

Primary Care Update

Information for general practices, PHOs and DHBs

Update One: December 2019

Mauri ora ki a koutou

Bulletins one to thirteen were produced to inform general practice and primary health organisations (PHOs) about activities and actions needed to implement the new 2018 primary care initiatives. We have received positive feedback from many of you that the bulletin was a useful mechanism to share information with primary care. We are therefore going to trial producing a quarterly bulletin.

You can find these bulletins and primary care updates on the [Ministry of Health website](#).

IMPORTANT NOTICE: Capitation based funding schedule over Christmas & New Year holiday 2019/2020

The Ministry of Health (the Ministry) will be closing for the Christmas and New Year holiday at the end of the business day Friday, 20 December 2019 and reopening on Monday 6 January 2020.

Due to time constraints over the Christmas/New Year holiday period, the processing schedule for capitation based funding (CBF) January 2020 payments will be affected as below:

- the PHO must advise their district health board (DHB) and the Ministry by 4pm on Friday 6 December 2019, if there are any changes that could impact CBF payments in January 2020
- the DHB must complete and return the VLCA/U14/CSC templates by 4 pm on Friday 6 December 2019
- the Ministry will commence the CBF calculation for January on 6 January 2020 - a reminder was sent to PHOs and DHBs on 29 November 2019
- the Ministry will send out CBF payment reports by 8 January 2020
- the Ministry will send out Fee for Service Deduction reports by 9 January 2020.

All information is to be sent to CBF-CICAdministrator@health.govt.nz

National Enrolment Service (NES)

Practice level changes

If there are any changes at practice level (for example, ownership, mergers, splits, closures, location changes or a change in the practice management system (PMS)), the PHO or practice must advise the Ministry via email to CBF-CICAdministrator@health.govt.nz of all changes. One of the reasons why this notification is important is that it allows the Ministry to determine if the change affects the Health Provider Index (HPI) identifiers (organisation and facility) used for the NES.

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Where there is a change in ownership of a practice in the PMS, there is a requirement for new credentials due to change in enrolling organisation ID. This means the Ministry will need to receive a completed Connected Health Information Services (CHIS) form¹, giving details required for assignment of HPI identifiers and arrangement of new credentials. Such advice should be sent via email to HI_Provider@health.govt.nz.

Recording non-binary gender identification in practice management systems

The National Health Index (NHI) system currently collects information on gender identity. Gender identity is a person's concept of their self as male, female, a blend of both, or neither. Gender identity can be the same as, or different to, the sex assigned at birth. Gender identity is not the same as "sex", which is the distinction between males and females based on the biological differences in sexual characteristics.

The NHI is currently limited to recording one of three gender categories ("Male", "Female", "Unknown"), but the HISO 10046 Consumer Health Identity Standard and Statistics New Zealand Level 1 Gender Classification provide for an additional "Gender Diverse" category.

The Ministry has recently had a number of enquiries from members of the public about accurately recording their gender as "Gender Diverse" and intends to align the NHI with the HISO 10046 Consumer Health Identity Standard and Statistics New Zealand Level 1 Gender Classification as part of the next NHI system upgrade.

From June 2020 the NHI system and interfaces will be modified to support the collection of:

Code	Description	Comment	HL7 Administrative Gender
F	Female		F
M	Male		M
O	Gender Diverse / Other Gender		O
U	Unspecified or Unknown	A proper value is applicable but is not provided. Unknown is used when an NHI number is pre-allocated for emergency situations and not all details are known. Unknown has recently been used for Gender Diverse because no other code is available. These will be reclassified when the Gender Diverse code is available for use.	UN

The NHI gender identity attribute is intended to reflect the way the consumer is presenting for a healthcare service. The introduction of the "Gender Diverse" category will create a better alignment between the NHI functional implementation and existing standards. It will also help meet public expectations with regard to being able to properly identify themselves as gender diverse when interacting with the health system.

As part of the project implementation there will be parallel communications with DHBs (via the National Collection Annual Maintenance Standards² (NCAMP) process) and PMS vendors about building in support for the new Gender Diverse code.

¹ The Connected Health Information Services (CHIS) form can be downloaded from this webpage <https://www.health.govt.nz/our-work/digital-health/digital-health-sector-architecture-standards-and-governance/connected-health/connected-health-information-services>

² Refer to this webpage for more information on National Collections Annual Maintenance Project (NCAMP) 2020 <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/national-collections-annual-maintenance-project/ncamp-2020>

The Ministry of Social Development (MSD) Community Services Card (CSC) health provider telephone line.

The MSD CSC health provider line has transitioned to the Ministry of Health contact centre (**0800 855 066**) from 1 December 2019.

The Ministry's contact centre line is for medical and service providers needing to confirm a patient's current CSC status to ensure patients are receiving subsidies or accessing entitlements.

Callers to the line must identify themselves with their name and the organisation they are calling from, and also their payee number if they have one. CSC status information will be provided with the patient name and date of birth or NHI number.

Enquiries for SuperGold Card holders will still be provided via MSD on the SuperGold Card general enquiries line: 0800 25 45 65. Note that your call will be placed in a queue with members of the public so there may be a wait.

CSC accessibility

Following the 1 December 2018 implementation of lower cost general practice visits, discussions have continued about accessibility to the CSC, for those eligible but not automatically issued a CSC and therefore having to go through the application process.

The All of Government Service Innovation Lab³ which is part of the Department of Internal Affairs, is collaborating with relevant government agencies (the Ministry, Inland Revenue Department (IRD) and MSD) and NGOs that interact with the CSC. The purpose for this work is to identify potential ways to improve a customer's visibility and access to the CSC, and ultimately increase the uptake of this health entitlement.

As an initial step a hui was held on 10 December that involved IRD, MSD and the Ministry, and representatives from DHBs, PHOs, Pacific and iwi providers.

Changes to the national Primary Care Patient Experience Survey

The Health and Quality Safety Commission (the Commission) has recently completed the procurement process for both the Adult Inpatient and the Primary Care Patient Experience Survey data collection and reporting services for 2020 onwards. This involved an open competitive request for proposal (RFP) procurement process. A panel representing the Commission, the Ministry, DHBs and PHOs evaluated the proposals.

The RFP required the panel to find the provider who would offer the best value over the whole of life of the work; enable the sector to easily identify great and poor patient experience of healthcare; and use this in a quality improvement framework. The RFP requirements included:

- that respondents have an appropriate user experience
- increased participation from under-represented groups (in particular Māori and Pacific peoples)

³ The Service Innovation Lab is part of the Government Chief Digital Officer's group and was set up to assist agencies to work on cross agency services that deliver for people. For more information about the Lab go to <https://serviceinnovationlab.github.io/about/>.

- the reporting system is user-friendly and allows appropriate reporting and analysis of quantitative and qualitative results, and
- the changeover from the existing services to any new services is a positive experience for the sector.

Three providers, including the current provider, were shortlisted from the eleven proposals received. Based on the written proposals, shortlisted provider presentations and a Health Equity Assessment (HEAT) analysis the panel unanimously selected a new provider for these services. The Commission is in the final contract negotiation phase with the new provider and expect to be able to make an announcement on who it is shortly.

The transition to the new provider will include a refresh of the primary care questionnaire and a new reporting portal. Many of you will have been involved in this already, thank you. The survey will also be translated into Te Reo Māori by May 2020 to assist with improving Māori participation.

To manage the transition to a new provider, there will not be a primary care survey run in the February 2020 quarter. The Ministry does not expect that this will impact System Level Measures (SLM) plans, however, if you are concerned about this, please contact Kanchan Sharma (Kanchan.Sharma@health.govt.nz).

We look forward to sharing details on the new system in due course. If you have any queries in the meantime please contact Catherine Gerard (Catherine.Gerard@hqsc.govt.nz) or Joanna Swanson (Joanna.Swanson@hqsc.govt.nz) at the Commission.

The National Cervical Screening Programme (NCSP)

The NCSP is implementing a change to the cervical screening start age, from 20 to 25 years. Updates to the PMS to support this change occurred in November 2019, meaning that women new to screening will now be invited to begin screening as they turn 25. Women aged under 25 who have already commenced screening are recommended to continue screening according to the existing guidelines.

A media campaign to support young women to engage in cervical screening will be launched in early 2020. For further information on the change to the screening start age and to review our regular sector updates and resources, please go to <https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/age-range-change-cervical-screening>

The Refugee Quota Increase Programme

From July 2020 New Zealand is increasing the number of refugees who can settle here to 1500 per year (the current number is 1000 per year). Currently refugees settle in the Auckland region, Hamilton, Palmerston North, the Wellington region, Nelson, Christchurch, Dunedin and Invercargill. Six new resettlement regions are being set up to support the increased refugee quota. These regions are Ashburton, Blenheim, Levin, Masterton, Timaru and Whanganui. The Ministry and the Ministry for Business, Innovation and Employment are actively working with DHBs and PHOs in these areas to establish the new settlements and connect them with appropriate health services.

For more information please go to <https://www.immigration.govt.nz/about-us/what-we-do/our-strategies-and-projects/refugee-resettlement-strategy/rqip>

Language Assistance Services

A new telephone interpreting service for government agencies replaced Language Line on 1 October 2019. This service helps clients with limited English to communicate with government agencies through telephone interpreters available 24 hours a day, seven days a week, in over 180 languages.

Central government departments, crown entities, local government authorities, DHBs and all other agencies generally entitled to purchase services under collaborative contracts are eligible to join the new syndicated contract. In addition, any agency that has previously joined an All of Government contract is eligible to join this contract directly.

Agencies outside government, such as non-government and community organisations, primary health care providers and private businesses, are not able to join the new contract directly. However, non-eligible agencies can contact the provider to access telephone interpreting services separately or contact other providers of telephone interpreting services.

Visit the Ministry of Business, Innovation and Employment's website for more information.
<https://www.mbie.govt.nz/cross-government-functions/language-assistance-services/>

From 1 July 2019 - changes to information sharing provisions in the new Oranga Tamariki Act

Changes to section 66 of the Oranga Tamariki Act 1989 came into effect from 1 July 2019. The changes give child welfare and protection agencies the ability to request, collect, use, and share personal information for purposes related to the wellbeing and safety of tamariki.

The new provisions are designed to put the child at the centre and enable the right support and services to be provided to them and their whānau.

The guidance document, "Information Sharing Guidance for Health Professionals", is now available for download on the Ministry of Health website:

[https://www.health.govt.nz/publication/information-sharing-guidance-health-professionals-1-july-2019`](https://www.health.govt.nz/publication/information-sharing-guidance-health-professionals-1-july-2019)

The guidance is to assist the health workforce to understand and respond to the new changes. It complements the guidance on sharing information safely and supporting resources, published by Oranga Tamariki and the Ministry of Justice.

All health workers, whether they work in government or non-government organisations, in hospitals or the community, or in primary, secondary or tertiary care need to understand how to share and request information safely.

Measles outbreak

For the latest information about the measles outbreak relating to immunisation, vaccine guidelines and travelling go to <https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/measles/2019-measles-outbreak-information>

This information is updated regularly.

The FluTracking programme

FluTracking, an innovative programme introduced last year in New Zealand, monitors flu activity across the country. Registered volunteers participate in a weekly online survey that takes less than 10 seconds to answer. Anybody can be part of FluTracking, the more participants, the better the data. To become a

FluTracker or find out what the programme revealed about the flu season in 2018, visit <http://info.flutracking.net>

Frequently asked questions

Do CSC holders receive a fee reduction for prescription items?

Under certain circumstances, a CSC holder and their dependents are entitled to reduced prescription co-payments when presenting their prescription at pharmacies. For example, the CSC can reduce the prescription co-payment for specialist and dental prescriptions from \$15 (age 18 and over) or \$10 (junior 14-17 years), down to a prescription co-payment of \$5, if the prescription is obtained from a specialist or dentist who is providing a service not contracted by the Ministry, a DHB or a PHO.

Accordingly, there is no subsidy benefit for CSC holders who have obtained prescriptions from general practitioners who are part of a PHO, as they are already entitled to the standard \$5 prescription co-payment for fully funded pharmaceuticals.

All NZ pharmacists should be familiar with service user category codes and able to apply the correct subsidy for their patients.

Further information

We welcome your feedback on the information you would find useful from us. Please email Rachael.Bayliss@health.govt.nz with your suggestions.

Thank you for your support and hard work to provide people with greater access to primary care.

We wish you a happy and safe holiday.

Ngā mihi nui ki a koutou katoa