

# REPORT: ENHANCED CAPITATION SURVEY OF GENERAL PRACTICE

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JULY 2020



## **BACKGROUND**

Enhanced Capitation sought to improve patient outcomes by enabling general practice to better coordinate the care of their patients with complex health and social needs.

The Enhanced Capitation initiative implemented 1 October 2016, distributed Care Plus funds to general practice in a way that provided greater flexibility in how the funds were used and reduced the administration burden involved in accessing and overseeing these funds. The high-trust approach adopted to implement Enhanced Capitation acknowledged that general practice was best placed to identify the needs of their enrolled population and innovatively respond to this need.

The clinically led group<sup>1</sup> overseeing the implementation of Enhanced Capitation has led the surveying of general practice, with the aim of:

- Determining how the Enhanced Capitation funds are being used;
- Sharing learnings across general practice, including innovative approaches to using the funds; and
- Understanding the interaction between Enhanced Capitation and other enablers or new initiatives within general practice.

The first Enhanced Capitation survey of general practice was completed in March 2017, six months after the initiative was implemented. The responses from this survey informed the development of this second survey, undertaken in July 2020. Where possible, the report compares responses between the two surveys.

## **ABOUT THE 2020 SURVEY**

The survey was sent to general practices via PHOs in July 2020. Responses were received from 112 practices, with 88 of them responding to all questions.

## **ANALYSIS**

Analysis of the 2020 survey included identifying the number and percentage of responses for each question and a thematic analysis for all free text responses. For questions of specific interest to general practice (for example Question Seven 'What initiatives you would recommend to others') more detail has been provided in the report.

This report presents the survey analysis. Selected responses are included throughout the Report to capture the essence of dominant themes emerging from the free-text responses.

## **DISCUSSION**

Analysis of the 2020 survey identified that most practices have continued to use funds to provide free or reduced cost of consultations. However, when compared to the 2017 survey responses, there has been a significant increase in the use of Enhanced Capitation funds for other purposes; including employing additional staff, funding patients to access other services and multi-disciplinary meetings. This suggests practices are shifting from using the funds in a way aligned with the historical use of Care Plus, (which was tagged to a specific individual), to more varied applications. This view is reinforced by the following survey responses:

- Employment of staff: There is a marked increase in the use of the funds to employ a range of practice staff. While additional General Practitioner and Practice Nurses are the most frequently employed

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<sup>1</sup> Canterbury Clinical Network Enhanced Capitation Work Group

using Enhanced Capitation funds, there has also been an increase in the employment of Health Care Assistants, Care Coordinators and Pharmacists.

- Change in how funds are used: 24 practices (21%) identified they had changed how they use Enhanced Capitation funds in the last 12 months including less on subsidising patient fees, and more on additional staff, team meetings and targeted patient cohorts.

This change in the use of the Enhanced Capitation funds has been supported by the introduction of the reduced cost of general practice visits for holders of Community Services Cards (CSC) in December 2018. Thirty-one (28%) of practices stating this influenced how they used the Enhanced Capitation funds, with 15 of these practices indicating they were able to reduce or reallocate funding used to subsidise appointments for CSC holders.

The influence of the COVID-19 pandemic appears to have countered this trend with 13 practices (12%) identifying they used their Enhance Capitation to support people experiencing financial hardship through COVID-19 and a further nine (8%) assisting patients with payment for care provided virtually.

For the first time in the 2020 survey general practice was asked to estimate what percentage of Enhanced Capitation funds were allocated to the following four categories; responses indicating that on average 65% was allocated directly to individual patients, 16% to establish an additional service or capability within the general practice team, 7% to increase the integration or coordination of services provided, and 12% to other services. This question allows further information on the changing use of the Enhance Capitation funds to be explored in subsequent surveys.

Responses to the 2017 survey indicated only a limited number of practices had used the flexible funding approach provided through Enhanced Capitation to implement a specific initiative, including two practices that were subjects of case studies in 2018 view [here](#) (under 'Useful Resources' at bottom of page). In the 2020 survey the responses included multiple examples of practices implementing a specific activity or initiative funded from Enhanced Capitation.

'Purchasing a 24-hour BP monitor and offering this service to patients free with follow up review with a GP when needed.'

*'Develop a dementia pathway to ensure practice monitoring of early dementia and timely support.'*

In addition, 50 practices indicated they are planning to implement a new activity or initiative in the coming year. These included increased collaboration with allied health, providing patient education, extending nursing hours to follow-up on frequent attenders or run nurse-led clinics, or improve care for people with dementia.

Some survey responses highlighted opportunities where further support or assistance could be provided to general practice. These opportunities are briefly discussed below. The Enhanced Capitation Work Group have identified a number of actions that will respond to these requests and will be progressing these over the next 6-12 months.

- The most frequent criteria used to identify patients with complex needs were frequency of attendance, health condition, financial hardship, and multiple medications; while the tools used to support this were predominantly individual clinical assessment. Seven practices have requested further assistance with identification of people with complex needs.
- While 40 practices indicated they had used the information for the Patient Experience Survey (PES) to change how their general practice provides services, 65 practices had not with 19 of these indicating the PES was of limited use or relevance.
- While 29 practices used a measure of 'improved health' and 26 practices used 'patient feedback/satisfaction' to identify any difference being made; 23 practices indicated they were 'unsure / did not or indicated it was hard to measure'.

Lastly the survey included questions on the use of Enhanced Capitation and other enablers of general practice; for example, the use of the Patient Experience Survey. It is proposed that future surveys continue to repeat questions to both monitor trends in the use of Enhanced Capitation and understand the use (and potentially interaction) of various enablers of general practice's care to highlight further system responses that could assist with further improvement in general practice's care of people / whānau with complex health and social needs.

#### **LIMITATIONS:**

While all questions were made compulsory, some practices provided limited responses, or the survey appeared to time out. It is proposed that the completion of all survey questions was influenced by:

- Survey length estimated at 10-15 minutes to complete.
- The survey was set to be completed in one session, yet it sought a response from a range of people within the practice. Respondents stopping to access other information / people may have resulted in the survey timing out.
- Multiple surveys through the preceding months as practices were monitored through the COVID-19 response and demands on general practice through this time.

The comparison between the two surveys (March 2017 and July 2020) responses was impacted by the use of predetermined responses in the 2020 survey and variation in the themes identified in analysis of some questions. Notwithstanding this, general comments can be made on changes in how the funds are being used over time.

Question one: Please indicate if you have used the Enhanced Capitation to undertake any of the following: 6

Question two: In the last 12 months what estimated percentage of your funds were allocated to the following:  
..... 10

Question three: Have you changed how you utilised the Enhanced Capitation funding over the last 12 months? ..... 11

Question four: Did the introduction of the low-cost General Practice visits for Community Services card holder's policy change how you used your Enhanced Capitation? ..... 12

Question five: Did the COVID situation change your use of Enhanced Capitation to care for people with complex needs? ..... 13

Question six: What else has influenced how you use your Enhanced Capitation Funding? ..... 14

Question seven: What activities or initiatives have you implemented using Enhanced Capitation funding that you would recommend to others? ..... 14

Question eight: What other activities or initiatives are you planning to implement in the coming 12 months? ..... 17

Question nine: What criteria have you used to identify patients with complex health and/or social needs? 19

Question ten: What tools or processes have you used to identify patients with complex health and/or social needs? ..... 20

Question eleven: Do you need assistance to identify patients with complex health and /or social needs? ..21

Question twelve: Have you used information from a patient experience survey to change how your general practice provides services? ..... 22

Question thirteen: How have these activities helped address any inequities in your enrolled population?..24

Question fourteen: What impact have the Enhanced Capitation funded activities had on your patients with complex health and/or social needs? ..... 25

Question fifteen: How do you measure any difference it is making?..... 26

Question sixteen: What one change or initiative would make the greatest difference in your practices ability to care for patients and what would assist your practice to implement this change or initiative? ..... 27

Question seventeen: Please indicate which of the following people completed the survey..... 30

**Question One: Please indicate if you have used the Enhanced Capitation to undertake any of the following:**

- a. Provided patients with complex health and/or social needs free or reduced cost consultations
- b. Employed additional staffing resource to coordinate the care for patients with complex health and/or social needs *If yes; was this additional staff resource*
  - Practice Nurse
  - General practitioner
  - Social worker
  - Care Coordinator
  - Practice Assistant
  - Pharmacist
  - Other – please state
- c. Funded patients to access other services. Please state what services were funded in the text box
- d. Fund multi-disciplinary meetings with practice staff to manage patients with complex needs
- e. Other activity not included in the list above, (please describe any other use of the Enhanced Capitation funding in the text box below)

Note: Multiple responses can be provided.

**QUESTION ONE SUMMARY**

Question one was answered by 112 general practices.

While most practices (94%) continue to use Enhanced Capitation funds to provide patients with free or reduced cost consultations, there has been a substantial increase in the use of these funds for other purposes, when compared to the March 2017 survey.

Of note is the use of Enhanced Capitation funding to:

- Employ additional staff (63% of respondents up from 37% in March 2017);
- Fund patients to access other services (63% of respondents up from 37% in 2017); and
- Fund multidiscipline meetings; see Figure 1.

Please indicate if you have used the Enhanced Capitation funding to undertake any of the following:	July 2020		March 2017	
	Yes	No or Nil response	Yes	No or Nil response
a. Provided patients with complex health and/or social needs free or reduced cost consultations.	105 (94%)	7(6%)	113 (97%)	3 (3%)
b. Employed additional staffing resource to coordinate the care for patients with complex health and/or social needs.	70 (63%)	42 (38%)	29 (37%)	87 (75%)
c. Funded patients to access other services.	73 (65%)	39 (35%)	56 (48%)	60 (52%)
d. Fund multi-disciplinary meetings with practice staff to manage patients with complex needs.	32 (29%)	79 (71%)	23 (20%)	93 (80%)

e. Fund multi-disciplinary meetings with health professionals outside of the practice to manage patients with complex health and/or social needs.	23 (21%)	88 (79%)	17 (15%)	99 (85%)
f. Please indicate if you utilised Enhanced Capitation to fund multidisciplinary meetings involving other services outside of the practice (e.g. NGOs, Justice, education) to manage patients with complex health and/or social needs.	12 (11%)	99 (85%)	Not collected	Not collected
g. Other activity not included in the list above.	32 (29%)	79 (71%)	8 (7%)	108 (93%)

Figure 1: Summary Table - How the Enhanced Capitation funds were used.

#### ANALYSIS OF QUESTION ONE – B: EMPLOYMENT OF ADDITIONAL STAFFING AND APPROXIMATE FTE

Seventy general practices employed additional staff resources, as summarised in Figure 2 below. Most common was the employment of Practice Nurses and General Practitioners at 60% and 39% respectively.

Several practices employed multiple staff. Of note:

- Three practices employed three additional staff General practitioner, Practice Nurse and one other.
- Sixteen practices employed additional General Practitioner and Practice Nurse.
- Six practices employed Practice Nurse and Health Care Assistant.
- Four practices employed General Practitioner and a Nurse Practitioner.

The July 2020 survey sought information on the approximate FTE of any additional staff employed. Given the variation in responses the mean, range and median are also provided in Figure 2.

Note: While the figures provided were assumed to be FTE, there were some outliers suggesting a different format may have been used, (e.g. GP=3.3).

Employment of additional staff Please indicate which of the following were employed and the approximate FTE							
	July 2020					March 2017	
	Yes	% of 112 practices	Average FTE	Range FTE	Median FTE	Yes	% of 116 practices
General Practitioner	27	24%	0.78	0.05-3.3	0.2	1	1%
Nurse Practitioner	7	6%	0.5*	n/a	n/a	0	0%
Practice Nurse	42	38%	0.5	0.05-2.3	0.3	16	14%
Social Worker	5	4%	0.35	0.25-0.5	0.3	5	4%
Care Coordinator	8	7%	0.2	0.2-0.25	0.2	5	4%
Health Care Assistant	16	14%	0.6	0.22-1.0	0.5	4	3%
Pharmacist	6	5%	0.16	0.025-0.3	0.15	1	1%
Other**	3	9%	n/a	n/a	n/a	6	5%

Figure 2: Breakdown of the Additional staff employed and approximate FTE

\*Only one response specified the FTE of the nurse practitioner hours.

\*\*Other staff employed include a Podiatrist, Older People Community Support Worker and an Occupational Therapist.

#### ANALYSIS OF QUESTION ONE – C: FUNDED PATIENTS TO ACCESS SERVICES

Seventy-three general practices funded patients to access the following services.

Enhanced Capitation funding used to support patients to access other services	July 2020		March 2017	
	Yes	% of 112 practices	Yes	% of 116 practices
Prescriptions	56	50%	16	14%
Transportation	40	36%	15	13%
Podiatry	29	26%	15	13%
Counselling	23	21%	3	3%
Physiotherapy	21	19%	8	7%
Nutrition	15	13%	4	3%
Other*	37	33%		

Figure 3: Summary of Access to other services

Of the 37 practices that indicated 'Other,' access to a diverse range of services were funded or a variety of support was provided; see Figure 4.

'Other' services accessed	July 2020	
	Yes	% of 112 practices
Specialist appointments	10	9%
GP Extended Consultations	9	8%
Radiology / ultrasound services	4	4%
Allied Health incl. osteo, massage	3	3%
Optometry services	3	3%
Blood tests	3	3%
Gym / Exercise	3	3%
INR testing / management	2	2%
ECG	2	2%
Education	2	2%
Other including non-funded meds, community health forum, BP monitoring, Home visits, hearing aids shoes, iron infusions, scales, minor surgery.	12	

Figure 4: Additional responses for Other Services

#### ANALYSIS OF QUESTION ONE – E: OTHER ACTIVITY NOT INCLUDED ABOVE



Thirty-two practices used Enhanced Capitation for activity not included in the previous responses, see Figure 5 below.

Enhanced Capitation funding used to support other activity not already included	July 2020		March 2017	
	Yes	% of 112 practices	Yes	% of 116 practices
Equipment for patient management or assessment <i>Including ear syringe, nitrogen, spirometer, BP monitor, INR machine</i>	6	5%	7	6%
Post discharge review or management of complex patients	6	5%	3	3%
Education of staff - diabetes care	5	4%	1	3%
Repeat visits	4	4%	Not captured	
Communication (letter or phone, reports) to specialists, other providers, or family.	3	3%	5	4%
Subsidise a minor procedure / excision	3	3%	1	1%
Other <i>Including wellness checks, dispensing meds, population analysis</i>	14	13%	Not captured	

Figure 5: Summary Table: of activity not already included

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**Question Two: In the last 12 months what estimated percentage of your funds were allocated to the following:**

- a. Directly to an individual patient, for example to cover the costs of an appointment, prescription, transport.
- b. To establish an additional service / capability within your practice team, for example social worker, health coach, care coordinator.
- c. To increase the integration / coordination of services provided, for example MDT meetings.
- d. To any other services?

**QUESTION TWO SUMMARY**

Question two was answered by 108 general practices. The mean, median and range of the estimated percentage of the enhanced capitation fund's allocation is provided below.

There is substantial variation in how Enhanced Capitation funds are allocated across the general practices. While on average, practices allocate 65% directly to individual patients, five practices indicated they allocated nil funds for this purpose; instead, applying these funds to additional services or capability within the practice (four practices) or to increase level of coordination / integration (one practice).

Note: Three practices submitted two survey responses with different allocations. These were averaged before analysis of all general practice responses was completed.

This question was not asked in the March 2017 survey.

	<b>Directly to individual patients</b>	<b>Establish an additional service/capability within your practice team</b>	<b>Increase the integration/coordination of services provided</b>	<b>Any other services?</b>
<b>Mean</b>	65%	16%	7%	12%
<b>Median</b>	75%	5%	1%	8%
<b>Range</b>	0-100%	0-100%	0-100%	0-91%

*Figure 6: Approximate allocation of funds within the practice*

### Question Three: Have you changed how you utilised the Enhanced Capitation funding over the last 12 months?

If yes,

- What activities have you chosen to fund less and why?
- What activities have you chosen to fund more and why?

#### QUESTION THREE SUMMARY

Question three was answered by 108 general practices, with 24 indicating they had changed their use of Enhanced Capitation funds over the last 12 months.

	Yes	No	No response
Have you changed how you utilised the Enhanced Capitation funding over the last 12 months?	24 (21%)	84 (73%)	4 (4%)

Eleven general practices have reallocated their Enhanced Capitation funding to different activities with eight practices providing no further detail about the changes made, see Figure 7.

Activities that were funded less included:

- Less subsidisation of patient fees
- Ad hoc funding as a pseudo-SIA
- Some patients with long term conditions that needed less support
- Less on practice development

Activities that were funded more included:

- Additional staff, including, Health Care Assistant, Care Coordinator / Support worker and Occupational Therapist
- Team Meetings
- Shift to more complex patients
- Mental Health support

*"We have tried to focus fund utilisation on our most complex patients. So reduced funding to those with some long-term medical conditions that need regular review but not as much as the most complex who need frequent review."*

What have you chosen to fund less and why? What have you chosen to fund more and why?	Summary of responses
No further detail provided	8
Reorientation of how funds allocated. <i>Four practices stating they had reduced funding to patient co-payments with the funds used to increase integration / coordination of services. A further three practices shifted focus to specific patient cohort.</i>	11
Increase <i>Three practices recorded they had increased funding for social worker, more funding to patients in financial difficulty and to increase the co-ordination of care.</i>	3
Decrease Overall <i>No change to the activities funded but overall decrease in funding</i>	1

Figure 7: Summary of change in funding allocation

#### PRACTICE RESPONSE

*"We have decided to have a full time Health Care Assistant, which alleviates pressure of the Nursing area for routine assessments and allows more time for GPs to allocate to patient wellness."*

#### Question Four: Did the introduction of the low-cost General Practice visits for Community Services card holder's policy change how you used your Enhanced Capitation?

If yes, please specify.

#### QUESTION FOUR SUMMARY

Question four was answered by 106 general practices.

Thirty-one general practices identified that the introduction of the CSC policy had changed their use of the Enhanced Capitation Funds, with 30 practices providing further detail. In most cases practices indicated they were able to change the funding provided to subsidise appointments and allocate these funds to other (non-CSC holders) patients (non-CSC holders) or other initiatives; see Figure 8.

*"Less having to discount appointments for financial hardship, able to funnel more money to nursing services and other patient services"*

	Yes	No	No response
Did the introduction of the Low-Cost General Practice Visits for Community Services Card Holder's policy change how you used your Enhanced Capitation?	31	75	6

How the introduction of the Low-Cost General Practice Visits for Community Services Card Holder's policy changed how Enhanced Capitation was used.	No. responses
Able to reduce / reallocate funding used to subsidise appointments for CSC holders.	15
Provide more support for patients including non-CSC holders that experience hardship, all LTC patients.	12
Assisted general practice with a change in revenue	3
No further detail provided	1

Figure 8: Impact of the CSC policy change

#### GENERAL PRACTICE RESPONSES

*"We have been able to use it for other low-income earning patients that don't qualify for CSC as some of the CSC patients can now afford their appointments without additional funding".*

## Question Five: Did the COVID situation change your use of Enhanced Capitation to care for people with complex needs?

If yes, please specify.

*'Care co-ordination of most vulnerable patients became a priority.'*

### QUESTION FIVE SUMMARY

Question five was answered by 106 general practices.

Forty-two general practices identified that the COVID-19 situation had changed their use of the Enhanced Capitation Funds with a thematic analysis undertaken on any details provided; see Figure 9. Of note was the use of Enhanced Capitation funds to support people experiencing financial hardship through COVID-19 and assisting with payment for virtual consultations.

	Yes	No	No response
Did the COVID situation change your use of Enhanced Capitation to care for people with complex needs?	42	64	6

How did the COVID situation change your use of Enhanced Capitation to care for people with complex needs?	No. responses
Supported people experiencing financial hardship through COVID to access care	13
Assisted with payment for virtual care <i>Including telehealth consults, delivery of medications</i>	9
Increased care / coordination of care for vulnerable population during and after lockdown. <i>Including to provide home visit,</i>	5
Decreased use of Enhanced Capitation	4
Additional Staff <i>Including Mental Health and Counselling support for patients and Nursing staff</i>	3
Equipment / Infrastructure needs through COVID <i>Including to stream practice, provide masks for patients.</i>	2
Additional staff meetings	1
Other <i>Including more funding of prescriptions</i>	3

Figure 9: Impact of COVID on the use of Enhance Capitation

### GENERAL PRACTICE RESPONSES

*'Allocating (Enhanced Capitation) to reduce cost of virtual consults and pay for services and prescriptions for complex patients during COVID situation.'*

*'Funded many more patient appointments due to fiscal financial position.'*

*'Reduced presentation of patients with complex needs during the lockdown, this caused increased need post lockdown.'*

## Question Six: What else has influenced how you use your Enhanced Capitation Funding?

### QUESTION SIX SUMMARY

Question six was answered by 106 general practices.

Seventy general practices identified other factors that influenced how they use the Enhanced Capitation funds and 36 indicated no other influences.

	Other factors identified	Nothing else	No response
What else has influenced how you use your Enhanced Capitation Funding?	70	36	6

Analysis of the factors identified by the 70 practices indicated that patient's financial position, health status, frequency of attendance, and the requirement to provide extended consultations influenced the use of the Enhanced Capitation funds.

Note: Multiple responses were provided by some practices

*'A lot more extended appointments for mental health. Just helping fund patients that can't afford to come in when they really needed to.'*

What else has influenced how you use your Enhanced Capitation Funding?	No. responses
Patients financial position	14
Patients health need	13
Complexity of patients necessitating increased frequency and/or extended consultations.	12
Limited mental health funding and increased demand	7
Cost of pandemic response	6
Development of new initiatives	3
Secondary care wait-times / cost of private specialists	3
Other: <i>Including rurality, practice team, strategic planning, change in national policy</i>	14

Figure 10: Other factors influencing use of Enhanced Capitation

### GENERAL PRACTICE RESPONSES

*'We also tend to use more for our 'At risk" patients to provide free appointments to encourage engagement and reduce cost as a barrier.'*

## Question Seven: What activities or initiatives have you implemented using Enhanced Capitation funding that you would recommend to others?

## QUESTION SEVEN SUMMARY

Question seven was answered by 76 general practices.

Fifty-three general practices identified an activity they would recommend to others, while 23 offered no recommendation.

	Stated recommendation	Nothing else	No response
What activities or initiatives have you implemented using Enhanced Capitation funding that you would recommend to others?	53	23	36

Analysis of the 53 practices responses identified that using the Enhanced Capitation funds to subsidise patient care (12 practices), coordination of patient care (11) and employing additional staff (8) were the most frequent recommendations; see Figure 11.

While a comparison to the results from the previous survey (March 2017) has been made, some variance exists in how the two survey responses were categorised. Notwithstanding, the July 2020 result suggest that more practices recommend the use of Enhanced Capitation funds to:

- Coordinate patient care;
- Employ staff, notably health care assistances and social workers; and /or
- Support patients to access allied health services.

Note: Multiple recommendations were provided by some practices

What else has influenced how you used your Enhanced Capitation Funding?	July 2020		March 2017	
	No. responses	% of 112	No. responses	% of 116
Subsidised care / procedures within the practice <i>Reduced cost of appointments, CVD Risk Assessment, Cervical Smears, Iron Infusions, Spirometry</i>	12	11%	11	9%
Coordination of Patient Care <i>Identifying complex patients, liaising with family members, Partnership Care Workers, care givers.</i>	11	10%	4	3%
Employment / development of staff <i>Health Care Assistant (4), Social Worker (3) develop nursing services (3) including Diabetes and Respiratory Nurses.</i>	8	7%	2	2%
Support patients to access Allied health services <i>Occupational Therapy, Optometry, Podiatry</i>	6	5%	0	0%
Equipment for vulnerable patients or practice that supports care of vulnerable population <i>Including Blood Pressure monitor, Dermoscope for skin checks etc.</i>	4	4%	2	2%
Proactive reviews or follow-ups of people with complex needs or frequent attenders	4	4%	6	5%

Providing patient group education	2	2%	2	2%
Funding of prescriptions / pharmacy services	2	2%	0	0%
Other services: <i>Including Transport, Grief counselling, MDT Meetings</i>	4	4%	N/A	

Figure 11: Recommended use of Enhanced Capitation to other General Practices

#### GENERAL PRACTICE RESPONSES

*'Focusing on improved co-ordination of care within the business /enhanced access for those most in need.'*

*'Definitely the use of an OT/Care Coordinator to do Care Plans and other referrals to Community assistance.'*

*'Older persons home visits-you gain valuable information. Six-week post-natal checks for the Mums- funding these means they get a good review too.'*

*'We wouldn't be without our Social Worker or Health Care Assistant roles. They are critical to our practice.'*



## Question Eight: What other activities or initiatives are you planning to implement in the coming 12 months?

### QUESTION EIGHT SUMMARY

Question eight was answered by 86 general practices.

Twenty-seven identified they were continuing with the current activity and did not plan to implement anything new. The remaining practices indicated they are planning to extend their nursing hours (8), increase their collaboration with allied health (6) and /or identified a specific initiative they were planning to implement (4); see also Figure 12.

The specific initiatives planned included:

- Monitors for patients to use at home while stabilising their blood pressure;
- Developing a dementia pathway to ensure proactive monitoring of early dementia and timely support
- Supplying shoes for some patients in winter;
- Exploring a wellness project including relaxation class/yoga; and
- House visits for those who find it difficult to get to the surgery.

The comprehensive and more diverse responses provided in this survey (July 2020) around what general practice plans to implement in the next 12 months make comparisons with the March 2017 survey of questionable value. A comparison between the two suggests that more practices plan to continue their current activities.

Note: Some practices responses included multiple activities or initiatives planned for the next 12 months.

	Response provided	No response
What other activities or initiatives are you planning to implement in the coming 12 months?	86	26

What other activities or initiatives are you planning to implement in the coming 12 months?	July 2020		March 2017	
	No. responses	% of 112	No. responses	% of 116
Continue current activity / nothing new	36	32%	10	9%
Extend nursing services / increase nursing resource <i>Including nurse-led clinics, Advance Care plans, Follow up on frequent attenders, Cervical Smear recalls</i>	8	7%	7	6%
Increase collaboration with allied health <i>Including trialling / employing Clinical Pharmacist (2), Occupational Therapy, Podiatry</i>	6	5%	*	0%
Implement a specific initiative: <i>Including home visits, Blood pressure monitoring, development and monitoring of dementia pathway and monitoring</i>	4	4%	**	3%
Provide patient education <i>Including community exercises, lifestyle support, relaxation classes</i>	4	4%	3	94%

Increase capacity to work as a team and MDT meetings	4	4%	10*	17%
Proactive care <i>Resourcing CVD Risk Assessments, Cervical Screens, Diabetes Care</i>	4	4%	20**	0%
Coordination of care <i>Including family meetings, navigation to community services, care planning</i>	3	3%	*	2%
Increase Health Care Assistance resource	3	3%	*	2%
Support access through reduced consultation costs	3	3%	2	0%
Analysis of population	3	3%	2	0%
Health Improvement Practitioner and / or Health Coach associated costs	2	2%		0%
Other <i>Including development of website, promotion of wellness clinics, new IT system, review responses to this survey</i>	8	7%		0%

Figure 12: Activities or initiatives plan to implement in 12 months

\*Imprecise comparison of responses between the two surveys for a 'Planned increase in coordination of care'.

\*\* Imprecise Comparison of responses between the two surveys for 'Proactive care including for an identified cohort'.

*'Some funds to be allocated to trialling having a community pharmacist on team.'*

## GENERAL PRACTICE RESPONSES

*'None at this point - COVID will change the way we manage primary care. Enhanced Capitation means we can be creative and use it where it is best needed.'*

*'Review of health needs of our practice population and application of funding to any appropriate health initiatives.'*

*'Develop a dementia pathway to ensure proactive monitoring of early dementia and timely support.'*

*'We are looking at ways of providing community exercises not just on one side of town but considering the areas where most of the patients live.'*

### Question Nine: What criteria have you used to identify patients with complex health and/or social needs?

More than one response can be selected

- a. Frequency of attendance
- b. Specific health condition
- c. Multiple health conditions
- d. Multiple medications
- e. Financial hardship
- f. Specific demographic (age, ethnicity)
- g. Other - please specify:

#### QUESTION NINE SUMMARY

Question nine was answered by 106 general practices, with financial hardship and multiple health conditions identified as the criteria most used to identify patients with complex needs, followed by frequency of attendance; see also Figure 13.

Note: Multiple responses could be selected.

Limitations: The March 2017 survey asked a general question about how practices identify people with complex needs. The responses provided were broadly grouped into the 'criteria used' and the 'tools applied'; noting there was significant overlap of the two categories. This survey asked separate questions about the criteria and tools used and provided some set categories to guide responses. This has limited the value of the comparison that has been provided.

	Response provided	No response
What criteria have you used to identify patients with complex health and/or social needs	106	26

What criteria have you used to identify patients with complex health and/or social needs?	July 20120		March 2017
	No. responses	% of 106	No. responses
a. Frequency of attendance	90	85%	22
b. Specific health condition	64	60%	28*
c. Multiple health conditions	93	88%	*
d. Multiple medications	59	56%	3
e. Financial hardship	93	88%	16
f. Specific demographics	37	35%	4
g. Other <i>Including social situation, Maori patients with COPD</i>	5	5%	

Figure 13: Criteria used to identify patients with complex needs.

\*In the 2017 survey the responses for criteria of specific and multiple health conditions were combined into one total.

## Question Ten: What tools or processes have you used to identify patients with complex health and/or social needs?

More than one response can be selected

- a. Individual clinical assessment
- b. Multidisciplinary team discussion
- c. Query Builds
- d. Hospital discharge information
- e. Other – please specify:

### QUESTION TEN SUMMARY

Question ten was answered by 106 general practices, with individual clinical assessment (91), hospital discharge information (57) and query builds (49) identified as the tools most frequently used to identify patients with complex needs; see also Figure 14.

Note: Multiple responses could be selected.

Limitations: As stated comparison of this survey results with those from March 2017 survey are limited. In 2017, the tools identified included patients previously on Care Plus or holding High User Health Care; unsurprisingly this was not included in the 2020 survey responses.

What tools have you used to identify patients with complex health and/or social needs?	July 2020		March 2017
	No. responses	% of 106	No. responses
a. Individual Clinical assessment	91	86%	47
b. Multidisciplinary team discussion	43	41%	8
c. Query builds	49	46%	21
d. Hospital discharge information	57	54%	3
e. Other <i>Including CSC as indicator of financial need, knowledge of patient and family background, GP Vu / Dr Info, IFHS analysis.</i>	10	9%	22

Figure 14: Tools used to identify people with complex needs

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**Question Eleven: Do you need assistance to identify patients with complex health and /or social needs?**

If yes, what assistance would be helpful?

#### QUESTION ELEVEN SUMMARY

Question eleven was answered by 105 general practices. Seven general practices identified that assistance would be helpful, including the following.

- List of top 100 frequent attenders;
- An expansion of GP Vu clinical info would be great;
- Weekly or fortnightly reports from external services;
- Time / support to analyse recall and query builders;
- A tool/formula to identify our highest risk patients;
- Someone reviewing current system and assisting with how to allocate funds.

	Yes	No	No response
Do you need assistance to identify patients with complex health and /or social needs?	7	98	7

*Figure 15: Assistance requested*

## Question Twelve: Have you used information from a patient experience survey to change how your general practice provides services?

- If yes, please provide an example of your use of patient experience information to change how you provide services?
- If no, what are the barriers to using patient experience information?

### QUESTION TWELVE SUMMARY

Question twelve was answered by 105 general practices.

	Yes	No	No response
Have you used information from a patient experience survey to change how your general practice provides services?	40	65	7

Analysis of Question Twelve A: If yes, please provide an example of your use of patient experience information to change how you provide services?

Analysis of the 40 general practice examples of their use of the Patient Experience Survey (PES) indicates that PES results had prompted the practice to make improvements in the patient's wait time (5), remote access to services (3), and opening hours (3); see Figure 16.

'We started evening clinics as working patients identified these as a need. We also increased the number of phone lines in response to patient survey.'

a. If yes, please provide an example of your use of patient experience information to change how you provide services?	No. responses
Increased efforts to manage / reduce wait time	5
Increased remote access including online booking	3
Extended opening hours early start / evening clinics	3
General responses to feedback	2
Review / improve booking times	2
Improved phone service - additional phone line and changed messaging	2
Other <i>Including reduced cost for cervical screening, improve wait area, establish a complaints process, assist with medication costs</i>	6

Figure 16: Use of PES information

### GENERAL PRACTICE RESPONSES

*'Waiting time was a constant source of concern and we used the information to support the conversation with clinicians about time management and identifying those patients who always need more than a 15-minute consultation, and these are flagged with an alert, so reception know to book them extended consults.'*

**Analysis of Question Twelve B: If your response to the previous question was "no", what were the barriers to using the patient experience information?**

Of the 65 general practices that indicated they do not use the Patient Experience Survey (PES) information to change their services, 46 practices provided comment on barriers to the PES use.

Analysis of the responses identified that 19 practices considered the information of limited use, not helpful or had not received any negative feedback, seven identified current time constraints and six considered the low number of responses a barrier to using the information; see Figure 17.

Barriers to using the patient experience information	No. responses
No barriers identified or no comment	19
Limited use. The survey or results were not relevant or helpful. Including that there were limited negative responses	19
Low number of responses	6
No time with number noting work of COVID-19 response	7
Not aware of or unable to access results, or the survey tool was difficult to use	5
Other Including lack of a survey recently or the practice is soon to restart, English a second language	5

Figure 17: Barriers to using PES information

#### GENERAL PRACTICE RESPONSES

*'The responses in the patient experience survey indicated that patients were generally happy with services. There were not a great number of responses so it may not be indicative of the majority of patients.'*

*'There was nothing directly useful in (the) results of the patient experience survey to help determine patient needs.'*

*'No barriers, just no appropriate case.'*

## Question Thirteen: How have these activities helped address any inequities in your enrolled population?

### QUESTION THIRTEEN SUMMARY

Eighty-four general practices responded and identified how these activities helped address inequities. Analysis of the responses indicated that this was through removing financial barriers (41), reducing other barriers (18) and targeting a specific population to provide proactive care; see Figure 18.

	Response provided	No response or N/A
How have these activities helped address any inequities in your enrolled population?	84	28

How activities have helped address inequities	No. responses
Removed financial barriers to accessing access care <i>Including follow up appointments and ongoing management</i>	41
Reduced other barriers to accessing care <i>Including rurality, transport, lack of education</i>	18
Targeted population to provide proactive care	10
Provided an ability to offer other services <i>Including providing spirometry locally, more follow-up calls and home visits Care coordinator, Offering longer appointments for patients with complex needs</i>	8
Made little difference or practice is unsure of how it helps address inequities	6
Other <i>Including reduced hospital admissions around COPD and Heart Failure, Proactive to complete Advance Care Plans</i>	3

Figure 18: How activities have reduced inequities

General Practice response -

*'Patients are not financially discriminated against. e.g., smears had within recommended time frames for those that cannot afford it.'*

*'I think that having medical students dedicated to supporting our Māori patients alongside having the funding available with Enhanced Capitation has a great positive impact. Similarly, our Pegasus Pacifica nurse has worked hard on getting the flu vaccine to our Pacifica patients.'*



## Question Fourteen: What impact have the Enhanced Capitation funded activities had on your patients with complex health and/or social needs?

Please provide an example(s)

### QUESTION FOURTEEN SUMMARY

Question fourteen was answered by 96 general practices.

	Yes	N/A or No response
What impact have the Enhanced Capitation funded activities had on your patients with complex health and/or social needs?	96	16

	No. responses
Removed financial barriers to accessing access care	33
More proactive care / Improved management and stability of chronic condition	22
Reduced other barriers to accessing care	18
Funded extended consultations	10
Improved Access	6
Reduced hospital admissions / stay at home	2
Other	8

Figure 19: Impact on patients with complex needs

#### General Practice responses -

*'Patients with multiple long-term conditions and young families living in poverty - providing free access to healthcare at the medical centre for patient and her family including regular counselling. Have purchased shoes for patient to enable her to exercise outside with the children.'*

*'Compliance with medications/ access to health care- Māori family live in country, financial hardship, unable to attend due to cost, prescriptions and lab forms faxed with no cost to whānau / improved outcomes.'*

*'Decreased attendance because of regular structured care, which has reduced urgent attendance. (Several patients this applies to).'*

*'There is no question that patients who receive help and assistance from the social worker would have been less likely to have received that help if that help had not been coordinated by the Care Coordinator.'*

*'Patients who are just above the CSC level but are struggling with rent payments. E.g. Family with five children, father has had untreated diabetes, low socio-economic, Māori - now visit as often as needed because no financial barrier.'*

*'We recently saw a woman who had put off coming for a gynae issue because she owed us money. She spoke to the nurse who said we could see her for free and she was eventually diagnosed with a cancer which is now being treated. She has re-engaged with our service and looking after herself as a result.'*

## Question Fifteen: How do you measure any difference it is making?

### QUESTION FIFTEEN SUMMARY

Question fifteen was answered by 94 general practices.

	Response provided	N/A or No response
How do you measure any difference it is making?	94	18

	No. responses
Improved health <i>Including monitoring of health indicators e.g., blood tests / control of chronic conditions</i>	29
Patient feedback / satisfaction	26
Unsure / do not measure it / hard to measure	23
Attendance <i>This includes both reduced attendance with improved management and /or attendance for appointments and participation in care</i>	17
Review at Multi Discipline Team meeting and feedback from other providers or family	6
Reduction in outstanding payments	3
Other including accessing urgent care	3

Figure 20: How measure any difference it is making

#### General Practice responses -

*'This is difficult. Patients feedback-though this tends to be verbal and not in the survey. Patient engagement difficult to measure, at present, how it improves patient wellness/reduces admissions/chronic disease burden but we hope it does.'*

*'We have interviewed a proportion of individuals to gather feedback and adjust our program of delivery.'*

*'Weight loss, decrease in BP, patient appearance and willingness to participate in health improvement programmes.'*

*'I could make something up that sounds good, but again if you ask the questions in a more helpful way, you will get answers that are more meaningful - not readily measurable.'*

*'There has been great feedback from patients and less reviews and phone triaging to be done over this time. We have numerous follow up and notes from the Care Coordinator which has meant easier tracking of those patients in need.'*

**Question Sixteen: What one change or initiative would make the greatest difference in your practices ability to care for patients and what would assist your practice to implement this change or initiative?**

**QUESTION SIXTEEN SUMMARY**

Question sixteen was answered by 88 general practices.

	Response provided	N/A or No response
What one change or initiative would make and what would assist your practice to implement this change or initiative	88	24

Question Sixteen requested responses from people in three different roles within the practice. The responses received were grouped into the individual roles ahead of analysing the responses.

	Respondents roles
General practitioner / Nurse practitioner	62
Practice Nurse	57
Receptionist / Administration	47
Practice Manager	16
Other including Health Care Assistant, Social Worker, Health Improvement Practitioner	4

**General Practitioner / Nurse Practitioner responses**

The 65 responses provide by general practitioners or nurse practitioners identified that the following initiatives would make the greatest difference in the ability of the practice to care for their patients with complex needs.

	No. responses
Change in funding <i>Including remuneration for tasks directed from hospital on discharge, increase in mental health funding, more targeted funding</i>	15
Additional Staff <i>Including social worker, navigator</i>	11
IT enhancements <i>Including Electronic Prescriptions, patient history linked with medications</i>	5
Change in consult length	4
Reduction in barriers to interface with secondary care	3
Reduction in paperwork	3
Change to building	2
Further clinician education	2
Other	7

<i>Including increased patient education, pay equity for nurses, purchase of diagnostic equipment, podiatrist willing to travel to rural practice, change in WINZ processes</i>	
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Figure 21: Initiative that would make the greatest difference – GP

The assistance sought responded directly to the initiative raised, and included; increased funding, review of referral system, subsidised access to NZePS, assistance with technology and WINZ procedure changes.

### Practice Nurse responses

The 57 responses provide by practice nurses identified that the following initiatives would make the greatest difference in the ability of the practice to care for their patients with complex needs.

	No. responses
Further improvements to services provided in the practice <i>Including extended hours, General Practitioner continuity, home visits, smear clinics</i>	22
Additional staffing / skills within practice <i>Including relief Nurse, Social Worker. Health Care Assistant</i>	10
Further change in cost to patient	7
Timely / increased access to specialist appointments	5
Funding to upskill nurses	5
Other <i>Including less hospital off loading, colours scanner for photos, Alcohol and Drug template that links with the PMS, more efficient National Immunisation Register</i>	8

Figure 22: Initiative that would make the greatest difference – PN

*More dedicated nurse time for education, prevention and regular follow up.*

*Social input / discharge planning / GP Specialist clinics-funded for patients (help specialists).*

### Practice Manager responses

The 16 responses provide by Practice Managers identified that the following initiatives would make the greatest difference in the ability of the practice to care for their patients with complex needs.

	No. responses
Funding for specific initiatives	4
Increased coordination of staff / care	2
Additional staff	2
Training	1
Staff Morale	1
Knowledge or certainty of funding streams	1

Figure 23: Initiative that would make the greatest difference – PN

## General Practice response -

*Funding for setting up of Patient Portals. This is an expensive option to assist with getting the best method for patients to be part of their health care.*

*'Setting up opportunities for multi-disciplinary meeting. Would like to hear how other practices do this.'*

## Administration / Receptionist

The 43 responses provided by Administration / Reception staff identified that the following initiatives would make the greatest difference in the ability of the practice to care for their patients with complex needs.

	No. responses
Reduction or streamlining of administration or improved IT systems	14
A specific improvement initiative to enhance patient care	8
Additional or change in current funding models	6
Staffing change	4
Advance the role of administration / receptionist	3
Change in hours to increase the availability of appointments	2
Other	6

Figure 24: Initiative that would make the greatest difference – PN

*'Less paperwork from hospitals, why aren't they using electronic letters?'*

## General Practice responses

*'Better IT support - PHO to support and implement additional software for each practice.'*

*'Check in kiosk at reception so that details are always up to date.'*

## Other Staff Responses

The 11 responses provided by other staff within the practice (Health Care Assistant, Counsellor, Health Coach, Community Pharmacist,) Administration / Reception staff identified that the following initiatives would make the greatest difference in the ability of the practice to care for their patients with complex needs.

	No. responses
Increase in mental health / counselling services	4
Additional staff, nursing and social worker	3
IT enhancement	3
Other	1

Figure 25: Initiative that would make the greatest difference – PN

## General Practice responses

*'To have a specific contract (not enhanced capitation) that funds social work in general practice; could be joint funding initiative between PHO and DHB as a project to reduce ED admissions.'*

*'Find appropriate Health Improvement Practitioner or Lifestyle Coach to come to x rural practice.'*

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**Question Seventeen: Please indicate which of the following people completed the survey**

Of the 88 general practices that provided a response, the following staff were involved in completing the survey. No response was received from 24 practices.

Of note is the increase in contribution to the survey from General Practitioners.

Note: The increase in respondents from March 2017 is influenced by the previous questions which asked for comment from three people holding different roles within each general practice. This impacts the comparison with the March 2017 survey results.

Summary of the people that completed the survey	July 2020	March 2017
General Practitioner	63	48
Practice Manger	61	64
Practice Nurse	56	23
Practice Administrator	42	Not captured
Other	5	15