Our Programmes

The Western Bay of Plenty Primary Health Organisation offers a range of healthcare programmes delivered through General Practices and our complementary Health and Wellness Services, as well as Iwi-based services.

DHB Funded Services

ACUTE DEMAND SERVICE

(incl. CPO, ASH, ED/St John Redirects)
A comprehensive range of targeted services, focussing on reducing Emergency Department presentations and hospital admissions through enhanced service delivery within a primary care setting. Provision of an acute package of care supports General Practice to manage patients within the primary care setting and ensures people remain connected and cared for by their primary care provider.

AFTER HOURS SERVICES

(incl. Free Access for U14s, GP and 2nd Ave After Hours Services, GP Telephone Nurse Triage, After Hours Support for HN/CSC)
This suite of services, providing free access for children under 14 years of age and subsidised access for High Need and Community Service Card holders, includes extended hours offered through General Practice on week days and after hours on weekends, contracted after hours services through Accident and Healthcare and telephone-based access to health advice and triage.

AGED RESIDENTIAL CARE (ARC)

A specialised team, comprising of Clinical Nurse Specialist/s and a Clinical Pharmacist, actively focussed on enhancing clinical skill development and quality care provision within Aged Residential Care facilities across the Bay of Plenty.

COMMUNITY MEDICINE MANAGEMENT

A targeted approach, supporting General Practice teams and referred patients with a comprehensive range of medicine management and adherence, and specialised prescribing support and advice. This is delivered through Medwise.

COMMUNITY RADIOLOGY SERVICE

A range of 'specialist' radiological services focussed on diagnostic Breast Imaging and DEXA Bone Mineral Density scanning. This service is an excellent example of an integrated partnership. Bay Radiology and Medex are contracted to provide this service.

COORDINATED PRIMARY MENTAL HEALTH SERVICE

This service provides for a range of therapeutic services such as a social worker, group therapy, GP or nurse extended consults, counselling or psychological support for depression, anxiety and youth mental health. Alcohol/drug and related therapeutic care is also delivered within a 'Stepped Care' model, by a range of contracted and internal specialist therapists. This service is one of the PHO's busiest.

GP SHARED CARE

A service that provides intensive care to those managing opioid dependency. This service is delivered by an increasing number of GPs in partnership with the BOPDHB's specialist Bay of Plenty Addiction Services.

TOOLS DEVELOPED BY ARC TEAM IMPROVING HEALTHCARE FOR OLDER PEOPLE

Healthcare assistants and nurses working in aged care have new tools for assessing the health of older patients thanks to the work of our Aged Residential Care team.

With more than 1900 older patients in 34 facilities throughout the Bay of Plenty the PHO wanted to find a way to support the aged care workforce to pick up early signs of health deterioration.

A tool was developed for healthcare assistants to help them identify symptoms for nurses, who then carry out a full assessment.

"This helps the nurse to decide on a course of action or pass it up to the clinical nurse manager or GP for further consideration. It gives everyone a voice and ensures that concerns are followed up," says ARC clinical resource nurse Kate O'Dwyer.

There have been fewer ED attendances of patients from aged care facilities since the tools were introduced, which means potential health problems are being reversed at an earlier stage.

The registered nurse assessment tool, based on the SBARR framework, has been adapted for use by the Health Quality & Safety Commission of New Zealand and is included in the latest Frailty Care Guides for aged residential care.

The project was also named as a finalist in the Innovation in Service Delivery category in the inaugural New Zealand Primary Healthcare Awards.

HEALTH CARE HOME

Western Bay of Plenty Primary Health Organisation has taken the lead in the roll-out of the nationally recognised Health Care Home Model of Care across participating practices within the BOP. This initiative is supported by a significant two-year investment through BOPDHB and additional investment of both funding and in-kind resource from both EBPHA and the PHO to support delivery over the next three years. The Health Care Home Team significantly contributed to the revised national model of care, which now has a stronger focus on health equity, consumer involvement and honouring Te Tiriti o Waitangi.

LONG TERM CONDITIONS MANAGEMENT SERVICES

This is the PHO's most comprehensive integrated service, predominantly delivered through General Practice and community-based contracted providers. It focusses primarily on Cardio-vascular Risk Assessment, and diabetes detection and management, involving the integrated services of podiatry, retinal health, nurse specialists and self-management education. COPD support and self-management, and Pulmonary Rehabilitation also fall within this suite of services.

IMMUNISATION OUTREACH SERVICES

Under sub-contract to EBPHA, an Outreach Immunisation Service is provided to support General Practice maximise coverage of childhood immunisations across the rohe.

MINOR SKIN SURGERY SERVICE

The Bay of Plenty is included in statistics for the highest rates of skin cancer in the world. This service enables lesions to be surgically removed by approved specialist credentialed general practitioners. An independent specialist in skin cancer surgery is engaged to triage each referral, ensure clinical standards are maintained and the DHB-assigned resources used well. The PHO is also responsible for credentialing all approved clinicians.

SCHOOLS HEALTH SERVICE

Delivering a comprehensive range of primary healthcare services across secondary schools within the Western Bay of Plenty, this service offers both nurse-led services during the school weeks and GP clinics on a contracted basis. These services are underpinned by excellent partnerships between schools and the PHO and has reflected continued increases in access to services by the student population.

SMOKING CESSATION SUPPORT

There are two areas of focus within this service. General Practice teams are enabled to offer support to patients who indicate they want to quit smoking. This is not dependent on a quit date being set and achieved. The other focus is a wananga for pregnant wahine Māori, operating under the gifted name of Ūkaipō. Inclusive of the extended whānau, the service focusses on health lifestyle choices for both māmā and pēpi, including smoking cessation.

Hapū māmā Bianca McLeod-Ohia and papa Ngāi Te Rangi Toma make a wahakura (traditional flax basket) for their pēpi as part of the Ūkaipō programme, which has a focus on smoking cessation.

PHO self-funded services

MAU RĀKAU (TE PUNA I RANGIRIRI TRUST)
A service focussed on skilled use of traditional weaponry and associated cultural beliefs, knowledge and practices to engage rangatahi and their whānau.

YOUTH HEALTH SERVICE (NGĀI TE RANGI)
A mobile primary healthcare and social work service delivered in the evenings across a number of high-need communities, focussing on the care needs of youth and their whānau. Ngāi Te Rangi Iwi has successfully operated this service for more than 10 years.

COMMUNITY NURSING SERVICE
A highly regarded registered and specialist nursing service focussed on support to our General Practice network and Iwi partners through provision of community-based outreach nursing care. This comprehensive service operates out of the PHO's Health and Wellness Services.

GREEN PRESCRIPTIONS/ACTIVE FAMILIES
These are a physical activity and health lifestyle-focussed suite of services, supporting individuals and their whānau who are seeking the benefits of improved levels of activity and improved lifestyle choices. Sport Bay of Plenty has been contracted to provide these services for more than 10 years.

PALLIATIVE CARE DISCRETIONARY FUNDING
A limited resource intended to enable General Practice to provide more intense support during end-stage palliative care to the patient and their family through subsidisation of service costs.

PERFORMANCE INCENTIVES
(incl. SLM, CVDRA and national health targets)
A range of financial incentives are available to our General Practice network to recognise optimal clinical performance in a number of key areas including CVDRA, 65+ Seasonal Flu coverage, Smoking Brief Advice, and Breast and Cervical Screening coverage for Māori women. System Level Measures funding available through the Ministry of Health is supplemented by the PHO where national financial incentives no longer exist.

HIGH-NEED DISCRETIONARY FUNDING
A dedicated funding line assigned to General Practice to use at their discretion, to assist high-need patients where financial barriers reduce access to health services. This has been particularly welcomed by practices wanting to support vulnerable population groups during and after the impact of COVID-19.

Water safety is among the activities rangatahi are involved in as part of the Koiora programme.

SKIN SURGERY DISCRETIONARY SUBSIDY
A limited level of funding provided directly to General Practices to subsidise the costs of diagnostic services for patients that do not meet the eligibility criteria for access to the DHB-funded Minor Skin Surgery Service.

KOIORA (NGĀI TE RANGI IWI)
Koiora is a leadership development programme that focusses on enhancement of hauora Māori for rangatahi. The programme provides for the transfer of traditional and cultural knowledge as a basis for encouraging mental and spiritual health, good nutrition, regular physical exercise and enriched cultural connectedness. It is a forum that provides mentoring, sharing of knowledge, networking and goal setting.

The Mauri Ora programme organised an event called 'Brocode' which brought more than 70 tane (men) from throughout Tauranga Moana together to discuss health and wellbeing.

MAURI ORA (NGĀTI RANGINUI IWI)

The service includes a range of programmes aimed at assisting and empowering whānau to improve and develop their health and wellbeing journeys. The concept of Mauri Ora extends beyond physical healthcare to include factors such as spiritual wellness, mental health, and connectedness to their whānau and community.

MATAORA SERVICE (NGĀTI RANGINUI IWI)

There are three programmes within this service: Mental Health and Addiction Co-existing Problems Counselling, Trauma Counselling, and Peer Support Advocacy.

HE KOKONGA NGĀKAU WHĀNAU SUPPORT SERVICE (NGĀI TE RANGI IWI)

This service works with tenants of Accessible Properties Limited (APL). The service delivery approach is a whānau support model that works alongside whānau to identify and manage health and wellbeing issues, with the view that by developing a relationship based on support and trust these issues will be able to be addressed.

IMPAIRED GLUCOSE TOLERANCE (IGT)

The IGT programme supports GP teams to target patients with pre-diabetes who are at risk of developing diabetes and cardiovascular disease.

Nurse Margaret Dudley at the Te Puke Community Health Centre.

NURSING SUPPORT FOR OUR GENERAL PRACTICE AND IWI PARTNERS

Nurse Margaret Dudley (Ngāti Rangiwewehi, Ngāti Raukawa) is a member of our Health and Wellness Services team providing nursing support to our General Practice and Iwi partners in the community.

She spends her week working between the Health and Wellness Services walk-in clinic in First Avenue, alternate Fridays at Ngā Kākano and Te Puke Medical Centres helping to manage recall lists, home visits, and her own weekly clinic at Te Puke Community Health Centre. She also visits marae and workplaces to conduct health assessments and cervical screening for large groups as required.

Her work involves cervical screening, organising breast screening, and wound care.

"The patients love that healthcare is more accessible to them in Te Puke and think we provide them a wonderful service. Many of them like that I am Māori and will come back to see me again. We try to see people in an environment where they feel comfortable."

Margaret's clinics at Te Puke Community Health Centre started off monthly, but have now increased to weekly to meet demand.

"The patients love that healthcare is more accessible to them in Te Puke and think we provide them a wonderful service. Many of them like that I am Māori and will come back to see me again. We try to see people in an environment where they feel comfortable."

Margaret Dudley

Health and Wellness Services

SUPPORT TO SCREENING SERVICES

A nationally-funded cervical and breast screening service focussed on improving screening coverage rates for priority women. The service supports the BreastScreen Midland breast screening mobile unit when it is visiting our communities and offers cervical screening bookings alongside the unit. The target population is women aged 25-69 years old identifying as Māori, Pacific Island or Asian, and women who have never screened, or not been screened in the past five years.

CALLING TEAM

Our calling team is trained in motivational interviewing and contacts patients referred by General Practice who are overdue for breast and/or cervical screening and other health interventions e.g. heart check, or flu vaccination. Barriers to attending appointments are determined and solutions to overcome them implemented, including home visits and transport assistance if required.

COPD

Providing education and support to General Practice champions in the effective management of patients diagnosed with COPD as an initiative to reduce unnecessary ED presentations and admissions related to COPD.

DIABETES NURSE EDUCATION

A highly-regarded service that focusses on the care of acute diabetics and consultative support to clinicians.

COMMUNITY CLINICS

A range of community-based clinics designed to improve accessibility to care and provide a range of services including health assessments, vaccinations and smoking cessation advice.

SELF-MANAGEMENT GROUPS (SMG)

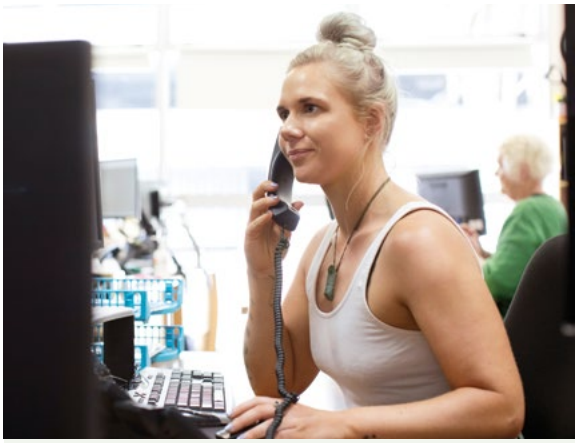
These groups are focussed on assisting people to manage their health conditions. Groups currently offered include lifestyle wellness and type 2 diabetes management. These groups are delivered by a multidisciplinary team from the Health and Wellness Services clinic, and are also available via online video conferencing.

DIETITIAN

The dietitian provides a range of services for our enrolled population over 18 years old within PHO-delivered services, including having a key role in the provision of self-management groups. One-on-one consults are also available.

ST JOHN AMBULANCE

Health and Wellness Services supports General Practice in the management of patients redirected by St John or on-referred by Emergency Departments when primary care management is appropriate.



Karina Liddicoat follows up a patient with an overdue medical appointment.

CALLING TEAM BREAKING DOWN BARRIERS

More patients are attending overdue medical appointments with the help of the PHO Health and Wellness Services' telephone calling team.

Health and Wellness Services welcome referrals from General Practices of women overdue for breast and cervical screening, as well as patients who haven't attended appointments for Cardiovascular Disease Risk Assessment (CVDRA), or haven't been reached to receive advice on how to quit smoking.

Members of the calling team then telephone the patients, building a relationship to understand any barriers the patient may express to attending their appointment. Transport, fuel vouchers and childcare are among the types of support offered.

The team includes five women, two who are fluent in te reo Māori. Two are based in the Eastern Bay of Plenty and all are trained in motivational interviewing.

The initiative has been successful, with one in two patients contacted going on to attend their appointment.

Caitlin Milne runs a self-management session online.

SELF-MANAGEMENT GROUPS GO ONLINE

The PHO's lifestyle wellness and type 2 diabetes self-management groups were unable to go ahead during the COVID-19 lockdown so Level 3 saw a move to offering the sessions online via Zoom.

The courses were compressed into 90-minute sessions over four to five weeks and have been such a hit with patients that they are continuing as an online option, as well as in person.

"Providing the courses online removes the barrier of needing transport to get to the courses, reduces the time the individual has to take out of their day to attend, and is less confronting than being in person for some," says clinical exercise physiologist Caitlin Milne.

The lifestyle wellness course covers exercise, stress and sleep, mindful eating, and nutrition for people with pre-diabetes or diagnosed/at risk of cardiovascular disease and/or metabolic syndrome.

The type 2 diabetes course covers exercise, nutrition, and medications for people with the condition and is led by a pharmacist from Medwise, a podiatrist from Foot Mechanics and a diabetes nurse specialist.

Patients can self-refer to the groups or be referred by their GP (via BPAC), or organisations such as the Tauranga Sleep Clinic, Tauranga Eye Specialists, Tauranga Hospital, and the Green Prescription programme via Sport Bay of Plenty.

INSULIN STARTS

An education programme developed for practice nurses to optimise the use of insulin for diabetics.

CONTINUING MEDICAL EDUCATION (CME)

The PHO coordinates and delivers a comprehensive medical and nursing continuing education service across our provider network, which is available both face-to-face and via Zoom. It is also part of a collaboration between the Midland region's five DHBs and eight PHOs to offer the Midland Collaborative Recertification Programme for Registered Nurse Prescribers in Community Health.

ROUTINE WOUND MANAGEMENT

Health and Wellness Services provides a back-up arrangement for patients referred to their General Practice for the management of wounds. Access is supported by offering home visits and drop-in clinics at Health and Wellness Services. The service also delivers wound care for patients with an injury covered by ACC.

WORKPLACE WELLNESS

Workplace Wellness works with General Practice to bring free health services into qualifying workplaces. It includes heart checks, diabetes checks, women's health checks, immunisations, help for smokers to quit, and self-management courses for heart disease, diabetes and weight loss. Employees are assisted to enrol with a General Practice if they are not enrolled already.

WORKING WITH VULNERABLE POPULATIONS

Two primary care nurse practitioners work with our most vulnerable populations, including the homeless and abused women, and provide clinics for non-government organisations who also work with vulnerable populations in Tauranga such as Salvation Army, Awhina House, Te Tuinga Whānau, and Street Retreat.

"Providing the courses online removes the barrier of needing transport to get to the courses, reduces the time the individual has to take out of their day to attend, and is less confronting than being in person for some."

Caitlin Milne