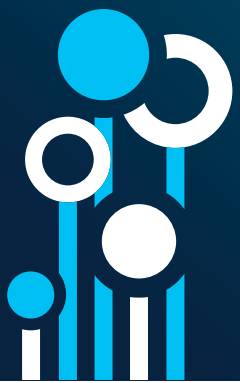




The National Telehealth Service Annual Plan 2017/18

The National Telehealth Service is delivered by:



The National Telehealth Service is funded by:



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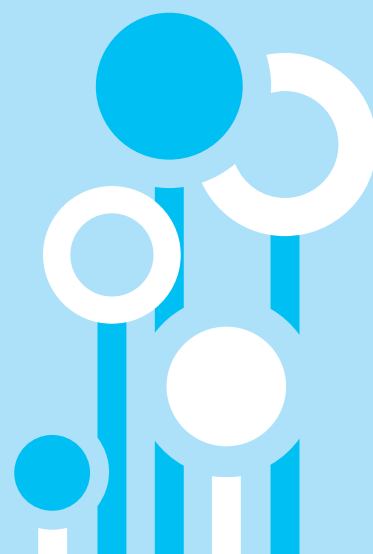
About us

The National Telehealth Service ('NTS' or 'the services') provides the New Zealand public with access to free health, wellness and injury advice, support and information, 24 hours a day, seven days a week across seven digital channels. The NTS is co-funded by the Ministry of Health, the Accident Compensation Corporation (ACC) and by the Health Promotion Agency (HPA).

During 2017 the Ministry of Social Development and the Department of Corrections will also become funders of the NTS.

Homecare Medical (an organisation owned by ProCare and Pegasus Health) is the Ministry of Health's partner to develop and deliver the enhanced, integrated, National Telehealth Service for New Zealand – which went live in November 2015.

The service is underpinned by a 10-year contract that commenced in 2015, and is governed by a Service Improvement Board.



The national telehealth services

The services are free of charge to users and available 24 hours a day, seven days a week, 365 days a year.

They are:

1. **Healthline** 0800 611 116 – registered nurses provide health triage and advice www.healthline.govt.nz

2. **Quitline** 0800 778 778 – support for people wanting to quit smoking and stay quit www.quit.org.nz

3. **The Alcohol Drug Helpline** 0800 787 797 and text 8681 – advice, information and support about drinking or other drug use www.alcoholdrughelp.org.nz

4. **The Depression Helpline** 0800 111 757 and text 4202 – callers can talk through emotional and psychological issues with counsellors and via the national depression initiatives:
 - **Depression.org.nz** – helping people find a way through depression
 - **The Lowdown** and text 5626 – support to help young people recognise and understand depression or anxiety www.thelowdown.co.nz
 - **The Journal @ depression.org.nz** – an online programme to help people learn skills to tackle depression

5. **The Gambling Helpline** 0800 654 655 and text 8006 – support for those worried about gambling or the gambling of others www.gamblinghelpline.co.nz

6. **Poisons advice for the public** 0800 POISON (0800 764 766) (delivered through the National Poisons Centre) www.poisons.co.nz

7. **Immunisation advice** 0800 IMMUNE (0800 466 863) - providing advice to the public (in partnership with the Immunisation Advisory Centre (IMAC)) www.immune.org.nz

8. **The Diver Emergency Service** (DES) – 0800 4 DES 111 (0800 4337 111) advice on diving related incidents, accidents or injuries, including the emergency management of decompression illness

9. **Early Mental Health Response** – a new service being implemented during 2017 to provide faster and more appropriate help to people in social and psychological distress who call 111

10. **1737 Need to talk?** – a new, brand-neutral front door for anyone to access support from a trained counsellor. People can call and text 1737

11. **Elder Abuse Support Service** 0800 EA NOT OK (0800 32 668 65) – registered nurses provide information and support about elder abuse

12. **RecoverRing** 0800 678 789 – a dedicated helpline for offenders and prisoners (and their whanau and families who are helping them) who want support with their alcohol or drug use

We also partner with great organisations

- Homecare Medical registered nurses provide ambulance secondary triage – clinical telephone assessment by registered nurses for low acuity 111 calls to **St John** and **Wellington Free Ambulance**
- **PlunketLine** uses the National Telehealth Service technology to triage sick children under 5 years old

Homecare Medical has a large nursing and mental health and addictions workforce based in contact centres in Auckland, Wellington, Christchurch and Dunedin and with 90 registered nurses working from their home offices, Kaitaia to Bluff.

Homecare Medical DNA

Homecare Medical is a social enterprise owned by ProCare and Pegasus Health.



The ProCare Network is New Zealand's largest Primary Health Organisation (PHO) and has more than 800,000 patients (over 55%) enrolled throughout the greater Auckland region, including the largest Māori and Pacific populations in NZ. **ProCare Health Limited** supports the network's more than 180 practices through a range of clinical products and programmes for their patients and practice business services.



Pegasus Health (Charitable) Ltd is a primary care network and PHO providing services and support to general practices and community based health providers within Canterbury to deliver quality healthcare to over 400,000 enrolled patients. Formed in 1992, Pegasus Health is committed to improving the health outcomes of the people in the Canterbury community.

Both ProCare and Pegasus are clinically led, with strong clinical governance boards and robust quality and professional management structures. For all three organisations, keeping Kiwis well drives our passion for delivering outstanding, clinically-led services to our clients.

Our vision: To deliver a national telehealth service that more effectively meets the needs of NZ and provides a platform for continuous care innovation and improvement

Our ambition: To virtually support kiwis to stay well and connect them seamlessly with care when they need it

Our values: underpin all we do, and how we do it

Motivated by Quality

We aim high every time and provide a quality, high level customer experience

Do the Right Thing

Our people are empowered to make the right decisions and are backed to do this

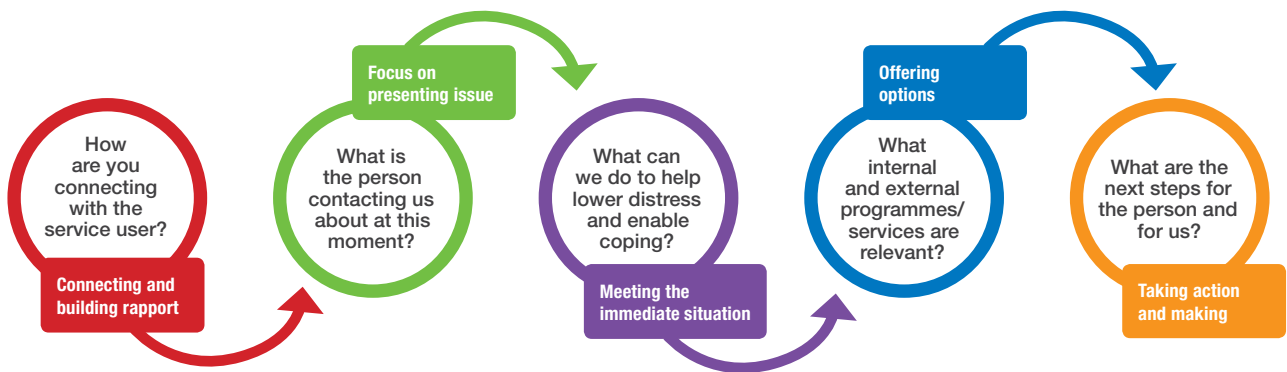
Pokohiwi ki Pokohiwi

We want to stand shoulder to shoulder with the people who use our services – and with their communities, and health and social providers – to connect them with care seamlessly when they need it

Passion for Better

Continually being the/ our best and seeking to do better every time, with every interaction

Our Service Delivery Model



Recovery Orientated/Culturally Responsive/Vigilant to Crisis and Risk

We listen to and design for our service users

- Service users are at the heart of what we do, and why we are here.
- We are continuously learning from our service users to improve and enhance our services by getting to know them – without them we wouldn't know what to design, how it should work, or why it matters.
- We co-design with our service users to enhance and improve current services that best meets their needs.



Foreword

I am delighted to introduce this second annual plan for the National Telehealth Service (NTS) which promises to build on the strong foundations and progress achieved since the service was launched in November 2015.

The NTS is an increasingly important contributor to achievement of the New Zealand Health Strategy goal: 'all New Zealanders live well, stay well, get well'. This plan shows how we will further this during 2017/18 through multiple actions in three key focus areas:

- Innovate to improve access for consumers and deliver new services that meet needs
- Continue to improve the consumer experience and maintain our operational excellence
- Use our data to gain insights and improve outcomes

The plan highlights the need for close working collaborations with other agencies across the health and social service sectors. Many of the plan's actions are dependent on this. We are committed to working with Government, with sector and industry partners, and most importantly, to engaging with service users in co-design to improve people's access to the services they need and the effectiveness of the service response.

We are looking forward to receiving early findings from the multi-year evaluation of the NTS during 2017/18 to assist us in improving and maximising the benefit the NTS delivers to the health system, as well as to individuals.

We look forward to continuing to grow and strengthen our services, relationships and positive impacts for all New Zealanders.



A handwritten signature in black ink, appearing to read 'Andrew Slater', written over a horizontal line.

Andrew Slater

Chief Executive Officer
Homecare Medical

**the right care
at the right time
by the right person
in the right place**

The Context - our guiding approach

The National Telehealth Service (NTS) as a key player in the broader health system is guided by the New Zealand Health Strategy 2016, and supports achievement of the related key objectives and priorities of its key funding partners – the Ministry of Health, ACC and the Health Promotion Agency (HPA) and more recently, the Ministry of Social Development and Department of Corrections.

Overarching strategic framework

Across the public sector there is increasing focus on agencies working more closely together and with communities to jointly achieve better outcomes for New Zealanders. Delivering Better Public Services (BPS) within tight fiscal constraints is a key priority for the current Government. Through collaborations and data sharing with other agencies the NTS supports achievement of BPS targets in several result areas.

“Better use of data to improve outcomes” is a parallel cross-Government objective that supports achievement of BPS targets, and is also a key priority for the Ministry of Health, ACC and the HPA.

The NTS is an increasingly important contributor to the Ministry of Health and the wider health sector, ACC, and the HPA, in overcoming the challenges to:

- Improve access to health, disability, and injury prevention services.
- Deliver the right care at the right time by the right person in the right place.
- Have positive impact on reducing need for acute and unplanned care, improving self-care, support for clients, and health literacy.
- Be adaptable and flexible to changing needs of users and technology.
- Enable additional services and agencies to utilise its infrastructure and technology.
- Join up data and provide better information to support good decision making.

The New Zealand Health Strategy 2016

The vision of the New Zealand Health Strategy is ‘all New Zealanders live well, stay well, get well’. The Health Strategy is underpinned by eight guiding principles, which are expected to be reflected in work across the health system, and in any new strategies or developments. The guiding principles are:

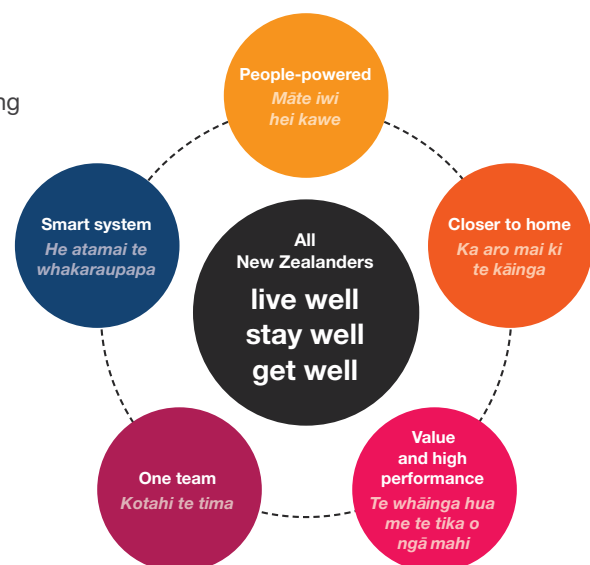
- Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi.
- The best health and wellbeing possible for all New Zealanders throughout their lives.
- An improvement in health status of those currently disadvantaged.
- Collaborative health promotion, rehabilitation and disease and injury prevention by all sectors.
- Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay.
- A high-performing system in which people have confidence.
- Active partnership with people and communities at all levels.
- Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing.

The Health Strategy has five interconnected strategic themes.

The themes are:

- 1 People powered.
- 2 Closer to home.
- 3 Value and high performance.
- 4 One team.
- 5 Smart system.

These guiding principles and the strategic themes will be applied to the development and operations of the National Telehealth Service – on a consistent and deliberate basis.



Source: New Zealand Health Strategy

Ministry of Health

The Ministry works across the health sector to deliver better health outcomes for New Zealanders, through implementation of the New Zealand Health Strategy, delivery of Better Public Services, and achievement of the Government's Health Targets.



The Ministry works closely with agencies across Government to improve social outcomes for vulnerable children and other population groups at risk of poor outcomes. This includes sharing and using health data (including within the Integrated Data Infrastructure) to support cross-government priorities such as mental health, the Ministry for Vulnerable Children, Oranga Tamariki's work programme and Better Public Services results.

ACC

ACC's vision is to "create a unique partnership with every New Zealander, improving their quality of life by minimising the incidence and impact of injury". This is achieved through pursuit of three outcomes:

- Reduce the incidence and severity of injury.
- Rehabilitate injured people more effectively.
- Ensure New Zealand has an affordable and sustainable scheme.



Health Promotion Agency

The Health Promotion Agency (HPA) is a Crown entity established by the New Zealand Public Health and Disability Act 2000. HPA has an overall function to lead and support national health programmes and activities. It also has alcohol-specific functions.



HPA's work involves promoting health and wellbeing, enabling health promoting initiatives and environments and informing health policy and practice through national surveys and monitors. One of HPA's functions is to market and promote the NTS services in partnership with Homecare Medical, ACC and the Ministry of Health.

HPA also develops, delivers and manages national tools and resources for consumers and concerned others e.g. The Lowdown and The Journal as part of the National Depression Initiative.

Our guiding principles

The National Telehealth Service provides an integrated platform for people to access health information, advice and support from trained health professionals. Using a range of communication channels, people can receive the right care at the right time and in the right place.

People contacting the National Telehealth Service through any phone line or any communication channel are able to talk to professional staff and receive the most appropriate service to meet their advice and support needs.

Our purpose

The purpose of the National Telehealth Service is to:

- Deliver the right care at the right time by the right person in the right place.
- Have a positive impact on reducing acute and unplanned care, improving self-care, support for clients, and health literacy.
- Be integrated with local, regional and national health, social and injury services.
- Be adaptable, flexible and develop over time to meet the changing needs of consumers and technology; and to enable additional services and government agencies to utilise its infrastructure and relationships, as required.

Our service approach

- 1 Contribute to the achievement of effective and efficient national health and wellbeing outcomes for New Zealanders.
- 2 Contribute to meeting Government priorities for health, and leverage any opportunities for improved NTS outcomes.
- 3 Contribute to reducing acute and unplanned care, improving self-care, support for clients and health literacy.
- 4 Contribute to the ongoing development of an integrated health system.
- 5 Promote evidence based approaches, activities, information and resources that contribute to protecting and improving the health and wellbeing of New Zealanders.
- 6 Understand help seeking attitudes, beliefs and behaviours of New Zealanders.

Continuous improvement and our commitment to excellent clinical quality

We have a strong focus on continuous quality improvement in all parts of the National Telehealth Service. We prioritise new investment and service improvements based on how they will contribute to the health and wellbeing of New Zealanders at an individual, population and system level.

We are responsible for the clinical quality of all the services we deliver. We have established clinical governance mechanisms, including structures and processes that enable us to provide high quality, current and accountable telehealth services, through telephone and digital channels.

Our partnership values

The following values guide the service and how we work with our partner agencies:

- **Service user focus:** Our decisions will be based on what's best for – and what works for – New Zealanders.
- **Partnership:** We will work together as partners in areas of mutual interest, proactively seeking input, valuing the expertise and opinions of others. We will encourage innovation and keep an open mind.
- **Good faith:** We will, at all times, act openly with honesty, trust and sincerity, and treat information provided by others with care and in confidence.
- **No surprises:** We will provide early warning to our partners on matters that may require a response, may be contentious in any way, or may attract attention from shared stakeholders, media or the public.

Our overarching service principles

Our overarching service principles are to:

- Deliver public trust and confidence in the service.
- Assist in delivering appropriate care in the right setting by the right person at the right time.
- Improve the quality of the service and user experience.
- Provide increased use of self-care or care at home or in the community with the same or better outcomes.
- Have access to and use of a shared patient record that will be viewed and updated by those providing care or advice.
- Provide prompt assistance with public health issues and natural disasters.

Our key operational imperatives in 2017/18

1. The need to provide for meeting consumers' growing needs in ways they prefer within the funding available

We expect increasing access to, and use of, all national telehealth services to continue over future years. To accommodate this growth, and better meet the needs of service users, new communication channels must be developed and implemented during 2017/18.

This is a critical development that must be progressed this year to enable us to meet expected demand growth and ensure service relevance in a way that is financially sustainable, now and in the future.

The introduction of new communication channel choices will widen the range of options for people to access support and information.

2. The need to ensure the National Telehealth Service adds value for other parts of the health and social services system, as well as for the service user

We need to know what impact telehealth services make for individuals and the resulting changes (or not) in their outcomes. This requires sharing, integration and analysis of the service user journey across the health system – a key focus for 2017/18.

In addition, the multi-year evaluation of the National Telehealth Service contracted by the Ministry of Health, and commencing during 2017, is expected to measure the impact of the service on the health system and the cost effectiveness of Government's investment in it, as well as show where further investment in the NTS will give the greatest gains. Participation in the evaluation is a critical activity for Homecare Medical and its funding and service partners.

The evaluation will make use of the monitoring and performance measures set out in this plan, and will inform the development of new measures.

The evaluation will be iterative and occur in a dynamic environment as changes in approaches to telehealth service delivery will be ongoing, with increasing use of digital channels and introduction of new directions to best meet consumer needs and preferences as evaluation findings emerge.

The National Telehealth Service Annual Plan

Partnering -
Together we
do Better

Telling
our Stories

Clinical
Excellence

Improving
our Quality

Improving
our Systems

Growing and
Caring for our
People

Our vision: To deliver a national telehealth service that meets the needs of NZ and provides a platform for collaboration.

KEY FOCUS 1: Innovate to improve access for consumers and deliver new services that meet needs

- Increase reach and access to mental health services
- Increase and improve our smoking cessation service
- Expand digital channels
- Link National Telehealth Services with regional DHB initiatives*
- Support better integrated responses to acute demand across the health sector
- Develop responses to chronic disease which are co-ordinated with other agencies

KEY FOCUS 2: Continue to improve the consumer experience and maintain our operational excellence

- Ensure service design is consumer driven and consumer centric
- Introduce a service dashboard that identifies overall performance*
- Improve technology services for staff working remotely
- Increase integration with health sector emergency response/management services
- Continue to develop internal reporting capability

Smart system
He atamai te whakaraupapa

People-powered
Mātāwhiri hei kōwhiri

A New Zealand
live stay get

One team
Kotahi te tima

Underpinned

Motivated
by Quality

Do the
Right Thing

* Indicates candidate to be considered for the NTS innovation fund

The National Telehealth Service is funded by:



Telehealth Service Annual Plan 2017/18

Our Plan of Action for 2017/18

...n service that more effectively meets the
...ntinuous care innovation and improvement

KEY FOCUS 3: Use our data to gain insights and improve outcomes

- Continue to participate in multi-year, multi-agency evaluation of the NTS
- Provide enhanced datasets and reports to agencies, including DHBs
- Work with MOH, ACC and DHBs to share and link information

For the future

This year we will explore solutions that assist to resolve some of the key health and social issues affecting New Zealand, and which utilise our unique capabilities and experience across different communication technologies.

We will work with others in the health and social sectors to seek solutions that:

- Provide a safety net for those affected by mental health issues and societal disadvantage.
- Reduce family violence.
- Assist people affected by chronic conditions to live well with their conditions.
- Integrate with other parts of the health system to improve access to and the effectiveness of health system-wide responses (including NTS) to acute and urgent needs.

We need to keep an eye on

- Maintaining trust and confidence of service users and managing issues proactively.
- Keeping our staff happy and inspired.
- Maintaining the two-way relationship of trust with Government, the Ministry of Health and other agencies.
- Managing any changes in our volumes that are unexpected.
- Making sure we manage our costs – particularly the technology and staff ones.



















...by our values

Pokohiwi ki
Pokohiwi




Passion
for Better

Timings and measurement of success



KEY FOCUS 1: Innovate to improve access for consumers and deliver new services that meet needs

1.1 Increase reach and access to mental health services					
Action	We will know we have achieved these things because	Timing/ 100 day sprints			
		Sprint #1 (July-Oct)	Sprint #2 (Oct-Mar)	Sprint #3 (Mar-June)	
1.1.1 Complete roll-out of Early Mental Health Response service to all DHBs	Early Mental Health Response Service will be available across all of New Zealand by 30 June 2018				
1.1.2 Align mental health and addiction channels	Text, phone, webchat, and webchat 'outreach' will be in place across all appropriate mental health and addiction services				
1.1.3 Implement 4 digit number to access mental health and addictions services	4 digit number established by 31 December 2017, and impact assessed for potential roll-out of 4 digit numbers for other services, by June 2018				
1.2 Increase and improve smoking cessation services					
Action	We will know we have achieved these things because	Timing/ 100 day sprints			
1.2.1 Introduce a revised Quitline programme	The Quitline programme will have been reviewed, changes implemented and achieving best practice agreed quit rates at 4 weeks				
1.3 Expand digital channels					
Action	We will know we have achieved these things because	Timing/ 100 day sprints			
1.3.1 Complete and agree multi-year plan to take Healthline digital	We have completed, and agreed with MOH, a multi-year plan for Healthline: The first year is to introduce new channels, including web presence, and first year of the plan is implemented				
1.3.2 Work with MOH, HPA and other funders to define annual web development programme	Web platform development is considered jointly by agencies and coordinated to realise efficiencies				
1.4 Link NTS with regional DHB initiatives					
Action	We will know we have achieved these things because	Timing/ 100 day sprints			
1.4.1 Integrate NTS with HealthOne	We are routinely accessing, and sharing information with HealthOne				
1.4.2 Integrate NTS with SmartHealth	Healthline online health information and advice services will be integrated with SmartHealth				
1.4.3 Define and maintain a multi-year plan for integrating with sector digital initiatives and services	Homecare Medical has a dynamic process that sets out how it will integrate with new and emerging sector digital initiatives				

1.5 Explore opportunities to contribute to better integrated responses to acute demand across the health system


Action	We will know we have achieved these things because	Timing/ 100 day sprints		
1.5.1 Work with MOH acute demand team to investigate acute care pathways, including role of NTS	We are a key member of the MOH acute care project team			
1.5.2 Identify, with MOH, ACC and DHBs, pathway changes which enable NTS to contribute more to system efficiency	The sector has an agreed plan for improvements across the health system which will improve system flow, and sets out the actions required of NTS, and other agencies, to support this			
1.5.3 NTS develops a plan to implement any changes required in service design in 2018/19	NTS contribution to acute demand management is identified and any actions or changes required to maximise this are agreed by NTSIB by 30 June 2018			

1.6 Explore opportunities to contribute more fully to management of chronic disease



Action	We will know we have achieved these things because	Timing/ 100 day sprints		
1.6.1 Work with MOH chronic disease team to identify potential role for NTS	We have identified how NTS can assist people to manage their chronic disease (for at least one disease) and agreed this with MOH and DHBs			
1.6.2 Plan to implement specific NTS programme to assist people to better manage one chronic disease	We have a plan which is agreed by NTSIB for action during 2018/19			

KEY FOCUS 2: Continue to improve the consumer experience and maintain operational excellence

2.1 Ensure service design is consumer driven and consumer centric

Action	We will know we have achieved these things because	Timing/ 100 day sprints		
2.1.1 We will continue to establish and embed a consumer group	The consumer community is in place and leveraged, continuing to inform service design and promotion			

2.2 Introduce a service dashboard that identifies overall performance, including outcomes

Action	We will know we have achieved these things because	Timing/ 100 day sprints		
2.2.1 Dashboard content includes indicators of service volumes, quality and service outcomes	Our dashboard is available to the public and informs of service use/volumes, at least one measure of service quality, and at least one measure of service outcome. We are updating the dashboard quarterly			
2.2.2 Improve forecasting and understanding of call centre volumes and other metrics	We will have increased understanding of seasonal variations and other influences on service demand, and improved our match of resources to changing needs			

2.3 Improve technology services for staff working remotely				
Action	We will know we have achieved these things because	Timing/ 100 day sprints		
2.3.1 Improve IT helpdesk performance and time to resolve issues	Our staff working from home will receive help faster to resolve any problems they have with their internet connectivity and experience less downtime			


2.4 Increase integration with health sector emergency response and management				
Action	We will know we have achieved these things because	Timing/ 100 day sprints		
2.4.1 Develop relationships with regional public health leaders	Relationships and agreed response mechanisms/plans in place in each of four DHB regions, and/or local areas			
2.4.2 Revise NTS Emergency Management plan in consultation with MOH Emergency Management team	New Emergency Management plan is completed and agreed with MOH			

2.5 Continue to develop internal reporting capability				
Action	We will know we have achieved these things because	Timing/ 100 day sprints		
2.5.1 Develop more meaningful reporting for service delivery managers and enable service delivery managers to run their own reports	Service delivery managers demonstrate increasing understanding and use of service metrics in their day to day management			
2.5.2 Ensure appropriate reporting systems are in place for all new services introduced, including outcome measures	We will routinely identify all measurement and reporting system requirements for any new services we develop and ensure systems are in place to collect data for service metrics, including outcome indicators from day one of service delivery			




KEY FOCUS 3: Use our data to gain insights and improve outcomes

3.1 Continue to participate in multi-year, multi-agency evaluation of NTS				
Action	We will know we have achieved these things because	Timing/ 100 day sprints		
3.1.1 Provide information and advice to the evaluation team	We will meet regularly with the evaluation team and be assured that we are meeting their information needs			
3.1.2 Work with evaluators to identify and apply learnings and further develop measures of NTS outcomes	We will have in place an active work programme to: review evaluation findings and advice; apply learnings to service design; and identify and implement outcome measures for Healthline and other NTS programmes			
3.1.3 Based on evaluation experience and advice, develop at least three new measures of NTS outcomes for introduction during 2018	We will have three or more new and additional measures of outcome (at least one of which is for Healthline) agreed and ready to go live, by 1 July 2018			

3.2 Provide enhanced data sets and reports to agencies, including DHBs, that improve understanding of who uses NTS, why, and how they use it

Action	We will know we have achieved these things because	Timing/ 100 day sprints		
3.2.1 Work with DHBs to provide them analysis of NTS data relevant to their areas	We meet regularly with Planning and Funding GMs at their national meetings, and have jointly agreed consistent format and content for reports of local data to individual DHBs			

3.3 Work with MOH, HPA, ACC and DHBs to share and link information

Action	We will know we have achieved these things because	Timing/ 100 day sprints		
3.3.1 Work with MoH, HPA, ACC and DHBs on data sharing protocols, as these develop across the health and social sector	We have clear protocols agreed and arrangements in place for sharing information			

Marketing, Digital Service Delivery and Stakeholder Engagement

Marketing and service promotion have been core activities of the NTS since its inception. Business as usual activities include the marketing of Quitline and Healthline and promotion of all NTS services. This element of our work programme also includes gathering and learning from consumer feedback and working in coordination with local and regional health and injury services. Our marketing and promotion activity is underpinned by our strong focus on stakeholder engagement and relationship management across the wider health and social sectors.

The HPA, in partnership with MOH and Homecare Medical, led the development of the National Telehealth Service Marketing and Service Promotion Plan, 2016-19. This provides the framework for future marketing and promotion of the NTS.

In late 2016, marketing, promotion and communication responsibilities between Homecare Medical, Ministry of Health, the HPA and ACC were agreed – including the development of Digital Service Delivery requirements. Funding was secured from the Ministry of Health, for three years, to enable us to develop the capability and activities required to design and promote Digital Service Delivery.

In undertaking marketing, promotional activity and digital service design and delivery, the National Telehealth Service will:

- Increase the use of digital channels by consumers with a focus on specific target populations and ensuring seamless, engaging service user journeys.
- Grow and maintain public trust and confidence in the service (e.g. positive service user stories about their interactions with service are in the media, service users have input into service design).
- Ensure services that are ‘demand driven’ receive contacts (e.g. at the time of tax increases on tobacco, advertisements for Quitline are in place targeted at current smokers).
- Ensure services that are ‘response driven’ are promoted where service users look when they need advice (e.g. when someone googles flu symptoms Healthline comes up).

To date our digital service focus has been on developing our capability. Since January 2017 we have recruited and built a dedicated health digital response team comprising 6.0 FTE. The team is now set up and resourced to create content in our own channels and then deliver services in that channel – it is unique in the health sector.

The team’s key objective is to move from identifying good content and pushing that to multiple channels in the hope of connecting with people who may need our services, to looking at and understanding where those people are, what they’re talking about, and how to engage in the first instance with them there. This is reflected not only in the content strategy approach but also in the events and community engagement approaches planned for the 2017/18 year.

The activities of our marketing and digital response team are integral to progressing all NTS key focus areas for 2017/18 and most of the actions set out in the previous section of this plan. The detailed plan for 2017/18 for all our marketing and promotion activities, including our digital response strategy and those of the HPA, has been shared with portfolio managers in our funding partner agencies.

Technology: build, buddy or buy?

We are focused on innovation in health, particularly technology-enabled delivery of clinically effective programmes that address the needs and preferences of the population. As a telehealth provider Homecare Medical has a major role to play as technology opens new opportunities to create improved clinical outcomes for patients.

We expect that healthcare will continue the journey towards greater patient involvement in their care, and for care to be available immediately at point of need. Wellness, early intervention and management of chronic and ongoing conditions are central to satisfaction with the outcomes that the system provides.

At Homecare Medical we aim to balance innovating ourselves against leveraging innovations that have been proven in other jurisdictions. We recognise that there are more good ideas available than there is time, funding and attention to implement. One of our critical success factors is our ability to 'triage' opportunities and select those with the best chance of success in the NZ context.

Our triage criteria will look for programmes that:

- have proven clinical effectiveness, preferably through randomised controlled trials;
- address serious health issues in NZ, and offer solutions that materially improve population outcomes;
- address problems that cannot be addressed through traditional means – i.e. programmes where the cost of the national telehealth service not doing it is that the need will go unmet;
- have demonstrated patient preference for treatment via virtual healthcare;
- comply with published health sector information and interoperability standards.

Many of these programmes come with existing technology solutions. We are not averse to integrating additional technologies into our solution, but also need to take care that every programme doesn't imply an additional and unique solution that requires management and integration into the broader system.

In particular, many programmes will come with web-facing capability or mobile applications. Our view is that:

- 1 Mobile applications require commitment from the service user to install the mobile app and to use it ongoing. Mobile apps are appropriate for chronic and ongoing conditions, particularly where monitoring or management of that condition requires regular reminders and benefits from geographic and activity related information. Examples include addictions support and chronic conditions such as diabetes and cardiovascular disease.
- 2 Web applications provide rapid access to support and information without an ongoing commitment from the service user. They are appropriate for crisis and acute situations where the service user is unlikely to have foreseen the need and to have downloaded the application ahead of time.
- 3 Homecare Medical prefers not to develop mobile applications. When assessing solutions, we look for applications that have the scale and customer base to remain up-to-date with developments in operating systems, and therefore we prefer to choose existing supported applications rather than developing our own.
- 4 Homecare Medical is developing websites, web applications and web content, as these provide substantial reach with modest ongoing investment.
- 5 Our aim is to select the best international clinical programmes, and their supporting applications, with a demonstrated ability to localise the content to NZ requirements. We will not implement technology in the absence of demonstrated clinical utility.
- 6 There are similarities across a number of clinical conditions. Our most preferred partners are those whose platform can and does address multiple conditions, allowing a single investment to address a large number of patients, and allowing our staff and service users to become familiar with that platform. For example the PatientsLikeMe peer support application provides forums for many different conditions.
- 7 Other preferred partners are those whose platform has very strong clinical effectiveness, albeit in a narrow domain. We look to implement these where they are the best clinical option, but will minimise IT integration costs and training costs for our staff by containing the size of these programmes.
- 8 We will consider investing to create new programmes in areas of demonstrated need and where no existing credible alternatives exist, but will seek partners both local and international to increase the likelihood of success.
- 9 We prefer local partners where possible within the above criteria and work with New Zealand organisations who are developing technologies like this – however that work may not involve direct funding.

Contact forecasts and measuring progress

The NTS has operated since November 2015. We now have eighteen months of activity and service volume data to inform our plans for 2017/18. We have used this data, along with other information, to inform our forecasts of service volumes for 2017/18.

Our forecasting approach uses a best practice industry tool to forecast volume across all service lines month by month. We project call volumes in 15 minute increments across all contacts and live monitor variations to that projected volume to ensure that we have the capacity to meet the required demand on the service.

Glossary of terms

Abandoned call	A phone call that has been terminated by the caller before it has been answered by a staff member. A short message is played to callers as the call is connected, and some calls are abandoned during or soon after the message. Other calls are abandoned after the caller has waited for some time.
Call	A contact from a service user made by phone.
Call transfer	A call that is transferred to another staff member (e.g. from Healthline to Depression) or to another service (e.g. emergency services, GP practice).
Webchat conversation	A contact made via website chat. Often leads to a series of exchanges between the service user and NTS staff, but the initial chat contact from the service user is counted as a conversation.
Contact	An occasion when a service user has made contact with one of the NTS services via any channel. There may be multiple contacts from one service user.
Email conversation	A contact made by email. Often leads to a series of email exchanges between the service user and NTS staff, but the initial email from the service user is counted as a conversation.
Frequent user	A service user who contacts one or more than one NTS service on multiple occasions, usually more than 10 times a month.
Hang-up	A call that is terminated by the caller as soon as a staff member answers the call, without the caller saying anything.
Individual service user	A person who has used an NTS service in a given time period. May have used the service more than once in that time period.
Interaction	An inbound or outbound message or communication that forms part of an email, chat or SMS conversation. An email conversation may include more than 10 email interactions, and an SMS conversation may contain more than 20 interactions. Interactions include outbound calls.
Outbound call	A phone call made by staff to a service user as part of service provision.
Phone queue	A queue within the NTS phone system of calls waiting to be answered.
SMS conversation	A contact made by SMS messaging often leads to a series of text exchanges between the service user and NTS staff, but the initial message from the service user is counted as a conversation.

Performance and reporting

We continue to develop our reporting cubes to provide rich reporting insights to both funders and key stakeholders. Included in this is the development of our core KPI set. Most of our current measurement is based on core process measurement and includes wait times, call abandonment and some work around end disposition points. We also have extensive data sets that support the monitoring and measurement of clinical safety.

Summary report – all service lines to date

The tables that follow show actual service use to date and our projections of service use for the year ahead. These projections are based on our experience and analysis of service use to date, plus our understanding of likely changes and influences on individual service lines in the year ahead. We expect numbers of contacts, service users, and interactions to continue to increase strongly across national telehealth services overall and an increasing proportion of contacts and interactions to be via digital (non-call) channels.

Key assumptions used in making forecasts for each service line:

Healthline – we expect a small reduction in contacts and service users as from 2017 fewer GPs are diverting their after-hours calls to Healthline. We expect total interactions to increase slightly and that increasing numbers of contacts and interactions will be via SMS rather than phone calls. We forecast that 3% of callers will switch to digital channels by September 2017, increasing to 7% by March 2018.

Mental Health and Addictions services – (Depression, Alcohol and Other Drugs, and Gambling service lines) – we expect continuing growth in use of our mental health and addiction services and a shift to greater use of digital channels, particularly through The Lowdown and The Journal. We are forecasting increase in webchat during 2018 as this is activated on websites, as well as growth in other non-call volumes through continued focus on social media activity.

Early Mental Health Response – this is a new service, commenced in April 2017, and will be expanded to cover all of New Zealand during coming months. The numbers forecast for this service are those that were included in the project plan agreed with funders in 2016/17.

Quitline – call numbers have dropped in recent months as new arrangements for long term users of NRT were introduced, and this has been factored into our forecast call numbers, as these users are no longer calling frequently and regularly for NRT. Quit platform visibility on social media has increased and we expect overall growth in service users, and non-call activity to result from the SMS and social media channel push.

Poisons Advice – no changes are expected. We have assumed numbers stay at 2016/17 levels.

Ambulance Secondary Triage – we are forecasting volume growth as the roll-out of this service to all of New Zealand continues and is planned to be completed by 31 December 2017. We assume the same levels of demand and service use in new areas of coverage as are experienced currently in areas where the service is in place.

Service volumes: actuals for 2016/17 and forecasts for 2017/18

- The three tables in this section show numbers of individual service users, numbers of contacts made by those individuals, and total numbers of interactions.
- For some service lines (poisons advice and ambulance secondary triage for example) an individual is likely to make only a one-off contact and interaction, so there is minimal difference between the numbers of service users and the numbers of contacts and interactions.
- For some other services, such as Quitline, and the mental health and addictions group of service lines, an individual is much more likely to establish an ongoing relationship with the service and engage in a series of contacts and interactions. For these services the number of individual service users is much smaller than the number of contacts and only a small fraction of the number of interactions.

Table 1: Individual service user numbers by service line

	1 July 16 to 30 June 17	<i>Forecast 1 July 17 to 30 June 18</i>	Change 2017 to 2018
Healthline service users	287,662	287,265	-397
Mental health and addiction service users	44,815	50,535	5,720
Depression	28,325	31,200	2,875
Alcohol and other drug	13,107	15,555	2,448
Gambling	4,308	4,495	187
Early mental health service users	135	26,612	26,477
Quitline service users	36,581	56,334	19,753
Emergency services service users	49,332	76,312	26,980
National Poisons Centre	22,457	22,710	253
Ambulance Secondary Triage	29,479	54,490	25,011

- An individual service user is a person who has used a specific NTS service during the year.
- They may have used that service more than once during this time but have only been counted once in the table above.
- If they have used more than one service line they will be counted as an individual service user in each service line so the total number of individual service users of all NTS services is likely to be somewhat fewer than the sum of individual users of each of the service lines.
- Healthline service users and calls include those diverted from the Immunisation Advisory Centre (IMAC). These calls are picked up by senior nurses who have had training in handling queries about immunisation.

Table 2: Contacts by service line

	1 July 16 to 30 June 17	Forecast 1 July 17 to 30 June 18	Change 2017 to 2018
Healthline contacts	356,707	355,109	-1,598
Mental health and addiction contacts	86,561	98,997	12,436
Depression	61,141	70,177	9,036
Alcohol and other drug	18,576	21,808	3,232
Gambling	6,844	7,012	168
Early mental health contacts	173	29,341	29,168
Quitline contacts	78,999	73,498	-5,501
Emergency services contacts	54,252	80,285	26,033
National Poisons Centre	23,224	22,928	-296
Ambulance clinical hub	31,028	57,357	26,329
Unplanned health events	-	2,000	2,000
Total	576,692	639,230	62,538

- A contact is counted on each occasion that a service user connects with an NTS service via any channel.
- Contacts include instances where people connect with the service via a website (e.g. to register their interest or make a request), but do not include visits to websites for information only or clicks to blogs.

Table 3: Interactions by line

	1 July 16 to 30 June 17	Forecast 1 July 17 to 30 June 18	Change 2017 to 2018
Healthline interactions	410,617	435,762	25,145
Mental health and addiction interactions	302,000	355,103	53,103
Depression	244,742	281,831	37,089
Alcohol and other drug	31,482	47,817	16,335
Gambling	15,258	16,940	1,682
Early mental health interactions	173	29,341	29,168
Quitline interactions	263,628	239,440	-24,188
Emergency services interactions	54,257	80,285	26,082
National Poisons Centre	23,229	22,928	-301
Ambulance clinical hub	31,035	57,357	26,322
Unplanned health events	-	2,000	2,000
TOTAL	1,030,675	1,141,931	111,256

- An interaction is an inbound or outbound message or communication that forms part of an email, webchat, or SMS conversation. Interactions include outbound calls.
- For mental health and addictions, counsellors work across the three areas of depression, alcohol and drug addiction and gambling, with clients who often need more than one of these services. Their outbound calls are included in the total interactions for mental health and addictions services, and not included in interactions for each separate service line.

Service performance

At present, time taken to pick-up a call is our most commonly used reported measure of service performance across all service lines. We have in place a wide range of measures of clinical quality which we monitor internally. We are developing a measure of consumer experience and will include reporting of this in our dashboard which we plan to develop and make available publicly during 2017/18.

Table 4 : Call answering performance 1 July 2016 to 30 June 2017

	Within 20 sec	Within 60 sec	Within 3 minutes
% Healthline calls answered	78%	88%	95%
% Mental health and addiction calls answered	88%	93%	98%
% Quitline calls answered	83%	90%	96%
% Poisons calls answered *	89%	92%	97%
Total service	81%	89%	96%

*Poisons calls were answered through the NTS platform from September 2016.

Table 5 : Projected call answering performance July 2017 to June 2018

	Within 20 sec	Within 60 sec	Within 3 minutes
Total service	80%	93%	96%

Staffing by service type

The services are provided by six frontline teams of highly skilled people:

- General nursing team
- Mental health and addictions specialists
- Emergency nursing team (ambulance secondary triage)
- Service and Support Advisors
- Poisons Information Officers
- Mental health nurses

We have grown staff numbers as our services have developed. During 2017/18 we will adjust deployment of staff across service lines to meet forecast changes in demand.

Table 6 : FTEs

	Actual FTEs Q4 2017	Forecast FTEs Q4 2018	Change
Registered nurses*	110.5	110.5	0
Mental health and addictions counsellors/ professionals	28	29	1
Service and Support Advisors	13	13	0
Poisons Information Officers**	12	12	0
Mental health nurses	15	18	3
Total	178.5	182.5	4

* 7.0 FTE nurses are subcontracted from Plunket.

** Poisons Information Officers are subcontracted from the University of Otago.

Transfer of calls within NTS

Where a caller is concerned about more than one mental health and addiction issue (e.g. depression and gambling, drug addiction and anxiety) there is generally no need to transfer the call to another clinician as most staff are multiskilled.

Where a Healthline nurse is concerned about the mental health of a caller, it may be appropriate to offer a transfer to a counsellor. Where a counsellor is concerned about a caller's physical state, the call may be transferred to a Healthline nurse. Calls are only transferred when the caller agrees that this could be helpful.

In the 12 months to March 2017 there were 126 calls transferred across service lines. The number per month has increased as staff become more familiar with the services provided by their colleagues, and 73 of these transfers occurred in the three months January to March 2017.

With the Early Mental Health Response service coming on stream, there may be calls that can be transferred between mental health nurses and counsellors. Where a caller transferred by Police or ambulance services to a mental health nurse requires counselling or addiction support, the caller's needs may be most appropriately met by a counsellor. Where medication advice is sought or intervention required by a community mental health team, a caller to mental health and addiction services may be transferred to a registered mental health nurse.

There is also a small number of calls transferred from Healthline to the National Poisons Centre.

Overall, the number of calls transferred across service lines is expected to grow in the 2018 year.

Frequent callers

A small number of callers contact one or more service lines multiple times, sometimes hundreds of times in a week. Repeat calling often indicates that the caller needs more support or has high and complex needs.

There are three types of frequent or challenging calls - frequent callers with genuine health or mental health concerns, abusive callers, people who call for sexual gratification. Each of these is managed differently; managing these calls can be distressing for staff. We are working with Police to support our staff when appropriate e.g. sexual gratification callers.

For some frequent callers a management plan is developed, usually with the agreement of the service user and that can involve our staff calling the service user at an agreed time. A management plan may consist of simple instructions for staff managing contacts from the service user, or may be developed in conjunction with the service user's GP and/or mental health service provider. We liaise – only with the consent of the service user - with other agencies where appropriate (unless there is risk involved), to assist the service users.

The Early Mental Health Response service, which involves the transfer of calls from Police and ambulance services, is expected to encounter a number of frequent callers. Some of these frequent callers may also be calling NTS services.

The management of frequent callers is an important part of the NTS service, as effective management can reduce call load as well as alleviating some of the distress experienced by the callers.

Health alerts and emergencies

NTS services assist with pandemics and other local or national emergencies. Health emergencies (such as the *Campylobacter* outbreak in Havelock North in August 2016) often involve Healthline nurses providing health information and assistance to callers, and the number and location of calls are reported to the Institute of Environmental Science and Research. Depression Helpline counsellors take calls from people who are distressed by emergencies (e.g. the Kaikoura earthquakes, which triggered distress in a number of people who were involved in the 2011 Canterbury earthquakes).

Where a health emergency is declared or expected, clinical staff alert all nurses and ensure that appropriate clinical information and advice is readily available. A health alert data collection process is activated, so that information about calls related to the alert can be reported to the Ministry of Health, the Institute of Environmental Science and Research and/or the relevant DHB.

The number of calls and reporting requirements will obviously vary from year to year. In the 12 months to March 2017, Healthline was involved in 12 significant alerts and emergencies. Healthline took around 1,550 calls related to these events. Mental health and addiction services took around 450 calls directly related to the Kaikoura earthquake.

Our services

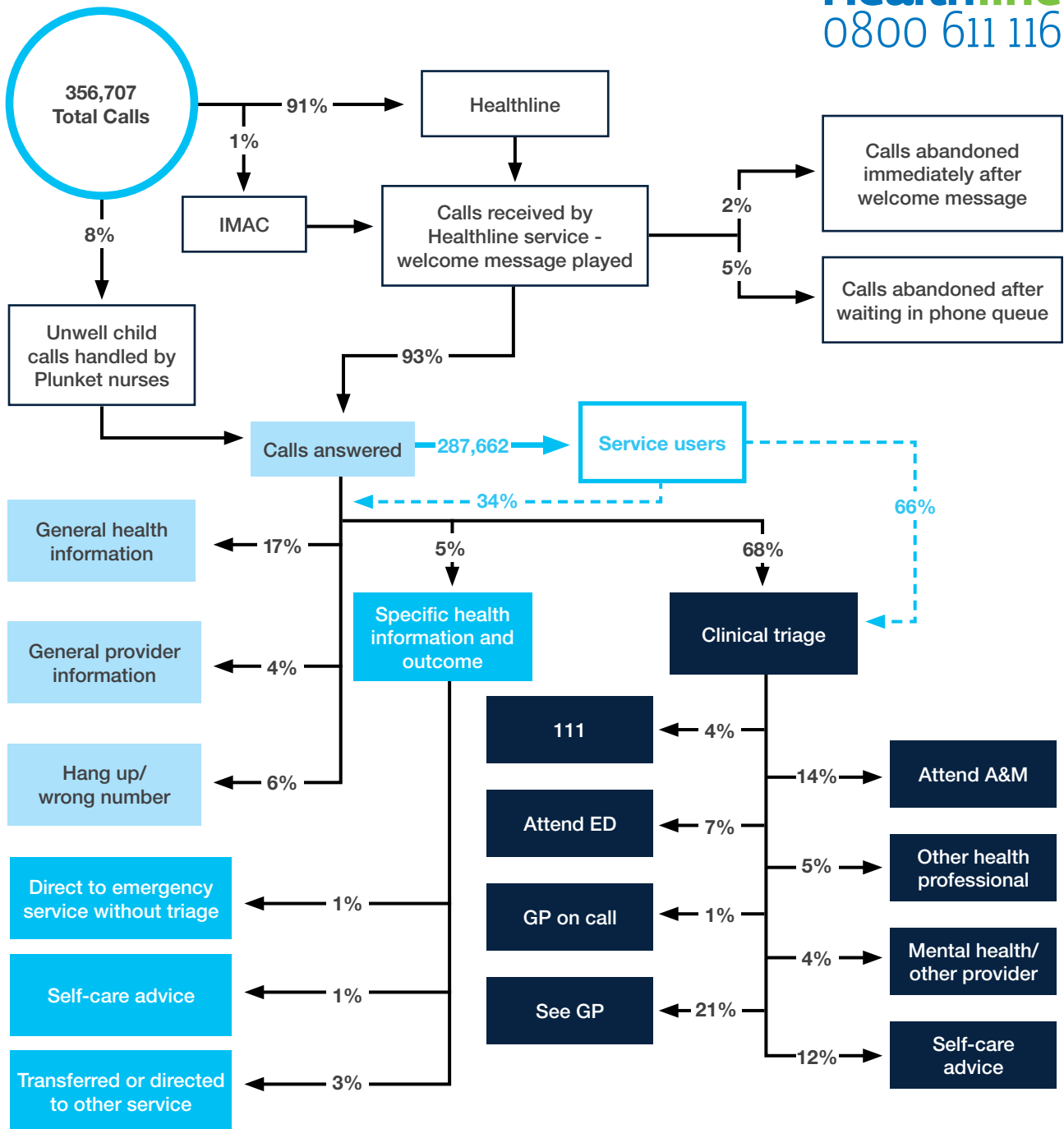
Overview

In total our services respond to approximately 590,000 calls per annum. The majority of these contacts are through Healthline which receives over 65% of all NTS contacts. An important feature of Healthline is its ability to flex up quickly to meet the need for urgent advice regarding unexpected public health and environmental emergencies.

Some of the calls to Healthline are referred to other NTS services where appropriate.

Clinical Triage Service: Healthline

Chart 1: Pathways of calls to Healthline



Information	Service
<p>What does the service provide?</p>	<p>Assessment and triage of callers with symptoms</p> <p>General health advice and information for callers without symptoms</p> <p>Transfer, signposting and referral of callers to other services (e.g. emergency or urgent care services, health information services, face-to-face services)</p> <p>Information on health services throughout New Zealand</p> <p>Advice and support for public health incidents and national alerts, such as the <i>Campylobacter</i> outbreak in Hawke's Bay</p> <p>The clinical triage service is:</p> <ul style="list-style-type: none"> • Provided by registered nurses with training in assessing and advising over the phone • Supported by a clinical decision support tool, Odyssey
<p>Who is the service for?</p>	<p>General public, whether symptomatic or asymptomatic (i.e. a person does not have to have symptoms of a disease or disorder to receive the service)</p> <p>Priority populations:</p> <p>Those under- and over-accessing face-to-face health services</p> <ul style="list-style-type: none"> • Māori • Pasifika • Asian • Those with low income • Parents with small children • Youth aged 13 to 21-years-old • Elderly • Disabled people • Rural populations • Students (including overseas students) • Immigrants and refugees • Those not enrolled with a GP
<p>How is the service accessed?</p>	<p>Healthline (freephone 0800 611 116, 24/7)</p>
<p>When and why is the service accessed?</p>	<p>People call/contact Healthline if they:</p> <ul style="list-style-type: none"> • Are feeling unwell but not sure whether to see a doctor • Have hurt themselves and need some advice • Need some advice about a family member or friend who's sick • Are on holiday and want to know where the nearest doctor or pharmacy is • Are not enrolled with a GP
<p>Strategic environment</p>	<p>Expect service to contribute to:</p> <ul style="list-style-type: none"> • Better co-ordination of services across the health sector • Earlier intervention • Increased health literacy • Promoting well-being and resilience • Reducing acute and unplanned care • Improving self-care • Reducing emergency department attendances • Reducing severity of injury • Care closer to home • Timely and equitable access to services for all New Zealanders <p>Demand for Healthline is influenced by national promotion through health education resources and national campaigns such as those for immunisation</p>

Mental Health and Addictions Services

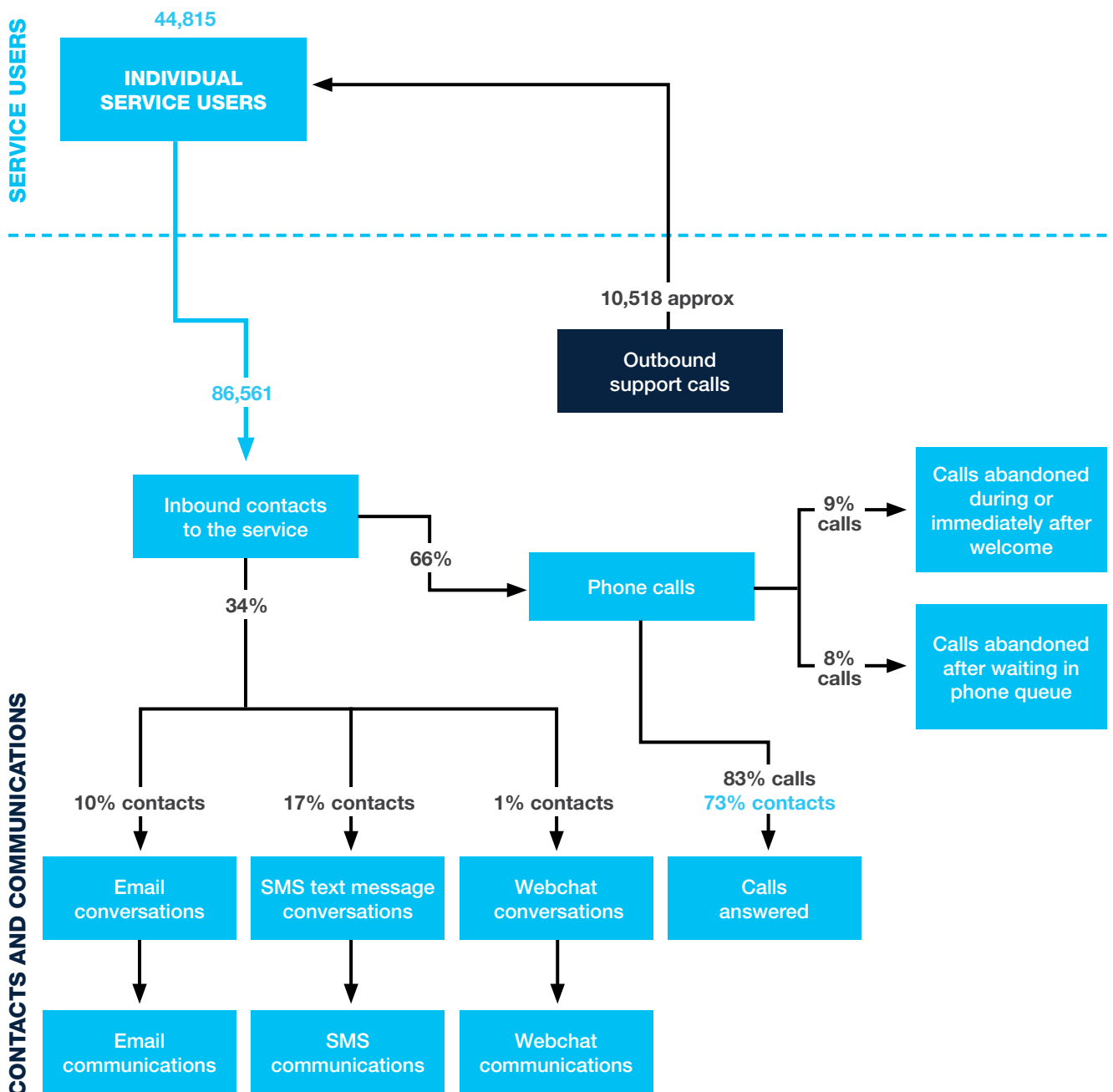
Mental Health and Addictions services form the largest part of NTS after Healthline. This group is comprised of three service lines: Alcohol Drug Helpline; Depression Helpline, which includes The Journal and The Lowdown; and Gambling Helpline.

Use of digital channels is more developed in this group of services, including text and webchat.

Users of this group of services often need long term support and counselling which are provided through a range of channels, including telephone call-backs. This is shown in the flowchart.

All Mental Health and Addiction Services

Chart 2: Pathways of calls to Mental Health and Addiction Services



**Depression and anxiety counselling support services:
the Depression Helpline, The Journal & The Lowdown**

Information	Service
What does the service provide?	<p>Advice and support for people who present with depression and/or anxiety</p> <p>Short-term interventional counselling services (primary counselling services where alternative counselling services are not available)</p> <p>Transfer and signposting to other NTS services and face-to-face service providers</p> <p>Depression counselling support service. This:</p> <ul style="list-style-type: none"> • Is delivered by trained counsellors using proven behavioural support techniques and messages customised for the consumer • Provides support for depression.org.nz (including The Journal) and The Lowdown • Is delivered via telephone, text, email and The Lowdown forum (the service also supports The Lowdown Facebook private messages)
Who is the service for?	<p>People who require support for depression and/or anxiety for themselves or a third party.</p> <p>Priority populations:</p> <ul style="list-style-type: none"> • Young people • Rural people • New mothers • People who are Lesbian /Gay / Bisexual /Transgender /Transsexual / Intersexual (LGBTI) • Older people • Deaf people • People with long-term conditions / chronic illness / co-morbidities
How is the service accessed?	<p>Depression Helpline (freephone 0800 111 757, txt 4202, 24/7)</p> <p>The Journal (depression.org.nz/the journal) via:</p> <ul style="list-style-type: none"> • helpline (0800 420 202 – only listed in The Journal) • email • text (txt 4202) <p>The Lowdown (thelowdown.co.nz) via:</p> <ul style="list-style-type: none"> • email • text (txt 5626) • forum • text or call 1737
When and why is the service accessed?	<p>People contact the service if they require support for themselves or a third party for depression and/or anxiety</p> <p>They can also contact the service if they require technical support to use The Journal</p>

Strategic environment	<p>Expect service to support:</p> <ul style="list-style-type: none"> • The New Zealand Health Strategy • The Ministry of Health's Rising to the Challenge Mental Health and Addiction Service Development Plan 2012-2017 (currently being updated) • New Zealand Suicide Prevention Action Plan 2013-2016 and New Zealand Suicide Prevention Strategy (currently being updated) • Like Minds, Like Mine National Plan 2014-2019 • The Youth Mental Health Project • The Primary Health Care Strategy • The Health of Older People Strategy • The development and implementation of the Ministry of Health's e-therapy framework <p>Mental health has been identified as an area amenable to online intervention and self-directed response and care. National Depression Initiative (NDI) self-help tools fit into this category and also help bridge the gap in primary mental health care capacity</p> <p>The NDI consists of:</p> <ul style="list-style-type: none"> • depression.org.nz (includes an online self-help tool - The Journal) • thelowdown.co.nz (for youth) • A free telephone support line, including text, email and chat options for some populations • Other supporting resources for consumers and intermediaries (print and online)
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Gambling counselling support service: the Gambling Helpline

Information	Health service
What does the service provide?	<p>Advice and support about gambling issues for consumers and concerned others.</p> <p>Transfer, signposting and referral to other NTS services</p> <p>Referrals to face-to-face counselling service providers, including dedicated Māori, Pacific and Asian services where appropriate</p> <p>Triage to inform decisions about support that individual consumers require</p> <p>Behavioural support treatment</p> <p>Ongoing call-backs to consumers</p> <p>Short-term interventional counselling services and primary counselling services for consumers without access to face-to-face services or for those who prefer a helpline service</p> <p>Gambling counselling support service:</p> <ul style="list-style-type: none"> • Is delivered by trained counsellors using proven behavioural support techniques and messages customised for the consumer • Is delivered via telephone, text, email and forums • Is provided in a culturally responsive manner
Who is the service for?	<p>People who want to minimise gambling harm either to themselves or to a third party</p> <p>Priority populations are those more likely to experience gambling harm:</p> <ul style="list-style-type: none"> • Māori • Pasifika • Some Asian populations • People living in areas of higher deprivation • People in crisis are a priority for the service

<p>How is the service accessed?</p>	<ul style="list-style-type: none"> • Gambling Helpline (freephone 0800 654 655) • Gambling Helpline website (gamblinghelpline.co.nz) • Māori Gambling Helpline (freephone, 0800 654 656) • Pasifika Gambling Helpline (freephone, 0800 654 657) • Debt Gambling Helpline (freephone, 0800 654 658) • Youth Gambling Helpline (freephone, 0800 654 659) • Text 8006 - clients receive an automated response from the Gambling Helpline which includes 0800 phone number; counsellor then sends a personalised response, which encourages person to phone for help or to provide details so that an information pack can be sent • Online forum – to connect with others affected by gambling (available but under-utilised) • Live webchat
<p>When and why is the service accessed?</p>	<p>People call to receive immediate support, as well as referral and information services for gambling problems, if they:</p> <ul style="list-style-type: none"> • Are, or have been, gambling • Are, or have been, displaying some of the early signs of gambling harm • Are concerned about someone else's gambling • Are interested in the impact gambling is having in New Zealand
<p>Strategic environment</p>	<p>Demand for gambling helpline services is strongly influenced the HPA's 'Choice not Chance' campaign including the website. The Gambling Helpline is the key support option promoted by Choice not Chance and the HPA website.</p> <p>Expect service to support the Ministry of Health's Strategy to Prevent and Minimise Gambling Harm 2016/17 to 2018/19 especially:</p> <ul style="list-style-type: none"> • Objective 1: There is a reduction in gambling-harm-related inequities, particularly in the inequities experienced by Māori and Pacific peoples and some segments of the Asian population (dedicated services for Māori, and for Pacific and Asian peoples, monitoring of gambling-harm-related inequities, develop and pilot initiatives) • Objective 9: Services to prevent and minimise gambling harm effectively raise awareness about the range of gambling harms that affect individuals, families / whānau and communities (systems and processes that increase access to services for those experiencing high levels of gambling harm and their families /whānau) • Objective 10: Accessible, responsive and effective interventions are developed and maintained (target at-risk groups; culturally competent, health literate, high quality and effective services; online tools) <p>Expect service to support:</p> <ul style="list-style-type: none"> • The Ministry of Health's Rising to the Challenge Mental Health and Addiction Service Development Plan 2012-17 (currently being updated) • The development and implementation of the Ministry of Health's e-therapy framework

Information	Service
<p>What does the service provide?</p>	<p>Advice, harm reduction information, screening, assessment, brief intervention, counselling and support</p> <p>Short-term interventional counselling services and primary counselling services for people in locations where alternative counselling services are not available</p> <p>Call-back service</p> <p>Relapse prevention support</p> <p>Transfer and signposting to other NTS services and face-to-face counselling service providers</p> <p>Resources on alcohol and other drugs advice and support to health professionals</p> <p>The alcohol and other drug counselling support service is:</p> <ul style="list-style-type: none"> • Delivered by trained counsellors using proven behavioural support techniques and messages customised for the consumer • Delivered via telephone, text and webchat
<p>Who is the service for?</p>	<p>People who want to minimise harm from alcohol and/or other drugs either to themselves or to a third party.</p> <p>Priority populations:</p> <ul style="list-style-type: none"> • Māori • Pasifika • People living in more deprived areas • Pregnant women • Adults aged 18-39
<p>How is the service accessed?</p>	<ul style="list-style-type: none"> • Alcohol Drug Helpline (freephone 0800 787 797) 24/7 • Māori Line on 0800 787 798 for advice and referral to kaupapa Māori services • Pasifika Line on 0800 787 799 for advice and referral to services developed for Pacific people • Youth Line on 0800 787 984 for advice and referral to services for young people • Free txt 8681 • Live webchat
<p>When and why is the service accessed?</p>	<p>People call for immediate support or if they have a question or concern about their own or someone else's drinking or other drug use</p> <p>People call/contact if:</p> <ul style="list-style-type: none"> • They want to check out if their drinking or drug use is OK and find ways to keep safe • Their use of alcohol or other drugs is causing problems in their life • They are a family member or carer of someone with an alcohol or other drug problem • They are concerned about a friend, colleague, client or employee and are seeking information

Strategic environment

Expect service to support:

- The Ministry of Health's Rising to the Challenge Mental Health and Addiction Service Development Plan 2012-17 (being updated currently)
- National Drug Policy 2015 to 2020 being updated currently)
- HPA's Early Intervention Addiction Plan 2013-2017
- The development and implementation of the Ministry of Health's e-therapy framework
- Alcohol help seeking activity led by HPA in partnership with Homecare Medical

The goal of the National Drug Policy is to minimise alcohol and other drug (AOD) harm and promote and protect health and wellbeing for all New Zealanders. The Alcohol Drug Helpline service contributes particularly to the problem limitation strategy of the Policy, which is about removing barriers to people accessing and receiving support for their own or others' AOD use. There is a focus on:

- Providing effective, high-quality, compassionate, timely, accessible and age- and culture-appropriate support and treatment services
- Addressing the factors that have an impact on people's ability to access treatment and support, including de-stigmatising help-seeking
- Providing AOD services that are responsive to people with co-existing problems
- Ensuring all frontline services (justice, health, education etc) provide an entry point to AOD support, referral and treatment
- Supporting and strengthening harm reduction approaches
- Ensuring continuity of care for people transitioning from one service environment to another

111 mental health crisis calls: Early Mental Health Response

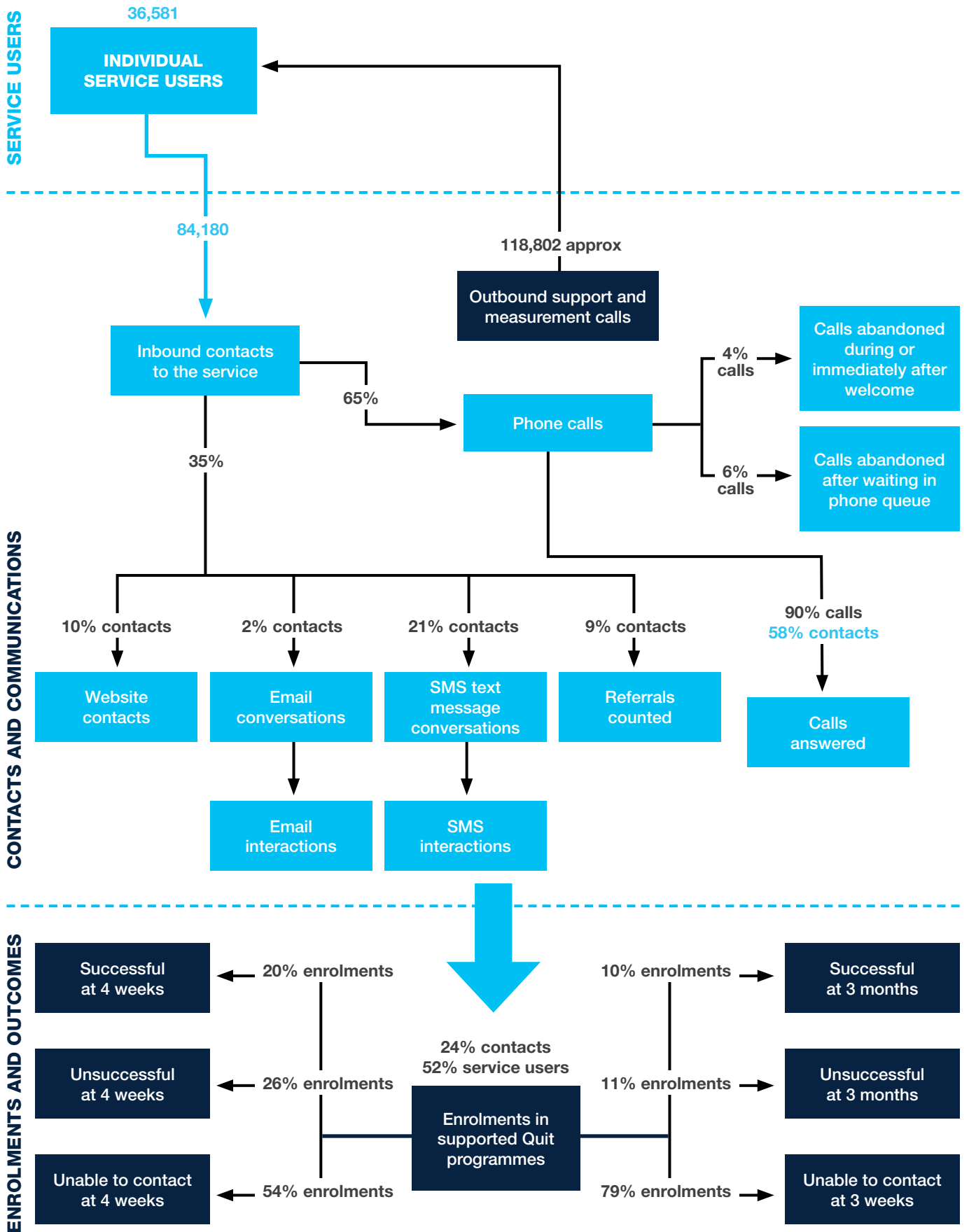
Information	Service
<p>What does the service provide?</p>	<p>Early, immediate clinical assessment and triage of callers referred by Police and ambulance, with symptoms of psychological distress</p> <p>Transfer and signposting to other NTS services and face-to-face service providers, including DHB Mental Health Crisis Assessment and Treatment teams, local NGO support agencies, and Police and ambulance</p> <p>Where appropriate may involve development of a support plan directly with the caller and/or family</p> <p>Clinical triage is provided by experienced mental health nurses</p> <p>In addition to the triage line, an expert advice line will be established during 2017/18 to provide support to community and social services professionals working with people with mental health support needs</p>
<p>Who is the service for?</p>	<p>People at risk of suicide or in mental distress who call 111 and ask for Police or ambulance</p> <p>People who call 111 and are considered to have predominantly mental health needs</p> <p>Families/whanau of people experiencing mental health crisis, who call 111</p> <p>People who do not know where else to turn for their help with psychological or social distress</p> <p>Priority populations:</p> <ul style="list-style-type: none"> • Māori • Pasifika
<p>How is the service accessed?</p>	<ul style="list-style-type: none"> • Callers ring 111 and either ask for Police or ambulance • Specially trained 111 call handlers identify those calls that should be transferred to the triage line, using clear guidelines • The triage line is staffed by experienced mental health nurses who can ensure callers get the right help at the right time, either directly or through referral to appropriate agencies • Some calls will be transferred onto the caller's local mental health crisis team, some will be referred to community support agencies and some will be handled by trained call handlers
<p>When and why is the service accessed?</p>	<p>Call to receive immediate referral, for clinical advice and information for mental distress and social problems</p>
<p>Strategic environment</p>	<p>Expect the service to contribute to:</p> <ul style="list-style-type: none"> • Faster and more direct access to culturally appropriate mental health support for callers to 111 • More co-ordinated cross agency approaches across Police, health and social services • More appropriate responses to 111 calls to Police and ambulance services for issues which are not the responsibility of Police to address • Consistent and equitable access to triage and referral for people with urgent mental health issues across all New Zealand

Stop smoking service: Quitline

Information	Service
<p>What does the service provide?</p>	<p>Evidence-based stop smoking options, in accordance with the NZ Guidelines for Helping People to Stop Smoking</p> <p>Triage into the stop smoking programme most suited to the individual consumer, which can be services provided by other providers (e.g. kaupapa Māori, Pasifika, face-to-face, group-based)</p> <p>Advice on how to access and use approved stop smoking medications</p> <p>Tailored quit plans /programmes that include quit dates and dates for follow-up (tailoring based on medication use, past quit attempts and relapse)</p> <p>Monitoring and follow-up of progress towards stopping smoking</p> <p>Transfer, signpost or referral to other NTS services or other providers</p> <p>The stop smoking service:</p> <ul style="list-style-type: none"> • Is delivered via telephone, text and online (including blog community for peer support) • Is delivered by trained Quitline Advisors • Uses a structured programme <p>[The service also provides: feedback on enrolment and treatment outcomes to referrers, Quit Card programme administration, Directory of Stop Smoking Services]</p>
<p>Who is the service for?</p>	<p>People who smoke and those concerned about a third party who smokes</p> <p>Priority populations:</p> <ul style="list-style-type: none"> • Māori • Pasifika • Users of mental health services • Pregnant women
<p>How is the service accessed?</p>	<ul style="list-style-type: none"> • Quitline (freephone 0800 778 778) 24/7 • quit.org.nz (including blog community) • Text (once enrolled) • Referral, including MedTech referral and text referral for midwives and Plunket nurses
<p>When and why is the service accessed?</p>	<p>People contact Quitline if they:</p> <ul style="list-style-type: none"> • Want to stop smoking • Want to support a third party to stop smoking
<p>Strategic environment</p>	<p>Expect service to contribute to:</p> <ul style="list-style-type: none"> • Smokefree Aotearoa 2025 targets: <ul style="list-style-type: none"> - By 2025: smoking prevalence and tobacco availability reduced to minimal levels, making NZ essentially a smokefree nation (less than 5% prevalence) • By 2018: daily smoking prevalence of 10% overall, 19% for Māori and 12% for Pasifika • Better help for smokers to quit target: <ul style="list-style-type: none"> - 90% of PHO enrolled patients who smoke offered help to quit by a health practitioner in the last 15 months - 95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking - 90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking <p>Using ABC pathway all healthcare workers are encouraged to motivate people to make a quit attempt and help them access cessation support</p> <p>Quitline is supported by national advertising led by Homecare Medical in partnership with HPA</p>

Quitline Services

Chart 3: Pathways for Quitline service users



Immunisation advice (for the public)

Information	Health service
What does the service provide?	Information and advice on immunisation and vaccine-preventable diseases, including after-care information and advice The immunisation advice service is provided by registered nurses with training in assessing and advising over the phone
Who is the service for?	General public, whether symptomatic or asymptomatic Priority populations: <ul style="list-style-type: none"> • Māori • Pasifika • Asian • Refugees • Migrants • Parents of children under 5 years old • Pregnant women • Disabled people • Older people, aged 65 years and over • Year 7/8 students and their parents • Secondary and tertiary students (catching up on missed vaccinations) • Travellers • People susceptible to illness <p>[NB: IMAC provides immunisation information and advice to health professionals as well as handling complex calls from the public]</p>
How is the service accessed?	Immunisation Helpline – freecall IMMUNE (0800 446 863) 24/7
When and why is the service accessed?	People call the Immunisation Helpline if they require independent information or advice on immunisation, immunisation after-care or vaccine-preventable diseases
Strategic environment	Expect service to contribute to reduction of vaccine preventable disease by: <ul style="list-style-type: none"> • Increasing immunisation coverage across the population at milestone ages (see National Immunisation Schedule) • Contributing to the 2017/18 immunisation target: '95% of 8-months-olds will have their primary course of immunisation on time' (6 weeks, 3 months and 5 months) • Reducing primary care presentation post-vaccination • Increasing knowledge of and commitment to immunisation among priority populations

Poisons advice (for the public)

Information	Service
What does the service provide?	<p>Information and advice about acute poisoning and toxic chemical effects Information and advice about chronic exposure to poisons First-aid and prevention advice about poisons The poisons advice service:</p> <ul style="list-style-type: none"> • Is provided by specialist poisons staff from the National Poisons Centre, supported by medical toxicologists who provide 24-hour consultation in complex poisoning cases • Includes direct access to a medical toxicologist for health professionals • Includes TOXINZ (subscriber-only internet database on chemicals, medicines, plants and animals)
Who is the service for?	<p>General public and health professionals Priority consumer populations:</p> <ul style="list-style-type: none"> • Parents of small children • Elderly <p>Priority health professional groups:</p> <ul style="list-style-type: none"> • Primary health care (e.g. GPs, practice nurses, pharmacists) • Emergency Department, Accident and Medical Clinic and Ambulance personnel
How is the service accessed?	National Poisons Centre – freecall 0800 POISON (0800 764 766) 24/7
When and why is the service accessed?	<p>People call the National Poisons Centre (NB there is no promotion or brand of “Poisonline” but it is referred to, as a kind of shorthand) for:</p> <ul style="list-style-type: none"> • Advice about potential harm to them or a third party caused by ingesting, inhaling or coming into contact with a toxic substance (medicines, chemicals, hazardous creatures (e.g. spiders, snakes, jellyfish), plants and fungi) • Advice on what to do in situations of poisoning or where poisoning might occur, including: <ul style="list-style-type: none"> - If someone has swallowed, inhaled or injected a substance - If someone has got a substance in their eye(s) or on their skin - If someone has been bitten or stung by a hazardous creature • Advice on preventing poisonings in the home • General first aid advice for poisonings
Strategic environment	<p>Expect service to contribute to:</p> <ul style="list-style-type: none"> • Reducing acute and unplanned care • Improving self-care • Reducing emergency department attendances • Reducing severity of injury caused by poisons • Reducing poisons-related morbidity and mortality

Ambulance Secondary Triage: the 'Clinical Hub'



St John

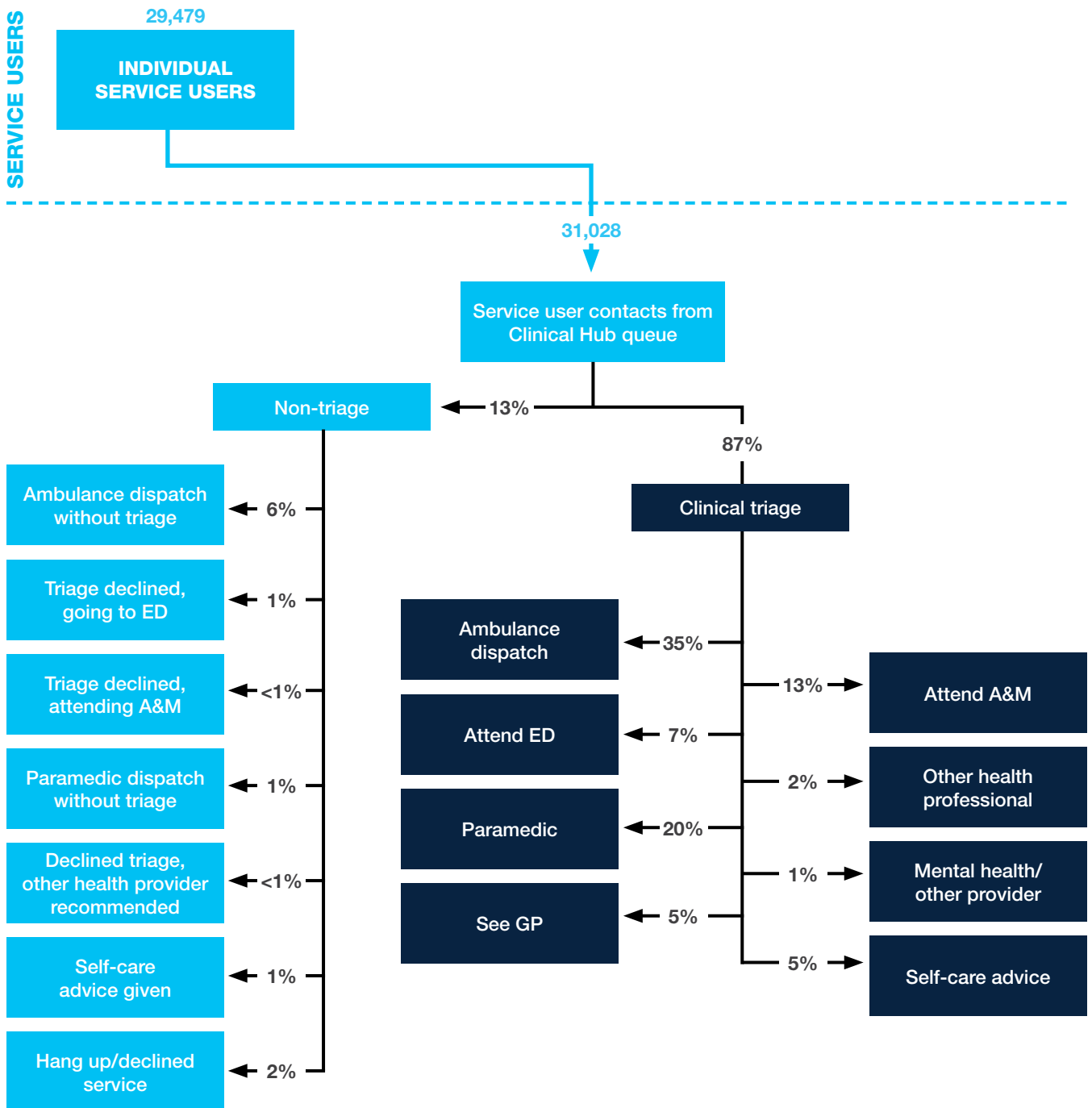


**WELLINGTON
FREE AMBULANCE**
kia ora te tangata

Information	Service
What does the service provide?	<p>Assessment and triage of callers who have called 111 and requested an ambulance. The 111 call handler uses an internationally recognised triage tool to determine whether the caller's issue is urgent or immediately life-threatening</p> <p>If it is not, the caller is advised that they will be called back by a registered nurse (or paramedic) who then advises on the most appropriate care, via the most appropriate pathway. Options include self-care, referral to a GP or Primary Health Organisation, referral to a private A & M facility or a District Nurse</p> <p>The triage nurse can also request an ambulance for the caller. The nurse has the capacity to specify the skill of the ambulance crew required and urgency of the ambulance response</p> <p>The service is:</p> <ul style="list-style-type: none"> • Provided by registered nurses with training in assessing and advising over the phone • Supported by a clinical decision support tool
Who is the service for?	The general public who have called 111 for an ambulance who do not have an urgent or immediately life-threatening medical emergency
How is the service accessed?	Someone calls 111 for an ambulance
When and why is the service accessed?	The service is accessed when the person calls 111 and the call is deemed to be non-life threatening. As a result, the person can be signposted to the right care, at the right time and the right place. This frees up ambulance resources for life threatening emergencies
Strategic environment	<p>Expect service to contribute to:</p> <ul style="list-style-type: none"> • Reducing ambulance transports to emergency departments • Support for self-care • Faster access to clinical advice and appropriate care for people with urgent needs • More joined up health services

Ambulance Secondary Triage Services

Chart 4: Pathways for Ambulance Secondary Triage





The National Telehealth Service Annual Plan 2017/18 has been prepared in accordance with the Agreement for Services between the Ministry of Health and Homecare Medical (New Zealand) Limited Partnership. It was presented and endorsed at the NTS Service Improvement Board meeting of 8 June 2017.

A handwritten signature in black ink, appearing to read "Andrew Slater".

Andrew Slater

Chief Executive Officer
Homecare Medical

A handwritten signature in black ink, appearing to read "Clare Perry".

Clare Perry

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