Regional and district integration of ACP systems

What: Establishment of structures in the South Island (SI) to support the consistent integration, progress and communication of national ACP systems, policy and structure at a regional and district level

Why/rationale:

- Each DHB is at varying stages of progress, but all are grappling with similar issues.
- Consumers need consistency; they 'assume' that health system information/systems/ processes 'talk to each other'.
- There is considerable expertise to ensure the scale and pace of progress in the SI region provides the best 'bang for buck' and strengthens integration across the region and within each district.

Who: South Island region

Benefits/value added:

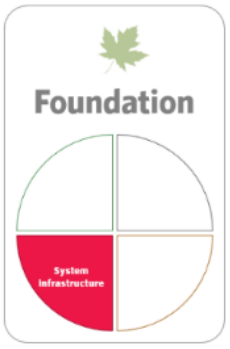
- This structure (with identified roles) forms the key contact for regional work, supporting regional development and local progress in a joined-up manner.

Risks/challenges:

- DHBs are unable to form a fully represented leadership team.
- DHBs do not have an ACP L2 lead or ACP Coordinator.

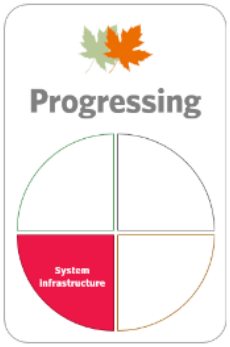
Steps: How this looked on the ground

Foundation



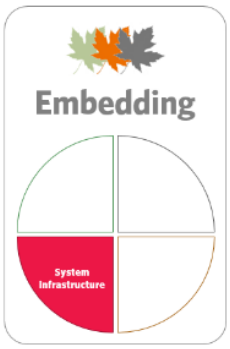
1. Encouraged each DHB to form an ACP 'Leadership Team' for discussion/networking/planning in their DHB (see framework), consisting of:
   - ACP Clinical Lead
   - Portfolio Manager
   - ACP L2 lead **or** ACP Co-ordinator.
2. Created a terms of reference for the regional group.
3. Held minimum of four regional meetings per year (email updates in between).
4. Proposed meeting agenda topics:
   - supporting national ACP education (eg, update on dates for upcoming courses, levels of applicants)
   - national resources (review, use of, utilisation etc.)
   - electronic ACP (progress across the region, highlight queries/barriers)
   - ACP developments within each district (pilots, projects, ideas like Medical Care Guidance, use of ACP in ARC etc.)
   - conversations that count / ACP day (support national work, consider what will be done as a region)
   - any other business.

Progressing



1. Discussed regional agenda items at the district meetings and gave relevant feedback from the districts to the regional group and the national team.
2. The network became the established platform for dissemination of ACP information throughout the region (eg, communications from the Health Quality & Safety Commission team regarding reordering of ACP resources, request for feedback on the ACP pamphlet from clinicians and consumers, support for the regional ACP).

Embedding



1. National team mirrors the process and links with regional teams.
2. South Island health leaders use information gleaned from the regional network to inform ACP funding allocation.

Outcomes to date:

SI ACP team broadly keep up to date with progress across the region and national developments.

Future opportunities:

Four regions have discussions with the National ACP team, which might include:

- discussing/agreeing progress to achieve a broadly consistent system across New Zealand
- considering DHB issues / barriers and check for solutions from another region
- prioritising and setting pace by each region (adheres to co-design principles)
- ensuring national output is fit for purpose (right project, right time, right place, right pace)
- strengthening networking to support the overall ACP programme
- informing and supporting ACP national contract renegotiation from the ground up and with support by those involved ‘on the ground’
- linking with key influencers in a DHB
- suggesting monthly meetings (have a summary ‘key messages’ one-page newsletter each meeting, and circulate in the network).

Read the Proposal for regional and district ACP integration.