

National Telehealth Service
Annual Plan
2018- 2019



Contents

About the service	2
The scope of this annual plan	3-4
Our Whakapapa	5
Foreword	6
The Context - our guiding approach	7
Our guiding principles	8
NTS Service Vision	8
Our partnership values	8
2018 - 2019 Work Program	9-10
Marketing, digital service delivery	10-11
Risks and challenges	12
2018 - 2019 Innovation Initiatives	13-14
Contact forecasts and measuring progress	15
High level forecasting assumptions	15
Forecast contacts by service line groups	16
Staffing by service type	17
Innovation fund	17
Appendix	18-19

About the service

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 Ministry), the Accident Compensation Corporation (ACC), the Health Promotion Agency (HPA), Ministry of Social Development, and the Department of Corrections.

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.

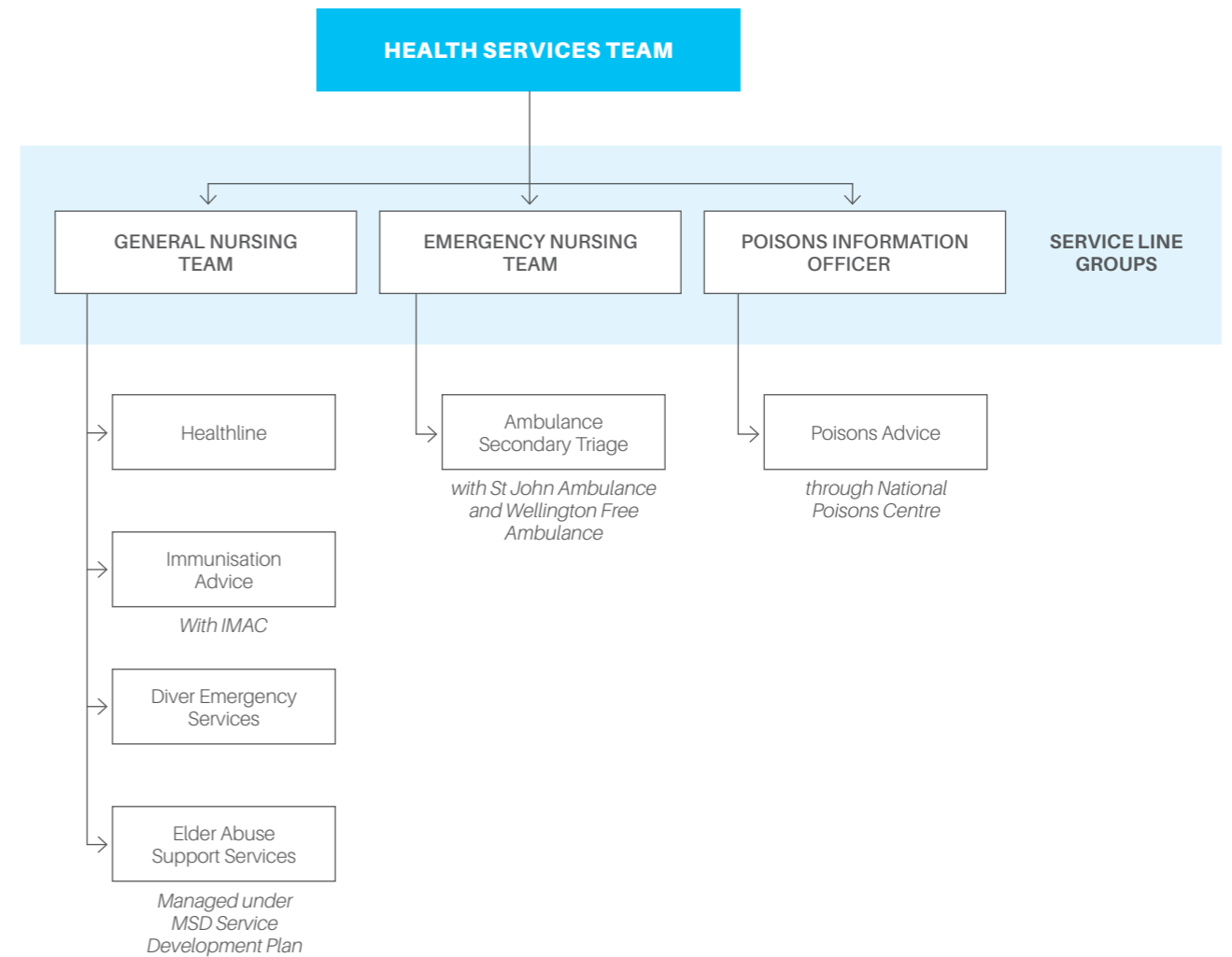
The service is underpinned by a 10-year contract that commenced in 2015 and is governed by a Service Improvement Board.

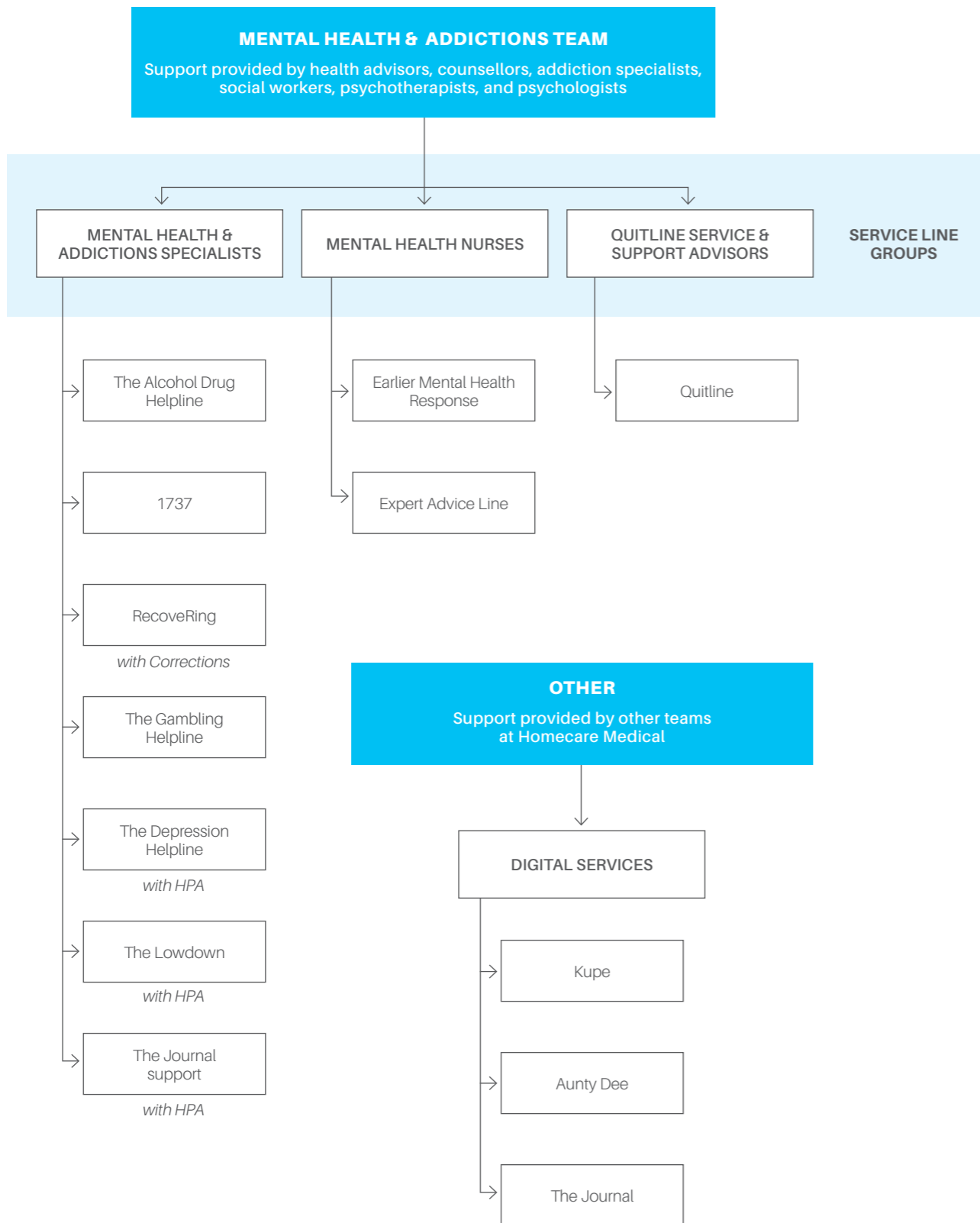
Homecare Medical also runs several other services independent of the NTS service including Employer Advice Line, Mental Health After Hours, Safe to Talk, eTalk and General Practice After Hours.

The scope of this annual plan

This annual plan covers the National Telehealth Service under the agreement between the Ministry of Health and Homecare Medical. Most services delivered fit under the wider umbrellas of our Health Services Team (covering physical health) or our Mental Health and Addictions team - exceptions are noted below.

Though the teams are separated for logistics and management purposes, they work in collaboration to ensure that service users receive the best possible care for the issues with which they present. A description of each service is provided within the Appendix.





Our Whakapapa

Homecare Medical is a social enterprise that runs phone and digital telehealth services, offering free health, mental health and addictions support across these channels. We've been doing this since November 2015.

We also provide clinical support for general practices after hours - we've been doing that for over 20 years.

Homecare Medical is owned by primary health organisations ProCare and Pegasus Health.

We have a professional workforce of over 350. They're based in contact centres in Auckland, Wellington, Christchurch and Dunedin and home offices, with over 150 people working remotely, from Kaitiāia to Bluff.

Our team includes registered nurses, mental health nurses, psychologists, psychotherapists, psychiatrists, counsellors, doctors, Poisons Officers, Health Advisors, sexual harm professionals, and emergency triage nurses.

Everything we do is driven by our ambition to virtually support kiwis to stay well and connect them seamlessly with care when they need it, underpinned by our values.



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



Do the Right Thing
Our 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

Foreword

This is the third annual plan for the National Telehealth Service, and we continue to build on the strong foundations and progress achieved since November 2015.

This year's Annual Plan has been a unique challenge, as we are faced with higher than expected volumes on some existing services, which needs to be balanced with our responsibility to innovate and reach New Zealanders that would benefit with contact and early intervention.

This year we are proposing a different NTS monitoring and reporting framework linked to system level measures. The framework will be developed by the Ministry of Health over 2018 in partnership with ourselves.

Volumes for services supported by the Mental Health and Addictions Specialist Workforce are higher than allowed for by the base model. A key action over the course of the year will be to, in partnership with the Ministry of Health, discuss demand patterns and strategies for reprioritisation and opportunities to increase available resources to meet this demand.

Over the course of the 2018 and 2019 we'll explore adding new channels to Healthline to ensure we are keeping apace of service user expectations while maintaining a sustainable, clinically excellent service. Through the experience of 1737, where we introduced an alternative brand and text channel, we have learnt that new channels attract new service users and tap into unmet demand. This demonstrates that the initial joint vision and funding model of achieving sustainability by moving existing service users into new cheaper channels does not work.

To address this, we are going to take the approach of using technology to enhance the existing contact flow to improve both the customer and clinician experience whilst reducing the average handling time. The Clinical Governance Committee has agreed this direction and will take on the role of monitoring enhancements to ensure they are improving the clinical effectiveness of the interactions. The consumer centric design principles and capabilities that have been developed over the last 12 months will be used to ensure the technology supports the customer experience for existing and new services.

This plan also demonstrates how we will embed the leanings from the Post Implementation Review (PIR) and consolidate them over the next 12 months.

We look forward to continuing to grow and strengthen our relationships and the impact we have.

The context - our guiding approach

The National Telehealth Service (NTS) as a key player in the broader health and social system is guided by the New Zealand Health Strategy 2016 and supports achievement of the related key objectives and priorities of its key funding partners - the Ministry of Health, ACC and the Health Promotion Agency (HPA), the Ministry of Social Development, and Department of Corrections.

Overarching priorities

This year, the National Telehealth Service will focus at both a service promotion and system level on supporting funders in key areas for government including:

- Achieving equity
- Child Wellbeing
- Mental health
- Primary Health Care

Additionally, the NTS is prepared to deliver on objectives that;

- will positively impact acute demand management to free up capacity in the health system, in particular enabling capacity in primary care
- improve data collection, quality and access - by funders and sector stakeholders and make connections across data sets
- support continuous improvement and a balance between operational delivery and 'blue sky' innovation
- respond to Post Implementation Review recommendations.

Ministry of Health

The Ministry works across the health sector to deliver better health outcomes for New Zealanders, through implementation of the New Zealand Health Strategy and achievement of the Government's priorities.

The Ministry works closely with agencies across Government to improve social outcomes for vulnerable children and other population groups at risk of poor outcomes. This includes sharing and using health data (including within the Integrated Data Infrastructure) to support cross-government priorities such as mental health, and the Ministry for Children Oranga Tamariki's work programme.

ACC

ACC's vision is to "create a unique partnership with every New Zealander, improving their quality of life by minimising the incidence and impact of injury". This is achieved through pursuit of three outcomes:

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

Health Promotion Agency

The Health Promotion Agency (HPA) is a Crown entity established by the New Zealand Public Health and Disability Act 2000. HPA has an overall function to lead and support national health programmes and activities. It also has alcohol-specific functions.

HPA's work involves promoting health and wellbeing, enabling health promoting initiatives and environments and informing health policy and practice through national surveys and monitors. One of HPA's functions is to market and promote the NTS services in partnership with Homecare Medical, ACC and the Ministry of Health.

HPA develops, delivers and manages tools and resources for consumers and concerned others e.g. The Lowdown and Journal as part of the National Depression Initiative.

Our guiding principles

The National Telehealth Service enables people to access health information, advice and support from trained health professionals via virtual services on an integrated platform. Using a range of communication channels, people can receive the right care at the right time and in the right place.

NTS service vision

We have, in partnership with consumers, redeveloped the vision of NTS to:

Deliver care, support, and advice to people in New Zealand to positively impact and improve their wellbeing and health outcomes through phone and digital channels.

The service achieves this by:

- Providing access to health advice and information to populations with otherwise low health-system engagement, improving outcomes as a result of accessing services earlier
- Delivering the right care at the right time by the right person in the right place
- Reducing acute and unplanned care, improving self-care, support for clients, and health literacy
- Building and maintaining public trust and confidence in the service
- Being integrated with local, regional and national health, social and injury services.
- Being 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
- Having a strong focus on continuous quality improvement
- Taking responsibility for the clinical quality of all the services we deliver. 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
- Supporting increased use of self-care or care at home or in the community with the same or better outcomes
- Accessing, using and contributing to shared patient records that will be viewed and updated by those providing care or advice
- Providing prompt assistance with public health issues and natural disasters
- Promoting evidence-based approaches, activities, information and resources that contribute to protecting and improving the health and wellbeing of New Zealanders.

Our partnership values

The following values guide the service and how we work with our partners:

- **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.

2018-2019 work program

The upcoming year's work program is divided into foundational service improvements, service-line strategies, performance reporting strategies, marketing and digital delivery, and stakeholder engagement.

Foundational service improvements

The following improvements focus on increasing our ability to deliver across all NTS services. The improvements are focused on workforce, digital delivery of services, information technology, and equity.

Workforce

We're calling this year's improvement program "High Engagement, High Performance, High Impact" and it is designed to improve the performance and professional development of all of our staff. The programme of work involves reformatting internal structures towards frontline service and service delivery and focusing on retention across the workforce. We will review all support roles and formalise position descriptions for frontline and non-frontline roles along with development of support agreements between different departments in the organisation. It will also improve the benchmarking and availability of live performance and impact data to all frontline staff and managers.

For all services not delivered via phone (Webchat, SMS, etc.) there are unique challenges in engagement and building rapport with service users as there are no verbal cues on which to lean. We want users to receive the same, quality clinical advice and user experience across all our channels. To do this, we will provide education and coaching to staff on engaging with service users via text-based channels and implement efficiency and technology improvement plans over all text-based channels.

Digital delivery

Consumer expectations for digitally delivered services continues to grow, and we need to meet that expectation across our offerings. We will do this by focusing on opportunities for digital improvements across the core processes that are common in every clinical contact we have with our service users – service user identification, assessment, advice, and documentation. Over the next 12 months we propose to systematically review each component of the core flow processes and implement technologies that improve efficiency, service user experience, and delivery of clinical care, such as by allowing service users to share images when relevant to clinical triage. In addition to achieving funding model obligations, we hope to reach underserved New Zealanders who don't currently, due to lack of means or comfort with existing channels, engage with the health and social system.

Information Technology

To ensure we continue to keep promises to our service users, we commissioned an IT penetration test to identify any security risks in our IT infrastructure. The results of this penetration test will form the information technology workplan for the upcoming year. We will also dedicate resource to future-proofing our infrastructure by enhancing our systems performance monitoring for staff throughout the country.

Equity

Supporting equity and providing the best possible advice to the most marginalised New Zealanders is our responsibility as an organisation. This programme of work will be implemented over the next 12 months and will be supported at a governance level by our recently appointed equity champion.

Health Services

Over the upcoming year the Health Services team will focus on meeting consumer expectations through the Digital Delivery Programme. They will also use the High Engagement, High Performance, High Impact programme to gain efficiency through access to live performance and impact data.

Mental Health and Addiction Specialists Services

To manage demand above the base model for mental health services, workforce volume will be removed from Quitline and reallocated to the Mental Health and Addiction Specialist Services Team. This reallocation will result in moving 2FTE from Quitline to Mental Health from July-December. Our Quitline campaigns will then be pushed into the second half of the year to ensure that overall quit attempts are not impacted. A change request will be developed with options to address the demand.

Performance and reporting strategies

This year the analytics team will work with the Ministry to finalise the measures and reporting templates to be included in the new reporting framework. This framework will be evaluated and used to develop the 2019/2020 Plan.

Marketing, digital service delivery

Our Digital Response Team monitors engagement with our digital brands and uses a 'demand driven' model to ensure our services are there when outside events indicate users might be looking for them (i.e. we did geo-targeted Facebook campaigns in areas that had seen clusters of youth suicide.) They gather and learn from consumer feedback, perform user testing and co-design to figure out what works, and implement these changes into the services to improve the care provided. This activity is underpinned by a strong focus on stakeholder engagement and relationship management across the wider health, wellbeing and social sectors.

The work comprises:

- Telling the stories of the work that we do (through social media promotion, managing our social and web channels, delivering content, and working closely with print broadcast and online media);
- Work together with the Ministry of Health to be proactive in responding to topical issues, in line with our media policy;
- Looking every day at new ways to connect with specific groups in social media and in the community, where they are; we try to understand what they care about, so we can maximise their awareness of how NTS services can support them;
- Promoting our services (through our paid targeted marketing and promotion – with a push on encouraging people to access digital channels for support);
- Finding out what our service users think of their experiences of NTS services (we ask them once a month and report back), how we can continuously improve that experience, and what we should do next (through co-design work on new services and our 'Co.Discover' consumer group);
- Partnering with health, NGO, social and community influencers to profile NTS services at key events – with an emphasis on events attended by youth, Maori and Pasifika and on developing community champions;
- Developing relationships with DHBs, Iwi, Government, NGOs and other stakeholders to ensure they understand our capabilities and the problems that we can solve for their communities (developing new opportunities to connect with New Zealanders).

We continue to balance the needs of high-needs populations with volume demands on services by using geo-located and other targeted strategies to deliver messages to those services in need only when needed based on health events in the counter. For example, we delivered Facebook ads regarding reaching out to Healthline with concerns about mumps specifically to users in the South Auckland area.

This year we will develop Quarterly activity plans for the Ministry's input. These will be presented to the Ministry on the 1st working day of the month prior to the quarter commencing. The 1st quarter activity can be found in Appendix B.

Stakeholder engagement

Improving sector awareness

The wider sector needs evidence of NTS effectiveness to maintain trust and confidence in the service. This workstream will ensure that the sector continues to promote and offer NTS services to users as a reliable and safe way to access care. To do this, we will develop a fresh communications approach to connect with the sector, focusing on data sharing, outcomes achieved, and ways of working together to reduce strain on the health sector. We will share examples of success and what good partnerships look like and support key stakeholders in leveraging the NTS platform to solve local problems.

We'll also attend key conferences and join alliances at a national and local level to further develop system integration.

ACC engagement

Our work with ACC will include the refining of key data points that enable a shared understanding of the effectiveness of the NTS services. We will work together to develop pathways that are delivered by the NTS and integrate with ACC's strategic objectives.

Other key stakeholders

We define our key stakeholders as being those organisations across the health and NGO sector who are involved with the design, development and delivery of the National Telehealth Service. We have proven our ability to work collaboratively with each of them and that these relationships will further develop this year and longer term.

Our key stakeholders include:

- Ministry of Health
- Ministry of Social Development
- Health Promotion Agency
- Our service partners - New Zealand Poisons Centre, IMAC
- ACC
- Department of Corrections
- Telehealth Service users and community representatives
- The DHBs
- General practitioners, PHOs
- Other NGOs
- Ambulance services

Risks and challenges

In preparing this year's annual plan there are some risks that require ongoing monitoring and management. We have also listed the actions needed to help us mitigate these risks along with the work programme items affected by these risks:

#	RISK/CHALLENGE	Homecare Medical Action Plan	Ministry of Health Support Required	Work programme
1	Cost pressures The funding model has an underlying CPI adjustment of 2% per annum. It is possible that cost pressures seen in other parts of the sector may impact the service over the next 12 months - including pay equity and wage rises that form part of collective agreements.	1. In partnership with the Ministry of Health, develop an action plan to mitigate cost pressures through reprioritisation and create opportunities for increasing resource.	1. Guidance from the Ministry in our industrial relations approach to ensure we are aligned to the sector	N/A
2	Volume pressure and service performance The levels of mental health demand have outstripped the current work force and this is unsustainable beyond December.	1. In partnership with the Ministry of Health, develop an action plan to mitigate cost pressures through reprioritisation and create opportunities for increasing resource.	1. Noting the diversion of resource from Quitline to MHA for the first half of the fiscal year. 2. Consideration of the change request for increasing mental health service capacity.	Service Line Strategies > Mental Health and Addictions
3	Maintaining trust and confidence To date, the National Telehealth Service has maintained public trust and confidence in the service. Keeping in front of cyber-security and changing public expectations as we deliver our service offerings is key to maintaining this. Increasing our technology security and continuously reviewing our privacy policies and procedures remains a constant focus of the organisation as we manage risk over the next 12 months.	1. Promptly address issues identified in the IT penetration tests.	1. Ongoing support and guidance based on the outcome of the penetration tests, for example advice on best practices or information on changing standards.	Foundational Improvements > Information technology
4	Speed of innovation Our key challenge in achieving sustainability this year will be our ability to innovate and achieve the efficiencies within the core processes. In several areas this will require partners to prioritise and improve integrations into their systems including HealthOne and NHI look up. Our ability to achieve these improvements in the timeframes indicated are critical to the service.	1. Execute Digital Delivery plan outlined in the Foundational Improvements section.	1. Support for the Digital Delivery activities outlined in the Foundational Service Improvements section.	Foundational Improvements > Data Exchange
5	Demonstrating value Providing evidence of success in terms of reducing the overall load on the healthcare system and ensuring that all New Zealanders are aware of the services offered by the NTS is a challenge, as we often get only a glimpse at the service users' experience with the healthcare system. As the service enters its fourth year, the expectations of value increase and coordination across the health sector is needed to show how outcomes are affected by the NTS.	1. Execute on year one of our five-year Analytics strategy. 2. Continue ongoing discussions with the Ministry of Health to collaboratively develop and implement the new performance framework.	1. Strong partnership in forming the performance framework 2. Support in evaluating the impacts of NTS.	Performance and Reporting Strategies

2018-2019 innovation initiatives

#	Initiative	Description	Desired Outcome	Success Measure	Funding Source
1	Data Management and Analytics	As an organisation, our data and insights have grown and become more powerful over the years. We've invested in a reporting framework that leverages our single CRM and telephony system to monitor and report on the NTS services. We'd like to begin a programme of work that involves a five-year data strategy to dive deeper into analytics and explore how our insights can be used to develop broader sector insights and improve the care that we deliver. At the time of writing this report, a draft version of the strategy suggests a year-one focus on data and solution architecture, data integration, and reviewing performance frameworks.	Long term - improve the equity of our outcomes and achieve future government priorities through a better understanding of which service users we're engaging and their outcomes. Year one - revamped data and solution architecture to ensure key success factors are tied to transactional measures.	Increased use of services by those populations that gain the biggest benefit	To be discussed in consultation with the Ministry of Health.
2	National Primary Care After Hours Service Pilot	Centrally triaging and managing service user after-hours primary care needs can relieve pressure on the health system by avoiding unneeded acute care presentations and creating a data model that can be explored for efficiency gains and improvements. Over the next six months, we would like to pilot an integrated Healthline and Primary Care afterhours service for the Mid-Central region to measure and quantify the impact on acute demand and explore possibilities for a national service.	Launching and operating a successful pilot model. Development of a business case for NTS to provide after-hours primary care support consistently at a national level.	Consistent after-hours service and primary care access point. Demonstrated efficient financial and operational model (to be developed in partnership with the Ministry.)	Use of innovation fund to be discussed with the Ministry of Health.
3	iMoko pilot	We're planning on piloting a referral pathway into the Ministry of Health funded iMoko service to increase access to health services for children that cannot connect with their Primary care provider and can safely be seen by a virtual doctor.	Launching and operating a successful pilot model. Business case to extend the pilot into a national programme.	Target number of children (to be set in partnership with the Ministry) connecting with primary care during the pilot.	Baseline Funding
4	Revamp of The Journal	User testing of the Journal was completed in 2016 in response to data showing that many users visited the site only once and did not continue with the program. This study revealed several areas for improvement to improve user engagement, and a programme funded by HPA to implement these changes is set to launch in the first quarter. The primary changes involve modernising the look and feel of the site, removing creating an account as a barrier to entry, and repositioning content to decrease the focus on video and increase a user's ability to explore more of the tools the Journal provides.	Increased "stickiness" of the Journal to allow more service users to complete the programme.	Increase in repeat visitors and engagement while onsite as measured via web analytics tools.	HPA Funded

#	Initiative	Description	Desired Outcome	Success Measure	Funding Source
5	Abdominal Symptom recommendations	As a result of information received through the Hutt Valley improvement project and international benchmarking, we have identified an opportunity to review and implement any recommendations around how we manage abdominal pain. The review has been commissioned by the Clinical Governance Committee and will take place over the first six months of the new planning year. It will involve a number of preeminent specialists and surgeons reviewing literature and listening to some of our calls to review our protocols and consider changing our clinical advice.	Impact on the number of abdominal pain related referrals to the broader healthcare system every day by use of the best clinical standards.	Increase in appropriateness of referrals for abdominal pain to the broader health sector	Baseline Funding
6	Data Exchange	Integration with HealthOne and St John will be implemented using standards-based methods where possible, so that additional integrations can easily be rolled out to other organisations. This is key to maintaining trust and confidence in NTS as a key member of the wider health sector. This is a carry-over project from last year.	Improve care by providing clinicians with a more complete picture of the patient record.	Monitoring frequency of use of shared data	Innovation Fund (already approved)
7	EMHR Rollout	In the upcoming year we'll continue to work with police to reach target volumes for EMHR. We've also sent letters to government agencies to establish new partnerships for Expert Advice line and reach target volumes. The governance group has agreed undertaking an assessment of the work to date led by an independent evaluation organisation to the impact and efficacy of the service in the larger health system.	Target services volumes met and evaluation of successful outcomes	Monitoring of service volumes in line with new performance framework	Baseline Funding
8	Embed performance framework	The analytics team from Homecare will work with the Ministry on developing templates for tracking against the performance framework. The framework will be embedded into practice across NTS services via workforce programmes outlined in the work programme section of this plan.	Agreed format to increase the impact of quarterly reporting while reducing overhead of report development	2019/2020 Annual Plan developed off of performance framework.	Baseline Funding + discussion with Ministry of Health on change request depending on scope of finalized framework
9	Develop Pharmacy Service Integration Plan	There is an opportunity to explore integrating our service offerings with pharmacies to increase the impact to New Zealanders. This year we will focus on development of a multi-year strategy to better engage with pharmacy and determine the services and workflows that would most improve outcomes and service user experience through additional integration.	Multi-year plan for integration of multiple services with pharmacy to increase impact of service delivery.	Opportunities identified and co-designed	Innovation Fund pending business case

Contact forecasts and measuring progress

We have based our service volume forecasts on current levels of marketing and our experience over the last two years.

Our forecasting approach uses a best practice industry tool to forecast volume across all service lines month by month with assumptions then added. We 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 safely meet the required demand on the service.

Glossary of terms

Call:	A contact from a service user made by phone.
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.
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. Phone calls are generally considered a single interaction, with exceptions for those requiring call-back or follow-up action.

High level forecasting assumptions

The table that follows shows actual service use to date along with our projections of service use for the year ahead. These projections are based on data analysis, experience, and our understanding of likely changes for individual service lines in the year ahead. Please note these forecasts may not include outbound call activity for some lines.

Across all services we expect number of contacts, service users, and interactions to continue to increase strongly across national telehealth services (though as noted, individual services may be outliers.) Through natural user behaviour and development of the Digital Delivery programme we expect an increasing proportion of these contacts and interactions to be via non-telephone channels.

Key assumptions used in making forecasts for each service line:

- Healthline** - we expect to maintain current call volumes with current limited marketing. The completion of the Healthline benefits evaluation will inform discussions with the Ministry of Health on plans to address any identified unmet need through increased capacity, reprioritisation of resource, or other strategies. T
 To achieve efficiency needs, the average handling time will change from 13.56 minutes to 10.95 minutes. This will be delivered through the Digital Delivery Programme and we forecast that 10% of callers with a condition amenable by advice with an image will use this new channel from February 2019.
- Mental Health and Addictions services** - (1737, Depression, Alcohol and Other Drugs, and Gambling service lines) - we have forecast growth across all services in Mental Health and Addictions based on the current volumes. Forecasts are based on previous year actual volumes, with growth projections based on actual year on year growth from previous years.

Our current forecast assumes very low levels of marketing. During the first five months of the year we propose to cover the staffing gap required to serve this volume from our Quitline team whilst we, in partnership with the Ministry of Health, develop an approach for managing the demand from December 2018. This plan should take into account demand patterns and examine strategies for reprioritisation and opportunities to increase available resources to meet this demand. During this time we'll also be addressing efficiency needs through the Digital Delivery Programme, with the average handling time will changing from 12.26 minutes to 11.89 minutes. We have purposefully flattened

the growth curve for Mental Health and Addictions services this year, as we limit growth to the 1737 service whilst we develop the plan to address service demand mentioned above.

- **Early Mental Health Response** - longer term forecasts for EMHR will be prepared in January once the integration with Police has been completed and the service has been fully operational on a national basis for over 18 months, which is required for reliable long-term forecasting. Short term operational forecasts for the purposes of staffing the service are completed as business as usual, though they can fluctuate due to work in progress to increase volumes.
- **Quitline** - Internationally, the prevalence of vaping has been correlated with a decrease in individuals using smoking cessation services, and in line with those findings we have observed a drop in call volumes to Quitline. To address this, Quit platform visibility on social media has increased and we expect overall growth in service users, and non-call activity to result from new brand development January - June 2019 when compared to 2018. To achieve the efficiency needs the average handling time will change from 8.29 minutes to 8.04 minutes, this will be delivered through the Digital Delivery Programme.
- **Poisons Advice** - no changes are expected. We have assumed contacts broadly stay at current levels.
- **Ambulance Secondary Triage** - we are forecasting volume growth aligned to the current volumes seen since the national rollout. Whilst Ambulance services are considering extending the type of calls transferred to us it is assumed that any changes will be neutral to the overall volume.

Forecast contacts by service line groups

		2018 Forecast in Annual Plan	Actual 2018	2018 and 2019 Annual Forecast
Demand Driven Service Lines				
1	General Nursing (Healthline)	355,109	364,662	354,902
2	Mental Health and Addictions	98,997	133,696	140,244
3	Quitline Service and Support Advisors	73,498	55,523	55,000
4	Poisons Information Officers	22,928	23,130	23,616

Capacity referral services				
5	Emergency Nursing (Ambulance Secondary Triage)	57,357	46,983	53,143
6	Mental Health Nursing (EMHR)	29,341	5,239	TBC
7	Unplanned health events	2,000	88	2,000

Staffing by service type

The services are provided by six frontline teams of highly skilled people:

- General nursing team
- Mental health and addictions specialists
- Emergency nursing team (ambulance secondary triage)
- Service and Support Advisors
- Poisons Information Officers
- Mental health nurses

We have grown staff numbers as our services have developed. During 2018/19 we will adjust deployment of staff across service lines to meet forecast changes in demand. Note - the forecasts below include nursing and mental health and addictions counsellors / professionals that cover both NTS and non-NTS services as we gain efficiencies and economies of scale with flexible staffing.

	Anticipated FTEs Q4 2019
Registered nurses*	94
Mental health and addictions counsellors/ professionals	30
Service and Support Advisors	9
Poisons Information Officers**	14
Mental health nurses	22
Total	169

* 7.0 FTE nurses are subcontracted from Plunket.

** Poisons Information Officers are subcontracted from the University of Otago.

Innovation fund

At 30 June 2018 we had an innovation fund balance of \$1.343M. There is one carry over project from FY2017/2018 of \$400k for the integration of HealthOne and development of the data exchange which have already been approved and committed. This year's plan has identified two additional projects that we propose have contributory funding from the innovation fund.

Use of the fund requires the Designated Representative and Homecare Medical Board to agree and sign off the funding. When funding requirements and project briefs are established formal requests for funding will be made to the Board and Ministry of Health.

Appendix

National telehealth services

Service	Team	Description	Channels
Healthline	General Nursing	Health advice and information	0800 611 116 www.healthline.govt.nz
Immunisation advice	General Nursing	Immunisation advice provided to the public in partnership with the Immunisation Advisory Centre (IMAC)	0800 IMMUNE
Live Kidney Donation	General Nursing	A 'front door' for people enquiring about being a kidney donor	0800 LIVE DONOR
The Diver Emergency Service Hotline (DES)	General Nursing	Advice on diving related incidents, accidents or injuries, including the emergency management of decompression illness	0800 4 DES 111
Elder Abuse Response Service	General Nursing	Advice, information, and support about elder abuse	0800 EA NOT OK
Ambulance Secondary Triage (Clinical Hub)	Emergency Nursing Team	Clinical telephone assessments for low-acuity 111 calls to St John and Wellington Free Ambulance	111 calls to St John and Wellington Free Ambulance
Poisons Advice	Poisons Information Officers	Poisons advice for the public and health professionals delivered through the National Poisons Centre	0800 POISON
The Alcohol Drug Helpline	Mental Health Support Specialists	Advice, information and support about drinking or other drug use	0800 787 797 Text 8681 www.alcoholdrughelp.org.nz
The Depression Helpline	Mental Health Support Specialists	Support tools and information for emotional and psychological issues	0800 111 757 Text 4202 www.depression.org.nz
The Lowdown	Mental Health Support Specialists	Support to help young people recognise and understand depression or anxiety	www.thelowdown.co.nz Text 5626
The Journal	Mental Health Support Specialists	An online programme to help people learn skills to tackle depression	www.depression.org.nz/ thejournal
The Gambling Helpline	Mental Health Support Specialists	Support for those worried about gambling or the gambling of others	0800 654 655 Text 8006 www.gamblinghelpline.co.nz
1737 Need to talk?	Mental Health Support Specialists	Support for anyone dealing with stress, anxiety, depression, or just a need to talk - through a brand-neutral 'front door'	Call or text 1737 www.1737.org.nz
RecoverRing	Mental Health Support Specialists	Support for offenders and prisoners (and their whānau and families who are helping them) regarding alcohol or drug use	0800 678 789

Service	Team	Description	Channels
Earlier Mental Health Response	Mental Health Nursing	Faster and more appropriate help to people in social and psychological distress who call 111 for Police or ambulance. This service also includes an Expert Advice Line providing support to community and social services professionals working with people who may have mental health needs; and a publicly accessible nationwide directory of mental health services from community to specialist care	111 Calls
Quitline	Service and Support Advisors	Support for those who want to quit smoking and stay quit	0800 778 778 Text 4006 www.quit.org.nz
Kupe	Digital services	Online decision support tool to help men and their whānau understand more about prostate cancer and to decide if they should see their doctor to get tested	www.kupe.net.nz



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www.facebook.com/GamblingHelplineNZ

www.facebook.com/HealthlineNewZealand