

## DRAFT PLAN OF PRIMARY CARE TASKFORCE PRIORITY ACTIONS 10 Nov 2023

Key for Long term status & responsibility	PHOs to progress	PCTF or TBC	CCPG
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PRIORITY What is the issue that needs to be addressed	IMPACT What will be the benefit of addressing this priority.	HOW What are the actions taken to progress a chance	TIMEFRAME	%	UPDATE 9 <sup>th</sup> Nov	WHO Who is currently responsible for leading this work	PROPOSED LONG TERM STATUS & PROVIDER RESPONSIBILITY (Further support, long-term responsibility for ongoing or BAU activity)
<b>1. Reduce general practice administration of low / no value.</b>  <i>'Reclaim the joy of general practice'</i>	<ul style="list-style-type: none"> <li>• <b>Improve capacity</b> of general practice and people / whānau access to services.</li> <li>• <b>Support retention</b> by increasing patient facing time and reducing associated anxiety of the 'relentless' administration.</li> </ul>	<b>Accelerate uptake of alternative approaches to inbox management.</b>					
		1.1. Develop and distribute a kete of resources that responds to survey findings including: <ul style="list-style-type: none"> <li>• Managing medical-legal risks</li> <li>• Templates / delegation frameworks</li> <li>• Videos / case studies of practices that have implemented this change.</li> </ul>	End of October.	99%	Released 31 Oct.  <i>Final stage communication and monitoring. Further work to develop final HealthPathways site over next 2-3 months.</i>	Inbox Management Working Group. (IMWG)  On completion, PHOs responsible for ongoing delivery / promotion. Updating of resources to occur through Hikitia Peer Group.	From Nov. PHOs to utilise mechanisms for communicating with and influence of general practice to adopt changes in inbox management.  (e.g., Practice Relationship / Liaison staff to raise with practices, PHO newsletters, meetings with PM & GP, education programme)
		1.2. Connect practices with experienced peers. <ul style="list-style-type: none"> <li>• Panel discussion</li> <li>• Option of direct contact.</li> </ul>	End of October	100%	Panel completed. Six 'experts' are available to provide practices with insights on implementation.	<b>IMWG.</b>	PHOs promote access to expert peers.  PCTF monitor involvement for first 3 months
1.3. Explore growing the workforce to support inbox management, e.g., medical or nursing students, CA.	Mid – Nov.	60%	Advice gathered from HR and Legal Team at Pegasus. Draft process and documents developed with Med student reps.  <i>For PCTF to consider.</i>	Suggest Subgroup with Kim B, Ben H, Linda W, 4 <sup>th</sup> Year Rep. + Comms.	<b>PCTF to explore interest over next 6 months.</b>		

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		1.4. Facilitate use of automated tools (BOTs) for inbox mgmt and other routine tasks, and AI (e.g., note taking).	October	100%	Tabled work plan and expectation PHOs now lead progress on this. .	PHOs	PHOs to now take responsibility for progressing this.
		<b>Reduce admin at source</b>					
		1.5. Reduce administration at the source. <ul style="list-style-type: none"> <li>Address 2-3 problematic primary secondary pathways / processes. (See 2.1 below)</li> <li>Address other messaging / admin of no value that could be reduced at source.</li> </ul>	Dec. 23	10%	IMWG to collate other (non-hospital) opportunities to reduce admin at source or streamline processes. <i>To provide this to the PHOs to progress</i>	IMWG	PCTF initial list of opportunities to reduce administration at source.  Table with PHOs to progress
2. Improve Primary / Secondary Care Interface <i>'Recapture the relationships'</i>	<ul style="list-style-type: none"> <li><b>Streamline referral and processes</b> to reduce waste.</li> <li><b>Improve capacity</b></li> <li><b>Strengthen system clinician relationships</b></li> </ul>	2.1. <i>As for 1.5 above:</i> <ul style="list-style-type: none"> <li>Address 2-3 problematic pathways / processes areas utilising survey findings +/- hospital data.</li> </ul>	Dec. 23	50%	Waitaha Integration Team and PHO clinical leads are progressing 2-3 problematic areas before end of year. <i>Update sought for PCTF.</i>	Waitaha Integration Team and PHO Clinical leads responsible for progressing	PHO Clinical Leads and Te Whatu Ora Integration team now responsible for progressing this.
		2.2. Propose how we improve interface and communication in a comprehensive and sustainable way within a regional mechanism / framework that leverages local relationships and resources.  In the short-term book regular connect with Chiefs & Chairs, and initiate discussion with Te Whatu Ora Integration team.	Feb. 24	0%	Initial thinking is designing an approach and propose this to the Regional Integration Team.	Suggested: PCTF, PHO Clinical Leads, Te Whatu Ora commissioning and Integration Team.	TBC where transition to.  Propose long term will be Te Whatu Ora Integration Team.

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<b>3. Increase retention of workforce</b>  <i>Retain current and future GPs and PNs</i>	<ul style="list-style-type: none"> <li>• <b>Support clinicians near retirement</b> to consider part time options to address current and future workforce shortage.</li> <li>• <b>Support early – mid career clinicians to remain</b> in general practice to address current and future workforce shortages.</li> <li>• <b>Grow the workforce</b></li> </ul>	3.1. Investigate of workforce retention <ul style="list-style-type: none"> <li>• Complete analysis of workforce retention and report on findings.</li> <li>• Confirm opportunities for responding to findings.</li> <li>• Communicate to stakeholders.</li> </ul>	Oct. 23	75%	Thematic analysis from qualitative data collected. Draft report on agenda  <i>To be discussed by PCTF at meeting</i>	PCTF	TBC where transition to.  Suggest long term that this will be Te Whatu Ora.
		3.2 Explore and implement ways to strengthen team environment and workplace culture within the practice and with providers supporting patients. <ul style="list-style-type: none"> <li>• Promote examples of what practices are doing to build a collegial environment in practice.</li> <li>• Capture lessons and simple ways to build team culture for distribution. <i>E.g., All Practice Hui</i></li> <li>• Promote value to business owners of team approach / culture.</li> </ul> <i>Initial thinking:            Establish a working group for retention work</i>  <b>See also Action 5: Strengthening primary and community collaboration.</b>	Jan. 24	0%	On agenda. <i>To be discussed by PCTF at meeting</i>	Suggest PCTF, PHO, HR and Hikitia Peer Group	TBC where transition to  See above

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		3.3 Provide more clinical advice with a focus on early – mid career GPs. <i>Initial thinking:</i> <i>Establish a working group for retention</i> <i>Run focus groups determine practical ways to provide more clinical and wellbeing</i>	Jan 24	0%	Needs further scoping on what is required	Suggest PCTF, PHOs and RNZCGP.	<b>TBC where transition to.</b>  <b>See above</b>
		3.4 Facilitate availability and visibility of part-time options for GPs e.g., managing acutes, inbox management. <i>Take to working group for retention</i> <i>Initial thinking on actions:</i> <ul style="list-style-type: none"> <li>• <i>Provide examples of what people are doing.</i></li> <li>• <i>Establish mechanism to link part-timers with practices.</i></li> <li>• <i>Promote to business owners.</i></li> </ul>	March 24	0%	Needs further scoping	Suggest PCTF/ PHOs, HR	<b>TBC where transition to.</b>  <b>See above</b>
		3.5 Promote good news stories of general practice and positive aspects of a career as a GP. <i>Take to working group for retention</i>	Feb 24.	0%	Needs further scoping	Suggest – PCTF, Pegasus & CCN comms, RNZCGP	<b>TBC where transition to.</b>  <b>See above</b>
		3.6 Explore opportunities to advocate for a reduction in the fixed costs for part time GPs, Practice nurses and Pharmacists (E.g., practice certificate, medical protection). <i>Initial actions:</i> <i>PCTF –initial scope of compliance costs.</i> <i>CCPG – Initial scope of fixed costs for part time pharmacists</i>	Dec 24	30%	Raised with Pegasus Board.  Approach made to the medical council regarding current part time fee structure	PCTF	

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		3.7 Explore ways to support practices to better provide positive learning opportunities for students / recent graduates in medical, nursing, and other primary health disciplines within general practices.	March 24	0%	Needs further scoping	PCTF	TBC where transition to.  See above
4.Support further development of the Primary Care team. <i>'Utilize the team'</i>	<ul style="list-style-type: none"> <li>• <b>Enhance the function and capacity of the general practice / primary care team</b> and improve equitable access and care.</li> <li>• <b>Support retention</b> of general practice workforce through team orientation.</li> </ul>	4.1 Initial priority is to increase utilisation of pharmacists in involved in general practice. Undertake this work in alignment with Te Whatu Ora implementation of Comprehensive Primary and Community Care teams (CPCT).	Feb 24	25%	Priority actions drafted and ot be confirmed and progressed by Pharmacy working group.	PCTF Pharmacist Working Group	CCPG.  Note: Value of 'Peer Groups for pharmacist in general practice and 'expert' clinical connectors.
5. Promote primary care / community providers collaboration. <i>'Reviving the tearoom'</i>	<ul style="list-style-type: none"> <li>• <b>Promote primary care / community providers collaboration.</b></li> <li>• <b>Support retention</b> of workforce by strengthening team orientation</li> </ul>	5.1 Initial thinking: <ul style="list-style-type: none"> <li>• <i>Identify example of a practices collaborating with community providers and promote this to other practices (e.g., through All Practice Hui).</i></li> <li>• <i>Capture lessons about how they are doing this in practice and involving others not collocated.</i></li> </ul>	TBC	0%	TBC	PCTF and PHOs.	TBC. Link with PHO and CPCT roll out noted.

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<b>6. General practice transfer of ownership</b> <i>'Sustain, recruit and enhance'</i>	<ul style="list-style-type: none"> <li>• <b>Support the retention</b> of workforce.</li> <li>• <b>Support recruitment</b> through younger GPs involvement practice ownership</li> <li>• <b>Enhance sustainability</b> of general practice by building practice model through transfer</li> </ul>	6.1 This area needs further development and discussion with PHOs. <i>Initial thinking is to consider other models in New Zealand such as Latitude (Tū Ora Compass).</i>		0%	Seek response from PHOs	PHOs	PHO responsibility to progress
<b>7. Communicate survey findings.</b> <i>'Communicate and share'</i>	Communicate with: <ul style="list-style-type: none"> <li>• Respondents</li> <li>• System and engage in priorities and resourcing.</li> <li>• National organisations with key messages, advocacy, business model and funding</li> </ul>	7.1. Develop and implement communications plan. Of note: <ul style="list-style-type: none"> <li>• Distribute two-page document.</li> <li>• Finalise report with addition of interpretation ahead of wider distribution.</li> <li>• Work with system comms</li> <li>• Finalise survey.</li> </ul>	Mid Nov 23	90%	Initial communication to stakeholders complete.  Next steps to complete the discussion and summary of sections of the report ahead of publishing it.	PCTF – LW / LT	PCTF

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8. Advocate for primary care <i>'Amplify the voice'</i>	<ul style="list-style-type: none"> <li>Utilise survey findings and work of the PCTF to add our voice to advocating for primary care</li> </ul>	8.1. Add PCTF findings and voice to those advocating for primary care. <i>Suggested 5 Sept.:</i> <ul style="list-style-type: none"> <li>Develop a paper for distribution nationally (as per urgent care).</li> <li>Consider options with Richard H and Chiquita H.</li> </ul> <i>Revisit following completion of the Report.</i>	Ongoing		Presentations to <ul style="list-style-type: none"> <li>All Practice Hui</li> <li>PHOs (CQAB &amp; WPH Board)</li> <li>Chiefs &amp; Chairs</li> <li>Pegasus Work force Group</li> <li>Practice Relationship Team and Practice Liaison</li> </ul>	PCTF – JP, RH	All

**Work identified by the Primary Care Taskforce but not included in the priority work plan actions.**

- Survey of Community Pharmacy capacity and workforce
- Survey of Allied Health capacity and workforce
- Telehealth / Portal use – enhancing the adoption of telehealth & patient portals to improve access