

Karakia

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

Te Whatu Ora
Health New Zealand

Te Aka Whai Ora
Māori Health Authority

Shifting the System

- Riana Manuel, Chief Executive Te Aka Whai Ora
- Margie Apa, Chief Executive Te Whatu Ora
- Jane O'Hallahan, Clinical Director of Screening Te Whatu Ora
- Selah Hart, Deputy Chief Executive, Public & Population Health Te Aka Whai Ora
- Dr Richard Sullivan, Interim Chief Clinical Officer
- Dr Sarah Clarke, National Clinical Director Primary & Community Care
- Matthew Gifford (MC)

4 October 2023

Te Whatu Ora

Health New Zealand

Te Aka Whai Ora

Māori Health Authority

Screening

All people will be able to access a comprehensive range of support in their local communities to help them stay well

Winter Measures

Everyone will have equal access to high quality emergency and specialist care when they need it

1

The health system will reinforce Te Tiriti principles and obligations

2



3

5

Health and care workers will be valued and well-trained for the future health system

4

Digital services will provide more people the care they need in their homes and communities



Cervical cancer in Aotearoa

In 2019, the age-standardised* cervical cancer incidence rate for Māori women was 7.8 per 100,000, for Pacific women 10.9 per 100,000, for Asian women 4.8 per 100,000 and for Other women 7.1 per 100,000.

Many wāhine are not being screened for cultural, personal, or economic reasons.

Almost all cervical cancer is preventable.

*age-standardised using the WHO standard population

// [We are] having
great response with
opportunistic
[testing], whether it
is for new patients,
overdue or previous
non responders //

Primary Care Screen-Taker
Auckland

**Be ready for upcoming
changes to the National Cervical
Screening programme.**



[Click for more information](#)

Te Whatu Ora **Te Aka Whai Ora**
Health New Zealand Māori Health Authority



Placing whānau at the heart of the health system



Te Whatu Ora
Health New Zealand

Te Aka Whai Ora
Māori Health Authority

Critical role of screening support services to achieve this

2021 Parliamentary Review Committee (PRC) report into the NCSP recommends an integrated, community-based model of cervical screening



HPV primary screening campaign

**Putting whānau
voice at the centre**

By Māori, for Māori

**Kua tatū mai
te whakamātau
whaiaro hōu.
Kua rere kē te ao!**



Tirohia rānei [TimeToCervicalScreen.nz](https://www.timetocervicalscreen.nz), waea rānei ki 0800 729 729, korero rānei ki tō nēhi, ki tō tākuta, haere rānei ki tō whare hauora.

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National Cervical Screening Programme

**Ko tā te whakamātau
whaiaro he huna i
ngā wāhanga muna.**



Kua tatū mai te whakamātau whaiaro hōu. Kua rere kē te ao!


Tirohia rānei [TimeToCervicalScreen.nz](https://www.timetocervicalscreen.nz), waea rānei ki 0800 729 729, korero rānei ki tō nēhi, ki tō tākuta, haere rānei ki tō whare hauora.

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National Cervical Screening Programme

**The cervical screening
self-test is here.
It's a game-changer!**



Cervical screening is for eligible wāhine, and people with a cervix aged 25 to 69. Visit [TimeToCervicalScreen.nz](https://www.timetocervicalscreen.nz), call 0800 729 729 or talk to your nurse, doctor or hauora clinic.

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National Cervical Screening Programme

Empowering choices



Supporting community care

Clinical telehealth

- Rural, Māori and Pacific general practices, and general Practices serving high deprivation populations (as of 25 Sept)
 - 26,657 calls made
 - 5,986 required medical consultations

Minor health conditions service

- Minor health conditions in pharmacies not continuing
- 772 participating pharmacies
- 98,824 consultations

Eligibility	%
Person under 14 years	70%
Pacific person	15%
Māori person	13%
Community Service Card holder	9%
Whānau of person under 14	6%

“ I used the minor ailments service at Kilbirnie Unichem today, and it was fantastic! My 8 month old baby had a nasty rash, and the pharmacist explained what it was likely to be, gave me creams for treatment, and told me the symptoms that would mean I needed go to the GP. The rash has already improved... Getting to the DR in the city is tricky with a baby and toddler, and I used to feel reluctant to ask the pharmacist for advice without buying something. It’s so reassuring to know I can go there for help, the staff at the [pharmacy name] are great.

”

Keeping people well

Immunisation

- 660,854 COVID-19 Boosters administered
(Between 1 April – 29 September 2023)
- 1,253,286 Influenza vaccinations administered
(Between 1 April – 29 September 2023)
- 487,787 Childhood Immunisations administered
(Between 1 January – 17 September 2023)

Communication

- Communications focusing on winter and encouraging people to stay home when they are sick – across television, radio, mailouts and social media.

Carer Support Subsidy

- Nationwide changes to the Carer Support Subsidy – increased rate and flexibility – to support more people to be cared at home.



Supporting community care

Ageing well

- Supporting timely discharge from hospital to Aged Related Residential Care (ARRC) by providing nationwide flexible funding centred around patient needs, for example:



Funding a wound care nurse specialist role to improve access to community specialist services in ARRC and prevent the need for elderly patients to be admitted to hospital for wound care.

Primary Options for Acute Care

- Expanded across all priority areas to help minimise unnecessary demand on hospitals by supporting patients in the community, for example:



Extended winter consults with General Practices resulting in extra acute appointments provided outside normal working hours (Te Tai Tokerau)



Reducing hospital demand

- Ambulance frontline Paramedics were supported with clinical telehealth, which reduced referrals to Emergency Departments:
 - 2,895 referrals nationally
 - 2,010 patients (69%) didn't need transfer to Emergency Departments
- Every hospital implemented and refined **escalation plans** to manage periods of surge and these were linked to a national surveillance programme.
- All hospitals worked on minimising the impact of acute demand on **planned care**, and there was a strong focus on maintaining planned services in the winter months.
- **Hospital in the home** was well utilised in some districts, reducing demand on inpatient beds.



Evaluation is coming..

Approach

- In-house with external peer review

In scope

- The 24 winter preparedness initiatives
- Additional actions added over winter

Indicative Timeframe

- Draft by 30 November 2023



Questions?



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