

Midland Region District Health Boards

PRIMHD Project

IMPLEMENTATION PLAN

DATE: October 2009

Project Name: Midland PRIMHD NGO Stage 3 – 5 Project
Project Manager: Vivienne Martin, Midland Region PRIMHD Coordinator
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Distribution List

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Executive Summary

The Ministry of Health released the National Mental Health Information Strategy Implementation Plan in 2006, the purpose of this document was to address the information gaps in the Mental Health Sector. The key objective identified from this document is to ensure information that is gathered across the sector is carried out in the most effective way to improve health outcomes for mental health consumers and to increase accountability for expenditure on mental health services¹. In order to accomplish this objectively the way needed to be identified to ensure that all District Health Boards, Non- Government Organisations and eventually Primary Organisations were reporting collectively utilising the same method of reporting to the Health and Information System (HIS) a department of the Ministry of Health (MoH). On the 31st of October 2008 MHINC reporting method was retired and the MHINC was integrated with MH-Smart² to form PRIMHD, a Programme for the Integration of Mental Health Data.

The basis of the PRIMHD Project is to ensure that all DHBs, PHOs and NGOs are reporting and utilising the same reporting data. The PRIMHD project has been broken down into five stages. The first two stages focused on DHBs and the larger NGOs becoming compliant with PRIMHD reporting. Currently the status of PRIMHD reporting is:

- 17 DHBs are fully PRIMHD compliant
- 2 are provisionally PRIMHD compliant
- 2 are undergoing compliance
- 18 stage 1 NGOs are fully PRIMHD compliant (not electronic)
- 4 stage 2 NGOs are fully PRIMHD compliant
- 3 stage 2 NGOs are provisionally PRIMHD compliant
- 18 remaining stage 2 NGOs are yet to be PRIMHD compliant

The aim of the National Roll out Team (NRT) is to have:

- all DHBs fully compliant by the end of October 2009
- all Stage 1 NGOs electronically reporting data by the end of September 2009 and
- most of the stage 2 NGOs electronically reporting data by December 2009

This Implementation Plan focuses on stages three to five of the PRIMHD project and encompasses the 96 NGOs located in the Midland region. The goal of this plan is to have all NGOs and PHOs in the Midland Region consistently and accurately reporting PRIMHD to the Ministry of Health, Information Directorate within 18 months.

The Midland Region Plan outlines the strategy for rolling out PRIMHD and includes the Communication Strategy Action plan plus recommendations. In addition, attached is the prioritisation list provided by the Portfolio Managers in the region, Providers Capabilities Assessment Tool and evaluation tool (to be finalised).

The key recommendation identified is to initiate the roll out of PRIMHD in the Taranaki region as they only have a few providers to become PRIMHD compliant and were one of the regions selected to be part of the pilot. Therefore the learnings from rolling out in this region will be valuable to rolling out in the other regions. Consequently this plan is a living document due to potential learnings that will be derived from the first region.

To ensure that information is shared and networking achieved, the Midland region have done presentations to the Midland Regional forums and established a regional PRIMHD reference group to ensure that information and the progress of this project is shared across the sector as well as provide both feed in and out for this project. In addition a reference group will also be established in each of the five regions prior to roll out to enable providers to share information and learnings during this process. This plan has been developed by engaging with the key stakeholders from each of the districts within the Midland region: Waikato, Bay of Plenty, Lakes, Tairāwhiti and Taranaki.

¹ 2006, MoH: Mental Health Information Strategy Implementation Plan

² A collection of outcome data

Recommendations

1. The project will be launched in the following order to ensure a focused approach:
 - a. Taranaki
 - b. Tairāwhiti
 - c. Lakes
 - d. Bay of Plenty
 - e. Waikato

The rationale for launching the above order for the roll out of PRIMHD is that the Taranaki region has the smallest amount of providers yet to become PRIMHD compliant and was one of the districts selected to be part of the national pilot. Therefore the lessons learnt from rolling out in this district will be valuable to rolling out to the rest of the region.

2. Roll out for the NGOs within the attached prioritisation list (appendix 1) will be implemented beginning with Stage 3 providers from each region, followed by stages 4 then 5 i.e. all Stage 3 NGOs within Taranaki region will be implemented followed by Tairāwhiti, Lakes, BOP and then Waikato. On completion of Stage 3 NGOs, Stage 4 will commence followed by Stage 5.
3. Waikato region's mandate is to have all the providers compliant with PRIMHD including consumer and family organisations. Initial priority is all Alcohol & Drug and Child and Youth Mental Health Services to be rolled out first as these have the highest impact on access rates for the region.
4. Midland's decision to exempt Elder Health Services that have three or less beds and giving consumer and family organisations the option to opt out of becoming PRIMHD compliant needs to be ratified initially by the executive steering group. As this has not occurred yet these organisations will need to be included until such time a decision has been made.
5. The Implementation Action Plan will be utilised as a 'living' document that evolves as tasks are identified and lessons learned are transferred with each roll out.
6. The PRIMHD Implementation Plan is approved by the Distribution List signatories.

Introduction

Background and Purpose

In 2005 the National Mental Health Information Strategy³ was released and in 2006 the national Mental Health Information Strategy Implementation Plan. The key objective identified from these documents is to ensure information that is gathered across the sector, is carried out in the most effective way to improve health outcomes for mental health consumers and to increase accountability for expenditure on mental health services⁴.

The PRIMHD⁵ project originated from this strategy; the project is broken down by stages:

- Stage One and Two
 - 21 DHBs and the larger Non-Government Organisations (NGOs) delivering mental health and addiction services
- Stage Three to Five
 - All other NGOs delivering mental health and addiction services

From May 2009 over half of the DHBs are reporting consistently and it is envisioned that nearly all of the DHBs will be reporting by the end of this year.

This Implementation Plan outlines how PRIMHD stages three to five will be implemented across the Midland region .

Objective

The objective is to have all NGOs and Primary Organisations (PHOs) in the Midland region that hold mental health contracts consistently and accurately reporting PRIMHD to the National Health Information System (NHIS) by the end of this eighteen month project.

PRIMHD reporting includes, but is not limited to the following:

- Access details (agency, team and service codes)
- NHI number
- Date of birth
- Gender
- Ethnic group
- Domicile code
- Referral details
- Service provided details (client activity)
- Diagnosis Details
- Legal status details
- Discharge details

NGOs and PHOs can report PRIMHD via the following options to the Directorate of the Ministry of Health:

- Submission of NGO data via a host agency (data management service)
- Submitting NGO data via the DHB
- Direct electronic reporting to the Ministry of Healths information Directorate or
- a web based form (an option best suited for the smaller organisations)

³ 2005, MoH: Mental Health Information Strategy

⁴ 2006, MoH: Mental Health Information Strategy Implementation Plan

⁵ PRIMHD – Programme for the Integration of Mental Health Data

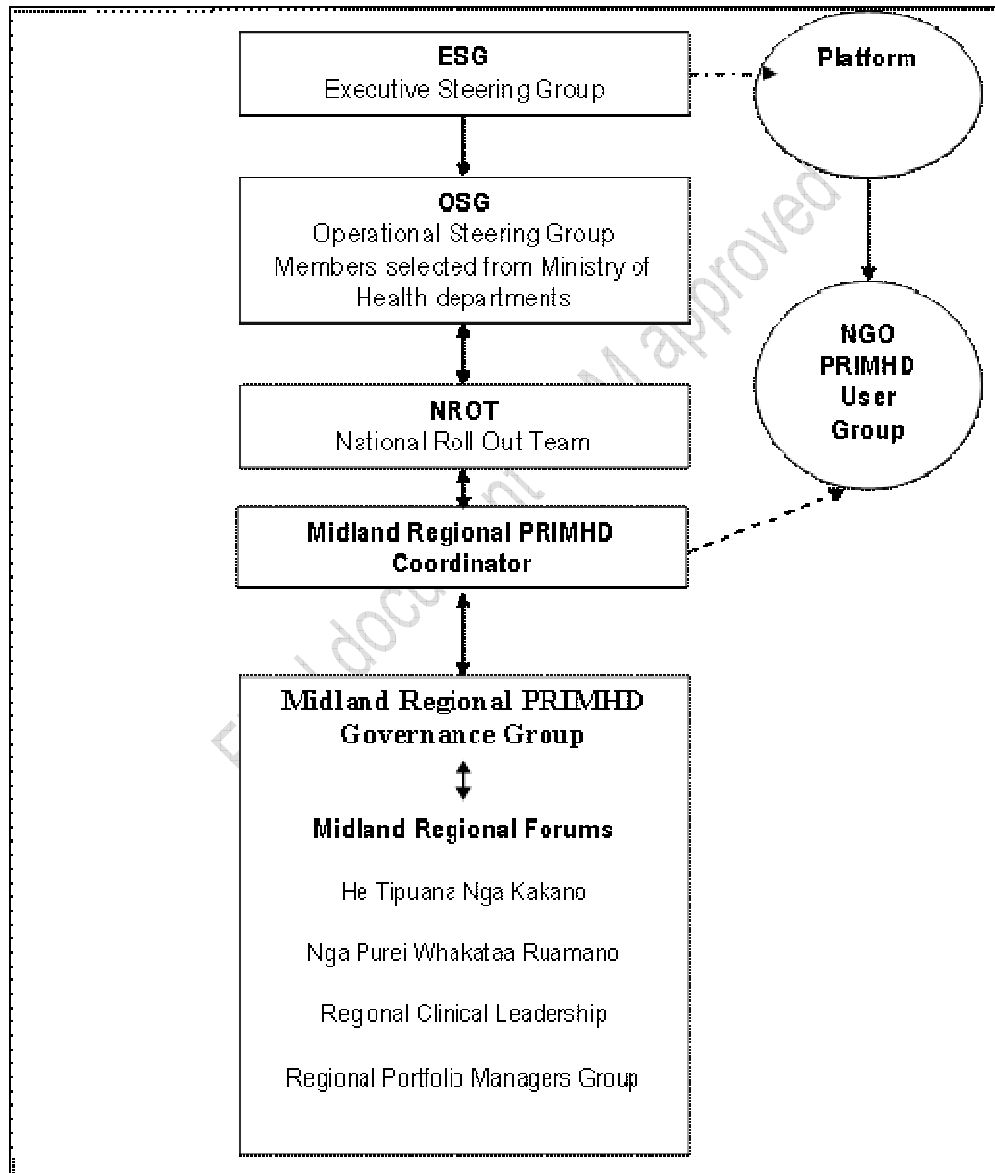
Communication Roles and Responsibilities

The key communication responsibilities are:

- Midland PRIMHD Coordinator
- Midland Regional Governance Group
- MoH National Roll Out Team
- Midland NGO Mental Health & Addiction Teams
- Local NGO PRIMHD User Groups

Key Project Linkages

PRIMHD Project National Implementation Structure



Executive Steering Group

This group is comprised of sector ministries members, shared service agencies and senior team managers. Arama Pirika and Tess Ahern are the Midland representatives. The ESG is chaired by the Director of Population Health who reports to Janice Wilson (Dr Janice Wilson, Deputy Director-General, Population Health Directorate).

National Roll Out Team

The national roll out team members are:

Project Leader for the Ministry of Health:	Bill Alp
Team advisor:	Monica Martin
NGO contact:	Jenny Hurunui-Angus
Business Analyst:	Tim Mepham

This team is mandate is to provide training and technical administration support to the PRIMHD Coordinators. In addition to nationally collating the updated information of PRIMHD implementation status of NGOs in stages 3 to 5 which in turn is reported to the Operational and Executive Steering Groups.

Platform

Platform is accountable to the Ministry of Health PRIMHD Executive Steering Group and responsible for convening, supporting and implementing actions from the NGO PRIMHD User Group. The NGO PRIMHD User Group are comprised of representatives from NGO regional governance groups and regional coordinators.

The PRIMHD NGO User Group exists to support a collaborative and coherent implementation of PRIMHD as it is extended to include contracted NGO mental health and addiction providers and to present a user perspective on the implementation of future benchmarking and utilisation of the data.

The linkage to the other groups are:

- Support the activity of the Ministry of Health PRIMHD national rollout team and regional coordination
- Provide support to the NGO PRIMHD project⁶

Midland PRIMHD Governance Group

The primary purpose of this group is to provide the leadership and direction for the implementation of PRIMHD within the Midland region. The Midland Region PRIMHD Coordinator will work in partnership with the NGO stage 3, 4 & 5 providers to ensure the successful completion of the project.

Membership

- Midland Regional PRIMHD Coordinator
- Planning and Funding representatives
- NGO provider Stage 1 & 2 representatives
- NGO provider Stage 3, 4 & 5 representatives
- Te Pou
- DHB PRIMHD Site Coordinators
- Consumer
- Midland Regional Director
- Other key stakeholders as determined by the PRIMHD Governance Group

⁶ PRIMHD Newsletter Issue 1 – link www.midlandmentalhealthnetwork.co.nz

Communication Planning

Project Goal

To ensure that all NGOs and PHOs in the Midland Region are consistently and accurately reporting PRIMHD to the Ministry of Health, Information Directorate within 18 months.

The Communication Objectives will work towards achieving the project goal.

Communication Objectives

- To ensure that all stage three to five NGOs understand the importance of becoming PRIMHD compliant
- To ensure that all stage three to five NGOs have a sound knowledge of the codes associated to their particular contract
- To encourage all the stage three to five NGOs identified as part of this project to have an implementation plan unique to their organisation
- To ensure that all the stage three to five NGOs have the appropriate policies in place to reflect PRIMHD documentation such as privacy, information sharing and ongoing quality assurance processes such as testing data collected is consistent and accurate in the event of the system not functioning and that new employees are trained in a timely manner
- To ensure that all stage three to five NGOs have the resources to be compliant with PRIMHD i.e. Training and IT capability
- To build and maintain good relationships with strategic partners and stakeholders to ensure coordination and consistency of messages regarding this project

Audiences

The Project will have many stakeholders that need to be communicated with to keep them informed of project development and implementation. These include but are not limited to the following:

- Midland GMs Planning and Funding – Lead DHB GM, Mary Smith, Lakes DHB
- Midland CEs via Midland GMs – Lead DHB CE, Cathy Cooney, Lakes DHB
- GMs Maori Health – Lead DHB GM, Phyllis Tangitu, Lakes DHB
- GMs/Service Managers/Mental Health and Addictions Clinical Directors
- Midland Regional Forums
- Planning and Funding Portfolio Managers Mental Health
- Midland Regional Network Team
- NGO & PHO Mental Health and Addictions Providers
- Ministry of Health PRIMHD National Roll Out Team
- Midland PRIMHD Governance Group
- Mental Health Commission
- Regional Iwi and Mana Whenua
- Midland Key Community Stakeholders
- National Organisations – Te Pou
- Local NGO PRIMHD User Groups

Risk/ Issues Register and Mitigation

Risk	Mitigation	Risk without Mitigation	Risk with Mitigation	Status ⁷
PRIMHD Project criticised for lack of consultation	Wide consultation ensuring key stakeholders informed Set up reference groups involving NGOs in each of the 5 regions	Med – High	Low	Yellow
Minimal sector buy in	Reference groups in each of the regions involve all organisations implementing PRIMHD	High	Low	Yellow
Time taken to conduct consultation pushes back delivery of PRIMHD and the ability to meet targets	Staged roll out gives opportunity to identify potential risks within a controlled process Presentation to each regional forum and to local key stakeholders	High	Low	Yellow
Minimal response to being PRIMHD compliant	Networking to share learnings from other DHB regions already up and running and to mitigate issues	High	Low	Green
Organisations not consistently and accurately reporting PRIMHD	Development of assessment and evaluation tool to review progress – information gathered formulates their individual implementation plan Robust process for ensuring all documentation is forwarded for data entry	High	Low	Yellow
Ongoing IT system issues – inability to meet reporting requirements and security	National issue – monitor impact of administration time with any manual data entry and around website access	High	Low	Red
NGO unable to extract data for reports via the web based system	Ensure NGO access to web-based reporting template Discuss at National PRIMHD Implementation Meeting 31 st August 2009 (technical support advice)	Med High	Low Med	Red Green
Resource costs not factored into budget provided by MoH. DHBs are likely to have to pick up ongoing costs of resourcing the project	Budget covers all contingencies Provision is made for NGOs who do not have ability to report electronically	High	High	Red

⁷ Status Code (Green complete) (Yellow in progress) (Red outstanding)

Risk	Mitigation	Risk without Mitigation	Risk with Mitigation	Status ⁷
NGOs nationally are not reporting codes generically	Follow set national business rules and guidelines (PRIMHD Coordinators skilled in required detail)	Med	Low	Red
Organisations indicated in the Portfolio Mangers prioritisations list are not able to report PRIMHD according to their priority consistently and accurately	Work alongside providers and portfolio managers to ensure they are fully informed about PRIMHD to be able to make the a decision on opting in or reporting to portfolio managers manually on agreed reporting structure	Med	Low	Red
Consumer and Family organisation can opt out of reporting PRIMHD as currently do not collect NHI numbers of client group (national exclusion)	Work alongside portfolio managers and providers to ensure that there is clear agreed reporting structure in place	Med	Low	Red
Elder Health organisations that have three or less beds are not required to be PRIMHD compliant (national exclusion)	Work alongside portfolio managers and providers that wish to opt in to reporting PRIMHD	Low	Low	Red
Residential organisations are prioritised first because of the size of the monetary amount attached to the contract. (Midland priority)	Work alongside Portfolio Managers to ensure that their priority list to reflect this	Low	Low	Green
The web based reporting template is consistently up and running – due to be back online by November 09	Ensure that updates on progress is received from the NROT	High	Med	Red
Travel duration is included in the reporting codes – work with organisations so they are able to collect this data	Ensure that this is reported to the Health Information System review of Codes via Platform NGO PRIMHD User Group	Low	Low	Green
Work with organisations so data collected monthly can be analysed for their own purposes	To work along side organisations to enable them to utilises the data collected can be used for their own purposes	Med	Med	Red
Cost of the router for organisations needs to be determined and funding sourced to ensure that data	To ensure that there is no additional costs to organisations opting to utilise the Web Portal system	High	Low	Yellow

Risk	Mitigation	Risk without Mitigation	Risk with Mitigation	Status ⁷
is secure when transferred to NHIS				Yellow
MoH to provide a list of patient management systems that are compliant with PRIMHD	To work along side the NROT to comprise a list of vendors	High	Low	
The Web Portal System is capable of collecting HoNOSCA data; this is required for NGOs that have clinical lead	To ensure that the NROT are informed that this is a requirement for NGOs that have clinical lead	High	Low	Red

Final document - GM approved

Communication Strategy

Group	Audience	Outcome	Key Messages	Methods	When	Lead and Support
Midland District Health Boards	Portfolio Managers in the 5 regions	<ol style="list-style-type: none"> To work on an agreed priority list of providers of mental health and addictions services for roll out Up to date on progress of the Project To ensure continued communication and interaction throughout consultation 	<ul style="list-style-type: none"> Committed to ensuring that the provider's prioritisations are compliant with PRIMHD reporting first Ensuring that the providers are reporting PRIMHD Key findings from the deliverables Profile all providers in region as prioritised by the PMgrs group 	<ul style="list-style-type: none"> Working alongside the PMgrs group and the PRIMHD Governance Group in the Midlands to agree on the order of work streams into achievable clusters Midlands Network website Interaction by email, phone or face to face as required Utilising an assessment tool 	<ul style="list-style-type: none"> By September 09 Ongoing monthly basis Website updates 	<ul style="list-style-type: none"> Coordinator to write up draft implementation plan and attach mapping document detailing providers in Midland region for discussion Midland Website is continuously updated on the progress of this project Vivienne Martin with support from the PRIMHD Regional Governance Group Compose a draft assessment indicating resources and capabilities of each organisation
Non-Government and Primary Health Organisations Mental Health and Providers	Managers, Clinicians, Support workers/Kai mahi and administrators of the organisations	<ol style="list-style-type: none"> Organisations are reporting consistently and accurately to the National Health Information System To ensure continued communication and interaction throughout consultation Set up reference groups comprised of stakeholders utilising PRIMHD in each of the 5 DHB regions Reporting consistent and accurate 	<ul style="list-style-type: none"> PRIMHD will benefit the organisation and they are required to become PRIMHD compliant if they hold a mental health or addictions contract Feedback on key findings of the reporting deliverables To ensure that the mode of reporting PRIMHD fits with the organisations capability To ensure that communication about PRIMHD is assimilated within the region. In addition to support each other through the process Develop robust data extract reporting mechanisms with each of the organisations that are linked to HISO standards in partnership with National Roll Out Team 	<ul style="list-style-type: none"> Working alongside each of the providers to write up an individual implementation plan that is unique to their organisation Ensure that feedback is delivered in a timely manner Ensuring they have face to face training as required Working with PMgrs to identify providers to be part of the local reference group Organisations have the appropriate policies and procedures in place to ensure quality assurance practices 	<ul style="list-style-type: none"> By December 09 for the first of the regions to be rolled out Ongoing by email, phone or face to face Initial face to face training after systems are in place and by phone or email Within each phase of the roll out of regions 	<ul style="list-style-type: none"> Vivienne Martin to implement with support from the PRIMHD Regional Governance Group Vivienne Martin to implement with support from the PRIMHD Regional Governance Group

Group	Audience	Outcome	Key Messages	Methods	When	Lead and Support
MoH, National Roll Out Team, PM Managers Group and Regional Governance Group		<ol style="list-style-type: none"> To ensure alignment with any national strategies and developments on the future direction of PRIMHD To provide draft communication plan for discussion 	<ul style="list-style-type: none"> Progress against the project Key finding from the mapping document Incorporate the views of Midlands regions PMgrs 	<ul style="list-style-type: none"> Website updates – Quarterly report of progress Draft Communication Plan 	<ul style="list-style-type: none"> Monthly By 31st August 2009 	Vivienne Martin to implement with support from the Regional Governance Group
Lakes District Health Board	CE of the Lead Midland DHB for Mental Health and Addictions	<ol style="list-style-type: none"> To ensure a clear understanding of the developments, and key messages of the project 	<ul style="list-style-type: none"> Progress against key deliverables To include key findings on the work undertaken Ability to be involved in consultation and interaction as necessary As above 	<ul style="list-style-type: none"> Through monthly reporting 	<ul style="list-style-type: none"> Beginning end of July 2009 and monthly thereafter Posted on website 	Vivienne Martin PRIMHD Coordinator
	Midland Regional Director, Mental Health and Addictions – Service Development	<ul style="list-style-type: none"> As above 		<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above 	Vivienne Martin PRIMHD Coordinator

Final document - GM approved

Implementation Action Plan

Objective	Action	Action details	Expected time frame for completion
Build up knowledge of the sector	<ul style="list-style-type: none"> ▪ Identify the providers in their region and the order of roll out ▪ Information on Providers and their contracts ▪ Communicate about PRIMHD to the sector 	<ul style="list-style-type: none"> ▪ To meet face to face with all the Portfolio Managers within the regions to gather information on providers in their region and the order of priority for roll out (level 3 to 5) ▪ Gain regional access to the Health Information Network (HIN) ▪ Email the prioritisation list to Portfolio Manager to include contract details and person to contact ▪ Presentation on PRIMHD delivered allowing time for discussion ▪ Meet with Portfolio Managers prior to working with the providers in that region ▪ Follow up providers in the region ▪ Road shows to providers in the region ▪ Set up reference groups in each of the regions 	<ul style="list-style-type: none"> ▪ By 7th August 2009 ▪ Partially completed ▪ 13th August 2009
	<ul style="list-style-type: none"> ▪ Documentation requirements 	<ul style="list-style-type: none"> ▪ Contact Tui Ora to find out the documentation changes that were made to be compliant with PRIMHD reporting ▪ Write up a draft implementation plan ▪ Attach completed Prioritisation plan to the draft Implementation plan ▪ Write up an assessment tool to understand individual providers resources and capabilities ▪ Devise a draft implementation template for individual providers ▪ Write up an evaluation tool 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Once rollout commences in the region ▪ Once rollout commences in the region ▪ Prior to commencing rollout in the region ▪ Prior to commencing rollout in the region ▪ End of August 2009 ▪ 20th August 2009 ▪ 27th August 2009 ▪ 27th August 2009
	<ul style="list-style-type: none"> ▪ Gain knowledge about PRIMHD 	<ul style="list-style-type: none"> ▪ Liaise with Tui Ora, Richard Woodcock, Richard Jeffcoat, Tony Griffins, Monica Martin and Jenny Hurunui-Angus ▪ Read documents pertaining to PRIMHD – Mental Health Information Strategy – NGOIT report and look up websites pertaining information PRIMHD – HIS – MoH – Te Pou ▪ Familiarisation with the different ways of reporting PRIMHD – different types of data basis and MoH web portal ▪ Familiarisation with the different codes for reporting PRIMHD and obtain a copy of the data dictionary ▪ Familiarise with different types of VPN systems and their costs for transiting data on a secure net ▪ Test MoH web portal 	<ul style="list-style-type: none"> ▪ End of August 2009 ▪ End of August ▪ End of September ▪ 13th August 2009 ▪ 18th August 2009 ▪ Depending on readiness of MoH

Objective	Action	Action details	Expected time frame for completion
Other Projects	<ul style="list-style-type: none"> ▪ Linked to PRIMHD ▪ Midland Regional Governance group ▪ MoH ▪ Local reference groups ▪ Midland Regional Team ▪ Midland Regional forums ▪ Midland Regional Portfolio Managers 	<ul style="list-style-type: none"> ▪ Understand the other frameworks that might impact on PRIMHD such as the KPI and the National Service Specification project ▪ Monthly reports placed on the website. Face to face or teleconference meetings on a 3 monthly basis - depending on the need ▪ Quarterly reports, emails and phone contact with Monica Martin and Jenny Hurunui-Angus – to be decided ▪ Face to face contact or via teleconferencing on a monthly basis ▪ Weekly face to face team meetings in Rotorua ▪ Updates provided quarterly ▪ Regular contact via face to face, emails and teleconferencing 	<ul style="list-style-type: none"> ▪ End of September ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing
Steps to take within each region	<ul style="list-style-type: none"> ▪ Portfolio Managers and providers in the region 	<ul style="list-style-type: none"> ▪ Meet Portfolio Managers to establish local reference groups comprised of roll out stakeholders within that district and indicate an appropriate chair for the group ▪ Work with the reference group to write up Terms of Reference ▪ Meet individual providers to complete the Provider Capability Assessment Tool and PRIMHD Mapping Tool ▪ Ascertain technical support requirements of each provider ▪ Work alongside each of the appointed persons to write up an agreed implementation plan ▪ Implement plan – Training, IT resources, documentation with time frames ▪ Documentation for ongoing compliance with reporting PRIMHD – Quality assurances processes i.e. Super users in the organisations ▪ Regular face to face meetings with provider or by email and/or phone to ascertain progress ▪ Evaluate after 3 months of consistent reporting 	<ul style="list-style-type: none"> ▪ Depending on the readiness of MoH ▪ Prior to roll out within that region ▪ At the first meeting held ▪ Once PRIMHD is being rolled out ▪ Obtain if assessment has indicated provider requires support ▪ Once the assessment has been completed ▪ Ongoing ▪ After 3 months of consistent reporting

Recommendations

1. The project will be launched in the following order to ensure a focused approach:
 - a. Taranaki
 - b. Tairāwhiti
 - c. Lakes
 - d. Bay of Plenty
 - e. Waikato

The rationale for launching the above order for the roll out of PRIMHD is that the Taranaki region has the smallest amount of providers yet to become PRIMHD compliant and was one of the districts selected to be part of the national pilot. Therefore the lessons learnt from rolling out in this district will be valuable to rolling out to the rest of the region.

2. Roll out for the NGOs within the attached prioritisation list (appendix 1) will be implemented beginning with Stage 3 providers from each region, followed by stages 4 then 5 i.e. all Stage 3 NGOs within Taranaki region will be implemented followed by Tairāwhiti, Lakes BOP and then Waikato. On completion of Stage 3 NGOs Stage 4 will commence followed by Stage 5.
3. The Waikato district mandate is to have all the providers compliant with PRIMHD including consumer and family organisations. Initial priority is all Alcohol & Drug and Child and Youth Mental Health Services to be rolled out first as these have the highest impact on access rates for the region.
4. The national decision to exempt Elder Health Services that have three or less beds and giving consumer and family organisations the option to opt out of becoming PRIMHD compliant needs to be further discussed with the Midland Governance Group to ascertain the full cost of these services across the Midland region.
5. The Implementation Action Plan will be utilised as a 'living' document that evolves as tasks are identified and lessons learned are transferred with each roll out.
6. The PRIMHD Implementation Plan is approved by the Distribution List signatories.

Appendix 1

NGO & PHO Provider Prioritisation List

Stage Three, Four, and Five NGOs by regions	Proposed priority (3 being next off the block, 5 being last when lessons have been learned)	Contract by region
Linkage Trust	3	Taranaki
Ngati Ruanui Health Services	3	Taranaki
Schizophrenia Fellowship	3	Taranaki
Ngati Porou Hauora Incorporated	3	Tairawhiti
Schizophrenia Fellowship - Tairawhiti Branch Inc. 245326	3	Tairawhiti
Te Kupenga Net Trust	3	Tairawhiti
e Hauora O Turanganui A Kiwa Limited	4	Tairawhiti

Stage Three, Four, and Five NGOs by regions	Proposed priority (3 being next off the block, 5 being last when lessons have been learned)	Contract by region
Vanessa Lowndes Employment Service Turanga Trust	4	Tairawhiti
Creative Space - Gisborne Charitable Trust	5	Tairawhiti
Braemore Ltd	3	Lakes
Bainbridge House Charitable Trust	3	Lakes
Logan & Roberts Limited t/a Mangakino Country Lodge	3	Lakes
Pretoria Lodge Limited	3	Lakes
Te Aroha O Hinemaru Trust	3	Lakes
The Karldon Trust	3	Lakes

Stage Three, Four, and Five NGOs by regions	Proposed priority (3 being next off the block, 5 being last when lessons have been learned)	Contract by region
Te Utuhina Manaakitanga Trust	3	Lakes
Contact Trust (Beverly House)	4	Lakes
Drug and Alcohol Support Taupo Trust Trading as- Addiction Resource Centre - ARC	4	Lakes
Te Runanga O Ngati Pikiao Trust	4	Lakes
Te Whare Hauora o Ngongotaha Trust	4	Lakes
Tuwharetoa Health Services Limited	4	Lakes
Independent Living Choices Limited	5	Lakes
Mana Mental Health Services Limited	5	Lakes
Post Natal Therapy Service Limited	5	Lakes
Psychology Consultants Limited	5	Lakes

Stage Three, Four, and Five NGOs by regions	Proposed priority (3 being next off the block, 5 being last when lessons have been learned)	Contract by region
Schizophrenia Fellowship	5	Lakes
Deo Gratias Trust	3	BOP
Poutiri Charitable Trust	3	BOP
Rau O Te Huia Trust	3	BOP
Vincent House Trust	3	BOP
Madison Centre	3	BOP
Youth Horizons	3	BOP
t/as Hanmer Clinic Tauranga Hanmer Charitable Trust	3	BOP
Te Tomika Trust	3	BOP
Te Ika Whenua Hauora	3	BOP
Whakatohea Trust Board	3	BOP

Stage Three, Four, and Five NGOs by regions	Proposed priority (3 being next off the block, 5 being last when lessons have been learned)	Contract by region
t/a Tuhoe Hauora Trust Rakeiwhenua Trust	3	BOP
Te Manu Toroa Trust	3	BOP
Alzheimer's Society	4	BOP
Get Smart Tauranga Trust	4	BOP
Nga Mataapuna Oranga PHO	4	BOP
Outrigger Trading Company Limited	4	BOP
The Salvation Army Tauranga	4	BOP
Turning Point Trust	4	BOP
Western Bay Of Plenty Mental Health Trust	4	BOP
EBAT Charitable Trust t/a Pou Whakaaro	4	BOP
Maketu Health & Health Social Services Trust	4	BOP

Stage Three, Four, and Five NGOs by regions	Proposed priority (3 being next off the block, 5 being last when lessons have been learned)	Contract by region
Tuwharetoa Ki Kawerau Hauora Trust	4	BOP
Ngati Awa Social and Health Services Trust	4	BOP
Poupoua Trust	4	BOP
Te Toi Huarewa	4	BOP
Ngati Kahu	4	BOP
Te Runanga O Ngai tamawhariua	4	BOP
Ngati Ranginui Iwi Society Inc	5	BOP
Consumer Action Network Trust	5	BOP
Grief Support Services Incorporated	5	BOP
Nga Kakano Foundation	5	BOP
The Ngaiterangi Iwi Incorporated Society	5	BOP
Toughlove Tauranga/Coastal BOP incorporated	5	BOP

Stage Three, Four, and Five NGOs by regions	Proposed priority (3 being next off the block, 5 being last when lessons have been learned)	Contract by region
Whaioranga Trust	5	BOP
Te Ika Whenua Counselling Services Trust	5	BOP
Te Tapenakara Mo te Iwi Charitable Trust	5	BOP
Eastern BOP Supporting Families	5	BOP
Eastern Bay of Bay Plenty Consumer Advisory Group Trust - Tutei O Te Hau a kiwa	5	BOP
The Onekawa Taiohi Charitable Trust	5	BOP
Te Runanga O Te Whanau Charitable Trust	5	BOP
Tirohia Te Kopere Trust	5	BOP
Tuhoe Matauranga Trust	5	BOP
Alcohol & Drug Community Support Trust	3	Waikato
Rostrevor House Inc	3	Waikato

Stage Three, Four, and Five NGOs by regions	Proposed priority (3 being next off the block, 5 being last when lessons have been learned)	Contract by region
Youth Horizons Trust	3	Waikato
Raukawa Trust Board t/a Ruakawa Health	3	Waikato
Kaute Pasifika -Waikato Pasifika Health Trust	3	Waikato
Te Korowai Hauora O Hauraki Incorporated	3	Waikato
Under Ngati Maniapoto Marae pact Trust Board	3	Waikato
Te Rohe Potae o Rereahu Charitable Trust	3	Waikato
Taumarunui Community Kokiri Trust	3	Waikato
Maniapoto Maori Trust Board	3	Waikato
Pai Ake Solutions	3	Waikato
Waikato Alcohol & Drug Addiction Counselling Centre (Hanmer Clinic)	3	Waikato
Care NZ Limited	3	Waikato
Waahi Whaanui Trust	3	Waikato

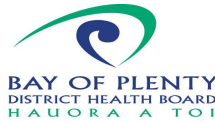
Stage Three, Four, and Five NGOs by regions	Proposed priority (3 being next off the block, 5 being last when lessons have been learned)	Contract by region
Pacific Peoples Addiction Services	3	Waikato
Northern King Country Drug & Alcohol Counselling	3	Waikato
Cambridge Community Agencies Network Charitable Trust	3	Waikato
Webhealth - Linkage Trust	3	Waikato
Progress to Health	3	Waikato
Ballymena Properties	4	Waikato
Manaaki Trust	4	Waikato
Te Awhi Whanau Charitable Trust	4	Waikato
Centre 401 Trust	5	Waikato
Family & Cargiver support Inc	5	Waikato
Guardian Life	5	Waikato
People Relying on People Inc	5	Waikato

Stage Three, Four, and Five NGOs by regions	Proposed priority (3 being next off the block, 5 being last when lessons have been learned)	Contract by region
Stepping Out Hauraki Inc	5	Waikato
Schizophrenia Fellowship	5	Waikato
The Waikato Clinical Psychology Educational Trust	5	Waikato

Final document - GM approved

Appendix 2

Providers Capabilities assessment tool



Provider Capability Assessment Tool (Draft)

Providers name:

Head office

address:

Contact person

e-mail

Mobile:

Additional contact person

e-mail

Mobile:

Branches/
residential /service
physical address

Address 1

Address 2

Address 3

Address 4

Designation:

Phone:

Fax:

Designation

Phone:

Fax:

Contracts Held:

Contract
renew
date

Type of Service
delivered:

Volume of clients
per year/ per month
Number contracted
FTEs

Referral type (self
referral, GP, DHB)
Number of teams (1
clinical team, 1 non-
clinical

Number of Staff

Record of data
currently collected

Client details

Manual

Electronic

By:

Client activity

Manual

Electronic

By:

Assessment / care plan

Manual

Outcome measures assessment tools used. – Electronic By:
 Group contact list of Manual
 attendance Electronic By:

NHI record collected from GP referral Yes No
 DHB referral Yes No
 NGO referral Yes No
 MoH system Yes No

Patient Management System (type) PRIMHD capable
 If no best options: Excel, Access database
 Word
 Other
 Yes No

Current reporting: MoH (Healthpac)
 DHB specific reporting
 Work and Income
 Ministry of Social Development
 Other

Information collated and sent – by whom
 500MB 1GB 3GB Larger

Broadband Data allowance
 Access to Yes No Explorer 7 Explorer 8

Technical support
 If No: type of technical support required
 Number of staff with computer skills
 No knowledge basic knowledge
 inputting data experienced

Super user available (name)
 Readiness to implement

Other information