

Hutt Valley System Level Measures Improvement Plan 2016/17



Table of Contents

Introduction	3
Signatories.....	7
Ambulatory Sensitive Hospitalisation rates for 0-4 Year Olds – ‘Keeping children out of hospital’.....	8
Acute Hospital Bed Days per Capita – ‘Using health resources effectively’	10
Patient Experience of Care – ‘Patient-centred care’	12
Amenable Mortality Rates –‘Prevention and early detection’	14

Introduction

System Level Measures Framework

The Ministry of Health has introduced a System Level Measures Framework (SLMF) that has been developed with a system-wide view of performance. The System Level Measures (SLMs) will be financially incentivised with 25% of PHO funding at risk based on Quarter 4 2016/17 performance. The DHB, PHOs and alliances are expected to drive the implementation of the SLMF through the development of local improvement plans.

The four SLMs being implemented from 1 July 2016 are:

- Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0-4 year olds
- Acute hospital bed days per capita
- Patient experience of care
- Amenable mortality rates under 75 years.

The two SLMs being developed in 2016/17 for implementation in 2017/18:

- Proportion of babies who live in a smoke-free household at six weeks post natal
- Youth access to and utilisation of youth-appropriate health services.

In 2016/17, 25 percent performance payment will be used to incentivise the following three SLMs and two primary care Health Targets (equal weighting for each of the five measures) through the Primary Health Organisation (PHO) Services Agreement in 2016/17:

- Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0-4 year olds
- Acute hospital bed days per capita
- Patient experience of care
- Better help for smokers to quit:
 - 90 percent¹ of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.
- Increased immunisation for eight month olds:
 - 95 percent² of eight months olds will have their primary course of immunisation - six weeks, three months and five months immunisation events - on time.

System Level Measures Improvement Plan

Hutt Valley District Health Board has committed to work in partnership to jointly develop and agree a Hutt Valley 2016/17 Improvement Plan with the local Alliance Leadership Team (ALT) Hutt INC. The Improvement Plan will be submitted to the Ministry of Health by 20 October 2016² and will drive the implementation of the SLMF in the Hutt Valley.

The improvement plan includes:

- Improvement Milestones for each of the four SLMs
- A set of contributory measures for each SLM
- Stakeholders involved in the development, agree to and sign the improvement plan (DHB and PHO at a minimum).

¹ Targets for Health Targets are set nationally.

² The Ministry of Health will provide feedback on the Q1 submitted Improvement Plan with suggestions and/or required changes. Reworked Improvement Plans must be submitted by 20 November 2016 with final Ministry assessment to be provided back by the end of November 2016.

Each DHB is also required to have local detailed Improvement Plan material that includes:

- Activities to meet the Improvement Milestones for SLMs and goals for selected contributory measures
- An investment logic, including the above activities and key stakeholder contributions (dollars or resource)
- A local reporting and accountability framework.

This is not required to be submitted to the Ministry of Health but must be made available on request.

Hutt Valley Improvement Plan development

Hutt INC has provided oversight to the development and implementation of the SLMF for 2016/17 in the Hutt Valley. A working group including the alliancing partners and wider health system members was established to review the System Level Measures (SLMs) and Contributory Measures (CMs) data and to develop the Improvement Plan.

Four working group meetings have been held and wider consultation with key members of the Hutt Valley Health System has been completed. The draft plan was endorsed by Hutt INC at the September 2016 meeting. The working group then approved the final Improvement Plan in October based on preliminary Ministry feedback. The information in this Hutt Valley Improvement Plan is based on the Hutt Integrated Network of Care 2016/17 Work Programme.

As part of the development of this improvement plan, the Hutt INC reporting frameworks including the outcomes dashboard, programme logic and work plan matrix have been revised to ensure these accurately reflect the integration work programme and align with the SLMs, contributory measures and improvement plan.

Hutt Valley Context

Integration Work Programme

The Alliance Leadership Team Hutt INC governs the integration work programme in the Hutt Valley. The integration work programme is led through our local Clinical Networks (Acute Demand, Child Health and Long Term Conditions), 3DHB Service Level Alliances (Health Pathways and Information Management) and other relevant groups (Falls Management, Palliative Care, Advanced Care Planning and Primary Care Sustainability).

Our local Networks were established in 2015 with clinicians, managers and consumers across the Hutt Valley Health System. Part of their establishment involved reviewing the relevant local data to understand and prioritise key areas to progress integration work. Over the last 18 months, work has gone into understanding our health needs, determining what is working and what needs improving, and designing solutions that will improve health outcomes in our district. The Networks are now focused on implementing their work programmes that includes a mix of quality improvement and system wide model of care changes.

The integration work programme aligns well with the MoH System Level Measures Framework and we anticipate improvements in these SLMs in 17/18 and beyond following the implementation of the Network work programmes.

As part of the development of the SLMF improvement plan, Hutt INC has also had the opportunity to review the relevant data and identify future priority areas for the integration work programme. This will be used to inform our 17/18 integration annual planning.

There are programmes of work outside the integration work programme that may also contribute to improvements in the SLMs. These have been noted in the detailed improvement plan logic for Hutt INCs information.

The integration work programme is focused on transforming the prevention and management of Long Term Conditions (LTCs), Child Health, Older Persons Health and Acute Demand across the Hutt Valley Health System. The interventions in our work programme are intended to bring about system wide changes that are likely to impact on more than one CM and SLM over a longer period of time.

The integration work programme for 16/17 includes:

- Implementing the asthma quality improvement programme to improve childhood asthma management and inhaler prescribing throughout general practices in the Hutt Valley;
- Implementing our respiratory work programme over the next 18 months based on the respiratory patient journey project recommendations (phase 1 recommendations include: review and localise respiratory clinical health pathways for primary care, implement consistent respiratory guidelines and protocols across secondary services, develop and implement a community based pulmonary rehabilitation programme targeted to Maori and Pacific, develop and implement a specialist support for primary care model targeted to practices with the greatest respiratory need);
- Implementing primary care access to acute SMO advice and developing case collaboration models to improve primary and secondary clinical integration;
- Localising clinical health pathways to support consistent management in primary care;
- Promoting the local patient information website Health Navigator and targeting self management programmes to improve access and support health literacy and self management in the community;
- Implementing the primary care LTC programme that focusses on developing practice plans to improve the management of patients with complex long term conditions;
- Identifying and implementing improvements in diabetes management including targeting specialist support to practices and populations with the greatest need;
- On-going support for primary care to achieve the health targets (including: immunisation, better help for smokers to quit, CVD risk assessments and childhood obesity);
- Reviewing and developing options for an acute and sustainable primary care model in the Hutt Valley;
- Implementing the primary care sustainability model to improve capability and capacity in 5 general practices;
- Evaluating our current winter plan and developing an integrated winter plan for 2017 to address the increased demand experienced over the winter period;
- Expanding the range of Primary Options for Acute Care (POAC) packages to enable acute conditions to be managed in the community;
- Continuing and developing the PACC role to support hospital avoidance;
- Developing an enhanced supported discharge model to support rehabilitation in the community;
- Implementing projects in Advanced Care Planning (ACP) and Palliative Care to improve end of life care;
- Developing a falls management model to prevent and manage older people at risk of falls and fragility;
- Implementing information management integration enablers (including patient portal).

SLM milestone target rationale

Improving our **ASH rate in 0-4years** and reducing the ethnic disparities for our Maori and Pacific children remains a key priority for the Hutt Valley Health System. As mentioned above, our work programme is focused on transforming our Child Health Model through work in primary and secondary integration, asthma quality improvement, respiratory work programme, health targets and developing a sustainable acute primary care model. Each of these will contribute to improving the management of ASH conditions in the 0-4 age group.

However, we anticipate that improvements in the ASH rate in 0-4 years will not be observed in 2016/17. This is because the focus over the past 12 months has been completing the review of these services to identify priority service improvements and reconfigurations, and we are currently at the stage of implementing key projects (especially in respiratory) from November 2016. These will not have been implemented in time to make a noticeable difference in the 2016/17 financial year. For this reason our improvement plan target aims to ***maintain*** our baseline (15/16) ASH rates in 0-4 years for 16/17 with a plan to set a more ambitious target (a reduction in ASH) for 2017/18.

Given our recent improvements in reducing **acute bed days** as a result of targeted service improvement initiatives in general medicine, and our on-going focus on transforming our acute care model, our improvement plan target aims to ***maintain*** this performance for 16/17.

Given the results of our Inpatient **patient experience of care survey** scores, our improvement plan target aims to ***maintain*** this performance for 16/17 and to implement the Primary Care patient experience of care survey in Hutt Valley general practices.

Continuing to reduce **amenable mortality rate** and reducing the ethnic disparities for our Maori and Pacific people also remains a priority for the Hutt Valley Health System. We have made steady improvements in this SLM until 2013 when we observed a slight increase in amenable mortality.

As mentioned above, our work programme focuses on prevention and improving the management of illness and LTCs (e.g. LTC programme, respiratory work programme, diabetes improvements, health targets, self management work and falls management model). None of these initiatives however, have short term impact on amenable mortality rates.

Again we anticipate that changes in this SLM will not be observed in 2016/17. Service improvements may take many years to impact on amenable mortality rates and there is also a delay in the availability of this data. For this reason our improvement plan target aims to ***maintain*** our baseline (15/16) amenable mortality rates for 16/17 with a plan to potentially set a more ambitious target in future years.

Improvement Plan endorsement and signatories

The Alliance Leadership Team and the alliancing partners have been jointly involved in the development of the Hutt Valley System Level Measures Improvement Plan and endorse and agree to this plan.

Hutt Valley DHB

Ashley Bloomfield, Chief Executive



Hutt Integrated Network of Care

Lise Kljakovic, Chair



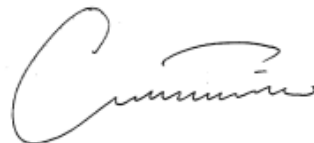
Te Awakairangi Health Network

Bridget Allan, Chief Executive



Cosine Primary Care Network Trust

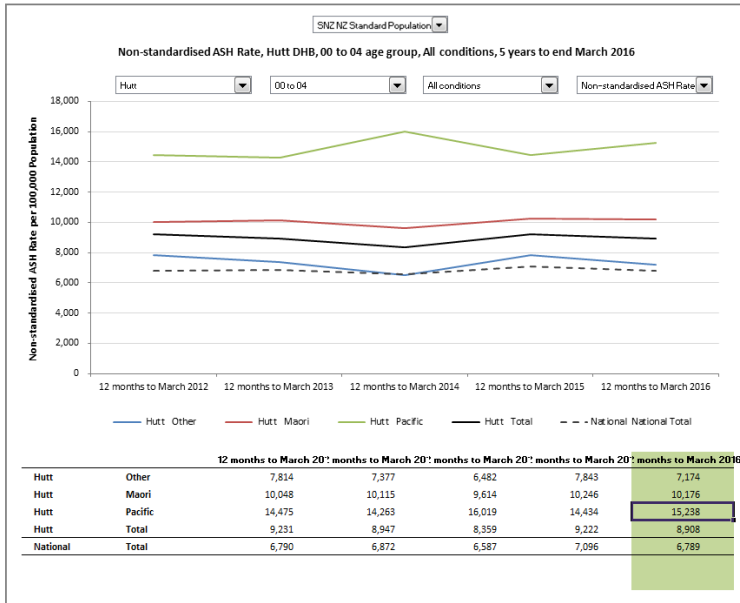
Chris Masters, Clinical Director and Trustee



Ambulatory Sensitive Hospitalisation rates for 0-4 Year Olds – ‘Keeping children out of hospital’

Baseline Information:

SI 1: Ambulatory Sensitive Hospitalisations (ASH)



Summary of ASH rates in 0-4 year olds in the Hutt Valley

ASH in 0-4 (rate and number of events)

- Higher than national average.

ASH rates in 0-4 by ethnicity

- Disparities exist with higher ASH rates for Pacific and Maori.
- Pacific rates remain the highest with a slight increase in the recent quarter.

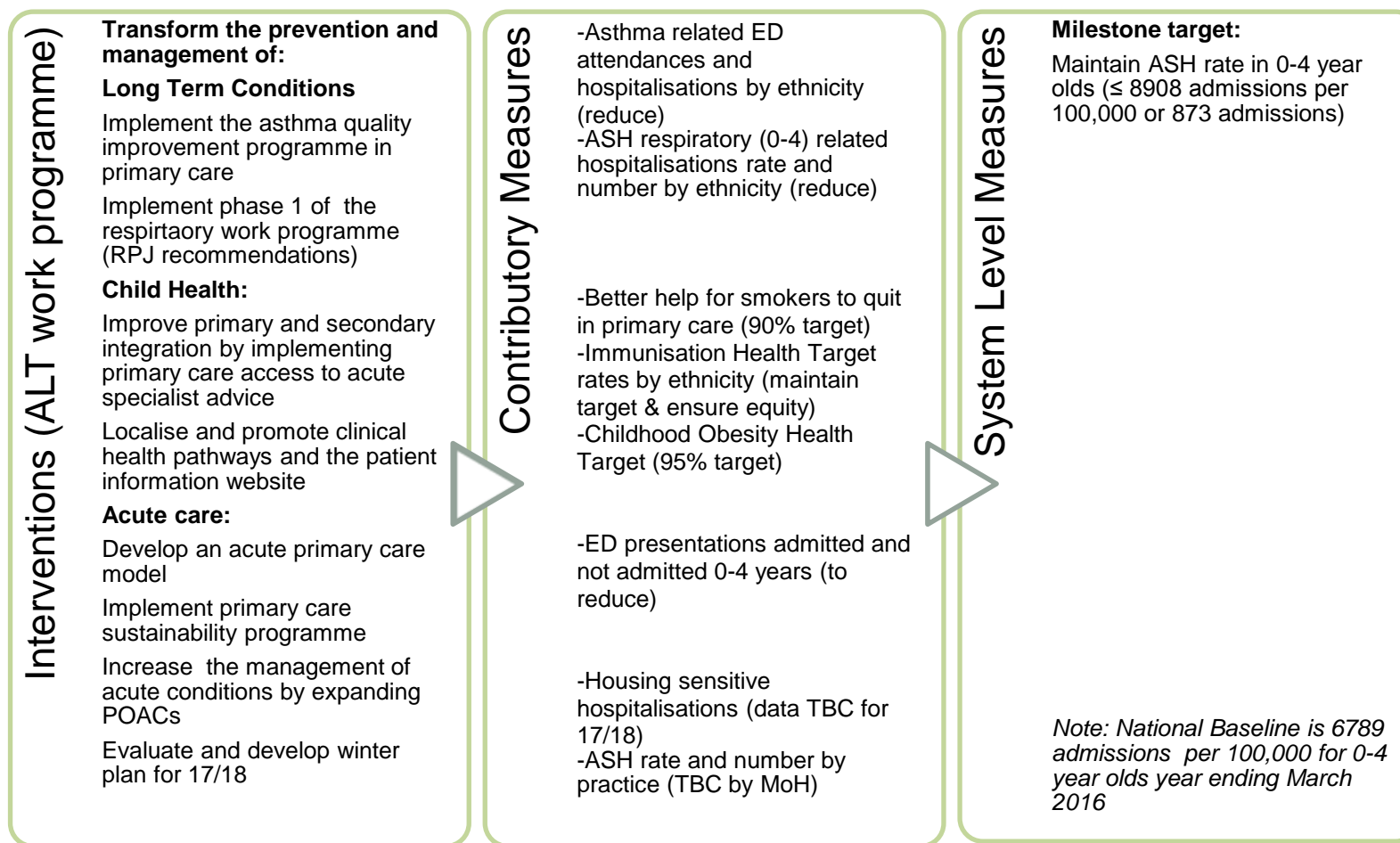
ASH rate 0-4 by top 10 condition:

- Top ASH conditions include: respiratory (URTI, pneumonia, asthma), dental, gastro/dehydration and cellulitis.

Improvement Milestone Target

ASH SLM Key Improvement Milestone	Target by end of Q4
Hutt Valley total 0-4 years ASH rate per 100,000	<p>≤ Current baseline (8,908).</p> <p>Note: reducing ASH and ethnic disparities is a priority for the Hutt Valley Health System. This target is to maintain baseline for 16/17 with a lower improvement target value planned for 17/18.</p>

ASH 0-4 Improvement Plan logic³



³Please see context section, annual plan and integration work programme for further details on 16/17 interventions.

Other Hutt Valley Health System Programmes:

Dental service improvement work and data matching with PHO; RPH Well homes service; HVDHB Obesity prevention and management plan, Maori Health plan focus on reducing ASH including a focus on skin infections and oral health, Pacific Action Plan focus on reducing ASH and supporting work in child health & community health literacy.

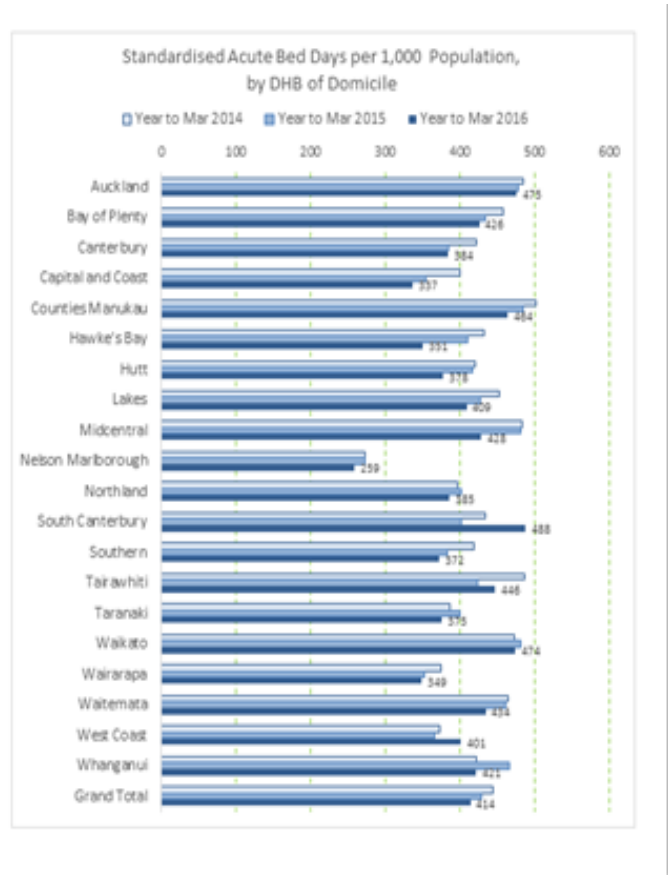
Future priority areas

Further work to understand and address the higher and recent increase in Pacific ASH rates, ongoing targeted work for Maori, Pacific and those living in high deprivation, further investigation of dental (higher hospital admissions, lower enrolment with oral health service, lower caries free at 5 years and ethnic disparities), further investigation of breastfeeding rates (lower with disparities for Maori and high deprivation)

Acute Hospital Bed Days per Capita – ‘Using health resources effectively’

Baseline Information

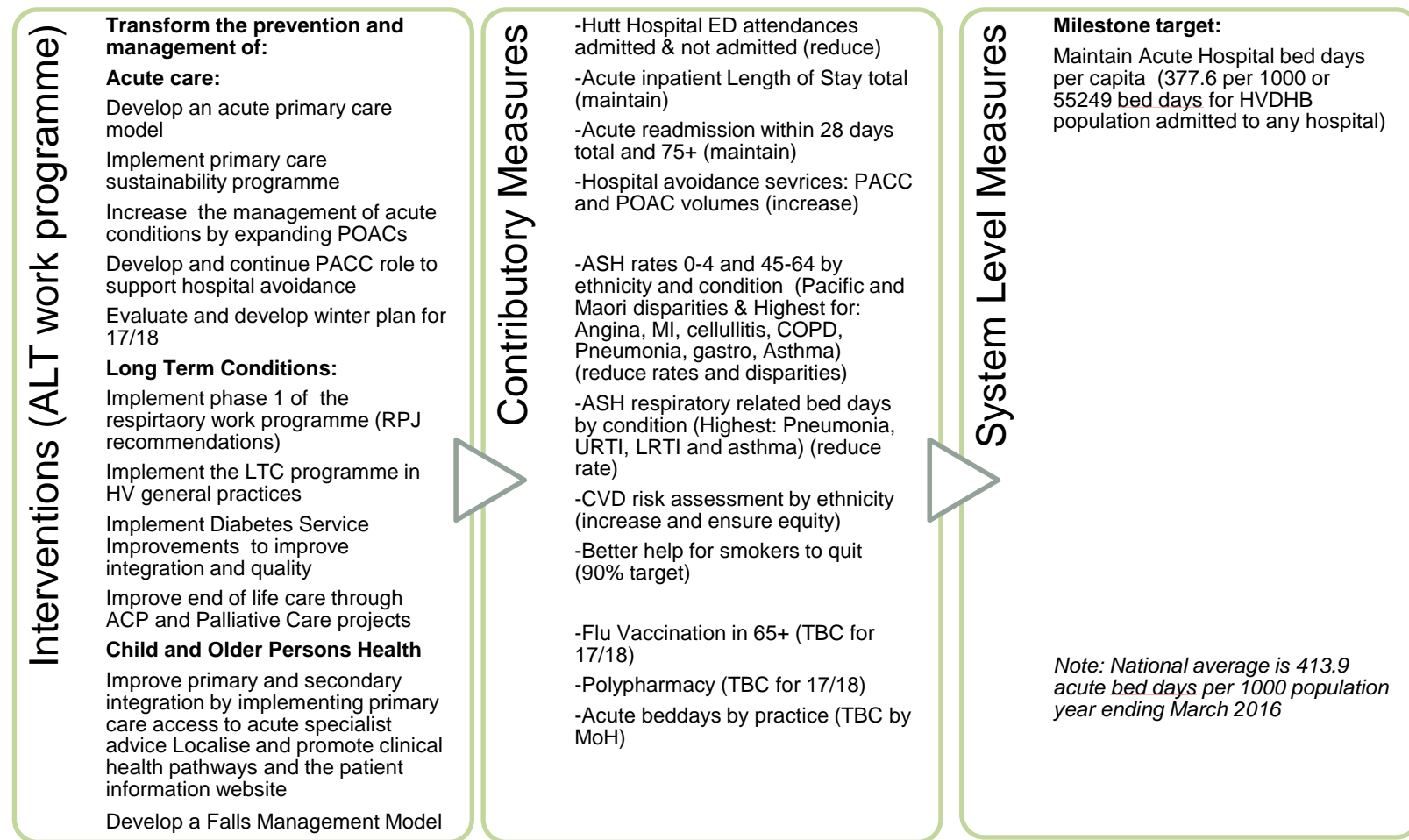
Summary of Acute Hospital Bed Days per Capita in the Hutt Valley
<p>Acute hospital bed days per capita</p> <ul style="list-style-type: none"> • Lower rates than national average. • Recent improvements with a reduction in acute bed days. • Acute inpatient LOS (2.47) has reduced over time and acute readmission rates (7%) is lower than the national average.
<p>Acute Hospital Bed days by DRG</p> <ul style="list-style-type: none"> • Acute bed days are higher in the following DRGs: rehabilitation, respiratory infection/inflammation, heart failure, stroke and CVD, cellulitis, chronic obstructive airways disease.
<p>Acute Hospital Bed days by age</p> <ul style="list-style-type: none"> • Rates are higher in 0-4, 65+ age groups.
<p>Acute Hospital bed days by ethnicity</p> <ul style="list-style-type: none"> • Disparities not as apparent with relatively similar rates across Maori, Pacific and Other (slightly lower for Maori).



SLM Milestone Target

ASH SLM Key Improvement Milestone	Target by end of Q4
Hutt Valley total standardised ABD rate per 1,000	<p>≤ Current baseline (377.6 per 1000) Year ending March 2016.</p> <p>Note: Hutt Valley is performing better than national average (413.9 acute bed days per 1000 population).</p>

Acute Hospital Bed Days Improvement Plan logic⁴



⁴ Please see context section, annual plan and integration work programme for further details on 16/17 interventions.

Other Hutt Valley Health System programmes:

ED improvement projects; Medical ward LOS projects for stroke, respiratory; OPRS projects on LoS and models of care; First Feb community pharmacy project; Maori Health plan focus on reducing ASH (including improving LTC management in Diabetes, respiratory, Gout & CVD; self management support for at risk populations; up-skilling workforce to support Whanau); Pacific Action Plan focus on reducing ASH and improving community health literacy.

Future integration priority areas:

Support for HCH like model; Wrap around support services to assist with hospital avoidance and enhanced discharge including medication management and post discharge follow up in primary care. Include Te AHN pharmacy QI prescribing and integration programme for 17/18 and select polypharmacy measure (e.g. HQSC data: higher than national for rate in 65-74 years receiving 5 or more LTC medications); further investigation of bed days for rehabilitation DRG; Consider focused work on heart failure and pneumonia (as part of respiratory work programme).

Patient Experience of Care – ‘Patient-centred care’

Baseline Information

Inpatient Survey Results:

Domain	NZ Weighted Avg /10	NZ Range	WaiDHB	HVDHB	CCDHB
Communication	8.2 (8.3)	7.7-8.9 (7.8-8.7)	8.9 (8.7)	8.2 (8.3)	8.1 (8.2)
Co-ordination	8.3 (8.4)	7.2-9.0 (7.8-8.8)	8.9 (8.7)	8.4 (8.2)	8.2 (8.3)
Partnership	8.4 (8.4)	8.1-9.0 (8.1-9.0)	9.0 (8.8)	8.4 (8.4)	8.4 (8.3)
Physical & Emotional Needs	8.6 (8.6)	8.0-8.9 (8.0-9.0)	8.3 (8.8)	8.5 (8.5)	8.3 (8.3)
Overall	~8.4		~8.8	~8.4	~8.3

Primary care Survey Results:

Not yet available as the survey has not yet been implemented in primary care in the Hutt Valley.

Summary of patient experience of care in the Hutt Valley

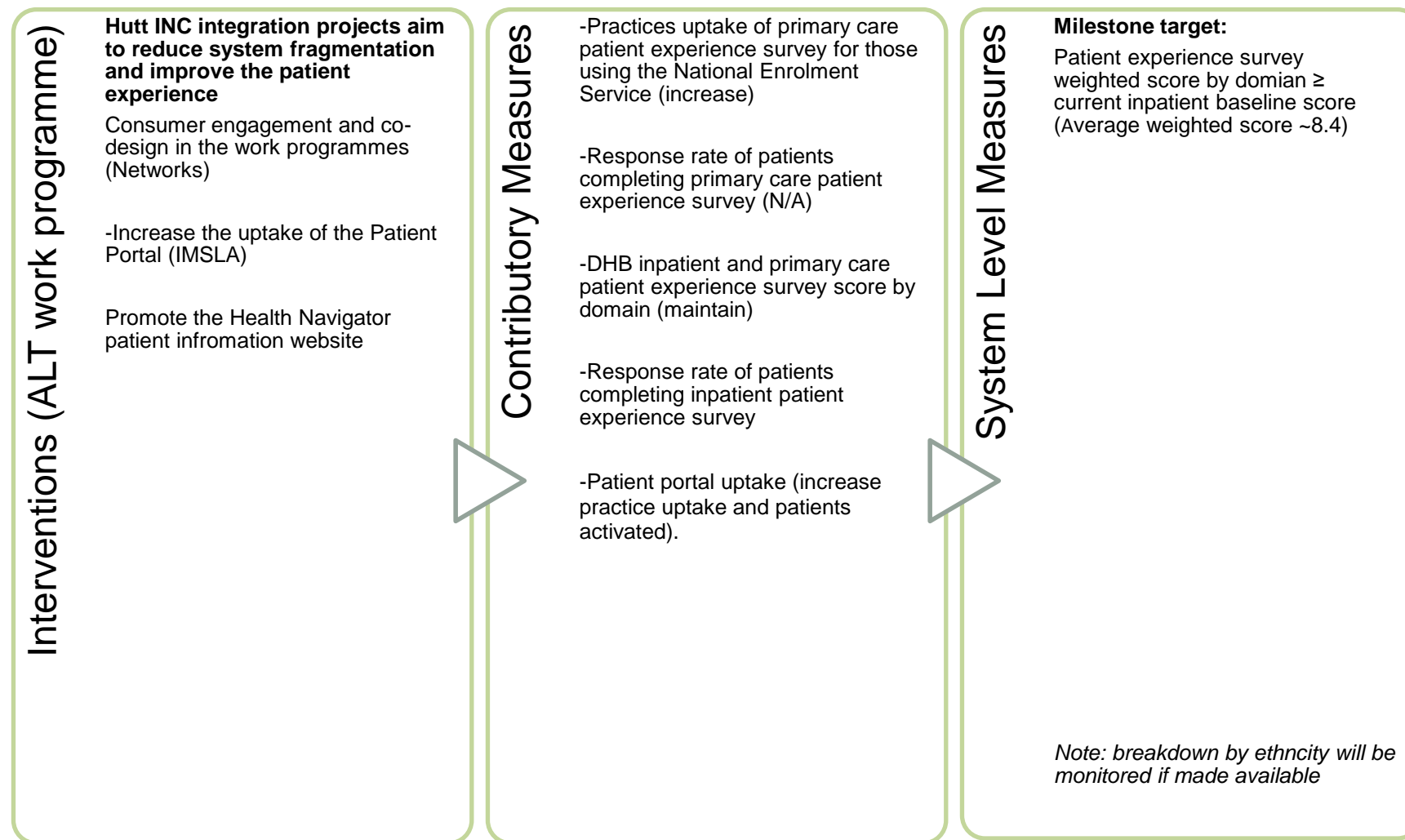
The Hutt Valley inpatient survey overall score is at the national average. Hutt Valley is above the NZ average for the coordination domain, in line with the NZ average for the communication and partnership domains and slightly below the NZ average for physical & emotional needs domain.

The primary care patient experience survey has not yet been rolled out in Hutt Valley practices and will be a focus for 16/17.

Improvement Milestone and Target

Patient SLM Key Improvement Milestone	Target by end of Q4
Hutt Valley patient experience of care survey average weighted score by domain	≥ Hospital inpatient survey average weighted score (~8.4) Domains: communication 8.2, coordination 8.4, partnership 8.4, physical and emotional needs 8.5

Patient Experience of Care Improvement Plan Logic⁵



⁵ Please see context section, annual plan and integration work programme for further details on 16/17 interventions.

Other Hutt Valley Health System programmes

HQSC patient co-design work (DHB); HVDHB Quality walk around focused on the patient experience, ALT Quality Improvement projects (asthma and diabetes)

Future priority areas

Hutt Valley Consumer Council establishment; Consider Sentinel Events in hospital and primary care measure (HQSC: 9 events reported in the HV in 14/15 with patient falls contributing to 7 of these).

Amenable Mortality Rates – ‘Prevention and early detection’

Baseline Information [See also Appendix]

Amenable mortality deaths, age standardised rates, 0-74 year olds, 2000-2013
Calculated using estimated resident population as at June 30

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013 provisional
Total New Zealand	144.9	144.6	137.7	132.6	127.6	119.2	115.0	114.8	109.8	107.8	102.1	97.6	95.5	90.8
Northland	187.8	168.4	199.4	180.3	157.6	158.4	150.5	143.1	148.6	148.7	133.2	130.3	138.9	117.0
Waitemata	111.5	110.4	105.7	101.2	93.2	92.8	89.2	81.6	82.7	76.7	67.8	76.2	72.6	63.5
Auckland	138.7	121.6	118.5	117.4	118.3	97.0	92.0	101.7	96.1	98.4	81.6	79.3	81.1	70.8
Counties Manukau	147.9	144.8	158.5	139.7	126.6	130.3	123.3	123.9	114.3	115.7	114.2	108.4	106.1	102.0
Waikato	163.6	150.4	144.4	129.6	139.5	130.0	131.6	135.8	127.6	113.2	116.9	115.3	106.1	97.3
Lakes	176.0	203.8	191.0	162.4	171.9	137.1	157.3	141.3	146.7	160.3	129.7	131.2	126.0	119.1
Bay of Plenty	161.1	164.2	143.3	146.1	146.3	126.6	122.4	134.8	119.8	118.0	112.9	106.2	112.0	105.6
Tairāwhiti	193.4	197.5	220.8	243.8	207.0	183.2	202.3	189.0	151.7	185.2	158.5	128.7	133.2	152.3
Hawkes Bay	179.1	179.3	154.3	177.6	144.9	166.8	142.4	141.5	134.9	114.5	123.8	114.5	105.5	102.3
Taranaki	149.3	134.4	128.9	132.1	137.3	153.8	115.7	142.0	103.0	135.3	121.9	101.4	103.8	93.9
Midcentral	154.1	165.7	136.6	149.4	139.3	137.9	129.8	125.1	120.5	136.2	113.3	103.5	89.9	106.9
Whanganui	193.9	200.1	178.3	162.0	149.0	163.4	161.5	140.4	143.7	148.4	142.3	146.6	109.7	107.2
Capital & Coast	127.7	122.4	124.7	115.8	106.1	105.1	99.5	88.4	95.0	76.7	79.2	74.4	75.2	78.4
Hutt Valley	146.0	138.7	124.7	151.1	118.9	107.6	104.7	120.1	122.1	94.0	90.6	91.9	90.7	96.7
Wairarapa	155.9	172.8	123.3	163.5	156.9	101.8	104.2	113.3	151.9	118.8	115.2	131.3	97.7	119.0
Nelson Marlborough	140.9	135.1	123.7	104.9	102.2	106.3	104.1	113.6	88.4	97.1	91.1	75.7	76.5	75.6
West Coast	152.0	214.8	177.4	154.7	168.8	144.9	143.8	113.3	120.0	145.4	126.8	121.4	87.3	131.4
Canterbury	119.6	127.3	119.3	113.0	118.0	92.6	98.9	100.1	89.2	96.0	96.0	86.1	84.8	89.1
South Canterbury	117.7	157.1	142.3	111.7	117.1	136.9	110.4	98.1	119.4	113.2	120.0	116.7	124.1	94.1
Otago	130.4	132.0	123.2	121.0	118.9	109.7	99.1	99.2	105.8	98.8	97.3	91.0	97.5	73.3
Southland	154.5	172.7	148.3	143.2	139.7	119.0	122.5	136.8	117.9	111.1	100.3	96.5	97.0	90.8

Summary of Amenable Mortality Rates in the Hutt Valley

Amenable Mortality rate

- Performing well with a reducing trend and lower rates compared to national average in previous years.
- A slight increase to above national rates has been observed in the 2013 provisional data.

Amenable Mortality rates by ethnicity

- Disparities exist with higher rates for Maori and Pacific.

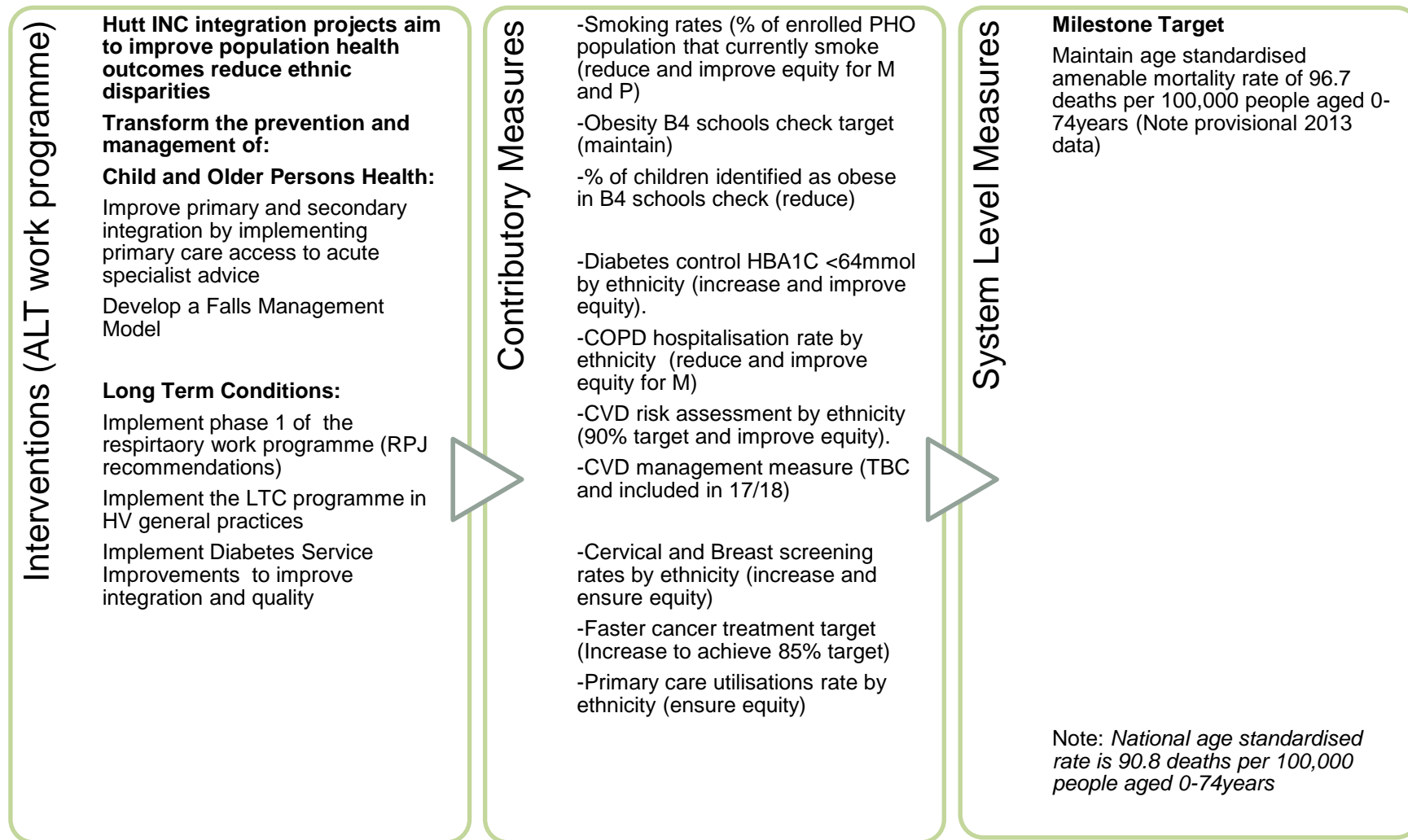
Amenable Mortality rates by top 10 cause

- Higher rates for IHD, COPD, suicide, CVD, breast cancer, Diabetes.

Improvement Milestones and Target

AM SLM Key Improvement Milestone	Target by end of Q4
Hutt Valley total age standardised Amenable Mortality rate per 100,000 aged 0-74 years	≤ Current baseline (96.7 provisional 2013 data).

Amenable Mortality Improvement Plan Logic⁶



⁶Please see context section, annual plan and integration work programme for further details on 16/17 interventions.

Other Hutt Valley Health System Programmes

See actions above and actions in Maori health plan and pacific action plan; Bowel screening programme; Implementation of obesity health target and development of HV obesity plan.

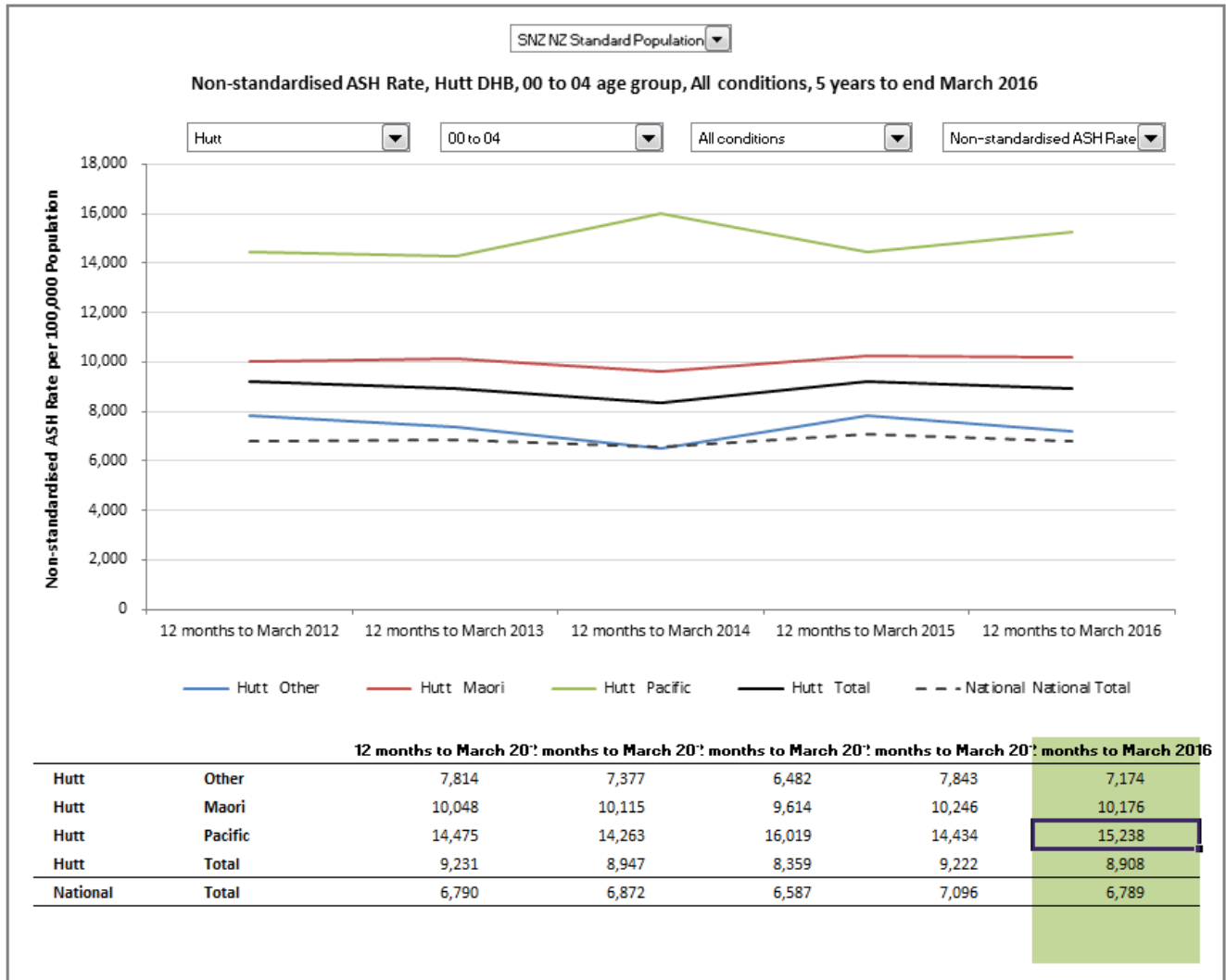
Future priority areas:

On-going focus on reducing equity issues for Maori and Pacific; include CVD Management Measure in 17/18.

Appendix 1: Baseline Information System Level Measures

ASH rates 0-4 years

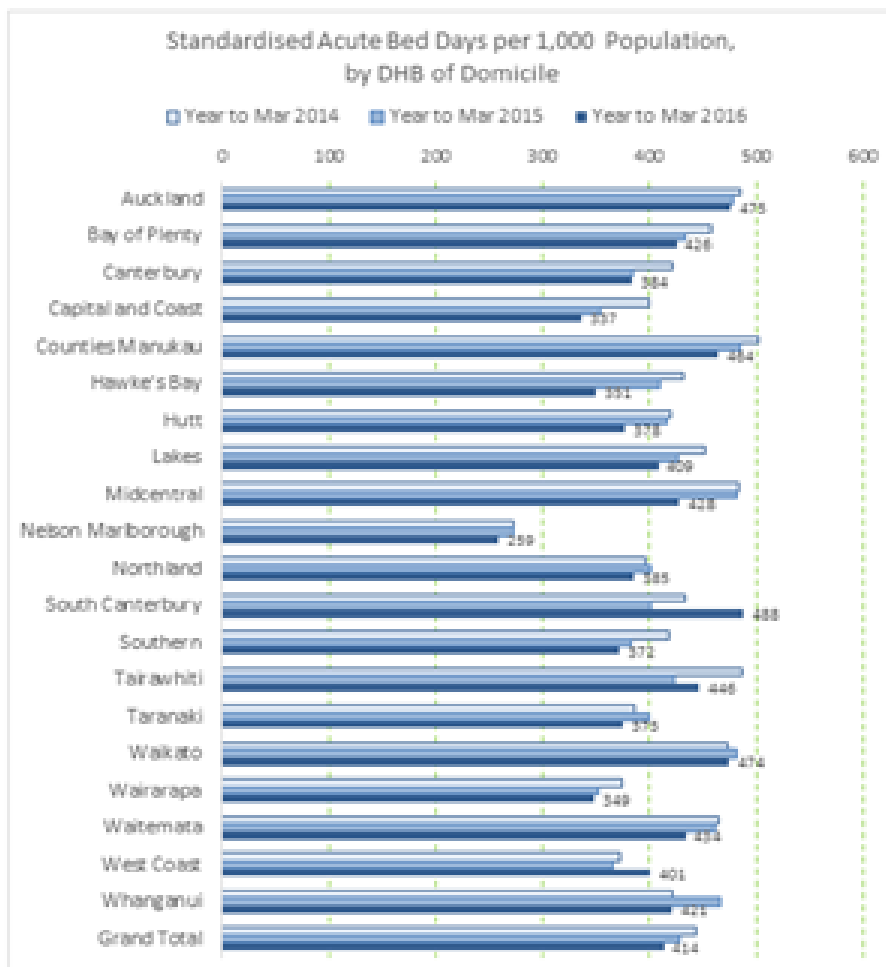
SI 1: Ambulatory Sensitive Hospitalisations (ASH)



ASH rates 0-4	Baseline measures																				
Equity Focus Māori ASH 0-4 HV Māori Rate	Current baseline (10,176)																				
Equity Focus Pacific ASH 0-4 HV Pacific Rate	Current baseline (15,238)																				
Number ASH events	Current baseline (873 total events)																				
ASH rate 0-4 HV by top 10 conditions	Current baseline top causes ASH rate per 100,000 YE March 2016																				
	<table border="1"> <thead> <tr> <th>Condition</th> <th>Maori</th> <th>Pacific</th> <th>Other</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Upper and ENT respiratory infections</td> <td>2,113</td> <td>3,048</td> <td>1,760</td> <td>2,000</td> </tr> <tr> <td>Asthma</td> <td>2,218</td> <td>2,857</td> <td>1,337</td> <td>1,755</td> </tr> <tr> <td>Dental conditions</td> <td>1,620</td> <td>2,762</td> <td>914</td> <td>1,316</td> </tr> </tbody> </table>	Condition	Maori	Pacific	Other	Total	Upper and ENT respiratory infections	2,113	3,048	1,760	2,000	Asthma	2,218	2,857	1,337	1,755	Dental conditions	1,620	2,762	914	1,316
Condition	Maori	Pacific	Other	Total																	
Upper and ENT respiratory infections	2,113	3,048	1,760	2,000																	
Asthma	2,218	2,857	1,337	1,755																	
Dental conditions	1,620	2,762	914	1,316																	

	<i>Gastroenteritis /dehydration</i>	528	1,714	1,235	1,082
	<i>Pneumonia</i>	1,127	1,714	660	908
	<i>Cellulitis</i>	951	1,333	305	602
	<i>Lower respiratory infections</i>	845	571	321	500
	<i>Dermatitis and eczema</i>	493	857	271	398
	<i>Constipation</i>	35	-	237	153
	<i>Nutrition deficiency and anaemia</i>	106	381	51	102

Acute hospital bed days per capita



Acute Hospital bed days	Baseline measures	
<i>Number of acute hospital bed days</i>	<i>Current baseline 55249 bed days for HVDHB population admitted to any hospital</i>	
<i>Acute Hospital Bed days per 1000 people by conditions top 10</i>	<i>Current baseline top conditions</i>	
	DRG Cluster	Year to Mar 2016
	Z60 Rehabilitation	36.7
	E62 Respiratory Infections/Inflammations	14.5
	F62 Heart Failure and Shock	10.7
	B70 Stroke and Other Cerebrovascular Disorders	5.1
	J64 Cellulitis	10.4
	E65 Chronic Obstructive Airways Disease	8.4
	G70 Other Digestive System Diagnoses	8.0
	T60 Septicaemia	6.4
	I08 Other Hip and Femur Procedures	5.3
	U61 Schizophrenia Disorders	7.3
	<i>Acute Hospital Bed days per 1000 people by age</i>	<i>Current baseline:</i>
Year		Year to Mar 2016
00 to 04		455.6
05 to 09		118.6
10 to 14		120.5
15 to 19		106.7
20 to 24		149.4
25 to 29		195.1
30 to 34		177.1
35 to 39		168.8
40 to 44		168.4
45 to 49		217.8
50 to 54		257.7
55 to 59		356.8
60 to 64		541.8
65 to 69		732.3
70 to 74		989.8
75 to 79		1426.9
80 to 84		1939.8
85+		2799.6
TOTAL	377.6	

Patient Experience of Care Survey

Inpatient Survey Results

The current inpatient survey results are found below. It was undertaken in March 2016 and covers patients in hospital between 1 and 14 February 2016. It provides summary scores out of 10 for the four key domains of patient experience as set out below: (November 2015 scores and ranges in parenthesis).

Domain	NZ Weighted Avg /10	NZ Range	WaiDHB	HVDHB	CCDHB
Communication	8.2 (8.3)	7.7-8.9 (7.8-8.7)	8.9 (8.7)	8.2 (8.3)	8.1 (8.2)
Co-ordination	8.3 (8.4)	7.2-9.0 (7.8-8.8)	8.9 (8.7)	8.4 (8.2)	8.2 (8.3)
Partnership	8.4 (8.4)	8.1-9.0 (8.1-9.0)	9.0 (8.8)	8.4 (8.4)	8.4 (8.3)
Physical & Emotional Needs	8.6 (8.6)	8.0-8.9 (8.0-9.0)	8.3 (8.8)	8.5 (8.5)	8.3 (8.3)
Overall	~8.4		~8.8	~8.4	~8.3

Primary Care Survey Results

The Ministry of Health and Health Quality Safety Commission (HQSC) are introducing online (voluntary and anonymous) patient surveys for primary care. National roll-out will start from July 2016 and is expected to be completed by the end of March 2017. Roll-out is dependent on practice access to the National Enrolment Service to capture the patient contact information required to send the surveys.

The primary care patient experience surveys have not yet been rolled out in primary care in the Hutt Valley.

Amendable Mortality Rates

Amenable mortality deaths, age standardised rates, 0-74 year olds, 2000-2013

Calculated using estimated resident population as at June 30

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013 provisional
Total New Zealand	144.9	144.6	137.7	132.6	127.6	119.2	115.0	114.8	109.8	107.8	102.1	97.6	95.5	90.8
Northland	187.8	168.4	199.4	180.3	157.6	158.4	150.5	143.1	148.6	148.7	133.2	130.3	138.9	117.0
Waitemata	111.5	110.4	105.7	101.2	93.2	92.8	89.2	81.6	82.7	76.7	67.8	76.2	72.6	63.5
Auckland	138.7	121.6	118.5	117.4	118.3	97.0	92.0	101.7	96.1	98.4	81.6	79.3	81.1	70.8
Counties Manukau	147.9	144.8	158.5	139.7	126.6	130.3	123.3	123.9	114.3	115.7	114.2	108.4	106.1	102.0
Waikato	163.6	150.4	144.4	129.6	139.5	130.0	131.6	135.8	127.6	113.2	116.9	115.3	106.1	97.3
Lakes	176.0	203.8	191.0	162.4	171.9	137.1	157.3	141.3	146.7	160.3	129.7	131.2	126.0	119.1
Bay of Plenty	161.1	164.2	143.3	146.1	146.3	126.6	122.4	134.8	119.8	118.0	112.9	106.2	112.0	105.6
Tairāwhiti	193.4	197.5	220.8	243.8	207.0	183.2	202.3	189.0	151.7	185.2	158.5	128.7	133.2	152.3
Hawkes Bay	179.1	179.3	154.3	177.6	144.9	166.8	142.4	141.5	134.9	114.5	123.8	114.5	105.5	102.3
Taranaki	149.3	134.4	128.9	132.1	137.3	153.8	115.7	142.0	103.0	135.3	121.9	101.4	103.8	93.9
Midcentral	154.1	165.7	136.6	149.4	139.3	137.9	129.8	125.1	120.5	136.2	113.3	103.5	89.9	106.9
Whanganui	193.9	200.1	178.3	162.0	149.0	163.4	161.5	140.4	143.7	148.4	142.3	146.6	109.7	107.2
Capital & Coast	127.7	122.4	124.7	115.8	106.1	105.1	99.5	88.4	95.0	76.7	79.2	74.4	75.2	78.4
Hutt Valley	146.0	138.7	124.7	151.1	118.9	107.6	104.7	120.1	122.1	94.0	90.6	91.9	90.7	96.7
Wairarapa	155.9	172.8	123.3	163.5	156.9	101.8	104.2	113.3	151.9	118.8	115.2	131.3	97.7	119.0
Nelson Marlborough	140.9	135.1	123.7	104.9	102.2	106.3	104.1	113.6	88.4	97.1	91.1	75.7	76.5	75.6
West Coast	152.0	214.8	177.4	154.7	168.8	144.9	143.8	113.3	120.0	145.4	126.8	121.4	87.3	131.4
Canterbury	119.6	127.3	119.3	113.0	118.0	92.6	98.9	100.1	89.2	96.0	96.0	86.1	84.8	89.1
South Canterbury	117.7	157.1	142.3	111.7	117.1	136.9	110.4	98.1	119.4	113.2	120.0	116.7	124.1	94.1
Otago	130.4	132.0	123.2	121.0	118.9	109.7	99.1	99.2	105.8	98.8	97.3	91.0	97.5	73.3
Southland	154.5	172.7	148.3	143.2	139.7	119.0	122.5	136.8	117.9	111.1	100.3	96.5	97.0	90.8

Amenable Mortality	Baseline measures																																	
<p><i>Equity Focus Māori</i> <i>Amenable mortality age standardised rate for HV Māori</i></p>	<p><i>Current baseline: 176 deaths per 100,000 people</i> <i>(Age standardised rate using deaths in 5 year period 2009-2013)</i></p>																																	
<p><i>Equity Focus Pacific</i> <i>Amenable mortality age standardised rate for HV Pacific</i></p>	<p><i>Current baseline: 127 deaths per 100,000 people</i> <i>(Age standardised rate using deaths in 5 year period 2009-2013)</i></p>																																	
<p><i>Amenable mortality by top 10 causes</i></p>	<p><i>Current baseline top cause:</i></p> <p><i>Provisional 2013 data</i></p> <table border="1" data-bbox="831 689 1406 1249"> <thead> <tr> <th data-bbox="831 689 1134 757"><i>DHB</i></th> <th data-bbox="1134 689 1294 757"><i>Number of deaths</i></th> <th data-bbox="1294 689 1406 757"><i>% of total</i></th> </tr> </thead> <tbody> <tr> <td data-bbox="831 757 1134 831"><i>Ischaemic heart diseases</i></td> <td data-bbox="1134 757 1294 831">37</td> <td data-bbox="1294 757 1406 831">21%</td> </tr> <tr> <td data-bbox="831 831 1134 869"><i>COPD</i></td> <td data-bbox="1134 831 1294 869">25</td> <td data-bbox="1294 831 1406 869">14%</td> </tr> <tr> <td data-bbox="831 869 1134 907"><i>Suicide</i></td> <td data-bbox="1134 869 1294 907">22</td> <td data-bbox="1294 869 1406 907">13%</td> </tr> <tr> <td data-bbox="831 907 1134 981"><i>Cerebrovascular diseases</i></td> <td data-bbox="1134 907 1294 981">14</td> <td data-bbox="1294 907 1406 981">8%</td> </tr> <tr> <td data-bbox="831 981 1134 1019"><i>Female breast cancer</i></td> <td data-bbox="1134 981 1294 1019">14</td> <td data-bbox="1294 981 1406 1019">8%</td> </tr> <tr> <td data-bbox="831 1019 1134 1057"><i>Diabetes</i></td> <td data-bbox="1134 1019 1294 1057">11</td> <td data-bbox="1294 1019 1406 1057">6%</td> </tr> <tr> <td data-bbox="831 1057 1134 1095"><i>Rectal cancer</i></td> <td data-bbox="1134 1057 1294 1095">8</td> <td data-bbox="1294 1057 1406 1095">5%</td> </tr> <tr> <td data-bbox="831 1095 1134 1169"><i>Complications of perinatal period</i></td> <td data-bbox="1134 1095 1294 1169">6</td> <td data-bbox="1294 1095 1406 1169">3%</td> </tr> <tr> <td data-bbox="831 1169 1134 1207"><i>Stomach cancer</i></td> <td data-bbox="1134 1169 1294 1207">5</td> <td data-bbox="1294 1169 1406 1207">3%</td> </tr> <tr> <td data-bbox="831 1207 1134 1249"><i>Prostate cancer</i></td> <td data-bbox="1134 1207 1294 1249">4</td> <td data-bbox="1294 1207 1406 1249">2%</td> </tr> </tbody> </table>	<i>DHB</i>	<i>Number of deaths</i>	<i>% of total</i>	<i>Ischaemic heart diseases</i>	37	21%	<i>COPD</i>	25	14%	<i>Suicide</i>	22	13%	<i>Cerebrovascular diseases</i>	14	8%	<i>Female breast cancer</i>	14	8%	<i>Diabetes</i>	11	6%	<i>Rectal cancer</i>	8	5%	<i>Complications of perinatal period</i>	6	3%	<i>Stomach cancer</i>	5	3%	<i>Prostate cancer</i>	4	2%
<i>DHB</i>	<i>Number of deaths</i>	<i>% of total</i>																																
<i>Ischaemic heart diseases</i>	37	21%																																
<i>COPD</i>	25	14%																																
<i>Suicide</i>	22	13%																																
<i>Cerebrovascular diseases</i>	14	8%																																
<i>Female breast cancer</i>	14	8%																																
<i>Diabetes</i>	11	6%																																
<i>Rectal cancer</i>	8	5%																																
<i>Complications of perinatal period</i>	6	3%																																
<i>Stomach cancer</i>	5	3%																																
<i>Prostate cancer</i>	4	2%																																

Appendix 2: Baseline Contributory Measures⁷

ASH rates 0-4 years

Contributory Measures	Baseline																																				
Hutt Hospital Emergency Department attendances by Hutt children aged 0-4 years (admitted & not admitted)	<p>current baseline 2015/16: Total 4,852, Admitted 1,318, Not Admitted 3,534 (including did not wait). Note: Of all Hutt Hospital ED attendances, 10% are Hutt Residence aged 0-4years.</p>																																				
<p>Asthma related ED attendances and hospitalisations by ethnicity (rates and number)</p> <p>(Note: project working group also monitors this data by practice and R:P dispensing by practice).</p>	<p>Current baseline data 2014/15: Number and rate of ED visits and admissions for children aged 0-14y at Hutt Hospital with a primary diagnosis of "Asthma" (ICD-10).</p> <table border="1"> <thead> <tr> <th colspan="3">ED presentations 0-14y</th> </tr> <tr> <th></th> <th>Number</th> <th>Rate per 1000</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>133</td> <td>16.2</td> </tr> <tr> <td>Pacific</td> <td>101</td> <td>30.8</td> </tr> <tr> <td>Other</td> <td>139</td> <td>7.7</td> </tr> <tr> <td>Total</td> <td>373</td> <td>12.6</td> </tr> <tr> <td colspan="3">Inpatient admissions 0-14y</td> </tr> <tr> <th></th> <th>Number</th> <th>Rate per 1000</th> </tr> <tr> <td>Maori</td> <td>50</td> <td>6.1</td> </tr> <tr> <td>Pacific</td> <td>31</td> <td>9.5</td> </tr> <tr> <td>Other</td> <td>57</td> <td>3.1</td> </tr> <tr> <td>Total</td> <td>138</td> <td>4.7</td> </tr> </tbody> </table>	ED presentations 0-14y				Number	Rate per 1000	Maori	133	16.2	Pacific	101	30.8	Other	139	7.7	Total	373	12.6	Inpatient admissions 0-14y				Number	Rate per 1000	Maori	50	6.1	Pacific	31	9.5	Other	57	3.1	Total	138	4.7
ED presentations 0-14y																																					
	Number	Rate per 1000																																			
Maori	133	16.2																																			
Pacific	101	30.8																																			
Other	139	7.7																																			
Total	373	12.6																																			
Inpatient admissions 0-14y																																					
	Number	Rate per 1000																																			
Maori	50	6.1																																			
Pacific	31	9.5																																			
Other	57	3.1																																			
Total	138	4.7																																			
Number of ASH respiratory (0-4) related rates and number of hospitalisations by ethnicity.	<p>Current baseline data 2015/16: Number and rate of admissions for children aged 0-4y at Hutt Hospital.</p> <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Rate per 100,000</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>173</td> <td>6092</td> </tr> <tr> <td>Pacific</td> <td>87</td> <td>8286</td> </tr> <tr> <td>Other</td> <td>256</td> <td>4332</td> </tr> <tr> <td>Total</td> <td>516</td> <td>5265</td> </tr> </tbody> </table>		Number	Rate per 100,000	Maori	173	6092	Pacific	87	8286	Other	256	4332	Total	516	5265																					
	Number	Rate per 100,000																																			
Maori	173	6092																																			
Pacific	87	8286																																			
Other	256	4332																																			
Total	516	5265																																			
<p>Immunisation Health Target by ethnicity</p> <p>Percentage of eight months olds who have received their primary course of immunisation (six weeks, three months and five months immunisation events) on time.</p>	<p>Current baseline 2015/16:</p> <table border="1"> <thead> <tr> <th colspan="4">Number of babies fully immunised</th> </tr> <tr> <th>Q</th> <th>Māori</th> <th>Pacific</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>117</td> <td>37</td> <td>474</td> </tr> <tr> <td>2</td> <td>136</td> <td>52</td> <td>431</td> </tr> <tr> <td>3</td> <td>120</td> <td>45</td> <td>493</td> </tr> <tr> <td>4</td> <td>130</td> <td>40</td> <td>479</td> </tr> <tr> <th colspan="4">% of eligible babies fully immunised</th> </tr> </tbody> </table>	Number of babies fully immunised				Q	Māori	Pacific	Total	1	117	37	474	2	136	52	431	3	120	45	493	4	130	40	479	% of eligible babies fully immunised											
Number of babies fully immunised																																					
Q	Māori	Pacific	Total																																		
1	117	37	474																																		
2	136	52	431																																		
3	120	45	493																																		
4	130	40	479																																		
% of eligible babies fully immunised																																					

⁷ Many of our selected Contributory Measures span across more than one SLM. These have been listed only once in Appendix 2. For further information please refer to the logic above or the ALT outcomes dashboard.

	Q	Māori	Pacific	Total
	1	89%	97%	94%
	2	91%	95%	93%
	3	93%	92%	94%
	4	93%	100%	95%
<i>Housing sensitive hospitalisation data</i>	TBC Note: this will be included as a CM for 17/18 once available.			
<i>ASH rate and number of events by practice</i>	TBC Note: ASH by practice and NHI level data is soon to be made available by the MoH. This will be included as a contributory measure once available.			

Contributory Measures: Acute bed days

Contributory Measures	Baseline																																								
<i>Hutt Hospital Emergency Department attendances by Hutt residents</i>	Current baseline 2015/16: Total 43,607. Admitted 10,509, Not Admitted 33,098 (including did not wait) Note: Of all Hutt Hospital ED attendances, 91% are Hutt residence																																								
<i>Acute inpatient Length of Stay total</i>	Current baseline: 2.47 days																																								
<i>Acute readmission within 28 days total and 75+</i>	Current baseline: 15,015																																								
<i>Hospital avoidance service volumes: PACC volumes, POAC volumes</i>	Current baseline PACC: 153 interventions Current baseline POAC: DVT: 62 cases; Cellulitis: 13 cases Note: Baseline 12 months ending Jun 2016																																								
<i>HV Total 45-64 Years ASH standardised rate per 100,000</i>	Current baseline: 4,076 total, Note: current NZ Total (3,703)																																								
<i>HV 45-64 Years ASH standardised rate by condition</i>	Current baseline top conditions ASH rate per 100,000 YE March 2016 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Condition</th> <th>Maori</th> <th>Pacific</th> <th>Other</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Angina and chest pain</td> <td>1,345</td> <td>1,795</td> <td>1,059</td> <td>1,141</td> </tr> <tr> <td>Myocardial infarction</td> <td>374</td> <td>867</td> <td>436</td> <td>451</td> </tr> <tr> <td>Cellulitis</td> <td>757</td> <td>901</td> <td>379</td> <td>457</td> </tr> <tr> <td>COPD</td> <td>1,047</td> <td>148</td> <td>193</td> <td>292</td> </tr> <tr> <td>Pneumonia</td> <td>666</td> <td>600</td> <td>179</td> <td>264</td> </tr> <tr> <td>Gastroenteritis/dehydration</td> <td>293</td> <td>409</td> <td>212</td> <td>236</td> </tr> <tr> <td>Asthma</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Condition	Maori	Pacific	Other	Total	Angina and chest pain	1,345	1,795	1,059	1,141	Myocardial infarction	374	867	436	451	Cellulitis	757	901	379	457	COPD	1,047	148	193	292	Pneumonia	666	600	179	264	Gastroenteritis/dehydration	293	409	212	236	Asthma				
Condition	Maori	Pacific	Other	Total																																					
Angina and chest pain	1,345	1,795	1,059	1,141																																					
Myocardial infarction	374	867	436	451																																					
Cellulitis	757	901	379	457																																					
COPD	1,047	148	193	292																																					
Pneumonia	666	600	179	264																																					
Gastroenteritis/dehydration	293	409	212	236																																					
Asthma																																									

		432	290	94	147
	<i>Epilepsy</i>	300	346	106	144
	<i>Kidney/urinary infection</i>	188	192	136	146
	<i>Congestive heart failure</i>	482	425	72	141
<i>Equity Focus Māori and Pacific ASH 45-64 Māori Rate per 100,000 ASH 45-64 HV Pacific Rate per 100,000</i>	<i>Current baseline: 6787 Current baseline: 7335</i>				
<i>Number and rate of ASH respiratory related bed days (by condition).</i>	<i>Current baseline: 2015/16 admissions and bed days for</i>				
	<i>ASH Condition</i>	<i>15/16 bed day rate per 1000 people</i>	<i>15/16 bed days number</i>		
	<i>Respiratory Infections - Pneumonia</i>	14.5	2100		
	<i>Respiratory Infections - COPD</i>	8.4	1207		
	<i>Respiratory Infections - Lower</i>	3.9	559		
	<i>Asthma</i>	3.1	442		
	<i>Respiratory Infections - Upper</i>	1.3	193		
	<i>Bronchiectasis</i>	1.0	140		
	<i>Asthma - Wheeze</i>	0.9	131		
	<i>All age groups including 65+ at Hutt Hospital</i>				
<i>Flu Vaccination in primary care for 65+</i>	<i>TBC for 17/18</i>				
<i>Polypharmacy in 65+</i>	<i>TBC for 17/18</i>				

<i>Acute Hospital Bed Days by practice (TBC)</i>	TBC <i>Note: Bed days by practice and NHI level data is soon to be made available by the MoH. This will be included as a contributory measure.</i>
--	---

Contributory Measures: Patient experience of care

Contributory Measures	Baseline
<i>Practice uptake of the primary care patient experience survey (for those using the National Enrolment Service)</i>	<i>Current baseline (0)</i>
<i>Response rate of patients completing the primary care patient experience survey.</i>	<i>Current baseline: not applicable</i>
<i>Response rate of patients completing inpatient patient experience survey</i>	<i>Current baseline 32%</i>
<i>Practices offering an e-portal</i>	<i>Current baseline 10 practices (*10.08.16)</i>
<i>Patients registered to use practice portals</i>	<i>Current baseline 5,600 patients activated to access portal (*10.08.16)</i>

Contributory Measures: Amenable Mortality

Contributory Measures	Baseline															
<i>Better help for smokers to quit (Health target: 90%)</i> <i>Note: includes Te Awakairangi PHO and Ropata Medical</i>	<i>Current baseline: 2015/16 Q4</i> <i>81% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months</i>															
<i>Smoking rates (% of enrolled PHO population that currently smoke) by ethnicity</i>	<p><i>Current baseline:</i></p> <table border="1"> <thead> <tr> <th><i>Ethnicity</i></th> <th><i>Number of current smokers within the last 15months</i></th> <th><i>% of enrolled population who are current smokers</i></th> </tr> </thead> <tbody> <tr> <td><i>Maori</i></td> <td><i>5350</i></td> <td><i>36%</i></td> </tr> <tr> <td><i>Pacific</i></td> <td><i>1746</i></td> <td><i>23%</i></td> </tr> <tr> <td><i>Other</i></td> <td><i>9632</i></td> <td><i>12%</i></td> </tr> <tr> <td><i>Total</i></td> <td><i>16728</i></td> <td><i>17%</i></td> </tr> </tbody> </table> <p><i>Enrolled in Te Awakairangi and Ropata. Data source Health target report provided by Te AHN for 1516 Q4 and July 2016 PHO register</i></p>	<i>Ethnicity</i>	<i>Number of current smokers within the last 15months</i>	<i>% of enrolled population who are current smokers</i>	<i>Maori</i>	<i>5350</i>	<i>36%</i>	<i>Pacific</i>	<i>1746</i>	<i>23%</i>	<i>Other</i>	<i>9632</i>	<i>12%</i>	<i>Total</i>	<i>16728</i>	<i>17%</i>
<i>Ethnicity</i>	<i>Number of current smokers within the last 15months</i>	<i>% of enrolled population who are current smokers</i>														
<i>Maori</i>	<i>5350</i>	<i>36%</i>														
<i>Pacific</i>	<i>1746</i>	<i>23%</i>														
<i>Other</i>	<i>9632</i>	<i>12%</i>														
<i>Total</i>	<i>16728</i>	<i>17%</i>														
<i>B4 schools check target and % of children identified as obese in B4 schools check</i>	<i>Current baseline: 10% (88 children) of children</i>															

	<p><i>identified as obese for those with B4SC completed</i></p> <p><i>Note: B4SChecks completed between 08/12/2015 and 07/06/2016</i></p>								
<i>Childhood obesity health target (95%)</i>	<p><i>Current baseline: TBC</i></p> <p><i>% of obese children identified in the Before School Check (B4 School Check) programme offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions</i></p>								
<i>CVD risk assessment by ethnicity (90% target of the eligible population will have had their CV risk assessed in the last 5 years)</i>	<p><i>Current baseline: 2015/16 Q4 CVD risk assessment result</i></p> <table border="1"> <tr> <td><i>Maori</i></td> <td><i>82.4%</i></td> </tr> <tr> <td><i>Pacific</i></td> <td><i>85.5%</i></td> </tr> <tr> <td><i>Other</i></td> <td><i>89.0%</i></td> </tr> <tr> <td><i>Total</i></td> <td><i>87.7%</i></td> </tr> </table>	<i>Maori</i>	<i>82.4%</i>	<i>Pacific</i>	<i>85.5%</i>	<i>Other</i>	<i>89.0%</i>	<i>Total</i>	<i>87.7%</i>
<i>Maori</i>	<i>82.4%</i>								
<i>Pacific</i>	<i>85.5%</i>								
<i>Other</i>	<i>89.0%</i>								
<i>Total</i>	<i>87.7%</i>								
<i>CVD management measure</i>	<p><i>TBC for 17/18</i></p> <p><i>In 16/17 we will select and implement a CVD risk management measure (e.g. of the population eligible for a CVD risk assessment, those with a >20% risk are prescribed a statin)</i></p>								
<i>Diabetes HBA1C <64mmol control by ethnicity</i>	<p><i>Current baseline: 2015/16 result : % of enrolled diabetics aged 15-74y with HbA1c <64mmol</i></p> <table border="1"> <tr> <td><i>Maori</i></td> <td><i>62%</i></td> </tr> <tr> <td><i>Pacific</i></td> <td><i>61%</i></td> </tr> <tr> <td><i>Other</i></td> <td><i>76%</i></td> </tr> <tr> <td><i>Total</i></td> <td><i>70%</i></td> </tr> </table>	<i>Maori</i>	<i>62%</i>	<i>Pacific</i>	<i>61%</i>	<i>Other</i>	<i>76%</i>	<i>Total</i>	<i>70%</i>
<i>Maori</i>	<i>62%</i>								
<i>Pacific</i>	<i>61%</i>								
<i>Other</i>	<i>76%</i>								
<i>Total</i>	<i>70%</i>								
<i>COPD hospitalization rate by ethnicity</i>	<p><i>Current baseline: 2015/16 annual report: COPD hospitalizations - age standardised rate for adults aged 15+ - 2015 calendar year</i></p> <table border="1"> <tr> <td><i>Maori</i></td> <td><i>6.15</i></td> </tr> <tr> <td><i>Pacific</i></td> <td><i>1.95</i></td> </tr> <tr> <td><i>Other</i></td> <td><i>1.80</i></td> </tr> </table>	<i>Maori</i>	<i>6.15</i>	<i>Pacific</i>	<i>1.95</i>	<i>Other</i>	<i>1.80</i>		
<i>Maori</i>	<i>6.15</i>								
<i>Pacific</i>	<i>1.95</i>								
<i>Other</i>	<i>1.80</i>								
<i>Percentage of eligible women (25-69 yrs.) having cervical screening in the last 3 years</i>	<p><i>Current baseline as at June 2016:</i></p> <table border="1"> <tr> <td><i>Maori</i></td> <td><i>69%</i></td> </tr> <tr> <td><i>Pacific</i></td> <td><i>71%</i></td> </tr> <tr> <td><i>Total</i></td> <td><i>76%</i></td> </tr> </table>	<i>Maori</i>	<i>69%</i>	<i>Pacific</i>	<i>71%</i>	<i>Total</i>	<i>76%</i>		
<i>Maori</i>	<i>69%</i>								
<i>Pacific</i>	<i>71%</i>								
<i>Total</i>	<i>76%</i>								
<i>Percentage of eligible women (50-69 yrs.) having breast</i>	<i>Current baseline as at June 2016</i>								

<i>screening in the last 2 years</i>	<i>Maori</i>	<i>67%</i>		
	<i>Pacific</i>	<i>65%</i>		
	<i>Total</i>	<i>73%</i>		
<i>Faster cancer treatment target</i>	<i>Current baseline: 85% target for those receiving treatment within 62 days of referral</i>			
	<i>2015/16</i>			
	<i>Q1</i>	<i>Q2</i>	<i>Q3</i>	<i>Q4</i>
	<i>64.8%</i>	<i>75.5%</i>	<i>81.1%</i>	<i>72.6%</i>
<i>GP & Nurse visits per enrolled person</i>	<i>Maori</i>	<i>3.4</i>		
	<i>Pacific</i>	<i>3.4</i>		
	<i>Other</i>	<i>4.0</i>		
	<i>Total</i>	<i>3.8</i>		
	<i>Current baseline: 2015/16 Note national average 2014/15: 3.6</i>			