

Establishment Service Specifications for Essential Primary Health Care Services provided by Primary Health Organisations

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MANATŪ HAUORA

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1. Definition

- 1.1 This service specification describes a minimum set of essential primary health care services that all Primary Health Organisations (PHOs) will be required to provide to their enrolled populations.

2. Service Objectives

PHOs are required to work towards the following objectives:

2.1 General

Essential primary health care services will be evidence and best practice based (where possible) and will aim to improve, maintain and restore health and ensure access to care. They should be provided for individuals across their life span, for families, whānau and communities taking a broad view of health, including physical, mental, cultural, social and spiritual dimensions. Services should be co-ordinated with other health care services and will aim to reduce health inequalities.

2.2 Maori Health

PHOs, with reference to He Korowai Oranga: The Māori Health Strategy, are expected to contribute to improvements in whānau ora, and to the reduction in Māori health inequalities. Specific Māori health priorities are outlined in the strategy under Māori Health and Disability Priorities.

PHOs will work with iwi, Māori communities and providers to develop and implement a Māori Health Plan that outlines how it will contribute to improving outcomes for Māori for the services contained in this service specification.

PHOs will be required to provide evidence of how they have worked with iwi, Māori communities and providers to develop and implement the Māori Health Plan and to demonstrate how implementation of the Plan has improved health outcomes and/or access for Māori (refer to section 8.4 of this specification).

2.3 Pacific Health

PHOs providing services for Pacific communities (in particular, those DHBs with specific Pacific accountabilities) will, with reference to the Pacific Health and Disability Action Plan, be expected to work with Pacific communities and providers in planning and delivering services to contribute to the reduction in Pacific peoples' health inequalities.

3. Service Users

- 3.1 Service users include *casual users* and those individuals who are enrolled with a PHO. Any service user receiving subsidised services must be a person who is eligible for publicly funded health services in accordance with the Health and Disability Services Eligibility Direction 1999 or any subsequent direction, published in the New Zealand Gazette, which amends or replaces the Health and Disability Direction 1999.

- 3.2 *Casual users* (casual users are defined as those not enrolled with the PHO from whom they seek services and those not enrolled with any PHO) who seek health care will have access to the same standard of First Level Service and immunisation services as the enrolled populations. First Level Services are those services described in section 5.3 of this specification.

4. Access

- 4.1.1 PHOs will provide or arrange access to First Level Services on a 24-hour a day, 7 day a week basis for 52 weeks a year.
- 4.1.2 First Level Services should be available for 95% of their enrolled population during:
- a) The normal business day within 30 minutes travel time; and
 - b) After hours within 60 minutes travel time.
- 4.1.3 Justification should be provided when this guideline cannot be met. The justification should include details of alternative arrangements for providing access to First Level Services as agreed between the DHB and PHO.
- 4.2 PHOs are required to advise the enrolled population and have information available for casual service users about how and when they can access First Level Services provided by the PHO.
- 4.3 PHOs will work to ensure the provision of First Level Services is sufficient to meet demand. First Level Services are usually provided by general practitioner and registered nurse teams. PHOs are required to provide documented evidence (including ratio of practitioners to enrolled population) of how they achieve appropriate service levels to meet population need by using existing indicators, standards of practice and professional standards.
- 4.4. Access to population-based health services (sections 5.1 and 5.2 of this specification) will be to all enrolled service users within normal business hours. The PHO is not expected to be the sole provider of these population-based services which may be provided by a range of practitioners and health workers. Except where levels and types of service provision are specifically agreed between DHB and PHO (e.g. the target of 95% coverage for childhood immunisation), the PHO and its providers and practitioners will decide the extent and type of specific services that they provide to groups and individuals.

5. Service Components

All PHOs must provide services to enable individuals and communities to benefit from services to:

- 5.1 Improve their health through:
- a) health promotion to the enrolled population, linking to public health programmes at a national, regional and local level and utilising such programmes to target specific populations

- b) health education, counselling and information provision about how to improve health and prevent disease and interventions or treatments which treat risk factors
- c) intersectoral linkages and relationships to improve health.

5.2 Maintain their health through:

- a) ongoing health and development assessment and advice
- b) appropriate evidence based screening, risk assessment and early detection of illness, disease and disability
- c) use of recall and reminder systems and as appropriate referral to national programmes (including but not limited to Well Child Tamariki Ora National Schedule, national Cervical Screening Programme & Breast Screen Aotearoa)
- d) interventions to assist people to reduce or change risky and harmful lifestyle behaviour
- e) family planning services, provision of contraceptive advice and sexual health services
- f) immunisation (See schedule)
- g) working with public health providers in the prevention and control of communicable diseases for individuals and families/whānau and reporting to relevant public health providers
- h) ongoing care and support for people with chronic and terminal conditions to reduce deterioration, increase independence and reduce suffering linking, where relevant, with appropriate service providers.

5.3 Restore their health by providing the following First Level Services:

- a) health information to enable and assist people to care for themselves and take responsibility for their health and their family/whānau's health
- b) urgent medical and nursing services, (including stabilisation and resuscitation, assessment and diagnosis, treatment and referral as necessary)
- c) assessing the urgency and severity of presenting problems through history taking, examination and investigation and diagnosing where possible
- d) recommending and, where appropriate, undertaking treatment options and carrying out/referring for appropriate interventions and procedures, including but not limited to prescribing, minor surgery and other general practice procedures, counselling, psychological interventions, advising, and imparting information
- e) referring for diagnostic, therapeutic and support services (support services are those services which may be required for individuals to maintain maximum

independence, including but not limited to personal care and domestic assistance)

5.4 Co-ordinating care:

- a) coordinating an individual's rehabilitation process and participating where appropriate in providing recovery orientated services to restore normal functioning
- b) developing collaborative working relationships with community health services, DHB and NGO public health providers, ACC and relevant non-health agencies to help to address intersectoral issues affecting the health of their enrolled populations
- c) establishing links with a range of primary and secondary health care providers and developing initiatives to enable patient centric, co-ordinated care that meets the needs of individuals, their family or whānau.

5.5 Service Processes

5.5.1 Population awareness

The PHO will use DHB needs analysis and/or other appropriate evidence, such as information collected from enrolment or disease registers, iwi and community input to plan and deliver services which are appropriate for the demographic make-up and health needs of its population. In particular, the PHO will understand inequalities between different sub-groups of its enrolled population and identify gaps in service provision and in conjunction with the DHB, identify where priorities lie. PHOs will also attempt to identify those who are missing out on services.

Those PHOs that include rural communities will need to demonstrate that they provide equitable and effective access to primary health care services within their rural communities or within acceptable travel times.

5.5.2 Access for high need groups¹

PHOs will agree with DHBs the services and activities they will undertake to improve access to primary health care services for high need groups in their enrolled population. Such methods may include outreach services in appropriate places and delivery approaches tailored for particular groups.

5.5.3 Health Promotion Services

PHOs will agree with DHBs the health promotion activities they will undertake. The DHB will consult with the Ministry of Health Public Health Directorate on the proposed health promotion activities.

PHOs will work with whānau, hapu, iwi, consumers and other groups within their community, relevant public health service providers and regional public health units to plan and deliver health promotion programmes. Programmes must be consistent with population health objectives and public health programmes at national, regional and local levels.

¹ High need persons are defined as Maori, Pacific and persons residing in NZDep deciles 9 & 10 areas.

5.5.4 Managing Referred Services

PHOs are responsible for managing referred services² for their enrolled population. These management functions include:

- monitoring and reviewing referred services of referrers
- providing feedback to referrers
- monitoring against best practice and relevant quality indicators
- use of facilitators and educators to encourage adoption of best practice
- use of peer groups to encourage best practice
- support for other agreed initiatives.

PHOs will manage the process of referral to other providers such as medical specialists, ancillary services, Physiotherapy, Occupational Therapy and other services as required.

5.6 Settings

Services may be provided in service providers' premises, health care clinics, the individuals' home or workplace, schools and any other setting that is appropriate to meet the needs of the individual and their family/whānau.

6. Services Linkages

6.1 Linkages

PHOs will actively work with providers from relevant service areas to consider how best to co-ordinate the care of their enrolled population. Co-ordination of all services will ensure appropriateness, effectiveness, accessibility and availability. The PHO will seek and practice co-operative care co-ordination with a wide range of providers and other agencies.

7. Quality Requirements

The PHO will work to implement the following quality requirements within the funding available.

7.1 Quality Improvement

7.1.1 PHOs will ensure its enrolled population and casual service users receive services that are safe, effective, consumer centred and of acceptable quality

7.1.2 PHOs will follow continuous quality improvement principles. PHOs will document, implement and evaluate systems and processes that continuously identify and strive to meet the needs of people who use them. These systems must provide assurance for:

² Generally, referred services management relates to pharmaceuticals and laboratory. However, upon agreement with its DHB, a PHO may include other referred services.

- a) efficiency, effectiveness, coordination and continuity in the provision of services to patients
- b) maintaining, improving and evaluating the quality of ongoing service provision including the development of new initiatives
- c) clinical audit and peer review processes that incorporate input from relevant health professionals, services and consumers and that are based on appropriate professional/clinical standards
- d) maintaining systems to manage risks appropriate to the degree and range of risk(s) relevant to the services provided and ensure the security of people, drugs, equipment and buildings
- e) a contingency plan that manages continued delivery of services in the event of a major incident
- f) a process to deal with issues identified from consumer feedback
- g) a consumer complaints process
- h) data integrity, completeness and timely and complete recording
- i) focus on clinical outcomes and control systems for unsafe and ineffective clinical practice.

7.2 Cultural Values

- 7.2.1 PHOs will work with communities to ensure services are delivered in a culturally appropriate and competent manner, ensuring that the integrity of each individual's culture is acknowledged and respected and that the particular needs of the community are catered for. PHOs will work to reduce barriers to access or communication and work with communities to ensure services delivered are safe for all people.
- 7.2.2 Each PHO will endeavour to incorporate Māori principles/tikanga into the service delivery process
- 7.2.3 PHOs serving Pacific communities will demonstrate how these communities are involved in developing, monitoring and evaluating services to their communities.

7.3 Legal, Regulatory and Professional Requirements

- 7.3.1 PHOs must comply with all the relevant legal, regulatory and contractual obligations.
- 7.3.2 PHOs must substantially meet and continue to improve on the quality standards, systems and guidelines of the relevant professional colleges or organisations as agreed between the PHO and DHB.
- 7.3.3 Practitioners and employees of PHOs must adhere to the standards of their relevant professional body.

7.3.4 PHOs must ensure that their practitioners, employees, and any sub-contractors, are aware of their responsibility to comply with these specifications and have continuous quality improvement processes in place.

7.3.5 All buildings, plant and equipment used in service provision must be fit for their purpose and adequately maintained in safe working order.

7.4 Service Specific Quality Requirements

7.4.1 Immunisation: See Schedule

8. Reporting Requirements

8.1 Quality Indicators

A key PHO aim is to improve the quality of health care received by the populations they serve. At present, there are not consistent, national standards for measuring the quality of primary health care. In order to establish a national approach to measuring quality in primary health care, the Ministry of Health will sponsor an interactive and inclusive process for developing a set of quality indicators, deciding on the way that they will be used to measure quality, and determining the best means for collecting, analysing and storing the required information. The process will be managed by persons knowledgeable in quality indicators (external to the Ministry) and will include a wide range of persons from the primary care sector, District Health Boards, and the Ministry of Health.

This process will take place prior to December, 2002. After that point, PHO service agreements will include reference to these indicators and the requirements for complying with them. From 2003/2004, PHOs will receive quality payments based on their performance against these indicators.

8.2 Service utilisation

8.2.1 PHOs will be required to report on non-ACC First Level Services delivered to enrolled and casual persons. This reporting will summarise the services received by the characteristics of the enrolled persons and by provider type. Number of consultations will be reported against each the following categories (see Appendix for the suggested format):

- age group (under 5, 5 to 14, 15 to 24, 25 to 44, 45 to 64, and over 65)
- gender
- ethnicity (Māori, Pacific Island, and Other. These categories can be further defined by agreement with the DHB.)
- deprivation quintile (using NZDep index)
- CSC status (where required on the register)
- HUHC status
- Registration status (enrolled or casual)
- provider (General Practitioner, Registered Nurse, Other).

8.2.4 These reports should be submitted in Microsoft Excel format to HealthPac (Dunedin) on a quarterly basis. If this information is not received, the DHB may reduce the amount of the next quarterly capitation payment.

8.2.5 At this point, PHOs are required to provide utilisation information on an aggregate basis. However, the quality indicators (to be developed in 2002/2003) may require that certain information be provided at an individual transaction level.

8.3 Reporting against activity and agreed targets

8.3.1 PHOs will describe, in their annual reports, the activities undertaken to provide the services outlined in this service specification and report on their performance against agreed activities. In particular, PHOs are to report on the following:

- activities to improve access to primary health care for high need groups.
- health promotion services and activities
- referred services management activities
- quality improvement activities.

8.4 Māori Health Plan

8.4.1 Within the first six months of the PHO contract first being signed the PHO will develop a Māori Health action plan in consultation with iwi, Māori communities and providers.

8.4.2 Within the following next six months the Māori Health Plan will be implemented and the PHO will provide evidence of how it has worked with iwi, Māori communities and providers to develop and implement the Māori Health Plan and will report on health initiatives and health gains for Māori.

8.4.3 The Māori Health Plan will be reviewed annually in consultation with iwi, Māori communities and providers and amended accordingly.

8.4.4 Following the annual review the PHO will provide six monthly reports providing evidence of health gains for Māori.

8.5 Service Specific Reporting Requirements

8.5.1 Immunisation Reporting Requirements

Refer to the Immunisation Reporting Requirements Schedule attached.

SCHEDULE: Immunisation Services

1. Service Components

PHOs are required to provide the following services as part of achieving the national target of 95% immunisation coverage in children, and a 75% coverage rate of eligible patients receiving influenza vaccine, and an increased proportion of adults receiving tetanus vaccine at age 45 and 65 years.

- 1.1 All immunisation services to children and adults as per the National Immunisation Schedule 2002.
- 1.2 Non-schedule vaccines to relevant high-risk groups, as per the Immunisation Handbook 2002.³
- 1.3 The immunisation episode scheduled at age 11 (year 7) if it is not given through a school programme.

In addition, PHO immunisation services will:

- 1.4 provide opportunistic immunisation of children who are casual patients, and inform their usual vaccinator/provider of this within 2 working days
- 1.5 refer any child who is overdue for any immunisation event (see standard definitions⁴) and who has not responded to at least three contacts, to either an appropriate immunisation outreach service, a well child service, or the local immunisation co-ordinator
- 1.6 undertake regular audit within the PHO using the standard Ministry of Health approved method
- 1.7 promote immunisation using evidence-based information, ensuring PHO enrolees are able to make decisions about immunisation based on informed consent
- 1.8 assist with epidemic control and other situations where co-ordinated action is required
- 1.9 ensure that a decision by parents/guardians not to immunise their children is recorded and the provider acts in accordance with this decision
- 1.10 maintain at all times an effective cold chain so as to ensure potency of all vaccines administered.

³ Ministry of Health Immunisation Handbook 2002 Ministry of Health, Wellington 2002

⁴ Definitions for immunisation on time, overdue, non-responder, declined etc are set out in the national standardised terminology for immunisation audit developed by IMAC (these are currently being reviewed for consistency with the NIR).

2. Quality requirements

- 2.1 The PHO immunisation services must meet the Immunisation Standards 2002 as laid out in Appendix 3 of the Immunisation Handbook 2002, including standards for organisations offering vaccination services and standards for vaccinators, any relevant legislation (including regulations) and reporting of adverse events.

3. Reporting requirements

- 3.1 The PHO must ensure that information is transmitted on immunisation episodes electronically to HealthPac or their nominated agent for payment purposes.
- 3.2 When a regional and/or national immunisation register is established in the PHO area then the PHO will ensure that, within 24 hours of providing the vaccine, the vaccinating provider transmits the following information to the immunisation register:

Basic client record (static)	Name
	Date of birth
	NHI
	Sex
	Ethnicity
	Place of birth
	Mother's/parent/caregiver details
	Immunisation status for age (as per audit definitions)
Immunisation episode (one record per vaccine given)	Informed consent for immunisation programme with a comments box
	Vaccine given
	Date of administration
	Vaccinator
	Status (i.e., given/declined/contra-indicated)
	Batch number
	Expiry date
	Site of administration
Recall Enabling Information	Nominated vaccinator
	Nominated well child provider
	Child's address
	Parent/caregiver contact information
	Alternative contact information.
	Opt on/opt off the register/programme
	School or early childhood centre attending
Other Information	Adverse events
	Contraindications

3.3 The PHO will report aggregated immunisation data quarterly to the DHB as follows:

PHO Denominator	Immunisation Status⁵
Number of children enrolled in PHO at a set date between 6 months and one year	Number of fully vaccinated children between 6 months and 1 year in PHO (ie received DTaP-IPV3/HepB, and Hib-HepB2)
Number of children enrolled in PHO at a set date between 16 months and 2 years	Number of children in PHO between 16 months and 2 years received MMR1 and DTaP/Hib
Number of children in PHO at a set date between 4 and 5 years of age (ie under 5 years)	Number of children in PHO between 4 and 5 years given MMR2/DTaP-IPV4

3.3.1 South Island PHOs that are carrying out the 11 year old immunisation programme will report the number of enrolled children in year seven at school, the number for whom consents to immunise were given, the number for whom consents were not given, the number who received Td immunisation and the number who received IPV.

⁵ Need to specify antigen for coverage not vaccine if parents request different antigens from scheduled vaccine.

Appendix: Suggested format for reporting first level service utilisation

The table below shows a suggested format for reporting utilisation by enrolled people. Two reports will be needed for consultations with:

- general practitioners and with
- nurses or other practitioners.

AGEGRP	SEX	Non High Use						High User
		Non Māori or Pacific		Māori		Pacific		
		Dep Quin <5	Dep Quin 5	Dep Quin <5	Dep Quin 5	Dep Quin <5	Dep Quin 5	all
00-04	F							
	M							
05-14	F							
	M							
15-24	F							
	M							
25-44	F							
	M							
45-64	F							
	M							
65+	F							
	M							