have to have symptoms of a disease or disorder to receive the service)</p> <p>Priority populations:</p> <ul style="list-style-type: none"> ○ Those under- and over-accessing face-to-face health services ○ Māori ○ Pasifika ○ Asian ○ Those with low income ○ Parents with small children ○ Youth aged 13 to 21-years-old ○ Elderly ○ Disabled people ○ Rural populations ○ Students (including overseas students) ○ Immigrants and refugees ○ Those not enrolled with a GP
<p>How is the service accessed?</p>	<p>Healthline (freephone 0800 611 116, 24/7)</p>
<p>When and why is the service accessed?</p>	<p>Call Healthline if:</p> <ul style="list-style-type: none"> ○ Feeling unwell but not sure whether to see a doctor ○ Hurt yourself and need some advice ○ Need some advice about a family member or friend who's sick ○ On holiday and want to know where the nearest doctor or pharmacy is ○ Not enrolled with a GP
<p>Strategic environment</p>	<p>Expect service to contribute to:</p> <ul style="list-style-type: none"> ○ Reducing acute and unplanned care ○ Improving self-care ○ Reducing emergency department attendances ○ Reducing severity of injury

Stop smoking service: Quitline

Information	Health service
What does the service provide?	<p>Evidence-based stop smoking options, in accordance with the NZ Guidelines for Helping People to Stop Smoking</p> <p>Triage into the stop smoking programme most suited to the individual consumer, which can be services provided by other providers (e.g. kaupapa Māori, Pasifika, face-to-face, group-based)</p> <p>Advice on how to access and use approved stop smoking medications</p> <p>12-month tailored quit plans /programmes that include quit dates and dates for follow-up (tailoring based on medication use, past quit attempts and relapse)</p> <p>Monitoring and follow-up of progress towards stopping smoking</p> <p>Transfer, signpost or referral to other NTS services or other providers</p> <p>The stop smoking service:</p> <ul style="list-style-type: none"> ○ Is delivered via telephone, text and online (including blog community for peer support) ○ Is delivered by trained Quitline Advisors ○ Uses a structured programme ○ Can be delivered in different languages (via the Language Line service) <p>[The service also provides: feedback on enrolment and treatment outcomes to referrers, Quit Card programme administration, Directory of Stop Smoking Services]</p>
Who is the service for?	<p>People who smoke and those concerned about a third party who smokes</p> <p>Priority populations:</p> <ul style="list-style-type: none"> ○ Māori ○ Pasifika ○ Users of mental health services ○ Pregnant women
How is the service accessed?	<ul style="list-style-type: none"> ○ Quitline (freephone 0800 778 778, 24/7) ○ quit.org.nz (including blog community) ○ Text ○ Referral, including MedTech referral and text referral for midwives and Plunket nurses
When and why is the service accessed?	<p>Contact Quitline if:</p> <ul style="list-style-type: none"> ○ Want to stop smoking ○ Want to support a third party to stop smoking
Service targets	<p>At least 10% of NZ smoking population on Quitline stop smoking programme³</p> <p>At least 35% of those who engage with Quitline programme are quit at 4 weeks (Ministry of Health Smoking Cessation Services Tier Level One Service Specification)</p> <p>Triage outcome delivers right care, right time, right place (achievement of this outcome based on caller self-assessment data collected by Homecare Medical)</p>

³ An optimal quitline service providing counselling and medications may reach up to 16% of smokers each year and yield a 20% long-term successful cessation rate (Subcommittee on Cessation, Fiore, M. (Chair). (2003). *Preventing 3 million premature deaths. Helping 5 million smokers quit: A national action plan for tobacco cessation*. Interagency Committee on Smoking and Health. Final Draft.)

Information	Health service
Strategic environment	<p>Expect service to contribute to:</p> <ul style="list-style-type: none"> ○ Smokefree Aotearoa 2025 targets: <ul style="list-style-type: none"> • By 2025: smoking prevalence and tobacco availability reduced to minimal levels, making NZ essentially a smokefree nation (less than 5% prevalence) ○ By 2018: daily smoking prevalence of 10% overall, 19% for Māori and 12% for Pasifika 2015/16 Better help for smokers to quit target: <ul style="list-style-type: none"> • 90% of PHO enrolled patients who smoke offered help to quit by a health care practitioner in the last 15 months • 95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking • 90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking <p>Using ABC pathway all healthcare workers are encouraged to motivate people to make a quit attempt and help them access cessation support</p> <p>Research shows that tobacco control mass media campaigns broadcast at sufficient exposure levels and at regular intervals are critical for reducing population smoking prevalence.⁴ Quitline has traditionally relied heavily on advertising, especially TV advertising, to generate service contacts (phone and online).</p>

Alcohol and other drug counselling support service: Alcohol Drug Helpline



Information	Health service
What does the service provide?	<p>Advice, harm reduction information, screening, assessment, brief intervention, counselling and support to consumers</p> <p>Short-term interventional counselling services and primary counselling services for consumers in locations where alternative counselling services are not available</p> <p>Call-back service</p> <p>Relapse prevention support</p> <p>Transfer and signposting to other NTS services and other face-to-face counselling service providers</p> <p>Resources on alcohol and other drugs</p> <p>Advice and support to health professionals</p> <p>Referral process</p> <p>Directory of alcohol and other drug services, accessible by consumers and health professionals</p> <p>Alcohol and other drug counselling support service is:</p> <ul style="list-style-type: none"> ○ Delivered by trained counsellors using proven behavioural support techniques and messages customised for the consumer ○ Delivered via telephone, text and webchat

⁴ Wakefield, M., Durkin, S., Spittal, M., Siahpush, M., Scollo, M., Simpson, J., Chapman, S., White, V. and Hill, D. (2008). *Impact of Tobacco Control Policies and Mass Media Campaigns on Monthly Adult Smoking Prevalence*. American Journal of Public Health 98 (8): 1443-1450.

Information	Health service
Who is the service for?	<p>People that want to minimise harm from alcohol and/or other drugs either to themselves or to a third party</p> <p>Priority populations:</p> <ul style="list-style-type: none"> ○ Māori ○ Pasifika ○ People living in more deprived areas ○ Pregnant women ○ Adults aged 18-39
How is the service accessed?	<p>Alcohol Drug Helpline (freephone 0800 787 797, 24/7)</p> <p>Māori Line on 0800 787 798 for advice and referral to kaupapa Māori services</p> <p>Pasifika Line on 0800 787 799 for advice and referral to services developed for Pacific people</p> <p>Youth Line on 0800 787 984 for advice and referral to services for young people</p> <p>Free txt 8681 – clients can send an anonymous free text to 8681</p> <p>Live webchat</p>
When and why is the service accessed?	<p>Call for immediate support or if you have a question or concern about your own or someone else's drinking or other drug use</p> <p>Contact if:</p> <ul style="list-style-type: none"> ○ You want to check out if your drinking or drug use is OK and find ways to keep safe ○ Your use of alcohol or other drugs is causing problems in your life ○ You are a family member or carer of someone with an alcohol or other drug problem ○ You are concerned about a friend, colleague, client or employee and are seeking information
Strategic environment	<p>Expect service to support:</p> <ul style="list-style-type: none"> ○ The Ministry of Health's Rising to the Challenge Mental Health and Addiction Service Development Plan 2012-17 ○ National Drug Policy 2015 to 2020 ○ HPA's Early Intervention Addiction Plan 2013-2017 ○ The development and implementation of the Ministry of Health's e-therapy framework <p>The goal of the National Drug Policy is to minimise alcohol and other drug (AOD) harm and promote and protect health and wellbeing for all New Zealanders. The Alcohol Drug Helpline service contributes particularly to the problem limitation strategy of the Policy, which is about removing barriers to people accessing and receiving support for their own or others' AOD use. There is a focus on:</p> <ul style="list-style-type: none"> ○ Providing effective, high-quality, compassionate, timely, accessible and age- and culture-appropriate support and treatment services ○ Addressing the factors that have an impact on people's ability to access treatment and support, including de-stigmatising help-seeking ○ Providing AOD services that are responsive to people with co-existing problems ○ Ensuring all frontline services (justice, health, education etc) provide an entry point to AOD support, referral and treatment ○ Supporting and strengthening harm reduction approaches ○ Ensuring continuity of care for people transitioning from one service environment to another

Depression and anxiety counselling support services: the Depression Helpline, The Journal & The Lowdown

Information	Health service
<p>What does the service provide?</p>	<p>Advice and support for people who present with depression and/or anxiety</p> <p>Short-term interventional counselling services (primary counselling services where alternative counselling services are not available)</p> <p>Transfer and signposting to other NTS services and other face-to-face service providers</p> <p>Depression counselling support service:</p> <ul style="list-style-type: none"> ○ Is delivered by trained counsellors using proven behavioural support techniques and messages customised for the consumer ○ Provides support for depression.org.nz (including The Journal) and The Lowdown ○ Is delivered via telephone, text, email and The Lowdown forum (the service also supports The Lowdown Facebook private messages – currently under discussion)
<p>Who is the service for?</p>	<p>People that require support for depression and/or anxiety for themselves or a third party</p> <p>Priority populations:</p> <ul style="list-style-type: none"> ○ Māori ○ Pasifika ○ Young people ○ Rural people ○ New mothers ○ People who are Lesbian /Gay / Bisexual /Transgender /Transsexual /Intersexual (LGBTTI) ○ Older people ○ Deaf people ○ People with long-term conditions / chronic illness / co-morbidities
<p>How is the service accessed?</p>	<p>Depression Helpline (freephone 0800 111 757, txt 4202, 24/7)</p> <p>The Journal (depression.org.nz/the journal) via:</p> <ul style="list-style-type: none"> ○ helpline (0800 420 202 – only listed in The Journal) ○ email ○ text (txt 4202) <p>The Lowdown (thelowdown.co.nz) via:</p> <ul style="list-style-type: none"> ○ email ○ text (txt 5626) ○ forum
<p>When and why is the service accessed?</p>	<p>Contact the service if you require support for yourself or a third party for depression and/or anxiety</p> <p>Contact the service if you require technical support to use The Journal</p>

Information	Health service
Strategic environment	<p>Expect service to support:</p> <ul style="list-style-type: none"> ○ The New Zealand Health Strategy ○ The Ministry of Health's Rising to the Challenge Mental Health and Addiction Service Development Plan 2012-2017 ○ New Zealand Suicide Prevention Action Plan 2013-2016 and New Zealand Suicide Prevention Strategy (currently being updated) ○ Like Minds, Like Mine National Plan 2014-2019 ○ The Youth Mental Health Project ○ The Primary Health Care Strategy ○ The Health of Older People Strategy ○ The development and implementation of the Ministry of Health's e-therapy framework <p>Mental health has been identified as an area amenable to online intervention and self-directed response and care. National Depression Initiative (NDI) self-help tools fit into this category and also help bridge the gap in primary mental health care capacity.</p> <p>The NDI consists of:</p> <ul style="list-style-type: none"> ○ depression.org.nz (includes an online self-help tool - The Journal) ○ thelowdown.co.nz (for youth) ○ A free telephone support line, including text, email and chat options for some populations ○ Other supporting resources for consumers and intermediaries (print and online) ○ National advertising

Gambling counselling support service: the Gambling Helpline



Information	Health service
What does the service provide?	<p>Advice and support about gambling issues for consumers and concerned others.</p> <ul style="list-style-type: none"> ○ Transfer, signposting and referral to other NTS services and other face-to-face counselling service providers, including dedicated Māori, Pacific and Asian services where appropriate. <p>Triage to inform decisions about support that individual consumers require</p> <p>Behavioural support treatment</p> <p>Ongoing call-backs to consumers</p> <p>Short-term interventional counselling services and primary counselling services for consumers without access to face-to-face services or for those who prefer a helpline service</p> <p>Gambling counselling support service -</p> <ul style="list-style-type: none"> ○ Is delivered by trained counsellors using proven behavioural support techniques and messages customised for the consumer ○ Is delivered via telephone, text, email and forum ○ Is provided in a culturally responsive manner

Information	Health service
<p>Who is the service for?</p>	<p>People that want to minimise gambling harm either to themselves or to a third party</p> <p>Priority populations are those more likely to experience gambling harm:</p> <ul style="list-style-type: none"> ○ Māori ○ Pasifika ○ Some Asian populations ○ People living in areas of higher deprivation <p>People in crisis are a priority for the service</p>
<p>How is the service accessed?</p>	<p>All services are 24 x 7</p> <ul style="list-style-type: none"> ○ Gambling Helpline (freephone 0800 654 655) ○ Gambling Helpline website (gamblinghelpline.co.nz) ○ Māori Gambling Helpline (freephone, 0800 654 656) ○ Pasifika Gambling Helpline (freephone, 0800 654 657) ○ Debt Gambling Helpline (freephone, 0800 654 658) ○ Youth Gambling Helpline (freephone, 0800 654 659) ○ Text 24/7 to 8006 - clients receive an automated response from the Gambling Helpline which includes 0800 phone number; counsellor then sends a personalised response, which encourages person to phone for help or to provide details so that an information pack can be sent ○ Online forum – to connect with others affected by gambling (available but under-utilised) ○ Live webchat
<p>When and why is the service accessed?</p>	<p>Call to receive immediate support, as well as referral and information services for gambling problems</p> <p>Contact if:</p> <ul style="list-style-type: none"> ○ you are, or have been, gambling ○ you are, or have been, displaying some of the early signs of gambling harm ○ you are concerned about someone else's gambling ○ you are interested in the impact gambling is having in New Zealand
<p>Strategic environment</p>	<p>Expect service to support the Ministry of Health's Strategy to Prevent and Minimise Gambling Harm 2016/17 to 2018/19 especially:</p> <ul style="list-style-type: none"> ○ Objective 1: There is a reduction in gambling-harm-related inequities, particularly in the inequities experienced by Māori and Pacific peoples and some segments of the Asian population (dedicated services for Māori, and for Pacific and Asian peoples, monitoring of gambling-harm-related inequities, develop and pilot initiatives) ○ Objective 9: Services to prevent and minimise gambling harm effectively raise awareness about the range of gambling harms that affect individuals, families /wh nau and communities (systems and processes that increase access to services for those experiencing high levels of gambling harm and their families /wh nau) ○ Objective 10: Accessible, responsive and effective interventions are developed and maintained (target at-risk groups; culturally competent, health literate, high quality and effective services; online tools) <p>Expect service to support:</p> <ul style="list-style-type: none"> ○ The Ministry of Health's Rising to the Challenge Mental Health and Addiction Service Development Plan 2012-17 ○ The development and implementation of the Ministry of Health's e-therapy framework

Information	Health service
Strategic environment (continued)	<p>The overall goal for the gambling counselling support service is to prevent and minimise gambling harm and reduce gambling-related health inequities, as per the Ministry of Health's Strategy above. Objectives relevant to the service focus on targeted approaches, equipping people to take action to prevent and minimise harm and working towards an environment that supports reduced gambling harm.</p> <p>The Gambling Helpline is the key support option promoted through the HPA's campaign and website.</p>

Immunisation advice (for the public)



Information	Health service
What does the service provide?	<p>Information and advice on immunisation and vaccine-preventable diseases, including after-care information and advice</p> <p>The immunisation advice service is provided by registered nurses with training in assessing and advising over the phone (IMAC personnel deal with complex calls)</p>
Who is the service for?	<p>General public, whether symptomatic or asymptomatic</p> <p>Priority populations:</p> <ul style="list-style-type: none"> ○ Māori ○ Pasifika ○ Asian ○ Refugees ○ Migrants ○ Parents of children under 5 years old ○ Pregnant women ○ Disabled people ○ Year 7/8 students and their parents ○ Secondary and tertiary students (catching up on missed vaccinations) ○ Travellers ○ People susceptible to illness <p>[NB: IMAC provides immunisation information and advice to health professionals as well as handling complex calls from the public]</p>
How is the service accessed?	Immunisation Helpline (freephone 0800 Immune, 24 x 7)
When and why is the service accessed?	Call Immunisation Helpline if you require independent information or advice on immunisation, immunisation after-care or vaccine-preventable diseases
Strategic environment	<p>Expect service to contribute to:</p> <ul style="list-style-type: none"> ○ Increased immunisation coverage across the population at milestone ages (see National Immunisation Schedule) ○ 2015/16 Immunisation target: '95% of 8-months-olds will have their primary course of immunisation on time' (6 weeks, 3 months and 5 months) ○ Reduced primary care presentation post-vaccination ○ Increased knowledge of and commitment to immunisation among priority populations

Poisons advice (for the public)



Information	Health service
<p>What does the service provide?</p>	<p>Information and advice about acute poisoning and toxic chemical effects</p> <p>Information and advice about chronic exposure to poisons</p> <p>First-aid and prevention advice about poisons</p> <p>The poisons advice service:</p> <ul style="list-style-type: none"> ○ Is provided by specialist poisons staff from the National Poisons Centre, supported by medical toxicologists who provide 24-hour consultation in complex poisoning cases ○ Includes direct access to a medical toxicologist for health professionals ○ Includes TOXINZ (subscriber-only internet database on chemicals, medicines, plants and animals)
<p>Who is the service for?</p>	<p>General public and health professionals</p> <p>Priority consumer populations:</p> <ul style="list-style-type: none"> ○ Parents of small children ○ Elderly <p>Priority health professional groups:</p> <ul style="list-style-type: none"> ○ Primary health care (e.g. GPs, practice nurses, pharmacists) ○ Emergency Department, Accident and Medical Clinic and Ambulance personnel
<p>How is the service accessed?</p>	<p>National Poisons Centre (freephone 0800 Poison, 24/7) or email for non-urgent enquiries</p>
<p>When and why is the service accessed?</p>	<p>Call the National Poisons Centre (NB there is no promotion or brand of “Poisonline” but it is referred to, as a kind of shorthand) for:</p> <ul style="list-style-type: none"> ○ Advice about potential harm to you or a third party caused by ingesting, inhaling or coming into contact with a toxic substance (medicines, chemicals, hazardous creatures (e.g. spiders, snakes, jellyfish), plants and fungi) ○ Advice on what to do in situations of poisoning or where poisoning might occur, including: <ul style="list-style-type: none"> • If someone has swallowed, inhaled or injected a substance • If someone has got a substance in their eye(s) or on their skin • If someone has been bitten or stung by a hazardous creature ○ Advice on preventing poisonings in the home ○ General first aid advice for poisonings
<p>Strategic environment</p>	<p>Expect service to contribute to:</p> <ul style="list-style-type: none"> ○ Reducing acute and unplanned care ○ Improving self-care ○ Reducing emergency department attendances ○ Reducing severity of injury caused by poisons ○ Reducing poisons-related morbidity and mortality

Ambulance secondary triage: the Clinical Hub



Information	Health service
<p>What does the service provide?</p>	<p>Assessment and triage of callers who have called 111 and requested an ambulance. The 111 call handler uses an internationally recognised triage tool to determine whether the caller's issue is urgent or immediately life-threatening.</p> <p>If it is not, the caller is advised that they will be called back by a registered nurse (or paramedic) who then advises on the most appropriate care, via the most appropriate pathway. Options include self-care, referral to a GP or Primary Health Organisation, referral to a private A & Emergency facility or a District Nurse.</p> <p>The triage nurse can also request an ambulance for the caller. The nurse has the capacity to specify the skill of the ambulance crew required and urgency of the ambulance response.</p> <p>The service is:</p> <ul style="list-style-type: none"> ○ Provided by registered nurses with training in assessing and advising over the phone ○ Supported by a clinical decision support tool
<p>Who is the service for?</p>	<p>The general public who have called 111 for an ambulance who do not have an urgent or immediately life-threatening medical emergency.</p>
<p>How is the service accessed?</p>	<p>Patient calls 111 for an ambulance</p>
<p>When and why is the service accessed?</p>	<p>The service is accessed when the patient calls 111 and the call is deemed to be non-life threatening. As a result, the patient can be signposted to the right care, at the right time and the right place. This frees up ambulance resources for life threatening emergencies.</p>



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