CPCT Evaluation: Part One

Background

Comprehensive Primary and Community Care Teams (CPCT) is an initiative funded by Te Whatu Ora - Health New Zealand that aims to make healthcare in the community better by adding more people with different skills. Primary Health Organisations (PHOs) across the country were responsible for getting these new teams up and running in their district. Each PHO could choose how to set up and manage the teams to best meet the needs of their local communities.

The Evaluation

Purpose

An 'evaluation' is a process used to understand how initiatives may or may not be working for the people involved (such as the people receiving services and the people who deliver them). WellSouth wanted to learn from the experience of setting up CPCT to figure out what worked well, what could be improved, and whether it is making a difference. The evaluation has been split into two parts. This report provides a summary of part one, which looked at starting CPCT. Part two will focus more on whether CPCT is helping people and how.

Methods

The evaluation consisted of: [1] a document review to understand the different ways teams were set up and working across the area, [2] interviews with staff involved in setting up CPCT, including internal WellSouth staff and external staff from CPCT providers (Māori community providers, Pacific community providers, and general practices that are delivering the initiative), and [3] a survey for external CPCT providers.

Evaluation Findings

Document review

WellSouth chose to set up CPCT by creating location-based 'clusters'. Clusters were to involve local Māori community providers, Pacific community providers, and general practices working together to improve access to primary care and health outcomes. At the time of the evaluation, eight clusters had been set up by WellSouth in Southern (see Figure 1 below), plus a cluster established directly by Te Whatu Ora in Hokonui.

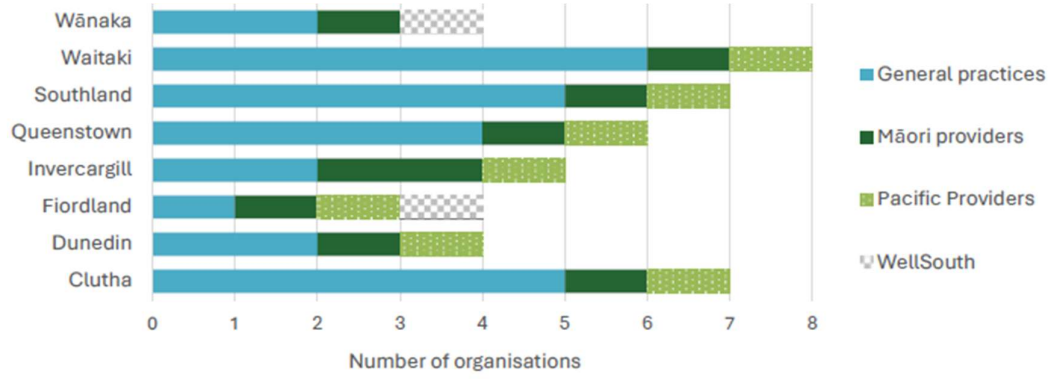

Figure 1. WellSouth CPCT cluster compositions (note: Clusters with a pharmacist role also include WellSouth as these new staff members are employed by the WellSouth pharmacy team).

Within the clusters, not all organisations employed a new CPCT staff member (FTE), instead some worked together with other organisations within their cluster who had. Three main ways in which the FTE were employed were identified: [1] General practice(s) in the cluster manage the FTE, [2] Community provider(s) in the cluster manage the FTE, [3] Management of the FTE is split across general practices and community providers. Organisations who did not manage an FTE were still provided funding that recognises their participation in the cluster, such as involvement at meetings.

Interview findings

There were six themes identified from the interviews.

1. Positivity for collaboration and new ways of working:

New working relationships, especially between general practices and community providers, were "*the biggest positive of all of this*" and "*a massive, massive step forward*" for organisations working together. Even with collaborative models of care still being developed, participants shared good news stories and emphasised that CPCT is "*meeting a need in the community that was known but never addressed*".

2. Striking the balance between structure and flexibility:

There was positive feedback on WellSouth's cluster approach. Participants appreciated having flexibility to work in ways that suited the individual needs of their local communities, particularly in the more rural areas, as "*our needs will never be the same as an urban setting*". However, high flexibility also meant some organisations felt unclear about national expectations and were therefore grateful that WellSouth "*was very good at actually guiding or leading us*". Some participants said they would have liked more guidance.

3. Importance of communication and impact on relationships:

Primarily, providers said that relationships with WellSouth are "*really good*". Being approachable and having one point of contact were highlights. The importance of trust for good relationships was noted, and that sometimes mixed messages from WellSouth can pose a risk to organisational trust.

4. Barriers to collaboration and service delivery:

Several barriers or challenges were encountered setting up and delivering CPCT. The short-term contract contributed to recruitment difficulties and concerns that the time it takes to build and embed new ways of working was being overlooked. In developing collaborative models of care, several organisations were "*a little bit stuck with the referral pathway*", especially for patients who are not actively engaged with a practice as it is "*really hard to get consent from them to send a referral*".

5. Internal process improvement opportunities:

Early introductory and contracting stages were described as "*disjointed*" with "*lots of delays*" by participants, but some opportunities for improvement in WellSouth's processes were identified. Some providers emphasised that the process was quite a large administrative burden, which, for community providers working across multiple clusters, meant it was "*overwhelming that they all got rolled out practically at the same time*".

6. Looking to a future beyond CPCT:

Participants stressed the "*huge, huge loss*" it would be if the CPCT funding ends. There was optimism that new relationships may endure, highlighting the value of funding whakawhanaungatanga, as well as suggestions for other alternative funding models such as discretionary funding and outcomes-based contracts.

Survey results

People who responded to the survey indicated how much a series of items reflected their experience, on a scale of 1 to 6. A score of 1-2.5 indicates a problematic area, 2.6-4.5 indicates room for improvement and 4.6-6 indicates high performance. The average score was 4.1, suggesting some room for improvement. No items had an average score that indicated a problematic area. The highest scoring areas were 'readiness to change' and 'commitment to community engagement'.

The lowest scoring areas were 'trust', 'partnership synergy' and 'systems thinking', suggesting that there may be room for improvement in the strength of some relationships. This might reflect the fact that many relationships built through CPCT are new and building whanaungatanga takes time. The survey results generally aligned with the interview findings.

Key Learnings

The key learnings from this evaluation were grouped into four key areas, guided by the national objectives for CPCT: capacity, capability, access, and partnerships.

Capacity refers to how much something or someone can handle, therefore a person or organisation's capacity means the amount of work they are able to manage at one time. Through the staff added to primary care by CPCT, providers reported having more capacity to provide patient care. Staff time was also given from within WellSouth's capacity to provide ongoing guidance and speed up processes.

Capability means the ability or skill to do something. It was reported that the CPCT has increased the capability of primary care by bringing in people with additional skills and expertise. Existing staff were able to learn from new team members, to increase their knowledge and cultural capability (the ability to interact respectively and effectively with people from different cultures). Many new roles were also given the tools and flexibility to travel to patients, increasing primary care's ability to deliver more healthcare in the community.

Access includes how easy healthcare is to access and whether everyone has an equitable chance to access it. Stories told by participants suggest that CPCT is increasing access to primary care by removing some of the key barriers. However, issues with consent have made it more difficult to set up some referral pathways. The topic of access and equity of access will be explored in more detail in part two of the evaluation.

Partnerships refers to relationships and collaboration, especially within the clusters. Building and strengthening relationships with other organisations was seen as one of the most valuable parts of being involved in setting up CPCT, and people greatly appreciated WellSouth's help in making this happen.

Future Considerations

The evaluation identified several areas to think about for the future, which can be grouped into three main categories: specific to CPCT, relevant to WellSouth more broadly, and applicable to the wider system.

CPCT considerations

- Early evaluation findings support WellSouth advocating for funding for CPCT to continue. If funding cannot be continued, then organisations requested as much notice as possible to minimise the impact the end of the services will have on patients and staff.

- Most organisations would welcome ongoing support to help new systems be embedded.
- The organisations involved were interested in being able to share ideas and learnings with others. WellSouth could consider coordinating a regional or national CPCT network to enable this to happen, as well as continuing to develop its wider network coordination role beyond CPCT.

WellSouth considerations beyond CPCT

- The amount of administration required for a new initiative can sometimes feel overwhelming. A staged roll out starting with a prototype may help to test ideas, generate learnings and spread the workload.
- Participants generally said they wanted advice and support to help them achieve their goals, without being given strict rules to follow. This could involve sharing ideas and tips on how to get started or providing some resources with examples of what has worked well elsewhere.
- Room for improvement was identified in some WellSouth processes that might reduce delays and mixed messages for future initiatives, such as using more documentation to track progress and setting up a project oversight group from the beginning of any new project.

Wider system considerations

- For future funding contracts, ideas included longer-term contracts, giving more thought to the way different contracts fit together, and having contracts that include funding for whakawhanaungatanga and administration time.
- Advocating for some funding that organisation can use flexibly, depending on what needs are most important at the time, could be considered.
- Due to the shortage of qualified health professionals, there may be value in more funding being directed to specialist training and workforce development pathways nationally.

Conclusion

The set up of CPCT has generally been well received. It was described as worth the effort, valuable and helping to support people who have unmet health needs. The opportunity for organisations to build new and strengthen existing relationships was a key highlight for all involved. Future initiatives will likely follow a similar collaborative approach and so learnings from this experience will be valuable.