

South Taranaki

Alive with opportunities for better health care

TARANAKI DISTRICT HEALTH BOARD



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Project SPLICE

**What it means for Primary Care in
South Taranaki**

27th April 2011

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Overview of Project SPLICE

- Reviewed current health services in the community provided to older people and people living with long term conditions
- Recommended evidence based and sustainable model of service delivery to provide this identified population with *integrated* health services which promote independence and quality of life
- Builds on the strengths of general practice and existing community based service delivery to improve integration and coordination between services.

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Improved referral management...

Single Point of Entry for referrals to:

- Older People's Specialist Health Services
- Long & Short Term Disability Support Services
- Community Allied Health
- District Nursing
- Maori Health/NGO nursing services (e.g. DSM nursing)
- Specialist Educators

Benefits:

- Simplified referral process
- Over 65's referrals screened for complexity (complex clients allocated a Care Manager)
- Assessment and care planning using interRAI assessment process – assessment report shared with primary care team
- Improved communication between primary and secondary care

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Needs Assessment & Service Coordination

- Over 65's with complex needs will have an identified care manager who carries out comprehensive needs assessment, care planning and care coordination
- They will be allocated a Care Manager who is linked to their local GP practice
- Care Managers will be linked to clusters of GP practices based on over 65's enrolled population number (up to 8 care managers working across Taranaki)
- Care Managers will have strong local presence, building relationships with local primary care teams, community nursing/allied health and local support service providers

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Benefits...

For Patients:

- A simplified system that easier to understand and navigate
- Single point of contact for information about accessing support services
- Comprehensive assessment and care management ensures older people access the right service at the right time
- Single assessment process and greater information sharing so older people do not have to tell their story over and over again
- Opportunity to build relationship with the Care Manager involved in their ongoing care and support
- More opportunities for early intervention promoting independent living and quality of life

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Benefits...

For Primary Care:

- Simplified referral system will save practice time and ensure referrals are processed quicker (e.g. fewer rejected referrals)
- Care Managers work with primary care team to support older people with complex care needs
- Improved communication between primary care, specialist services and secondary care
- Direct access to Care Managers with good knowledge of local area (e.g. availability of wide range of support services)
- Support with management of under 65's with complex health and disability support needs (e.g. ensuring clients access appropriate services, including NASC service)