

Connecting Care **national collaborative**

Hawkes Bay District Health Board and Health Hawkes Bay PHO

Aim

Improve the quality and experience for consumers in transitions of care between primary and secondary mental health and addiction services.

- Identified age group; 18 - 64 years
- Consumer centric focus
- Right service, right time, provided by the right provider
- Improve utilization of available services – reduce inefficiencies
- Improve communication and processes between services
- Improve responsiveness to consumer and reduce barriers for accessing services

Project team

Executive Sponsors	Claire Caddie Wayne Woolwich	Owner	Justin Lee Trish Freer
Clinical Lead	Justin Lee	Lead	Trish Freer

Emma Hamilton – HBDHB Quality Improvement Team

Dianne Bainbridge – Consumer (PAG - Partnership Advisory Group)

Deborah Grace – Consumer (PAG)

Justin Lee – Manager HBDHB Community Mental Health

Robert Walker – Kaitakawainga HBDHB

Shirley Lammas – HBDHB Planning & Commissioning Manager

Kylie Wardle – Triage Clinician HBDHB

Peter Satterthwaite – HHB GM Health Services & Innovation

Trish Freer – HHB – Health Programmes Lead

Rebecca Tegg – HHB – Health Programmes Coordinator

Stuart Greville – HHB – Business Intelligence Architect

Consumer of Primary Care services TBC

Engage

Beginning the process

- Being informed of the expectations of the process
- Orientation – Overview of the approach, utilizing lived experience equally as well as knowledge, evidence and expertise
- Engagement with the local sector to progress thinking around ‘focus of transition’.
- Meeting of proposed Steering Group and confirmation of who should be around the table – with option of co-opting others for expertise as required
- Confirmation of Senior Leadership / Sponsorship to have links with Primary Care Directorate to mitigate barriers for implementation of solutions
- Confirm requirements for wider engagement / consultation particularly consumers
- Confirm data to be collected? How are we going to know what success looks like?

Capture

What did you capture from consumer, family and whānau and staff experiences using a range of methods?

Just starting this process so still exploring, identifying consumers, groups, families, whanau to consult with.

For example; Directions (18 – 24 age group) Youth Health Service; Partnership Advisory Group (PAG) Consumers Group; Maori Health Services; Youth Council; consumers accessing Primary Mental Health Services; General Practitioners; Secondary Care Clinicians representative across the services (e.g. Emergency Mental Health Services; Addiction Services, Maternal Mental Health etc)

Understand

What did you understand: emotions and 'touch points' along the journey of care?

- So Far; Frustration – Services with unknown criteria so difficult to refer to or utilize, complicated access to services / counselling, addictions
- Not well informed of provider contact details, key contacts, Duty Workers, After Hours Services,
- DNA's – gaps in services
- Technical problems often troublesome and impacts on links to services
- Complexity of consumers being managed in community / primary care
- Communication / discharge planning / medication change /
- Retention of staff
- Workforce Development

Co-design themes

Very early for project start up - What themes have emerged from your co-design process so far?

Lack of relationships between services and knowledge of services available to general practice

High volume of referrals to secondary services (most via GP) – 50% of referrals not accepted (criteria, referred to other services, no longer required etc.)

DNA's = 21% - costly gap in services

Need to improve whanau engagement and equity of access

We need to challenge our own assumptions for areas to improve

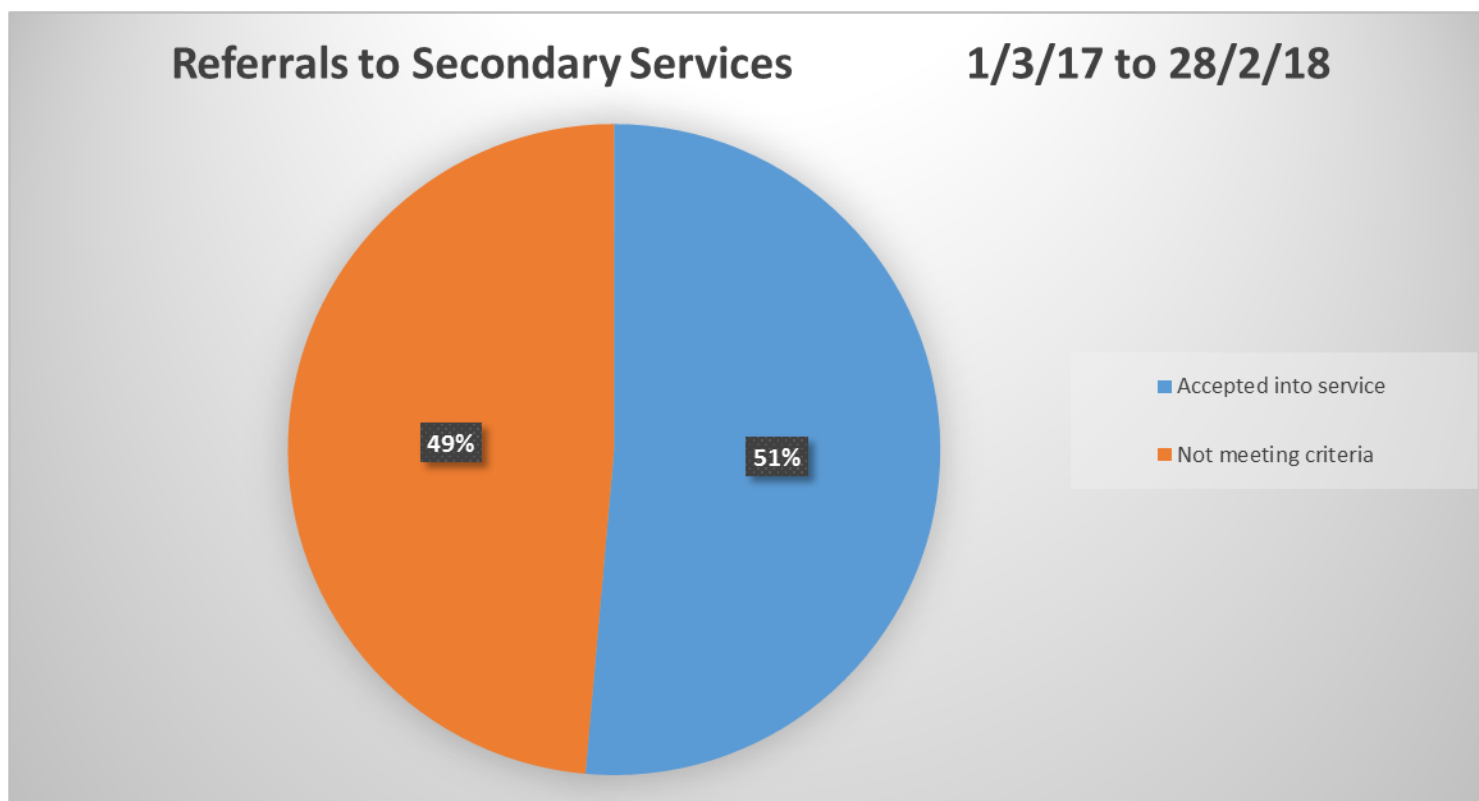
General agreement that there are opportunities for improvements

Data

Total referrals 2175

Accepted 1118

Not meeting criteria 1057



Measures

Work in progress, but....

- Less referrals redirected or declined by services (improved quality)
- Stakeholder feedback (consumers, GP's etc)
- Increased whanau contact
- Increased variety of agency referrals

Shared learning

Don't jump to solutions before confirming the intent

Keep the project aim clear, not too big, and measurable

Consult, consult, consult, engage, engage, engage, consumers, consumers, consumers, whanau, whanau, whanau

What we know already; From Mental Health Forum & Symposium in September; included GPs, Psychiatrist, other clinicians, consumers

The need for closer working relationships between services; Particularly Psychiatrist to / from GPs, GPs are managing a lot of people in primary care, need to be able to seek advice, discuss more complex cases, medications etc but retain in primary care

Available services not always known to GPs, do not know where to refer, to whom? How?

Multiple referral for services happening for same people – clogging the system