

# Clinical tips for making the most of Access and Choice

## 2025 Archive

*Wanaka-based GP and WellSouth Mental Health Clinical Advisor, Andrew Boyd, gives useful advice on how best to work with your Access and Choice team and how they can support your patient care. If you have questions, suggestions or feedback please contact Dr Andrew Boyd, Clinical Advisor for Mental Health [andrew.boyd@wellsouth.org.nz](mailto:andrew.boyd@wellsouth.org.nz).*

## Promote your Access & Choice team, 17 April

For my last 'From the HIP' I want to thank the Access & Choice team for all the fantastic work they do in our communities with our patients who are often at their lowest ebb. Nationally the services aim to support 325,000 people annually, and we rely on practice support and buy in to achieve this.

So, for the last 'From the HIP' a few tips for you to get the most from your team:

- Promotion - wherever you can! Let new patients know you are an A&C practice, and promote the service in your waiting room, website, Facebook page etc. Resources to help are [here](#).
- No referral needed! Ensure staff and patients know they can book with the A&C team without seeing a clinician first
- Business as usual - behaviour change is a core, evidence-based element of good primary health care, and the A&C team are trained to support this. Invite them to practice meetings, be creative and bold about who could be helped with their input and make sure everyone in the practice team knows who the A&C team are and what they can do.

Thanks for reading! Good luck and, as ever, any feedback or questions to me at [andrew.boyd@wellsouth.org.nz](mailto:andrew.boyd@wellsouth.org.nz)

## GPs and HIPs in partnership, 3 April

This week, I'd like to share an interview I did on community radio station OARFM alongside Dunedin-based HIP, Jo Sinclair. Jo and I talked about the relationship between a GP and HIP and Jo did a great job explaining some of the ways she can help patients, including working with teenagers and older adults.

The OARFM segment is part of our 'Well, Well, Well - WellSouth' podcast, so if you want some light listening on the way home, below is the link, or go to your usual podcast platform and search 'Well, Well, Well - WellSouth'.

[Well, Well, Well - 06-03-2025 - Health Improvement Practitioners \(HIPS\)](#)

## A warm handover, 20 March

This fortnight, I'm looking at the concept of 'warm handovers'. This is defined as a handover from one healthcare professional to another, in the presence of the patient. In this context, the primary care provider to the Access & Choice team member.

The rationale for the guidance that HIPS and HCs have a number of warm handover slots available each day, is that there is good evidence that acceptability and uptake of the service is significantly improved if patients who are new to the service can meet the Access & Choice worker soon after agreeing to a session with them. Ideally at the same practice visit. The WellSouth team is rightly proud that 92% of people referred to the service are seen within a week, half of them on the same day.

In reality, with many of the team working less than full time at a given practice, and with busy clinic schedules, those warm handover slots might not come up when the patient is with us. ***The lightbulb moment for me came when our practice HIPs explained they were happy to be interrupted mid client meeting to briefly meet a new client and part of their training includes tools to handle these interruptions.***

So, if your HIP is in session and you have someone you think would benefit from their input don't be shy about flicking them a screen message to pop out; or go knock on their door. And if it's a day they're not in, book the next available appointment the patient can make and do the handover then (I call that a lukewarm handover but maybe that's just me...!).

## Proactive case identification, 6 March

While it's likely that most of your A&C appointments will be booked from referrals from GPs and other members of the clinical team, as well as self-referrals, Health Improvement Practitioners, Health Coaches and Community Support Workers are well placed to proactively identify patients who might benefit from behaviour change interventions, support at a challenging time in their lives or signposting and linking with other community services.

There may be patients with significant needs who are not accessing their practice for financial, lack of confidence or other reasons.

By using query builder and Thalamus datasets to create searches, you can provide your Access and Choice team with patient details to contact patients and offer help and support to those who have:

- Recently been discharged from hospital
- Had a recent bereavement
- Been issued with sleeping pills or antidepressant/anti-anxiety medication
- Recently become new parents
- Been given a new cancer diagnosis
- Been signed off under ACC or WINZ for an extended period
- Been coded as smokers
- And much more.
- Depending on numbers these contacts could be made in dedicated sessions within the working week, or ad hoc, for example in unused sessions. It's a good way for the team to usefully fill unused on-the-day sessions, whilst keeping the flexibility and value that comes from 'warm handover' sessions.

## The HIP skillset, 20 February

For those of us lucky enough to have them in our practice teams, you might think you know what your Health Improvement Practitioner (HIP), Health Coach (HC) or Community Support Worker (CSW) can do - but sometimes we don't know what we don't know! So, for the first of my tips for how to make the most of Access & Choice, I'm going to start at the beginning, with subsequent editions getting into some detail and scenarios.

With their diverse backgrounds, your Access & Choice colleagues will have different skillsets, but as a *minimum* they will be able to use their behaviour change skills, care planning and network of support services to support patients with:

- mild/moderate depression and anxiety
- bereavement and grief reactions
- long-term conditions (such as hypertension, high cholesterol, diabetes etc) where motivation and lifestyle optimisation is a priority
- alcohol and other drug addictions
- medication adherence challenges
- difficulty sleeping
- plus a whole lot more!

But don't just take it from me. Why not arrange to have a coffee with your Access & Choice team member/s to find out? It can be all too easy in the rush of a busy day in the practice to pass colleagues like ships in the night but if you can carve out 15 minutes it will be time well spent. I am consistently impressed by the scope and depth of expertise of the A&C team in our practice.