

An evaluation of

Thalamus Data Platform for Southern General Practices

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Version 1.0

Acknowledgements

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Karakia

Tutawa mai i runga

Tutawa mai i raro

Tutawa mai i roto

Tutawa mai i waho

Kia tau ai

Te mauri tū

Te mauri ora

Ki te katoa

Haumi e

Hui e

Tāiki e

Come forth from above, below, within, and from the environment

Vitality and wellbeing for all

Strengthened in unity

Purpose of the evaluation

WellSouth requested this evaluation to identify who is using Thalamus, support WellSouth's ongoing refinement of Thalamus as a tool for general practice, and to understand the impact of Thalamus on general practices.

The key evaluation questions asked were:

What are the patterns of access and utilisation of Thalamus in general practice?

To what extent does Thalamus utilisation influence primary care indicators, including clinical performance, health equity, and programme claiming?

What factors support or limit the use of Thalamus, and what changes could enhance its effectiveness and usability?

How does Thalamus influence general practice perceptions of WellSouth?

Approach and methods

A mixed-methods formative evaluation was undertaken to address the KEQs. This included quantitative aspects such as descriptive and inferential statistics, alongside qualitative interviews. A total of 34 interviews were conducted. A mixture of high, medium, and low Thalamus use practices were invited to interview, and interviews were conducted with 20 staff from 16 general practices. Practice staff interviewed comprised Practice Managers and administrators (8), Nurses (5), General Practitioners (GPs, 3), and Access & Choice staff (4).

Key Findings

What are the patterns of access to and utilisation of Thalamus in general practice?

Use of Thalamus in Southern general practices has grown substantially since the tool was first introduced in 2019, as shown in Figure 1. Utilisation accelerated rapidly in late 2022, following redevelopment of the practice facing reports and the recruitment of the Thalamus Product Owner. The average number of general practice report interactions per month has risen from 354 in 2022 to 5075 in 2025. This growth in use should be celebrated and is a strong signal that practices value what Thalamus offers.

Analysing total dashboard usage, however, highlights that use is concentrated in a small number of dashboards. The 5 most used dashboards (Table 1) account for 64.6% of all general practice report interactions, while the top 10 account for 96.2% of total use. The low use of some dashboards indicates there may be redundancy in maintaining these dashboards.

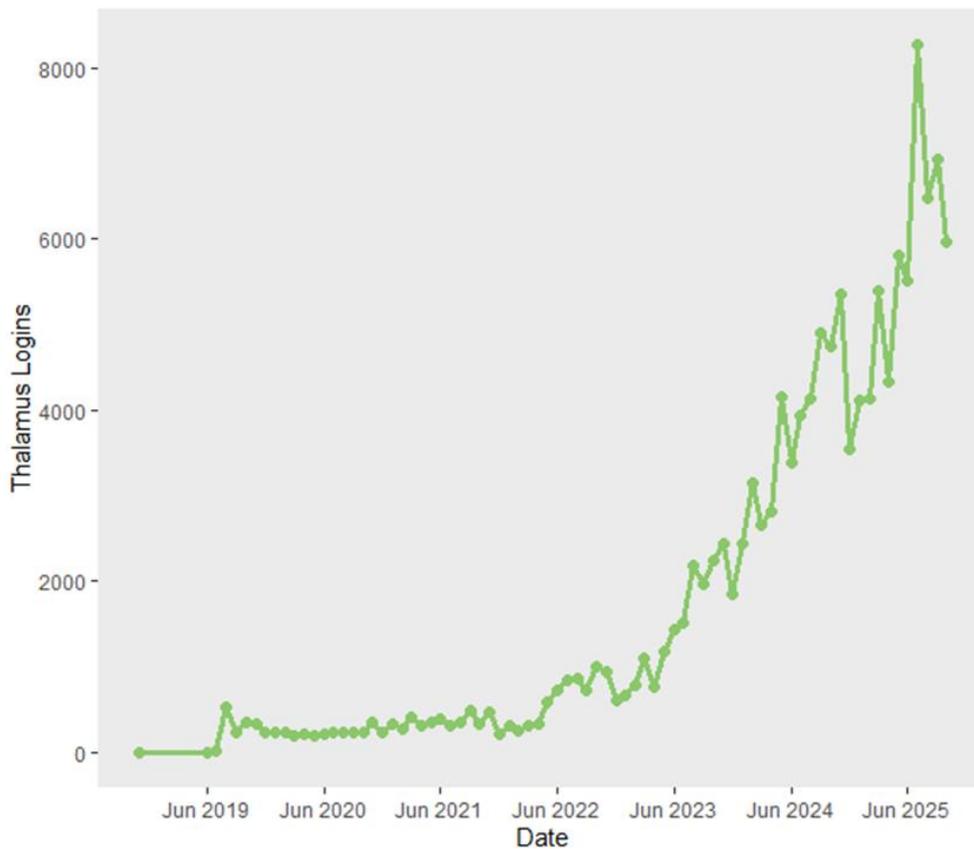


Figure 1. Thalamus use in Southern general practices.

Thalamus use is not only concentrated on a small number of dashboards, but also among a small number of practices and specific users within practices. The 5 practices with the highest usage of Thalamus (Appendix, Table 1) account for 19.3% of all use, while just 5 individual users account for 16.5% of all activity. These findings suggest that while Thalamus use has increased, this growth has not been evenly distributed across dashboards, users, or practices.

Findings also indicate substantial variation in Thalamus use by role (Appendix, Table 2). Thalamus is predominantly a Practice Management/Administration (42.5%) and Nurse (34.6%) function. GP use accounts for just 6% of Thalamus use, and qualitative findings suggest this is driven by GP practice owners using the Register Management dashboard to review their enrolled patient numbers.

Regression analysis¹ was used to examine the relationship between training visits delivered by the Thalamus Product Owner and the utilisation of Thalamus. Findings indicate that Thalamus use increases, on average, by 7% for each visit to a practice from the Thalamus Product Owner. This suggests that training by the Thalamus Product Owner is successfully increasing practice engagement in Thalamus.

¹ Regression analysis is a statistical tool used to examine the relationship between an outcome and one or more predictor variables.

Dashboard	% Of Total Report Interactions (June 2019 – October 2025)
Register Management	23.8%
Claiming Dashboard	15.3%
Diabetes Dashboard	12.5%
LTC Support	6.8%
Cardiovascular Health Dashboard	6.2%

Table 1. Top 5 Dashboards, June 2019 – October 2025.

To what extent does Thalamus utilisation influence primary care indicators, including clinical performance, health equity, and programme claiming?

Primary care indicators were assessed through regression analyses to examine the relationship between Thalamus dashboard use and outcomes, as shown in Table 2. Results suggest that Thalamus use is associated with improvements in primary care indicator outcomes, including increasing the baseline odds of a patient having a diabetes annual review, cervical screen, receiving smoking brief advice, and having their uric acid measured if the patient has gout. An association was also observed between use of the claiming dashboard and a higher overall claiming rate for the practice.

Qualitative interview findings highlight that Thalamus use is driven by “anything that is linked to funding”. Identifying funding opportunities is seen by practices as a key strength of Thalamus. Conversely, where no funding was associated with a dashboard,

“I’m really not going to do gout until I’ve done the ones that have money attached to them...there is the financial incentive definitely”

practices were unlikely to utilise that dashboard. Despite a focus on funding, some practices stated a desire for more clinically relevant information on Thalamus, as currently, what Thalamus offers from a clinical perspective is not

perceived as “high enough impact”. Considering health equity, practices appreciated being able to prioritise equity through ethnicity analysis in Thalamus, however, acknowledged that “nothing in [Thalamus] prompts you to do that in any active way” and that prioritising health equity still requires the individual user to make a conscious decision to do so.

Primary Care Indicator	Associated Dashboard	Odds Ratio	% Change In Odds (100 Logins)	P-Value
Immunisation	Immunisation	1.0011	11.5%	P = 0.133
CVDRA – Funded	Cardiovascular Health Dashboard	0.9992	- 7.4%	P = 0.022
CVDRA - Clinical		0.9992	- 7.4%	P < 0.001
Uric Acid Measured	Gout Dashboard	1.0101	174%	P < 0.001
DAR	Diabetes Dashboard	1.0024	27.7%	P < 0.001
Enrolment on LTC Support	LTC Support	0.9883	- 69.2%	P < 0.001
Overall Claiming Rate	Claiming dashboard	1.0014	15.3%	P < 0.001
Cervical Screen	Screening Dashboard	1.0008	8.2%	P = 0.002
Smoking BA Delivered	Smoking Dashboard	1.0129	261%	P < 0.001
ASH 0 - 4	ASH Dashboard	1.0131	268%	P = 0.386
Novel diabetes Medications	Diabetes Dashboard	1.0011	11.5%	P = 0.133

Table 2. Percentage Change in Odds of Primary Care Indicators with 100 Thalamus Logins².

² This analysis is using odds, i.e. the odds of something happening vs not happening (e.g. 4/1). Each practice/indicator has a baseline odd of completion. The odds ratio tells you how much the baseline odds change with 1 login to Thalamus. The % change in odds refers to how much, as a %, the baseline odds change for each indicator when a practice logs in to Thalamus 100 times

What factors support or limit the use of Thalamus, and what changes could enhance its effectiveness and usability?

How is Thalamus used in general practice?

To discuss the factors that influence Thalamus use, we first must understand how Thalamus is used in general practice. Day-to-day use focuses on extracting patient lists, which provide practice managers, administrators, or practice Nurses information about a cohort of patients requiring a specific service or action. Reflecting the emphasis on funded programmes, these patient lists mostly align with WellSouth's funded programmes. Beyond patient lists, Thalamus is also capable of providing a population health overview at the practice level. However, this functionality is used sporadically, with routine use focusing on accessing patient lists.

“For the day-to-day stuff...the patient list is the most important”

Where practices differ is in who undertakes this work. Some practices upskill administrators to identify patients and coordinate their access to funded programmes,

“I don't think GPs even know what Thalamus is”

while others believe Nurses are better suited to undertake these activities. Consistent with the quantitative findings, it is clear that GP use of Thalamus is limited. Given Thalamus' focus on

administrative and claiming tasks, it is logical that GPs would have limited engagement with Thalamus. Opportunities to increase Thalamus use amongst GPs may lie in supporting reflective practice, enabling peer comparison, and quality improvement initiatives.

Data accuracy in Thalamus has improved substantially. However, practices continue to identify errors or inconsistencies. Practices, therefore, routinely undertake a manual check of Thalamus data using their Patient Management System (PMS). These errors are driven by how data is stored within the PMS, for example, within the patient notes rather than as a term accessible to Thalamus. While this issue is predominantly a PMS training issue, it continues to negatively impact perceptions of Thalamus.

“They haven't had, you know, their diabetic screening done, but they probably have, it's just in the inbox and no one's put it in there”

The PMS is the centre of the universe for a practice

Given practice staff are “working predominantly from the PMS” and recognising the waste in double handling by checking in two systems, practices strongly

“Have the ability to text or contact patients would be, to me, the dream”

support improved integration of Thalamus with the PMS. Practices expressed a desire for functionality that reduces time spent navigating two systems, enables bulk-texting or emailing patient lists, and ensures alignment between Thalamus and

the WellSouth Portal.

Where integration is not possible, there is a strong desire to simplify Thalamus. Practices are overwhelmed by the amount of data available in Thalamus, and don't have a strong sense of the purpose or available functionality of each dashboard beyond what is used frequently. Most users

consistently rely on a small subset of available dashboards and report they “know where to go for the things I'm mostly interested in”. Opportunities to

“There's sometimes when I think maybe it's an overflow of data. There's too much information in there”

simplify Thalamus included making patient lists more easily accessible, applying clear and consistent labelling, and ensuring that each data artefact on a dashboard adds value and increases understanding. The ability to view data over time was frequently identified as a priority to enable quality improvement activities. A full table of opportunities is provided in Appendix, Table 3.

Moving beyond a dashboard-only approach

Practices find Thalamus “very useful”. However, practices were also clear that Thalamus represents only one part of the process to turn information into action. As

“You guys always put out information, but you never put out what to do with it.”

one participant noted, “it's not just about the data. It's what will you be doing with it”. Considering the Data, Information, Knowledge, Wisdom (DIKW) Pyramid, WellSouth is providing practices with lots

of information, but limited support in how to translate that information into knowledge and wisdom, and therefore, action. Supporting practices to embed Thalamus into routine practice workflows, sharing information on how Thalamus is used in other practices, and providing support to analyse and interpret data would contribute to moving toward knowledge and wisdom.

To move toward knowledge and wisdom, it is important to also consider the factors that influence Thalamus use. Funding is one factor, as discussed previously, and what gets funded gets traction within practices. Other factors include time and capacity to act on information. Given that practices

“It becomes time to be honest, we go through phases where you just don't have time to think”

can find Thalamus overwhelming, articulating WellSouth’s priority focus areas may help practices to use their time spent on Thalamus more effectively, particularly if WellSouth’s priorities align with the practice’s own goals or strategic objectives. Additional factors that influence use include having a dedicated person to translate information within Thalamus into action in the practice and the technological skill level of users within the practice.

Changes to enhance Thalamus effectiveness and usability

There are several areas where WellSouth can enhance the effectiveness and usability of Thalamus, including communication, training, and implementation. Communication from the WellSouth digital team to individual practice queries is responsive. However,

“You need to build comms into processes and we need to know”

proactive communication about changes to existing dashboards, additional features, or new dashboards, both internally in WellSouth and externally to practices, is perceived as inadequate.

Training by the Thalamus Product Owner is valued by practices, however, the staff turnover in practices and the gaps in technical skills mean that training needs to evolve. Offering different training formats (i.e. short YouTube clips), by different people, and offering training in IT skills such as Microsoft Excel is likely to support Thalamus use.

Further engagement in sharing learnings across practices is needed by WellSouth. Practices don’t want to “constantly ... have to think of your own best way to do it”, and WellSouth is well-positioned to act as a knowledge broker between practices. All of these factors are connected by the concept of implementation, and each Thalamus dashboard should have an implementation plan clearly articulating the purpose and logic of the dashboard,

“It’d be interesting to actually get some information from other practices...you know, have you thought about using it like that?”

how this dashboard will be communicated to practices, how practices will be trained on using the dashboard, and how to embed the dashboard into the workflow of the practice. This moves Thalamus beyond a digital-only tool and requires teams across WellSouth to work together to support implementation and uptake.

WellSouth’s digital team have established a working group, which functioned well for a number of years, but has recently become less effective, with one member describing it as “lacklustre, scarce, not well organised.” There is an opportunity to reinvigorate the working group, ensuring representation from administrators, practice managers, Nurses, and GPs. The working group needs a clear purpose, terms of reference, consistent agendas, and should pay for members’ time. Integrating the Thalamus working group into WellSouth’s Clinical Governance process would also ensure oversight for the WellSouth Board.

How does Thalamus influence general practice perceptions of WellSouth?

Thalamus is a highly valued tool in Southern general practices. Even in low-use practices, staff appreciate being able to access Thalamus. Practice Managers and

“If we didn't have it, we'd be, I mean, kind of lost”

Administrators, in particular, acknowledged that parts of their roles would be much harder without Thalamus. All interviewees were asked if they considered Thalamus a good investment

for WellSouth to make, and all responded positively, with several stating that it is “one of the best things WellSouth provides”.

Indeed, there was recognition of WellSouth as a leader in this space, and participants who work in other regions of Aotearoa/New Zealand acknowledged the difference Thalamus makes when not available.

While this report identifies areas for improvement, it is also important to acknowledge the significant work undertaken by the digital team to improve the Thalamus platform for general practices and acknowledge that general practice perceptions of Thalamus have changed significantly for the better.

“So when Thalamus first started, it was pretty clunky. I preferred to use Doctor Info. Now I can't remember the last time I actually used Doctor Info”

Summary of Key Learnings

- Practices value Thalamus highly.
- Use of Thalamus is concentrated in a relatively small number of users, dashboards, and practices.
- Training sessions delivered by the Thalamus Product Owner are well received and appear effective at increasing Thalamus utilisation in general practice.
- Thalamus use appears to increase the likelihood of delivery on several primary care indicators.
- Thalamus is predominantly an administrative and Nursing tool.
- The PMS remains the core workflow of the practice – and therefore, there is a desire for stronger integration between Thalamus and the PMS.
- Practices want Thalamus to be simplified where possible.
- Practices experience challenges in translating Thalamus data into action.
- Practices wish to move beyond a dashboard-only approach, requiring a more collaborative approach to implementation within WellSouth.

Recommendations

1. Simplify Thalamus by:

- a) Reviewing each practice-facing dashboard to ensure relevance.
- b) Reviewing the content of each remaining dashboard to ensure simplicity and clarity.

2. Support the factors that influence Thalamus use, including:

- a) Funding – Use funding strategically to strengthen delivery on key WellSouth goals.
- b) Practice priorities – Understand what these priorities are, and where they align with WellSouth's.
- c) Skill level - Develop new approaches to deliver Thalamus training, and training skills beyond Thalamus.

3. Move beyond a “dashboard only” approach by:

- a) Ensuring each dashboard has a clear purpose and implementation plan, including how the dashboard is to be integrated into practice workflows.
- b) Acting as a knowledge broker between practices to share innovative ways of using Thalamus within practice.
- c) Coordinating campaigns that support alignment between WellSouth's goals and practice priorities to improve upon targets.
- d) Support reflective practice and quality improvement for GPs through the development and implementation of GP audits.

4. Redesign and reinvigorate the Thalamus working group, ensuring a clear purpose, terms of reference, appropriate membership, consistent agendas, and recognition of members' time.

5. Improve communication by ensuring all changes, new features, and new dashboards are communicated both to practice staff and to WellSouth staff.