

MEDIA RELEASE

Filling a gap – a National Primary Care Data Service

Assembling the evidence for better healthcare

This week a document was published on GETS to seek Expressions of Interest (EOI) from vendors or organisations wishing to provide a solution for a National Primary Care Data Service. This milestone is the culmination of months of work and consolidation of various moving parts.

Collectively, General Practice holds a wealth of information on the health and wellbeing of the majority of New Zealanders. Only a small fraction of this data is currently assembled in any meaningful way to support the sector's understanding of population health, quality improvement initiatives and health system planning, including the value of investment options.

Individually, Primary Care Networks (PCNs) currently collect practice data for a variety of purposes and in a variety of infrastructures, but without the ability to compare or contrast this information across PCNs. There is limited capacity to combine this data with other national, regional or local datasets to support clear and meaningful changes that will improve the performance of the New Zealand health and social systems and the wellbeing of all New Zealanders.

This was punctuated in the recent report from the Ian Axford Fellow, Amy Downs (From Theory to Practice: The Promise of Primary Care in New Zealand – September 2017) in which she observes

“While PHOs throughout the country are collecting data, only visit data is submitted to the Ministry of Health. Minimal synthesis of these data occurs to strategically inform public policy.”

In her report, Downs offers a number of reflections on policy, governance, funding and structures; but all come back to the need for better use of data to evaluate and inform a joined-up system.

However, the recent EOI is not a result of this report. It is a happy coincidence of timing that helps reinforce something that has been in the minds and on the planning tables of primary care, DHBs and the Ministry of Health for some time.

Over the last 6 months, a collective group of PHOs / Primary Care Networks (PCNs) has contributed their insights, time and (local) approaches to data collection under a national project that includes 18 participating PHOs / PCNs who represent, in aggregate, 80% of the enrolled population of New Zealand. This group contributed seed funding, access to resource and knowledge and senior representation on an interim Governance Group to build a case and a framework for the EOI, with a view to gauging the capacity, capability, cost and feasibility of implementing a NPCDS for the sector. Francis Health have supported development of the EOI.

More recently, the Ministry of Health and All District Health Boards Group have also offered to participate in the design, provide input to Governance and, in principle, to share the costs. The solution will be primary care owned and led, but will take a “best for patient, best for system” perspective.

The summary from the EOI describes the catalyst and scope of the process as: ‘Seeking responses from vendors and/or vendor consortia to develop and operate a National Primary Care Data Service’.

This process aims to enable the selection of a vendor partner or consortium to work with the sector to progress the NPCDS into being a reality for New Zealand. Submissions addressing the development, or the operational aspects of the requirement alone will be considered, but comprehensive submissions will be preferred.

The EOI timetable includes:

Planned Date	Step
13/11/2017	Publication of Eol
20/11/2017	Vendor registration as respondent to the Eol
27/11/2017	Close off date for questions
13/12/2017	Close off date for Eol submissions
22/12/2017	Initial evaluation of responses
22/12/2017	Vendors advised as to shortlisting decision
18/1/18	Shortlisted vendors briefed on co-design process
1/2/18 – 15/2/18	Evaluation workshops
22/2/18	Decision as to how project will proceed

This timetable may be altered by the Commissioners at their discretion.

The Interim Governance Group has two co-sponsors, Martin Hefford (Compass Health) (Chair) and Fiona Thomson (GPNZ) with representation from contributing PCNs and will be joined by representatives from the Ministry of Health and the collective DHBs.

The group will remain in place to see through the EOI and, if the process moves into implementation and operation, the group will be replaced by an operational Governance Group (that will be designed as part of the process).

Contact

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