

Whanganui Regional Health Network

**ANNUAL
REPORT**

**20
23**

Our Mission

To strengthen access to quality integrated healthcare and empower whānau and community to achieve equitable health outcomes.

Our Vision

To improve, promote and protect the health of individuals and whānau, enhancing the future wellbeing of our community.

Our Values

Aroha/Rangimarie

Showing compassion and empathy

Kaupapa-a-iwi

Working collaboratively with the community

Kotahitanga

Unification, working together for the best outcome

Manaakitanga

To support, care about or watch over someone

Mana Tangata

Upholding the integrity of all people in our community

Piki Te Ora

Uplifting your wellbeing, spiritually and physically

Tikanga/Kawa

Acknowledging the protocol of marae, land and iwi

Whanaungatanga

Being inclusive of and embracing all people





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Ma ite ua nahi na rapa te whai
Working together we will achieve

Chairperson's Report

Ken Young



It is with great pleasure that I am presenting the 2022/2023 Whanganui Regional Health Network Annual Report.



It has been another challenging year in the health sector for primary care teams and practices. We are moving on with the post-Covid pandemic changes, which have altered how services and funding are delivered, along with the recruitment and retention of the workforce in a competitive environment nationally and internationally. WHRN maintains its involvement with other regional and national organisations in this space and continues to advocate for our population.

At a more local level, WRHN is involved in planning and codesigning change in partnership with our populations and value being a partner in Te Hononga Localities leaders' group. In the rural regions of Taihape and Ruapehu, local developments are making progress due to collaborative action from the Whanganui Regional Health Network team working with Iwi leaders and communities. There has been a lot of planning and discussion at various hui to progress to the current stage and we would like to thank and acknowledge all those involved.

We are also delighted to be working with Ngā Wairiki Ngāti Apa, as new owners of Stewart Street Surgery. We look forward to supporting their aims and aspirations for their population.



Karakia at Stewart Street Surgery after Ngā Wairiki Ngāti Apa purchased and took over the practice.

This year has been influenced by the health reforms put in place by the previous Government. Te Whatu Ora continues to roll out the management and workforce changes, in planning for the creation of one hospital network and comprehensive primary care teams. The resulting organisational changes have made for a challenging environment, and I thank our senior management team, clinical leaders, and partner organisations for not being too distracted by these changes and continuing our developments regardless.

It is heartening to read this report and see the great efforts made by the WRHN Manaaki Te Whanau outreach team and the results they are achieving across various areas, including immunisations, adapting to the new HPV process, and raising awareness of bowel screening. The local model has embedded collaborative partnership with our Iwi providers and general practice teams, which is progressively creating the results we desire to achieve for our population.

Whanganui Accident and Medical Clinic is a highly valued part of Whanganui Regional Health Network services. The team

has been adaptive in providing services for the population of the Whanganui District and reducing pressure on Emergency Department presentations. The service has been critical in responding to pressure in access to general practice, and for people who are not enrolled in a practice Whanganui Accident and Medical remains the provider for access to primary care services. The team should be recognised for their efforts and for pivoting new service models in response to need, such as the Winter Wellness Clinic.

Gonville Health Ltd has continued to provide services to a large, high needs population, with significant workforce challenges. The service has been innovative in finding solutions, such as increasing nursing workforce capability through Nurse Practitioners and Nurse Prescribers.

Ruapehu Health Ltd have had a busy year and continue to work hard providing an accessible service for their population. The Taihape Health Ltd team have continued to be busy and plans for redevelopment of the old Taihape Rural Health Centre building are progressing. Last year we bid farewell to Gemma Kennedy as Clinical Services Manager and wished her well in her retirement, and subsequently welcomed Ngawini Martin as Services Manager.

This year the senior leadership team welcomed Emma Davey as Clinical Director Primary Care and she is already providing active input into the Network, participating in clinical design and decision making.

I would like to thank the Board whose diverse opinions and thoughts provide informed discussion at the Board meetings. Their strategic vision and input support the Network in the changing environment. I would also like to acknowledge Dr Lachie Smith who has been an active Board member and has chosen to step down at the AGM to follow his enthusiasm for Balint group and the GP College sub-faculty.

I would also like to thank the senior management team at the Network, especially our Chief Executive Jude MacDonald, who has an unending supply of enthusiasm for doing the right thing for the population, especially the disadvantaged. It has been a tough year, but she continues to embrace the opportunities.

At the time of writing, we are still awaiting a new Government formulation after the election, so look forward to another interesting year.

Democracy is the worst form of government, except for all the others - W Churchill

Ngā mihi
Ken Young | Chairperson



Whanganui Regional Health Network Senior Management Team - from left: Judith MacDonald, Janine Rider, Juanita Murphy

Meet the Board



Barbara Ball

- Chair, Ngā Iwi o Mōkai Pātea Service Trust
 - Trustee, Taihape Area School
 - Director, Taihape Health Ltd
-



Darren Hull

- Accountant, Gonville Health Pharmacy
-



Dr. Deon Hazelhurst

- General Practitioner/First Line Services Provider
-



Dr. Lachie Smith

- General Practitioner/First Line Services Provider
-



Georgina (Honey) Winter

- Trustee, Mana Ariki Marae, Taumarunui
 - Te Nehenehenui Trust Board, Maniapoto
 - Chair, Tongariro Taupo Conservation Board (TTCB)
 - Director Chair, Ruapehu Health Ltd
 - Co-Chair, Waimarino Wellness Centre Development Group
 - Te Matuku Iwi Māori Partnership Board
-



John Maihi

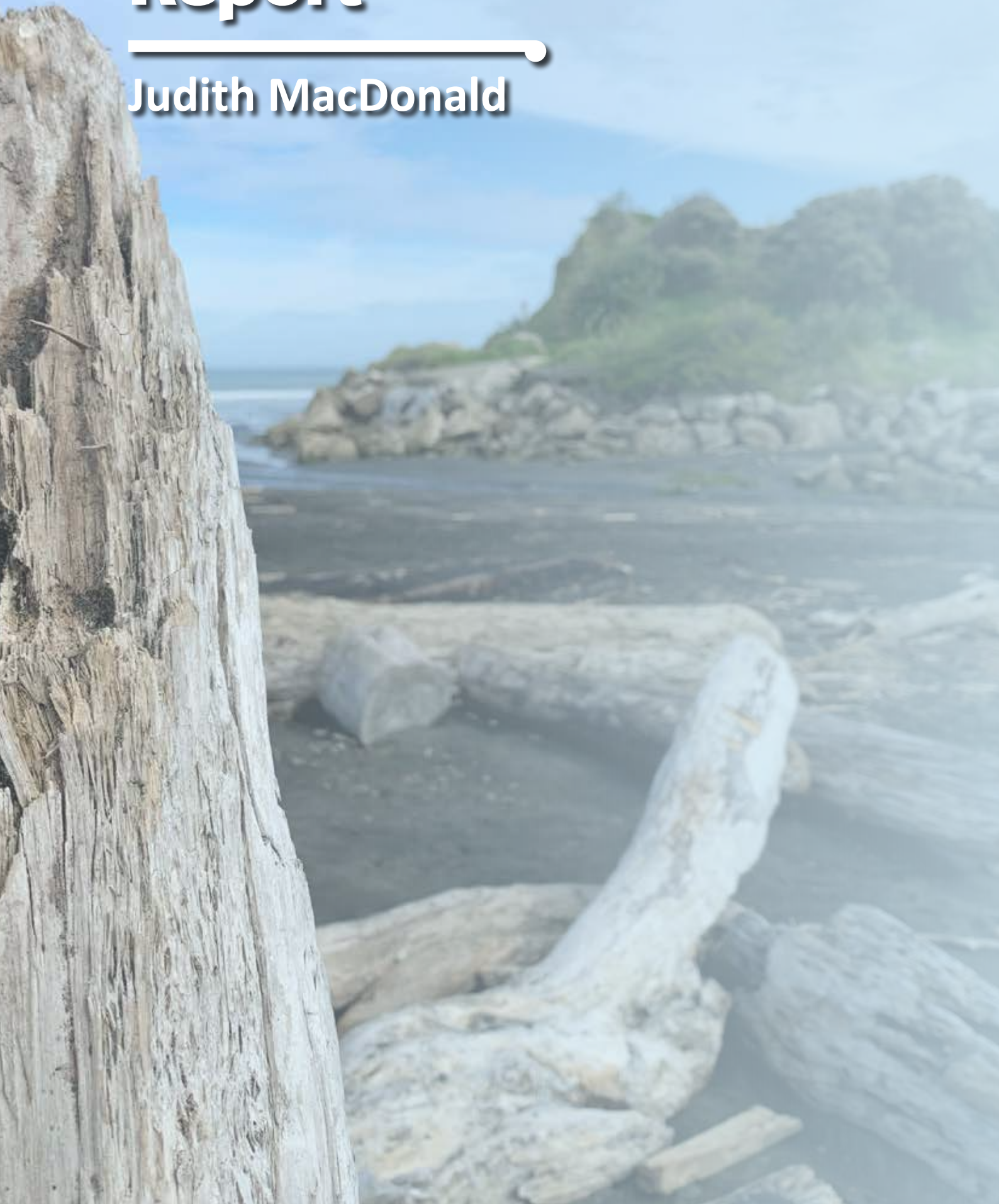
- Member, Te Rūnanga o Tupoho
- Kaumatua, Te Whatu Ora Whanganui
- Member, Ngā Tai o Te Awa Trust
- Member, Ngāti Pāmoana
- Member, Te Puna Matauranga o Whanganui
- Cultural Advisor, Whanganui District Council



Michael Sewell

Chief Executive's Report

Judith MacDonald





Another challenging year for our community, our people, and our workforce. COVID-19 again made its presence felt and disrupted our usual pattern of work priorities.

Once again, we refocused our energies to keeping our whanau safe and worked collaboratively to support the needs of our communities. Collaborative relationships and longstanding high trust between ourselves at every level of our organisation – from governance, leaders, to on the ground teams has been a valued hallmark of our provincial and rural rohe. Iwi provider leaders and Whanganui Regional Health Network leaders once again rolled our sleeves up and set about creating new models of integrated care to deliver ‘right place right time’ services for our people to keep them safe and out of hospital. The strategy included the development of our winter response service generated as an expansion of the Whanganui Accident and Medical range of services. A special shout out goes to Athol Steward, Gina Halvorson, Mon White and William ‘Gumz’ Pati, along with their Te Oranganui and Te Whatu Ora partners that worked together to make this service accessible, holistic and wrap around to include kai, health monitoring, prevention and treatment, safe accommodation and home visits if required.

Collaborative Iwi and health network partners worked together (and continue to do so) to produce enviable vaccination statistics. COVID-19 and influenza were key priorities initially, but the learning has created an embedded way of working that is now evident for achieving childhood Immunisations, bowel screening and the roll out of the HPV pilot across our district.

At a strategic level Whanganui Regional Health Network has been a partner in Te Hononga leaders group, the operational arm of Whanganui Localities Prototype. Collectively we have worked together on developing the Locality plan, sharing data and information as well as mobilising groups within our communities to hear the voice of whānau and “what matters to me.” Engaging with communities, Non-Government Organisations, Iwi and other partners has been a highlight and a satisfying experience that we are working in a unified and collective way.

Commencing the ‘reimagining’ at Taihape with Mōkai Pātea Services, Otaihape Health Trust, Taihape Health and community and Iwi members has been a journey that is gathering momentum and significance. Being able to work with partners together to achieve the ultimate aspiration of the community which is, to relocate services into Taihape Rural Health Centre facility, is both an honour and a pleasure. Along our journey we have also been successful in engaging the support of Rangitikei District Council and the opportunity for this development to influence the Taihape long-term plan is fantastic. We welcomed the opportunity to partner with Ngā Wairiki Ngāti Apa for a contract to manage the operations of the newly purchased Stewart Street Surgery in Marton. This collaboration is a strength-based alliance which through working together, is intended to deliver accessible and quality general practice services for the people enrolled in this Marton general practice purchased by Ngā Wairiki Ngāti Apa.

My role is guided by a fantastic and focused board of trustees, all of whom show deep commitment to achieving ambitious outcomes for our communities. I wish to particularly acknowledge Ken Young who has had the challenging role of keeping ‘me in line’, Michael Sewell; Chair Audit and Risk committee and John McMEnamin; Chair Clinical Governance Group. All of these gentlemen have shown courageous leadership when it mattered most, and I am appreciative of their support. I am also culturally guided by three inspiring Iwi leaders who without question, provide honourable support to our team as we navigate the challenging and changing times with the emergence of the Pae Tata Act, Localities, and Iwi Māori Partnership Board – Te Matuku developments. Special mihi to Matua John Maihi, Barb Ball and Honey Winter. I also wish to acknowledge Soraya Peki-Mason who departed mid-term to take up her role as a Member of Parliament.

None of the actions in this report would have been achieved without the leaders and staff at Whanganui Regional Health Network, and directors, leaders and staff at our subsidiary companies. I am privileged to work alongside a passionate group of people who are committed to delivering quality outcomes for our people across our rohe.

Ngā Mihi,
Jude MacDonald | Chief Executive

WRHN at a glance



Whanganui Regional
Health Network

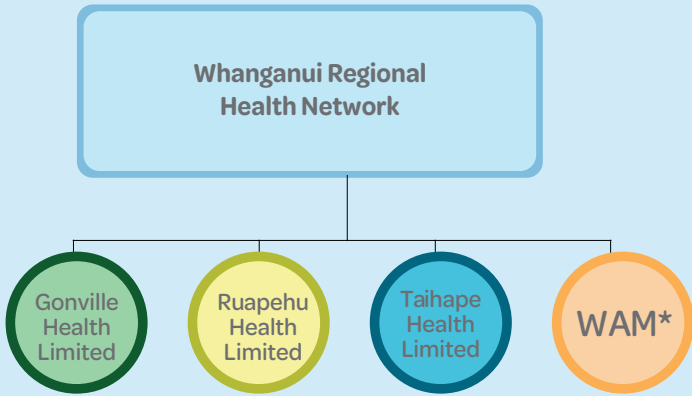
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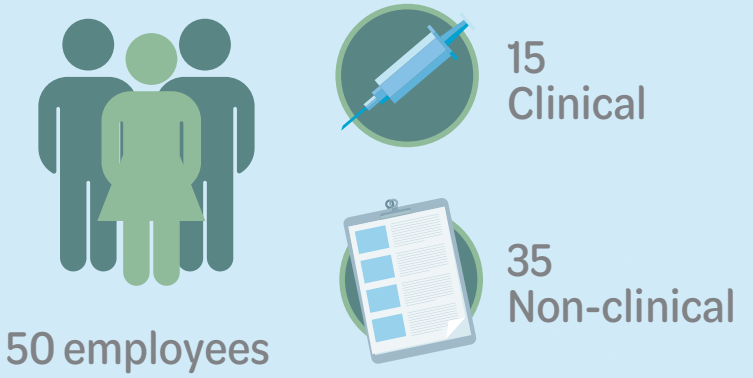
www.wrhn.org.nz

Organisation Structure



*Whanganui Accident and Medical

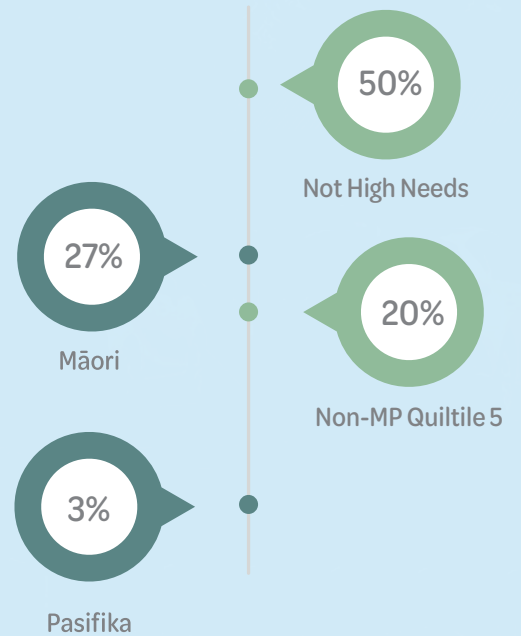
WRHN employees



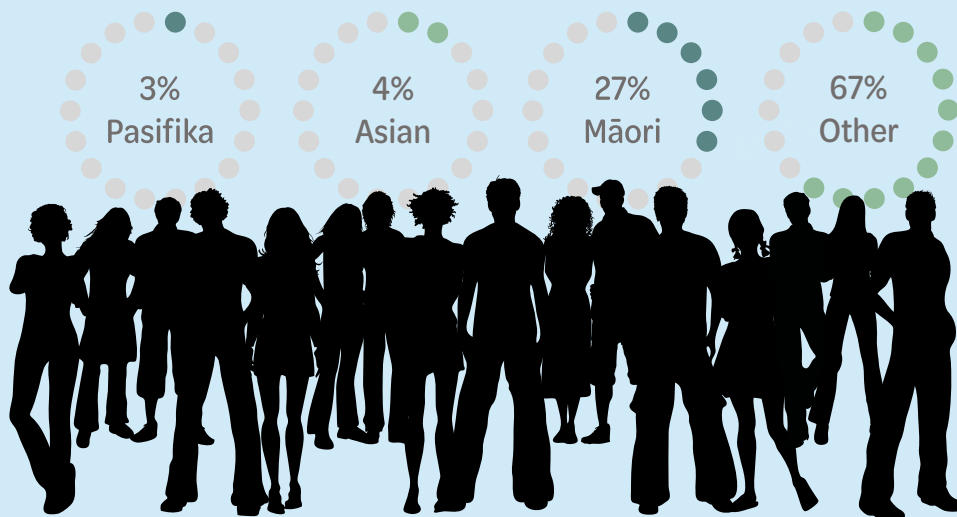
Region Map & Member Practices



By high needs status



Population by ethnicity



Subsidiary Reports



Gonville Health Limited

Gonville Health Ltd is a general practice in the heart of Whanganui’s Gonville community. The practice is situated in the Gonville Centre, which was established in 2009 by the Whanganui Regional Health Network and accommodates the general practice, a pharmacy, library, and community room. The Centre was purpose built based on the identified need to reduce inequity in health status for Māori, Pasifika and people living in low socio-economic circumstances within the community.

Gonville Health has been engaging in a process of continuous service design improvement based on the needs and aspirations of whānau. Patient access has been the focus of several projects, more recently by gaining information through whānau engagement to improve practice. The practice is trialling virtual acute care management by testing several combinations of virtual GP and nurse consultations, backed up by same day in person appointments. The aim is to allow patients easier access to acute appointments when and where needed. This also allows for simple presentations to be managed over the phone, aiding in reduced barriers to care, such as transport, physical location, and cost.

Gonville Health has been participating in several projects and research initiatives. Building on the earlier development of Best Start early pregnancy care, the practice is reviewing access to and engagement in comprehensive first six

“While there has been many challenges, Gonville Health remains steadfast in its vision of achieving health and wellbeing together with our community”

Population by age: Māori vs. Non-Māori



0-14 years

Māori: 913
Non-Māori: 874



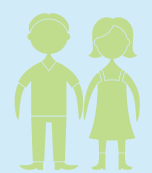
15-24 years

Māori: 487
Non-Māori: 512



25-44 years

Māori: 806
Non-Māori: 1377



45-64 years

Māori: 598
Non-Māori: 1382



65-84 years

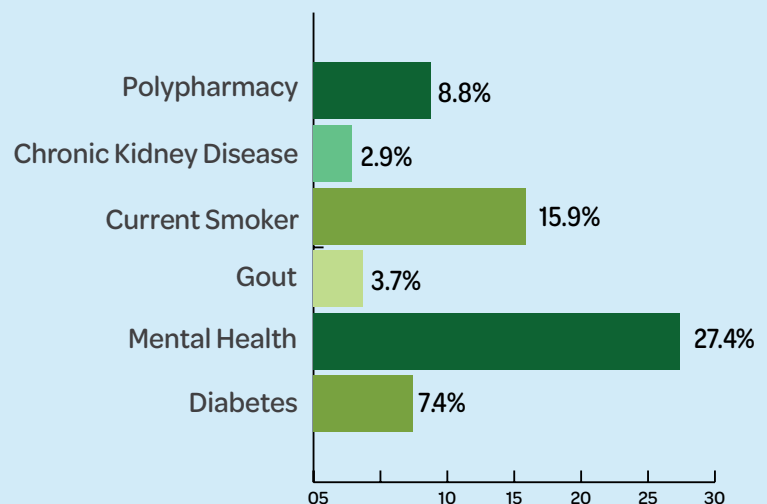
Māori: 223
Non-Māori: 949



85+ years

Māori: 6
Non-Māori: 60

Patient Health Issues



Patient Population by Ethnicity



Pasifika
4%



Māori
37%

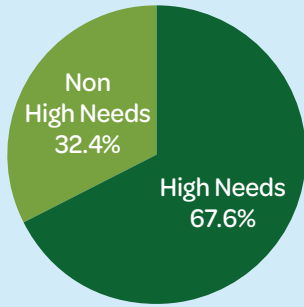


Asian
7%

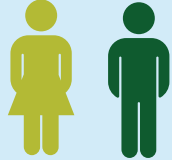


Other
52%

High Needs Split



Patient Population by Gender



Wahine
52%

Tane
48%

distress noted amongst patients and whānau, these services have been vital in ensuring their needs are able to be met in a holistic way.

Gonville Health has also been fortunate enough to employ a Health Care Assistant who is a qualified Phlebotomist. Having this service available for patients has been very beneficial, as patients can now have bloods taken at the time of consultation, which reduces barriers to attending the hospital, such as transport, and this also values the patients' time.

Doctor John McMenamain, Clinical Director at Gonville Health Ltd reports, *"While there has been many challenges during the year, including an ongoing global pandemic, increase in inequities and unmet needs, a burnt out workforce and increased pressure on the workforce as a whole; Gonville Health remains steadfast in its vision of achieving health and wellbeing together with our community, and looks forward to the challenges and opportunities that await us in 2023/2024."*

"Gonville Health has been engaging in a process of continuous service design improvement based on the needs and aspirations of whānau"

weeks baby care. Staff and some enrolled whānau with cancer histories are participating in a project gathering perspectives on patient experience and service delivery, and this information is further enhanced by data from community surveys. Gonville Health was also one of five regional clinics involved in the trial and rollout of the new HPV cervical screening programme.

In response to the challenging environment of regional and national workforce shortages, Gonville Health has adopted a workforce sustainability strategy by offering training and progressive space for Nurse Practitioners, Nurse Prescribers, Pharmacist Facilitators, and other advanced workforce, to provide top of scope solutions for patients. Gonville Health currently has four Nurse Practitioners, three of whom have undertaken their training while working at the practice, with the most recent graduating in 2023. Clinicians are supported to work at top of scope and are all capable of managing complex patients and their needs.

Health Improvement Practitioner/Health Coach roles are now well embedded in our service and are highly utilized by staff and patients. With increasing deprivation and



Gonville Health's full-time GP Dr Jasmin Roman not only has US Board certification as a primary care doctor but is qualified in New Zealand as a new FRNZCGP – here is Jasmin (centre) with Clinical Director Dr John McMenamain and former Gonville Health locum, Dr Liza Lack.



Ruapehu Health Limited

Ruapehu Health Ltd is a rural general practice located in Raetihi and is a subsidiary company of the Whanganui Regional Health Network. The practice is situated in one of the most isolated parts of the Whanganui region and serves the communities of Raetihi, Pipiriki, Ohakune and surrounding district. The practice is overseen by a Community/Iwi and Whanganui Regional Health Network group of governors who are focused on creating a viable and sustainable general practice. Additionally, connecting with other providers located in Raetihi and Ohakune, so the community has access to a collaborative health and social service network model.

The clinical operates with a multi-disciplinary team that is made up of doctors, nurses, administrators, and wellbeing providers, such as Counsellors and Health Coaches. Services include assessment and treatment of common illness and injuries, and the management of complex, chronic long-term conditions. Vaccinations and regular health screenings, such as cervical screening and cardiovascular disease assessments, are also provided. The team are committed to their community and are working hard to reduce inequities in health for all.

As a rural practice, there have been periods with no permanent GP, so virtual GP services have been utilised since 2021. While a long-term locum from the United States has been secured, virtual services continue to be used to manage inbox and administration tasks.

The Ruapehu Health Clinical Services Manager, Tracy Mitchell, reports that some of the feedback from patients has been very positive, such as, *"I have enjoyed the virtual doctor and having our nurse sit with me, which made this a very good experience."*

A notable achievement in the 2022-23 year, has been an improvement in the management of and a reduction of inequities in gout, with 52.3% of the total enrolled patients have good uric acid control and only 10% Māori and 14% Non-Māori enrolled patients requiring testing and improved management.

The Ruapehu Health team have a particular focus on ensuring equity in access for Māori. General practice appointments saw a slight decline in Māori rates, but continue to remain well above the equity line.

Population by age: Māori vs. Non-Māori



0-14 years

Māori: 511
Non-Māori: 322



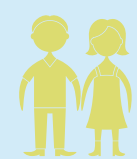
15-24 years

Māori: 211
Non-Māori: 162



25-44 years

Māori: 393
Non-Māori: 511



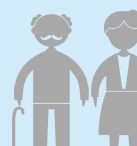
45-64 years

Māori: 328
Non-Māori: 567



65-84 years

Māori: 139
Non-Māori: 352



85+ years

Māori: 5
Non-Māori: 29

Uric Acid Control: Māori



Uric Acid Control: Non-Māori





Taihape Health Limited

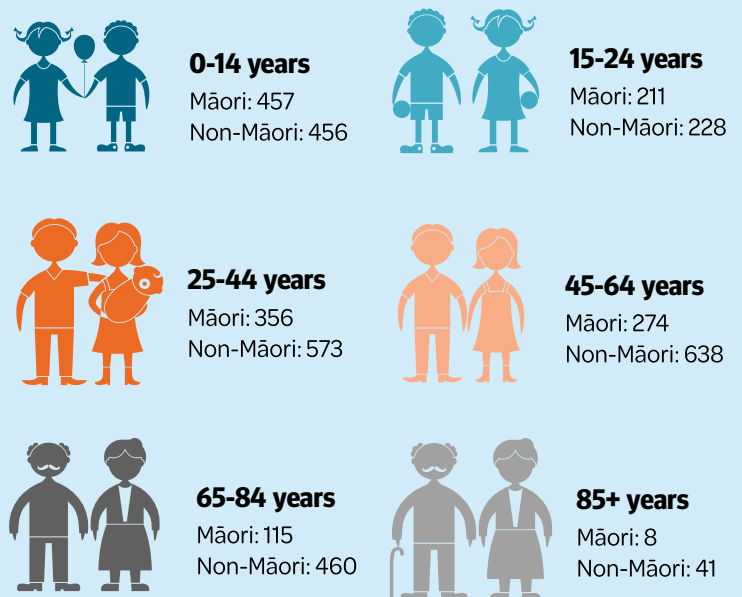
Taihape Health Ltd offers an expansive range of services, delivered within a primary care model. Located on the old Taihape Hospital grounds, the general practice has been operational since 2011 and is a subsidiary company of Whanganui Regional Health Network. The integrated contract model includes the General Practice Team, Social Worker/Counsellor and Community Nursing Services, Primary Care Maternity, Physiotherapy, Health Improvement Practitioner and Health Coach, Kaiāwhina support and the Meals on Wheels service. The practice also provides a clinic in Waiouru every Wednesday from 9am to 4pm to ensure access for this small community.

Taihape Health contracts Older and Bolder to provide patient transport to out-of-town appointments and a visiting service. They also liaise with Mōkai Pātea Services team of Whānau Ora Iwi Navigators. Te Whatu Ora services available onsite include x-ray, visiting specialist clinics, and community mental health.

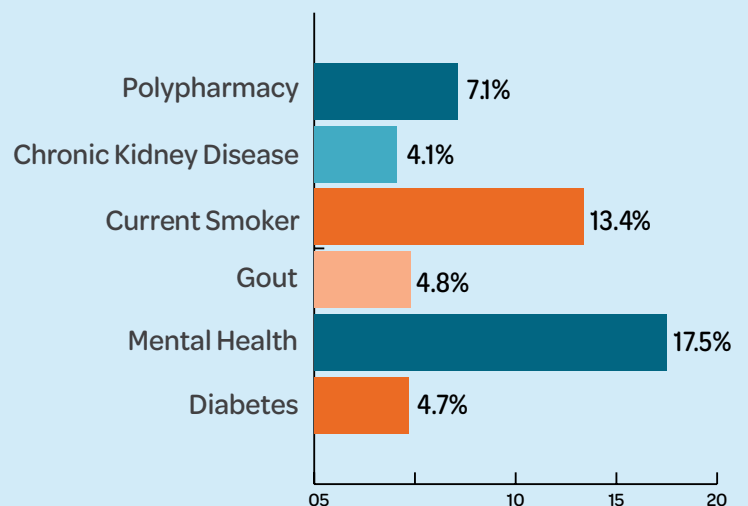
At the end of 2022 the team farewelled their longstanding Clinical Service Manager, Gemma Kennedy. Gemma had been a resident of Taihape for many years and was the service manager since Whanganui Regional Health Network picked up the contract in 2010. Taihape Health were very pleased to welcome in Ngawini Martin into the role of Service Manager. Ngawini had previously held a senior role at Mōkai Pātea Services, so having her transition into this role at Taihape Health as further developments were occurring between Whanganui Regional Health Network and Mōkai Pātea Services was ideal.

In 2022, Mōkai Pātea Services and Whanganui Regional Health Network embarked in a partnership journey to integrate the services from Taihape Health with Whānau Ora services delivered by Mōkai Pātea Services, intending for this integrated workforce to relocate to the Taihape Rural Health Centre (old hospital facility).

Population by age: Māori vs. Non-Māori



Patient Health Issues





A governance group was established with members from Otaihape Health Trust, Taihape Health, Mōkai Pātea Services and Whanganui Regional Health Network, to drive the change process. Te Whatu Ora has agreed for a community lease agreement to be set up for the campus and to honour all the maintenance that has not been undertaken over the years, so that the building transfers in a well-maintained state. The old derelict staff quarters have been demolished by Te Whatu Ora and the area will transfer to carparks.

Given the building is in reasonable order internally, Whanganui Regional Health Network and Mōkai Pātea Services will keep changes to a minimum, but to ensure any changes made to the facility will meet code, Whanganui Regional Health Network has contracted Black Pine Ltd to work alongside the leaders and governance group. It is the intention of the Mōkai Pātea Services and Whanganui Regional Health Network leads that community and whānau voice will be heard and key to the codesign process.

Photo: Taihape Health Wellbeing Team - Julia Chrystall (left) is a Registered Nurse and Health Improvement Practitioner, Sara Foster is a Health Coach and a blood taker.

Patient Population by Ethnicity



Pasifika
2%



Māori
38%



Asian
2%



Other
58%

Patient Population by Gender

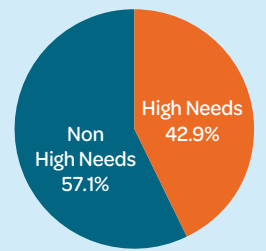


Wāhine
51%



Tāne
49%

High Needs Split





Whanganui Accident & Medical

Whanganui Accident and Medical (WAM) provides the community and its visitors with improved access to primary and urgent afterhours care. From July 2022 to June 2023 a total of 20,075 patients presented at WAM for care. Forty-two percent of the presentations were ACC related and 48% non-ACC presentations. Over the COVID pandemic there was a reduction in ACC accidents and injuries due to a change in lifestyle factors (limited sport and recreational activities), but volumes are tracking to the pre-COVID rate.

With each year, winter illnesses demonstrate the need to continue the success acquired in providing COVID pandemic support. Whanganui Accident and Medical, Te Oranganui and the Whanganui Regional Health Network committed to creating an easy access virtual responsive model of care, for people with vulnerable health conditions and their whānau within the Whanganui Rohe with respiratory illness. This has enabled early care for people with complex health conditions, reduced risk of exposure to viruses, reduced hospital admissions where possible, and streamlined the workforce resource and connections.

The rise of COVID elevated the need to establish an alternative care facility that would support whānau in the community and eliminate the risks of COVID entering general practices and hospital/WAM waiting rooms. In March 2022, the Mauri Ora Clinic was established as a collaborative effort between Whanganui Accident and Medical and Te Whatu Ora Whanganui. By July 2022, the Mauri Ora Clinic expanded its services to include winter and respiratory illness due to the number of presentations of colds and flu at general practice. The collaborative efforts continued with staffing provided from both Te Whatu Ora and Whanganui Accident and Medical, as well as social support services supported by Te Oranganui Trust.

The Mauri Ora Clinic was the first of its kind and was delivered as a drive-through, however walk-ins were available. The clinic was well received by whānau in the community and provided the various partners working within the clinic insights to what future winter clinics might look like, and included considerations such as the addition of mobile clinics for the rural regions, homeless and marae-based care, as well as the establishment of virtual clinical services that would give whānau the freedom to speak to a clinician from the comforts of their home.

The Mauri Ora Clinic met the needs of the community and garnered appreciation from general practice and the hospital teams. The challenge of securing ongoing funding for this service, especially for high-needs populations, remains a priority. The collaborative effort is a testament to our commitment to the wellbeing of the Whanganui community and we remain dedicated to further enhancing the quality and accessibility of healthcare services.

WAM Clinic presentations



20,075 presentations



42% ACC presentations

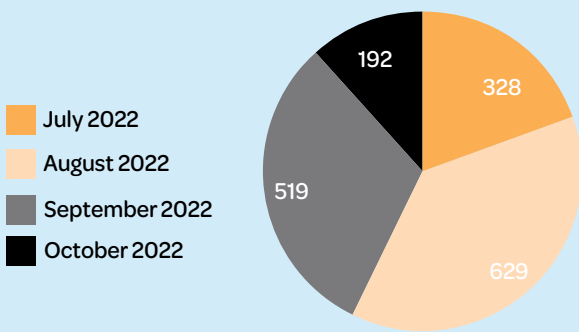


48% Non-ACC presentations



Photo: Whanganui Accident and Medical collaborated with the team at Te Oranganui to deliver the Mauri Ora Clinic.

Mauri Ora Clinic presentations by month



Mauri Ora Clinic Access by Ethnicity



Pasifika
3%



Māori
31%



Other
66%



Whānau success story

A Mum presented at Mauri Ora Clinic with her 2-year-old son, who was sent home from kōhanga reo the previous day with a runny nose and cough. Overnight her son got worse and following a phone call to her GP the next morning, Mum was advised to head to the Mauri Ora Clinic for an assessment.

Arriving at the clinic, Mum drove into the tent and beeped the horn (as instructed by the sign inside the empty tent). A nurse emerged after a couple of minutes and proceeded to triage Mum and son. Noticing that Mum only spoke to her son in te reo Māori, the nurse followed suit and also spoke to the son in te reo Māori, which Mum appreciated. Te reo Māori is their first language, so having the nurse communicate with him this way meant he was able to respond to questions that we were being asked.

Unfortunately, there wasn't a GP at the Mauri Ora Clinic that day, however Mum and son were directed to WAM to be seen, which was the contingency plan for the Mauri Ora Clinic when a RMO or GP was not available. Despite having to wait a little longer, the family was assessed by a WAM doctor and a script was provided for the child.

Looking back...







Service Reports

B4 School Checks

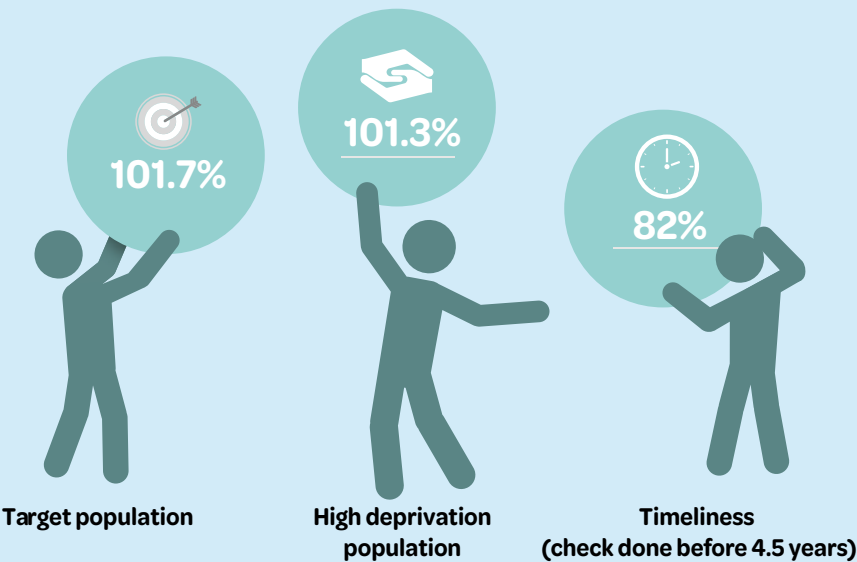
The Whanganui Regional Health Network Before School Check team provides a health, development, and wellbeing check for all 4-year-olds in the community and this is the last Well Child Check.

Janine Spence, Child Health Service lead states, *“It is heartening to hear the voices of whānau who come to the Before School Check appointment with low expectations, who then go away empowered in their skills as parents, aware of the readiness of their tamariki to learn, and pick up some simple strategies around behaviour and learning. There is also a group of whānau who attend and learn that their tamariki need referral for vision, hearing, speech language or behaviour.”*

The team has partnered with the private optometrists to ensure that referrals are accepted and followed up, so that no child is vision impaired at five. The service continues to partner with Iwi services to carry out the checks, which includes health and development, vision and hearing, oral health, growth surveillance, as well as input from preschools to the whānau, wherever possible. The main relationship continues to be with the early childhood services, day cares, Te Kohanga Reo and kindergartens, who support by returning the teachers Version of the Strengths and Difficulties Questionnaire.

Janine is proud of the performance and outcomes achieved by the team and states, *“It is truly a community network who are working together to ensure 4-year-olds transition into 5-year-olds, ready and able to learn at school to the best of their ability.”*

Our team completed above the national average in all areas:



Pasifika
100.6%



Māori
105.4%



Asian
111.6%



Other
101.9%



Immunisation Service

Whanganui Regional Health Network continues to implement a robust immunisation plan that is evidence-based, equitable and accessible to the entire community, but particularly for Māori and those living in deprivation 9-10 areas. Through collaboration between Iwi healthcare providers, primary care services and community stakeholders, the goal is to achieve high immunisation rates (95% by 31st December 2023, as set by Te Whatu Ora New Zealand), protect the health of the entire population, and contribute to a healthier, safer Whanganui region.

Immunisation Coordinator, Nicola Metcalfe, is currently assisting the Te Whatu Ora Whanganui Health Promotion Team, with a Regional Communication Strategy for Childhood Immunisations. This is funded by the National Public Health Service (NPHS) scheduled for completion in March 2024. The purpose of this project is to promote the uptake of childhood immunisations via a unified communication package, including primary care, Iwi organisations, secondary care and other Non-Government Organisation stakeholders, with a strong equity focus and reaching vaccine hesitant whānau.

OUR IMMUNISATION SERVICE PARTNERSHIPS



Outreach Immunisation Service – Manaaki Te Whānau

The Immunisation Outreach Clinical Manager, Sue Hina, states that “The service has recorded a 48% increase of referrals to the outreach immunisation team over the 22/23 period”.

- A 46% increase in the number of vaccines given in the Outreach Immunisation Service clinic setting, with Quarter four recording the largest number of vaccines given in clinic over the past 12 months.
- Māori whānau continue to be the largest consumer group of the outreach immunisation service, followed by other (NZ European, Asian, Other European), followed by Pasifika.
- Outreach Immunisation Service has expanded the availability of static immunisation clinics to four days per week, based at Whanganui Regional Health Network.
- To meet demand. The team also collaborated with Ngāti Rangī (Ruapehu) to deliver an outreach immunisation clinic and home visits in late June, as well as offering whole of lifespan immunisations on the Waka Hauora bus at the Saturday Whanganui Riverside Markets, in partnership with Te Whatu Ora Whanganui.
- Whanganui Regional Health Network Outreach Immunisation Service team is the fifth highest performing outreach service nationally out of 38 other Primary Health Organisations, in the delivery of Meningococcal B (Bexsero) vaccination of their clients.

Te Koutou Hauora and Stewart St Surgery have had successful after-hour Hauora clinics in Marton supported by Whanganui Regional Health Network staff, with the most recent clinic vaccinating six children who were overdue their immunisations and proving a by Māori-for-Māori approach is valued by the Rangitikei community.

Long Term Conditions Team



One of the highlights of the 2022-23 year was the expansion of our integrated wrap-around service, which was initially developed in response to the challenges posed by the COVID-19 pandemic. In collaboration with Primary Health Organisations, Iwi health providers and Te Whatu Ora Whanganui, our Long-Term Conditions (LTC) team extended this service to encompass vulnerable patients who were discharged from the acute Medical Ward. This extension aimed to support patients who live alone, live rurally, frequently visit the emergency department or are at risk of readmission. Providing a comprehensive network of care ensures the wellbeing of these patients beyond their hospital stays.

Clinical Team Leader, Jeanie Tamarapa, states, *“The major achievement of the LTC team has been the development and implementation of a telehealth platform for delivering pulmonary and cardiac rehabilitation. This initiative was designed to provide up-to-date educational resources and information to patients, regardless of their health literacy levels. Drawing on reputable sources, such as Healthify NZ, the NZ Heart Foundation, and Asthma and Respiratory NZ, we developed a program that enhances patient understanding and empowerment. The program consists of a four-to-six-week journey featuring weekly YouTube videos, followed by personalised telephone consultations.*

We recognised the importance of overcoming accessibility barriers to ensure that all patients could benefit from our telehealth platform. Technical challenges, such as poor or

non-existent intranet services especially in remote rural areas were addressed by downloading videos to patients’ devices. In cases where patients lacked their own devices, funding support was offered through our Community Connector. We also procured loan devices that were provided for the programme’s duration, which were sourced from recycled outdated Whanganui Regional Health Network laptops. Individualised IT literacy and technical support sessions were also offered, which ensured that every patient could navigate the telehealth platform effectively.”

Working in partnership with providers has enabled wider community support:

- Ongoing partnership with Hospice Whanganui has demonstrated the positive impact of our Pulmonary Rehab program for end-stage respiratory symptom control.
- Working collaboratively with Sport Whanganui and the Green Prescription, to improve patient’s cardiovascular health, boost energy levels and enhance mood. Participating in lifestyle programmes not only increases fitness levels, but also allows people to take control of their health journey in a sustainable way.
- Collaboration between the Long-Term Conditions team and ACC has given rise to the Steady as You Go Programme, which specifically targets balance improvement and falls prevention.
- The BoxFit for Parkinsons programme is supported by Whanganui Regional Health Network, as a form of exercise that combines boxing techniques with cardio and strength training.

Pulmonary rehabilitation success story

“I feel that this programme has captured all I want to know in respect to my health condition. If not, I am taking onboard the relevant information I need and I pray I can continue to apply the knowledge to maintain good health in the future. I appreciate the fact that I can refer to the videos when I need to. If it was a community programme, I wouldn’t be able to retain all this valuable information. I have learnt a lot from the programme, especially how to use my inhalers. As I have been using my inhalers incorrectly for many years now.”

Gout Stop Programme

The 12-week Gout Stop Programme centres on a model of collaboration between general practice, community pharmacists and Kaiāwhina, working together to improve accessibility to medication and health literacy. The delivery of the programme consists of several different activities to reduce barriers that disproportionately affect Māori in achieving good gout management:

- Kaiāwhina support available to all patients, with a focus on Māori and Pasifika
- Communication, information, and education for communities
- Two primary care consults that are free to patients that meet eligibility criteria (Māori, Pasifika, and/or Community Services card holder)
- Funded blister packaging for medications as part of the 12-week Gout Stop Programme
- Expanded role of community pharmacy to include gout education consults and point of care serum uric acid testing
- Education, training and programme support for general practices, community pharmacy and other health care providers
- Localisation of gout arthritis in Community Health Pathways
- Provision of data and feedback to general practices for individual patients via Dashboard and PowerBI report

The Gout Stop Programme demonstrated equity in its reach, completion and clinical outcomes. More than half of the patients that engaged with the programme were Māori, but the reach also extended beyond those recorded as being on the programme, as there was a 25% increase in the number of Māori receiving Allopurinol from general practice across the rohe. While there was a slightly smaller proportion of Māori at the target serum uric acid (SUA) level after the programme, the average reduction in SUA was greater for Māori than non-Māori (from the Gout Stop evaluation).



Self-referral story

"A patient found the Kaiāwhina contact details when accessing over the counter pain relief from the Countdown Pharmacy for their gout. The patient was previously on Allopurinol but stopped taking it because of the flare-ups. They tried making a lifestyle change, eating healthy and lowered their alcohol intake, and were successful for seven months. Unfortunately, after this period of clean eating they started to get flare-ups and subsequently saw their GP. Allopurinol was prescribed again, and they were put on the Gout Stop programme. Once completed the GP wanted them to be at a higher dose, so it was increased. The Kaiāwhina advised them that they will continue to experience flare-ups until their uric acid levels come down. Education was given and the patient appreciated the breakdown of the causes of high uric acid levels in the bloodstream. They did not realise that 90% was due to genetics, kidneys, and weight, and only 10% to food and drink. The patient felt that they had a better understanding of gout and recognised that they need to maintain daily Allopurinol. The Kaiāwhina will continue with regular follow-ups to help keep the patient motivated."

Community Connector Service

The Ministry of Social Development Community Connector contract initially aimed to assist individuals and whānau facing challenges related to employment, education, housing, or wellbeing during the Covid-19 pandemic. Two Community Connector roles were established, offering information, support, and the possibility of financial assistance through discretionary funding. As the pandemic evolved, the contract was adapted to address the community's welfare needs, ensuring safety during home isolation and post self-isolation.

This service has made a significant impact on numerous individuals and whānau. Noteworthy examples include the Homeless Hauora Day, a collaborative effort with the WRHN connection service and other agencies to provide a free health and wellbeing day for 19 local homeless individuals living in their vehicles. The event offered essential packs for those living rough, including food for them and their dogs, clothes, showers, haircuts, gourmet coffee, and health checks.

To address tensions among social housing complex tenants, the Christmas in the Complex BBQ brought together 26 people, offering support from WRHN and other services. This event not only provided a festive atmosphere but also facilitated childhood immunisations, Covid vaccinations, and health screenings.

Another project included a raised garden built by the Men's Shed for a Gonville Council pensioner complex, supporting kaumatua tenants in growing their own vegetables and fostering social interaction.



Pasifika for Pasifika 2022, held at Whanganui Racecourse, aimed to connect the Pasifika community with services and agencies through the voices of Pasifika workers. This event, attended by approximately 500 individuals, showcased local school Pasifika performances and dance groups, emphasizing community support during challenging times.

A special youth talk was held at Faith City Church featured guest speakers Sol3 Mio; Pene Pati, Amitai Pati, and Moses Mackay. This event targeted Pasifika youth, providing a platform for them to connect with and gain insights from relatable figures. The talk focused on promoting a sense of belonging, overcoming barriers, and the importance of education. With nearly 100 registrations, the event provided an opportunity for youth to ask questions on a range of topics.



Integrated Primary Mental Health and Addictions

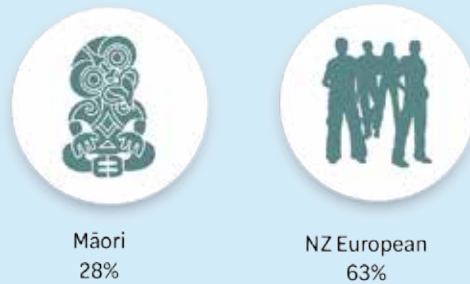
Health Improvement Practitioners and Health Coaches can be found in most of our general practices. This programme offers support to help patient reach their goals or overcome their challenges. There are no criteria to access the service for enrolled patients, referrals can be either self-made or by a clinician and are free of charge.

As of 30 June 2023, 56.25% of patients saw a Health Improvement Practitioner and 43.75% saw a Health Coach. Most of the encounters were done in person (69.45%) and via phone (25.13%). Māori represented 27.95% of people being seen versus 63.12% of Pākehā/NZ European. An overwhelming majority of people saw Health Improvement Practitioners and Health Coaches for mental and emotional wellbeing (67.47%), followed by health and lifestyle (7.8%), whānau, social and community wellbeing (5.2%), long term conditions (5.17%), personal/ whānau needs (4.95%), unknown (2%) and employment (0.69%).

Preferred Consultant



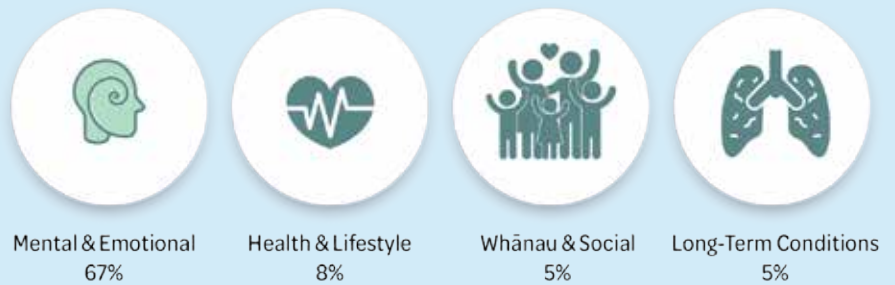
Consultation by Ethnicity



Method of Consultation



Reasons for Consultation



Fracture Liaison Service

The Fracture Liaison Service is made up of a clinical lead, nurse, and administrator, working together to help patients who have sustained a fragility fracture. This is also a preventative service, with the aim to reduce future fractures. The service works in partnership with ACC, Osteoporosis NZ, Live Stronger for Longer and the wider New Zealand Fracture Liaison Service network.

In the 2022-23 year, the service looked after 275 patients, providing them with education, sending recommendations to their GP for bone strengthening medication, and ordered DEXA scans for those eligible. The team works with a Whānau Ora approach to improve patient health outcomes.

There have been some changes to the service this year, with the Fracture Liaison Service nurse moving from a hospital building into an office at Whanganui Regional Health Network. This has meant that the team has been able to work together easier and more collaboratively, enabling the best possible service.

Twelve months of using the Fragility Fracture Registry has been completed, which has streamlined data entry and patient flow through the service. This register is used internationally, and our service is currently sitting above national average for key performance indicators.



What Matters to Whānau

The Pae Ora Act aims to enhance the health and wellbeing outcomes for whānau across Aotearoa. Its responsibilities focus on establishing a structure for productive involvement and communication with whānau, reassuring that their health requirements and aspirations are accounted for, particularly in the preparation and execution of health strategies. This initiative will focus on a collective collaboration towards reducing health inequalities and ensuring equitable access to healthcare services.

The significance of involving whānau in all aspects of decision-making, ranging from policy development to service delivery, is duly acknowledged by this Act. It implies that localities are obligated to collaborate with whānau and integrate their viewpoints and ambitions, while planning for and implementing healthcare initiatives. Furthermore, localities must give priority to culturally relevant healthcare services that are responsive to the needs and preference of whānau.



The Pae Ora Act operates through three interconnected holistic elements, including;

- Mauri Ora (healthy individuals),
- Whānau Ora (healthy families), and
- Wai Ora (healthy environments).

Essentially, the Pae Ora Act and localities have a joint responsibility to strive for better health outcomes for whānau. This involves bridging health inequities, fostering cooperation and empowering whānau to take an active role in their own health and wellbeing, by amplifying the whānau voice.

Whānau engagement commenced last year, with the purpose of drawing on participant's insights to create an improved model of care.

The focus was on 'What matters to whānau' and the following questions were carefully designed to obtain a deeper understanding of primary health care service requirements and to encourage participants to have meaningful input:

1. What matters to whānau when you visit your GP healthcare provider?
2. What matters to whānau when you are unwell?
3. What matters to whānau to stay well?

A range of engagement methods were utilised to obtain responses, including online surveys, kanohi ki te kanohi interviews, feedback forms and focus groups. This process was strategically implemented to reach a diverse audience and ensure representation from GP enrolled and unenrolled whānau, and various community groups. The following are whānau engagement huihuinga that have taken place in the 2022-23 year. Participants shared their experiences and perspectives of general practice services in the Whanganui region and provided feedback on what matters most to them and their whānau. An analysis of the collected qualitative data will have a significant impact on our primary health sector's ability to shape strategy and improve the quality of care provided.



The voices of whānau!

Going forward, it is crucial to prioritise these insights and continue building strong relationships with whānau. By aligning our healthcare services with the needs and preferences of both patients and their whānau, we can ensure that our care is truly patient-centred. This ongoing commitment to trust and collaboration will lead to improved health outcomes, increased satisfaction, and a more inclusive and equitable healthcare experience for all.





Celebrating Our Success

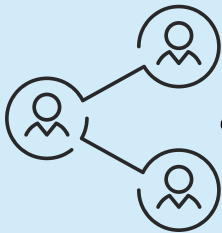
Manage My Health



33%

Enrolled population are managing their own health information.

MSD Community Connector



447

Individuals and whānau supported with access to services and/or funding to meet immediate needs.

Wellbeing Teams

90%



Of our member practices have Health Improvement Practitioners and Health Coaches.

Long-Term Conditions



81 Referrals
* 35 Māori

118 Referrals
* 7 Māori



Antenatal Classes



174 classes

Of the hapū māmā who attended classes, 84% were first-time māmā and 42% were māori.

Safe Sleep

238



Wahakura and pēpī pods distributed to whānau and safe sleep kōrero provided.

Breast Screening



63%

Of eligible women had breast screening completed.

Cervical Screening

64%



Of eligible women 25-69 years completed their cervical screening. As of June 2023, 1053 women completed HPV self testing.

Fracture Liaison Clinic



275

Individuals with fragility fractures were supported.



Financial Reports

Auditor's Report

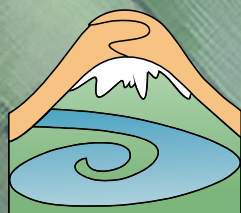
The audited consolidated financial statements of Whanganui Regional Health Network (WRHN) and its subsidiary companies; Taihape Health Ltd, Gonville Health Ltd, Whanganui Accident and Medical Clinic Ltd (WAM), and Ruapehu Health Ltd, now sit within the criteria for Tier 1 reporting as the group now have total expenses over \$30 million. Figures within the financial reports are now rounded to the nearest thousand and reported as follows;

Total Revenue of \$34,615,000 including: (1) PHO Contract revenue of \$19,264,000; (2) Clinical and Support Facilitation revenue of \$10,543,000; (3) External revenue from subsidiaries companies of \$4,058,000; (4) Other revenue of \$750,000.

Total Expenses of \$33,192,000 including: (1) Delivery of government contracts and provision of community health services (including the operating expenses of the subsidiary companies), of \$15,743,000 (51%); (2) Consolidated wages and other employee costs of \$16,516,000 (46%); (3) Depreciation and occupancy costs of \$933,000 (3%).

Total consolidated net profit for the year ended 30 June 2023 was \$1,425,000. At this date the WRHN Group had consolidated assets of \$15,640,000 and liabilities of \$4,254,000.

The financial statements were audited by CSK Audit. Taihape Health Ltd, Gonville Health Ltd and Ruapehu Health Ltd all received unqualified audit opinions. WAM and WRHN received qualified audit opinions related to the introduction of the Statement of Service Performance in 2022/23. WRHN and WAM were unable to provide the auditors with a level of detailed data to validate the disclosures within the Statement of Service Performance.



Whanganui Regional Health Network

Whanganui Regional Health Network
Gate 3, 100 Heads Road, Gonville, Whanganui
P: 06 348 0109 | E: info@wrhn.org.nz | W: wrhn.org.nz