NEW LYNN

INTEGRATED FAMILY HEALTH CENTRE

PROJECT CHARTER

In association with HealthWEST

E hi ake ana te atakura

He tio, he huka, he hauhunga

The red dawn comes

with a sharpened air,

a touch of frost,

the promise of a glorious day.

A wish that challenges will be met and that futures will be bright.

PROJECT CHARTER.

Project title **NEW LYNN INTEGRATED FAMILY HEALTH CENTRE.**

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Document control Version 3 – 20.11.13.

PROJECT PRINCIPLES.

1; To provide excellent, evidence based, community health care and wellness opportunities to the people of the New Lynn area in a totally integrated way with other health care providers including District Health Boards (DHBs), specialist services, general practitioners (GPs), Maori services, Pacific services, allied health and complementary health practitioners. Relationships will be developed with existing community social, housing and educational services.

2; To provide a supportive environment for general practitioners, nurses and other allied health providers to provide community health services.

3; To provide teaching and training for community health professionals to enhance skills and practice in community health provision.

4; To provide a facility and service delivery model which will allow and encourage innovative community health programmes to be trialed and evaluated.

5; To reduce acute hospital demand.

BACKGROUND

There has been an increasing awareness internationally, nationally and locally that a strong community based health care system delivers measurable benefits for both patients and hospital based services.

International research, particularly spearheaded by Professor Barbara Starfield (John Hopkins University), has demonstrated that countries with a strong community (primary) health care focus have better health outcomes for their populations than countries with a predominantly hospital (secondary) health focus.

In the New Lynn – Titirangi area a group of experienced general practitioners have become increasingly aware of the limitations of the current model of primary care delivery to provide excellent health services in the community.

West Auckland has the lowest number of GPs per head of population of any urban area in New Zealand. There is little capacity to improve community health services to the population within the current configuration.

West Auckland, and particularly New Lynn, is a rapidly growing area. With the current redevelopment of New Lynn the Waitakere City Council expects that New Lynn township will increase in population by 9 – 10,000 people over the next 3 – 5 years. The New Lynn general practices cannot cope with this increased demand in their current configuration.

Hence this group of general practitioners is working together to combine their four general practices to explore and enable new, innovative and genuinely collaborative ways of providing services to this expanding population.

Concurrently with this development, central government is seeking to find new models of delivering community based health care that includes the creation of some strategically sited larger health care facilities, and integration between hospital and community services.

It is envisaged that this Integrated Family Health Centre (IFHC) will be the vehicle to start this process in the New Lynn area. New Lynn is designated as a major urban Auckland transport hub, so establishing an IFHC in New Lynn is logical.

PROJECT GOAL **To establish an IFHC in New Lynn.**

The facility will be based around a core of general practice services, but will in no way be limited to this.
There will be an extended hours Accident and Medical service fully integrated with in the GP service, sharing a single IT system, staff and facilities. This will provide an opportunity to engage unenrolled patients allowing them to access routine health care. This will also enable continuity of care which is recognised by the Health and Disability Commissioner as a cornerstone of safe community health care.
Nursing services will be highly valued and expanded allowing a more flexible service delivery easing workforce problems. Skilled practice and specialist nurses will provide a range of nursing interventions from the centre. They will provide the lead for self management pathways for chronic conditions. In addition they will provide education and health promotion opportunities to patients and the community at large.
Pharmacy services will be fully integrated into the complete service, again sharing the IT system. This will enable safer and more economical delivery of pharmaceuticals. Pharmacists will provide direct advice to the GPs about medication issues.
A full diagnostic imaging service will be integrated and provided on site.
A laboratory service will be provided on site.
There will be a full range of other health professionals within the IFHC. These may include but not be limited to, midwifery, physiotherapy, dental, orthodontics, optometry, audiology, psychology, counseling, osteopathy…….
In addition we will encourage Raonga Maori, traditional Chinese medicine and similar services for the community.
There will be a suite of specialist consulting rooms integrated within the core service to be used by specialists both from the hospital service and private practitioners.
The aim is to have all health professionals consulting to optimise services for the patients, not merely being co-located.

Services will be extended to include, complicated minor surgery and day stay treatments (e.g. intravenous treatment for community acquired infections, unwell infant/child observation, haematology interventions, chemotherapy). The possibility of providing day stay surgery, including colonoscopy and gastroscopy will be explored, as will birthing facilities.

However, given the demographics of the New Lynn area, the most important and potentially value added area of integration will be developing services with the Waitemata District Health Board (WDHB).

We understand that providing a purpose designed health facility is a starting point only.
From the outset, developing a relationship with WDHB will be paramount. We know that by working alongside hospital services to provide enhanced community services we can achieve a much more convenient, acceptable, safer and effective service for our patients. Costs are less and outcomes are better.

Relationships will be developed with existing Maori and Pacific and other health providers in West Auckland to establish ways of working together for mutual benefits for our patients. Currently the majority of Maori and Pacific patients access mainstream health services. Their health outcomes and life expectancy are poorer than other ethnic groups. Improving access and acceptability of community services will be a priority.

A formal consumer consultation process will be developed.

Furthermore there will be a committed teaching and research focus. We will be engaging with the Universities and training facilities to provide a range of teaching/research options for medical students/trainees, nursing, pharmacy, physiotherapy students etc.
Ongoing professional development will be a cornerstone of the service, ensuring consistent implementation of evidence and best practice guidelines and standards. Staff will be working in a more collaborative and less isolated environment. Cover arrangements will be facilitated by the larger groups of professionals working in the centre. (It is envisaged that this could extend to neighbouring smaller general practices if there was a need). This will allow easier access to leave for professional development, refreshment, revitalisation and reduce the reliance on locum staff.
There will be on site collegiality, access to supervision and professional support.

COVERAGE

The group of general practitioners driving this project are all experienced committed local GPs.
Their previous practices were New Lynn Medical Centre, patient base about 5000 patients, Golf Road Medical Centre, patient base about 5000, and Titirangi Family Health with a population base of around 6000 patients.
Additionally Kinross Medical Centre has since joined the IFHC bringing a further 2000 patients (approx).
There are 13 doctors working in these practices.

PROJECT OUTCOMES

Patients of the IFHC, initially about 18,000 patients, but expected to grow to 25,000 patients in the next 2 – 3 years, will receive sooner, better, integrated, convenient and holistic health care.

Staff working within the facility will have expanded professional roles, and will be supported, stimulated, satisfied; working to higher skill levels with a broader range of interventions being available locally. This will lead to structured career pathways and improved staff retention within community health.

Developing an enduring relationship with the WDHB will allow earlier, flexible and more convenient ways of delivering health care to the broad spectrum of the New Lynn population. Co-operation and integration between the hospital and community services will establish the best location for service provision.

Developing supportive relationships with neighbouring and district wide community health facilities will have increasing and spreading benefits for patients who are not enrolled with this IFHC.
The cluster of General Practices in the Whau ward are a strong vibrant group providing excellent service to the community. It is our intention to develop closer relations with all these practices to strengthen, improve and develop innovative service delivery.

Developing the teaching arm of the practice will expose more students/trainees to community health care provision with a flow on effect of increasing the community work force. This can also support other practices in the area.

THE FACILITY

The IFHC has been designed with patients foremost in mind. It is a building in which people feel comfortable as they enter, move though and use the facilities.
The building is designed to accommodate disabled and frail people.

All core facilities are on the level one and two with easy access. These include the General Practice service, the Accident and Medical service, Pharmacy, and Radiology

The design incorporates features to allow separation of patients in the event of a pandemic.

The building has energy conserving features.
Pedestrian, push bike and public transport access is encouraged for patients and staff, with stairs being given prominence.
The building is designed to accommodate disabled and frail people.
Children are catered for.

Seminar facilities are available for patient group learning, community groups to use and for health professional teaching purposes.

EVALUATION

We will approach the University of Auckland for advice on formal evaluation of this project.

PROJECT TEAM

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Tuia te rangi e tu iho nei

Tuia te papa e takoto nei.

Join sky above

to earth below,

just as people join together.

As sky joins to earth, so people join together. People depend on one another.