

Te Whatu Ora

Health New Zealand

PARTNERS IN PRIMARY AND COMMUNITY PĀNUI

Tēnā koutou katoa

This week, an error led to a large amount of electronic patient information being re-sent to some of our colleagues in general practice. This has occurred mainly in Lakes, Bay of Plenty and Tairāwhiti, areas already impacted in their clinical work following Cyclone Gabrielle. My sincere apologies to all of the practices who have been impacted by this error.



While human error happens, how we have worked through this starts to show how we want to work more as a single system, all on the same team. Practices raised the issue quickly with us, and I thank those who did, and we worked quickly to not only rectify the error but to recognise and compensate the impact we had inadvertently caused.

I also thank the team at Healthsource for listening, quickly identifying and stopping the error from recurring. Within Te Whatu Ora, I observed our Regional and National teams working seamlessly to sort out a rapid solution to a problem none of us had planned into our days.

We prove time and time again that in crises, whether caused by a virus, mother nature or human error, we can pull together as a unified system, and I am confident the same can be done in business as usual, particularly as we reshape our operating environments within Te Whatu Ora and free our people to work more closely with communities.

Separately, I was delighted this week when I saw the [Healthy Families NZ local government impact report](#). This report confirms what we believe – that if we give voice to communities and value lived experience, we can work together to achieve a collective impact that allows communities to thrive.

We still have a long road ahead in our collective journey toward Pae Ora, but I am confident that together, we have the right ingredients for success.

I thank you for your ongoing support.

Ngā mihi

Abbe Anderson (she/her)
National Director Commissioning

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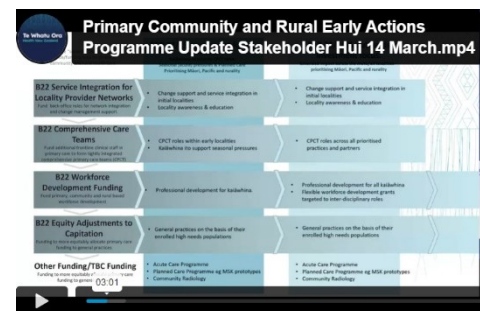
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Te Pae Tata:

Primary, Community and Rural Early Actions

The Primary, Community and Rural Early Actions team recently held a webinar for those within the sector, to get a better idea of what's happening. The webinar enabled the sector to find out about the changes ahead and what it means for them.

As a partnership between Te Aka Whai Ora and Te Whatu Ora, this programme of work has been established to drive some of the early benefits described in Te Pae Tata interim New Zealand Health Plan 2022: to build the foundations of a sustainable, unified health system that better serve our communities.



The following key priorities within the programme were discussed:

- The planned Equity Adjustment to Capitation
- Workforce Development Funding
- Extended Care in primary and community settings
- Introduction of Comprehensive Primary and Community Care Teams, including the new roles of pharmacist, care co-ordinator, physiotherapist and kaiāwhina.

During the webinar, we heard that the sector is highly engaged in new ways of working, including the concepts of working as one team, regardless of their employer. We also heard about the importance of partnering with iwi and hauora Māori partners.

Key decisions on each of these priority areas are being made in the upcoming weeks, and we'll advise the sector as soon as possible.

- **Watch:** [Primary Community and Rural Early Actions Programme Update Stakeholder Hui 14 March.mp4 \(vimeo.com\)](#)
- **CONNECT:** earlyactionsprogramme@health.govt.nz.



Your wellbeing matters

Having a tough time? Feeling distress in a challenging situation is normal. Talking to someone can really help.

TXT 3718 any day between 8am-8pm to kōrero with a trained professional who can call you back for a supportive conversation about what's going on for you.

Emergency Response: Healthcare and aroha being choppered to rural communities

Helicopters loaded with health professionals, medications and a healthy dose of aroha have been providing culturally led, clinically partnered outreach to cut-off rural Hawke's Bay communities.

Te Whatu Ora Pou Whirinaki Duayne Davies, who led the Isolated Rural Communities āwhina response, says general practitioners (GPs), nurse practitioners, kaiāwhina, psychologists, psychiatrists and mental health workers have visited at least 12 rural communities since the cyclone wreaked havoc on Hawke's Bay.



"Seeing the need through a cultural lens has been critical to our mission's success," Mr Davies says.

Te Whatu Ora has worked in partnership with Te Aka Whai Ora, and alongside New Zealand Defence Force, Civil Defence, NZ Police, Fire and Emergency NZ, Hone Hato St John, Ministry of Primary Industries, Ministry of Social Development, Red Cross and Iwī liaisons.

Te Whatu Ora Clinical Lead – Planning and Funding Peter Culham says the team also worked alongside New Zealand Defence Force (NZDF) on its 'Tūhono' operation which has located 23 'lost whānau' and is now complete.

"Predominantly, primary care was the biggest need we saw, so GPs or nurse practitioners were the ideal people to treat these communities," Dr Culham says.

"So far, we have records of 200 people seen for medical acute or sub-acute reasons such as skin infections, gastroenteritis, migraines, anxiety, coughs and wound assessments – and then there's mental health on top of that," he says.

Mr Davies says ensuring all clinical and psychosocial teams understood the cultural narrative was key to ensuring staff had a clear picture of the community's healthcare needs.

- **READ:** [Healthcare and aroha being chopped to rural communities – Hawkes Bay District Health Board – Our Health \(ourhealthhb.nz\)](#)

SUPPORT OUR PRIMARY AND COMMUNITY WHĀNAU

How to help: Could you support cyclone and flooding impacted regions as a short-term doctor, nurse, practice administrator, pharmacist, or pharmacy technician?

- If you are a rural hospital doctor, general practitioner, nurse practitioner or registered nurse and able to undertake a locum placement for between two to six weeks, register your interest: Hauora Taiwhenua Rural Health Network – [GabrielleLocumSupport](#)
- If you are a pharmacist or a pharmacy technician and able to undertake a locum placement for between one to six weeks, register your interest: Pharmaceutical Society of New Zealand – [Locum Relief for Cyclone affected pharmacies](#)

Need help: Do you require the support of a short-term doctor, nurse, pharmacist, or technician? If you need additional staff because your workforce has been significantly impacted by the cyclone and recent flooding events, please email – workforcesectorrequest@health.govt.nz

Workforce:

Hundreds of employers sign up for additional funding to increase community nurses' pay

Hundreds of employers in aged residential care, hospices, home and community support services, and Māori and Pacific healthcare have signed up for additional funding to lift pay rates for eligible nurses and kaiāwhina.

Earlier this month, more than 600 employers around the motu from these five prioritised sectors were offered additional funding under the pay disparities initiative.

It aims to alleviate some workforce pressures and service impacts by reducing the flow of community-employed nurses and kaiāwhina to higher-paid roles with Te Whatu Ora.

Employers who have accepted their offers will receive an interim payment to enable them to lift pay rates for eligible workers for the period 1 April 2023 to 30 June 2023. From 1 July 2023, the additional funding will be incorporated into their contract prices.

For all other sectors with eligible workforces, Te Whatu Ora is working with districts on contract variations for the additional funding to be included from 1 July 2023, pending approval decisions.

Other groups being considered in the second round of funding include Plunket, Family Planning, school nursing services, mental health and addiction, rural hospitals and telehealth.

Te Whatu Ora has also started working with general practices to ascertain if disparities in pay exist between general practice nurses compared to Te Whatu Ora-employed nurses.

General practice nurses were initially excluded from the pay disparities initiative, but it was made clear that this decision could change if evidence of a pay disparity emerged in the future. Te Whatu Ora expects to provide advice to the Minister of Health on the impact of the recent increase in Te Whatu Ora nurse pay rates on general practice nurses early next month.

- **READ:** [new pay disparities web content](#)

Mental Health and Addictions:

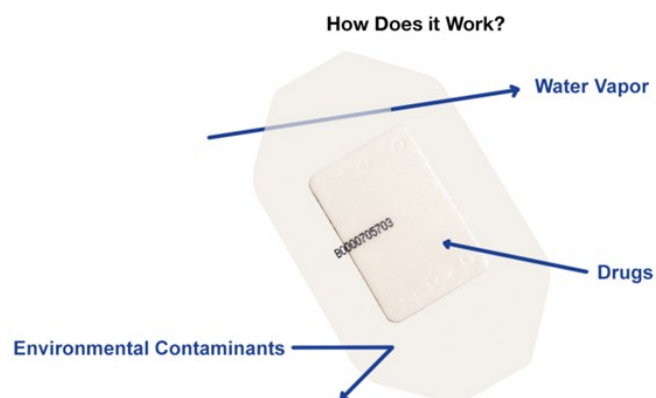
Innovative trial of drug checking 'sweat patch' could stick

Drug checking could soon be easier thanks to an innovation in the science.

A soon-to-launch trial of drug patches – or “sweat patch” – will check Aotearoa Alcohol and Other Drug Treatment (AODT) Court participants for various illegal drugs, making it easier to monitor usage and assist people with recovery from addiction.

“The sweat patch is affixed to the skin in much the same way as a band-aid and is worn for up to 14 days to detect the presence of drugs excreted through perspiration,” says Peter Carter, Te Whatu Ora interim Director Addiction.

Facilitated by Te Whatu Ora, the patches will initially be trialled across Tāmaki Makaurau in coming weeks for around two months with 10 AODT Court participants. The success of the trial will mainly depend on the viability of the patches in assisting participants with abstinence and continued sobriety, says Peter.



The patches have a clear film that will become cloudy if they are removed, so tampering is not possible. Because they are waterproof, there is no need to worry about them coming off in a shower or during a swim. Also, since they are, by design, constantly monitoring the sweat of the wearer, they cannot be defeated with methods that may foil a urine test.

“The patches are also discreet, make it easier to manage rural participants, and minimise the disruption of drug checking to work schedules – some key aspects that often help participants reintegrate into society,” says Peter.

The drug patches were developed by PharmChem – the predominate continuous drug monitoring technology used by USA Treatment Courts – and imported following a strategic alliance with the NZ Institute for Environmental Science and Research. The patch can test for a range of drugs: Methamphetamine, Amphetamine, Cocaine, Codeine, Morphine, Heroin, Marijuana, and PCP.

Drug patches are already utilised in more than 1,000 substance programmes in the United States, ranging from drug and treatment courts, veteran’s treatment courts, evidence based

practice probation and parole agencies, 24/7 sobriety programmes, community corrections, and family treatment programmes.

Localities:

Working together, better.

Localities enable different organisations to work together better to improve people's health and wellbeing. One example that can be seen at a working level is in Toirāwhiti where three iwi, Whakatōhea, Ngāi Tai and Te Whānau Apanui, have joined forces to lead the determination, design and delivery of health and wellbeing services for whānau living in their rohe.



"The Pae Ora Act has been a catalyst for our iwi to lead and initiate new working partnerships and strategic networks across all levels and sectors to adopt a people and place-based approach to realising Toi Ora. The notion of localities strongly supports the future sustainability and survival of our iwi ecosystems, as it allows us to further ground, embed and revitalise an iwi worldview - asserting our tangata whenua determinants of Toi Ora. Our Toirāwhiti Locality is not about illness - it's about our wellness in ways that are meaningful and matter to us," said Toirāwhiti Program Manager, Jodi Porter.

Alongside iwi collaboration, working together better has also reached across health and wellbeing providers in the rohe.

"Our Toirāwhiti Locality is providing a sense of connectedness amongst our Toi Ora workforce in a meaningful way that has never happened before. There is huge potential as we start to remove the silos of an old system, and instead, create a shared vision and determine an iwi-led approach that places the mauri, the life-force of all things at the centre.

We know that this way of doing things will have significant inter-generational impact and will go beyond any political agenda. We are about making mokopuna decisions and creating legacy for future generations," says Porter.

Te Aka Whai Ora National Localities Co-lead Diane Koti acknowledges hāpu and iwi have the infrastructure to respond immediately to whānau need.

"As part of the cyclone Gabrielle response, hāpu, iwi, marae and hapori Māori were fast to respond with locally determined and informed solutions to ensure mana motuhake."

Koti shared that there's an opportunity within the localities programme of work to further acknowledge and prioritise hāpu, iwi and hapori Māori whakaaro in deciding what's needed in their local area, and elevate their goals to ensure oranga and achieve wider aspirations for whanau, hāpu, iwi and hapori Māori. E kore tēnei whakaoranga e huri ki tua o aku mokopuna.

- **FIND OUT MORE:** [Toirāwhiti Locality website.](#)

Heads-up:

From April 13, technology will enable deaths to be reported to the coroner online

The Ministry of Justice, in collaboration with the Ministry of Health, and the Department of Internal Affairs, has developed a new tool that enables deaths to be reported to the coroner online.

The new report to the coroner, available from 13 April, will be part of the Death Documents application that doctors, and nurse practitioners already use to complete a Medical Certificate of Cause of Death (MCCD) and cremation certificate online.

The digital form's new Report to coroner feature uses 'smart logic' questions to determine whether the coroner must be involved in the death. Additionally, the form includes plain language explanations of when to refer a death, and when not to, which can be accessed while completing the report.

New plain language guidance will also be available on the Ministry of Justice website to support doctors and nurse practitioners to understand the role of the coroner, their legal responsibilities when reporting a case, whānau rights about post-mortems and how to let coroners know about any cultural considerations that are important to whānau.

The digital report, coupled with the online guidance, is expected to reduce the number of unnecessary reports to the coroner, which in turn will reduce the delays that whānau are currently experiencing in receiving coronial findings.

Missed it?

Local Government Impact Report: Healthy Families NZ

Healthy Families NZ is an innovative, proven, prevention initiative that is community-led, systems focused and grounded in mātauranga Māori. The approach of Healthy Families NZ recognises that communities are best placed to understand and prioritise their own health and wellbeing. The initiative aims to improve people's health where they live, learn, work and play by taking a 'systems change' approach to preventing chronic disease.

Healthy Families NZ lead providers and the Te Whatu Ora Commissioning team have produced a series of 'Impact Reports' that provide insights into systems change at the local level. The latest [Local Government Impact Report](#) has a dedicated focus on how Healthy Families NZ teams have partnered with local government to achieve collective impact.

Healthy Families NZ believes that local government is a key system partner because of their unique position to influence the health and wellbeing of whole populations. Healthy Families NZ location teams have been working to influence and enable Councils' approach to key decision-making processes with the hauora of whānau at the forefront. The Impact Report series includes reports on Kai / food systems and Play, with future reports focused on Kāhui Māori and Alcohol.



- **FIND OUT MORE:** www.healthyfamiliesnz.org
- **READ:** [Local Government Impact Report - Creating Thriving Communities \(healthyfamiliesnz.org\)](#)

Media Release: Manatū Hauora – Be safe, get tested: Syphilis increase sparks concern for life-threatening impact on unborn babies

New data from ESR, released ahead of formal publication, shows a 41 percent increase in Aotearoa New Zealand syphilis cases in the second half of 2022 (from 99 cases in the first quarter to 140 in the fourth quarter). This increase comes after a steady decline in syphilis cases since 2019.

The ESR data shows the rise in cases in late 2022 has been largely among men, with men who have sex with men recording an 81 percent increase in 2022 between Quarter 1 (1 January to 31 March) and Quarter 4 (1 October to 31 December). There was also a spike in syphilis cases among men who have sex with women, with a 76 percent increase between Quarter 1 and Quarter 4 of 2022.

Manatū Hauora is working with Te Whatu Ora and Te Aka Whai Ora to support more equitable and timely access to sexual health and antenatal care for all New Zealanders, which includes testing and treatment for syphilis.

- **READ:** [Be safe, get tested: Syphilis increase sparks concern for life-threatening impact on unborn babies | Ministry of Health NZ](#)

Public health response to measles swift and successful

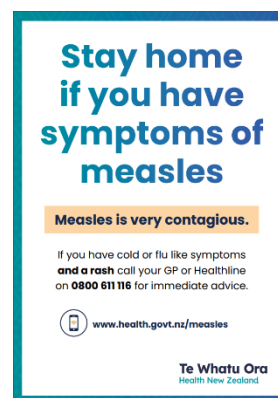
A recent positive case of measles in New Zealand saw the response to ‘stamp it out’ successfully achieved.

Led by the Outbreak Response Incident Management Team, teams from contact tracing, clinical, public health operations, communications and media, border operations, immunisations and local public health services came together quickly. They worked closely with Te Aka Whai Ora on public and health sector communications, the Public Health Agency and Manatū Hauora.

The Te Whatu Ora National Investigation Centre worked with three public health services to successfully trace over 100 contacts and 14 public exposures in a number of localities.

Public health services were key to the fast follow up, quickly contacting and quarantining anyone at risk of measles. Following the quarantine period for all potential cases, there were no further cases of measles identified.

This event has given us the opportunity to be proactive by updating materials and refining planning for next time.



- **READ:** [Public Health making good progress tracing measles contacts – Te Whatu Ora – Health New Zealand](#)



Primary care bowel screening focus in May

Primary care is encouraged to take part in a bowel screening promotion in practices and clinics in May.

The promotion seeks to increase Māori and Pacific participation in the National Bowel Screening Programme (NBSP) through opportunistic conversations in general practice. It will be evaluated to determine whether it resulted in an increase in requests for bowel screening kits for Māori and Pacific peoples, and participation rates for these groups. It will be supported by district bowel screening teams and the NBSP. Resources and collateral will be provided.

The promotion will use images from the bowel screening multimedia campaign *There's a screening here tonight*, and promote campaign key messages.

- **GET INVOLVED:** [National Screening Unit website](#).

COVID-19 Recognition Awards – Applications extended

Due to Cyclone Gabrielle disruptions, the deadline for applications have been extended to 31 March 2023. In just the first few weeks, we've seen a fantastic response from far across the health system with 4000 applications already received for the COVID-19 Recognition Awards.

- **NOMINATE:** [COVID-19 Response Recognition Award – Te Whatu Ora – Health New Zealand](#)

Missed it – Quick links

- [Stakeholder Hui 1 March](#)
- [Ruruku Stakeholder Update 10 March](#)
- [Ngā Karere Te Aka Whai Ora update 16 March](#)

This newsletter has been produced by the Communications and Engagement team at Te Whatu Ora. If you would like to recommend content, topics or have any questions about the newsletter, please reach out to Natasha Hoskins, Strategic Lead – Commissioning, Communications and Engagement: Natasha.Hoskins@health.govt.nz