

Better Public Services for Rheumatic Fever Reduction

Ehara taku toa i te toa takitahi. Engari taku toa he toa takitini Success is not the work of one but the work of many



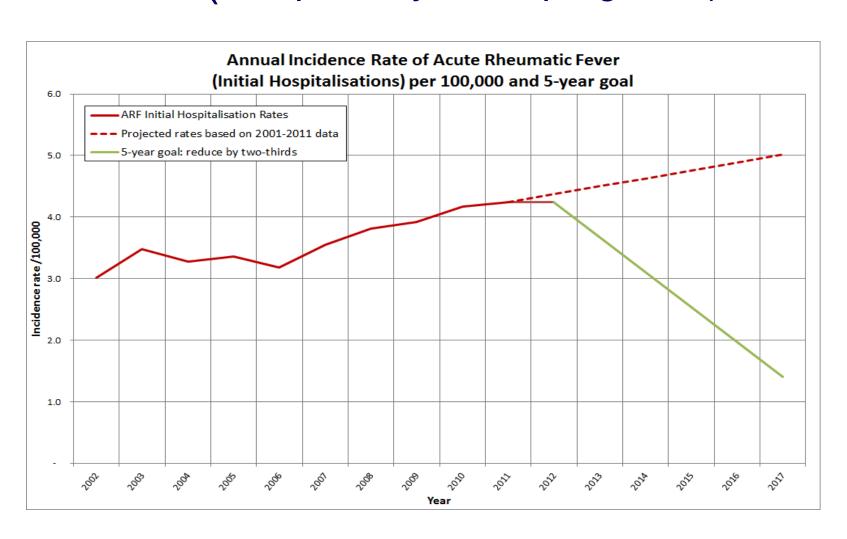
Better Public Services (BPS) — quotes from PM 15 March 2012

- "A new results-driven focus for the public service"
- Focus on leadership, value for money and results
- New ways of working: cross sector and cross agency
- Challenging targets "I don't want easy targets...Because if they are easy targets they aren't worth doing"
- 10 key result areas includes rheumatic fever



Challenging target

(with possibly some progress?)





BPS Rheumatic Fever Programme

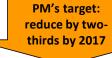
Disease pathway

Poor environmental and economic conditions



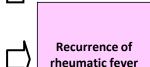
StrepA infection

Throat infection with Group A Streptococcus bacteria



Rheumatic fever (180+ cases/yr)

Auto-immune response in 0.3-3% of untreated strepA infection



Rheumatic heart disease

Interventions

Work

- Reduce crowding in housing
- Healthy communal living habits, especially in homes and schools
- Targeted testing
- Diagnosis and quick action & treatment through any contact with any health service
- Tell people how to reduce their risks and when to seek treatment
- Ensure patients take preventative treatments including monthly antibiotics
- Better diagnosis & reporting
- Preventative interventions for their families/whānau

Rheumatic fever and rheumatic heart disease are treated elsewhere in health sector but not as part of this programme

Workstream 1 Primordial prevention

- Housing programmes where eligibility includes RF risk factors
- Guidance to professionals in contact with at-risk people about when and how to refer them to housing programmes
- Targeted communications to people on how to safely wash hands, cough/sneeze, sleep
- Hygiene facilities & practices in schools

Workstream 2 Treat strepA quickly and effectively

- Throat swabbing in targeted schools and communities
- Evaluate and assess different testing, targeting and treatment strategies
- Guidance to health and social service professionals working with at-risk people about how to identify those at risk and actions to take
- Targeted communications on how people can reduce their risks and when to seek treatment
- Remove barriers to accessing testing & treatment

Workstream 3 Prevent recurring RF

- Guidance to health professionals about how to diagnose and treat, including for the families
- Active patient management systems
- Targeted communications, incentives and removing barriers to encourage patients to take treatments
- Use case histories to discover risk factors, early warning signs, and assess system performance

Cross Programme work

- Communications
- Liaison & stakeholders
- Research & evaluation
- Reporting & monitoring

Governance

Ministerial servicing



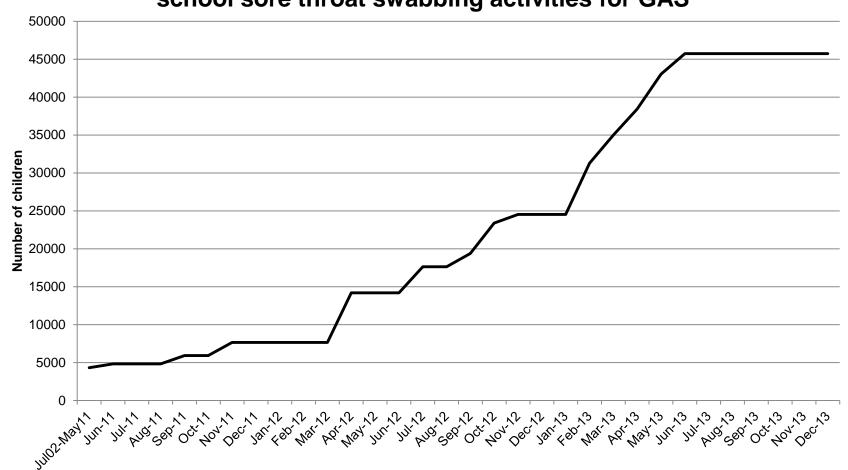
\$24 Million Government Investment

- Mostly (\$19M) in throat swabbing services
- In areas of highest incidence of RF
- In low decile schools with large enrolment of Māori and/or Pacific children
- By June 2013 over 200 schools will be provided with throat swabbing services



Progress of All School Sore Throat Swabbing Activities

Cumulative number of children planned to be covered by school sore throat swabbing activities for GAS





Programme challenges

- Sustainability
- Getting our community messages right
- Primordial prevention
- Rapid identification and treatment of GAS throat infections for all at risk children



Addressing sustainability through working closer with DHBs

- Outcome targets
- Letter of expectation
- Planning guidance
 - Rheumatic fever prevention plan (a regional plan in the South Island).
 - Rheumatic fever *champion* at senior executive level.
 - Ensure that primary care providers and other health
 professionals likely to see high-risk children follow the National
 Heart Foundation Sore Throat Management Guidelines
 - Develop systems to identify families with children at high risk of rheumatic fever living in crowded housing and appropriately refer to local housing and/or social services for follow up and intervention



Getting our messages right?



- At-risk children will have lots of sore throats – mostly viral
- Families with children most at risk least afford to get them checked (areas where no school based care and in hols).
- Important to let people know when (realistically) and how to seek testing & treatment
- And to help them do so at a reasonable cost (time and \$\$)
- Distinguishing between viral and strep sore throats- is it possible from symptoms?

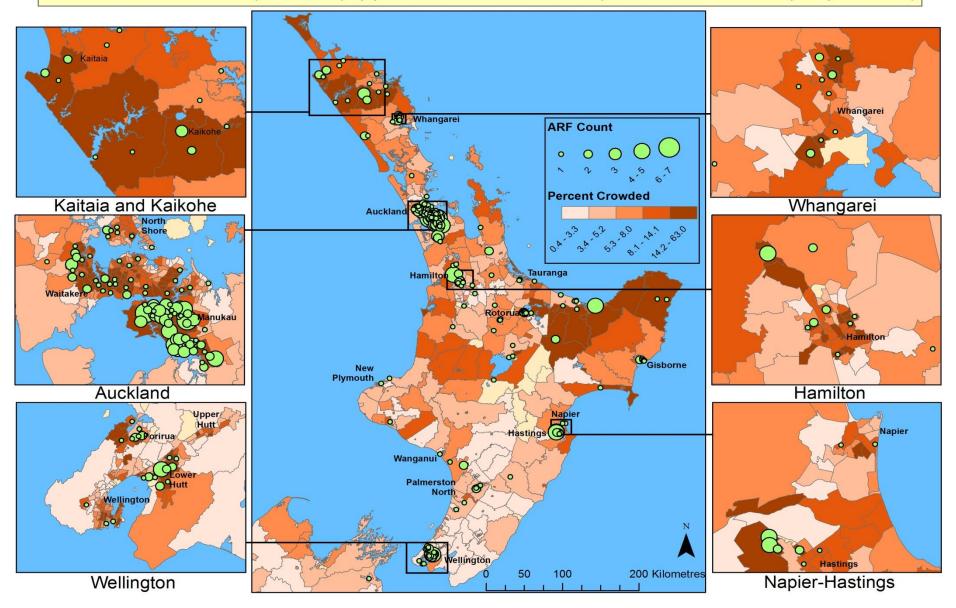


Primordial prevention

- Need to tackle the root causes crowding, poor housing, fuel poverty
- 45,000 children under 15yrs live in severely crowded houses in NZ
- 28% of Māori, 50% of Pacific, 22% of Indian and 5% of Pakehā children

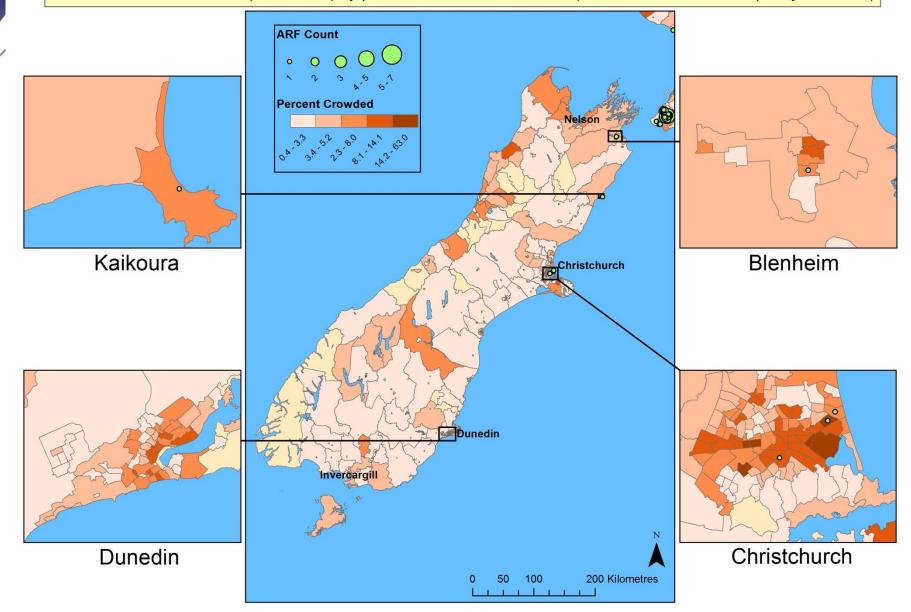


Cases of Rheumatic Fever (2007-2012) by percent households crowded (Canadian National Occupancy Standard)





Cases of Rheumatic Fever (2007-2012) by percent households crowded (Canadian National Occupancy Standard)





Tackling crowding

- Complex and expensive to do so
- Risk of unintended consequences especially in Auckland area
- Short term healthy homes type initiatives
- Long term develop more flexible and extensive social and affordable housing
- What in the medium term? Who pays?
- Need to do more



Healthy communal living

- Many benefits of large and extended families
- Culturally acceptable advice about sleeping arrangements in crowded households and at community events
 - Bed spacing?
 - Head to toe sleeping arrangements?
- Hygiene facilities within the home
- Need to do more



Rapid identification and treatment of GAS throat infections for all at risk children

- Reviewing sore throat management guidelines
- GAS carriage issue......
- Reviewing testing methods and costs
- Clinical audit tools and mechanisms
- Easier access to primary care and to antibiotics
- Drop in community clinics
- Outreach services
- PHO performance agreements
- Proposed Primary Care Group to take forward
- Need to do more



Working together

- Reference group of 10 Government Agencies
- Working with
 - PHARMAC on access to antibiotics
 - HPA on community messaging
 - MBIE on policies to reduce crowding
 - Min Ed on school hygiene initiatives
 - Min Social Dev on possible joint initiatives



Working with our communities

- Need to understand the lived experience of at risk children and whānau and reflect that in our programme
- Close working with Māori and Pacific providers who work daily with our communities
- National co-ordinator position
- Pacific advisory group
- Focus groups
- Need to do more



What next?

- Governance of programme & associated projects including a technical advisory group and community advisory mechanisms
- Quality assuring the throat swabbing programme
- Continued working cross government on crowding
- Working with DHBs, PHOs and PHUs to develop a coordinated, evidence-based approach to delivering their target
- Working with primary care to identify how to expand diagnosis and treating for all high-risk children
- Developing a communications strategy reviewing our key messages and how to deliver them
- Agreeing a collaborative approach to evaluation and research
 we still have lots to learn



Rheumatic Fever Partnership Programme

- Joint initiative between Heart Foundation, Cure Kids, Te Puni Kōkori, Ministry of Health and Health Research Council
- Seeking applied research that directly supports policy and practice decision making
- Portfolio approach that reflects the causal pathway
- Expect an RFP in the weeks ahead
- No further details at this stage to protect contestability
- Can register now to receive an update on the HRC website and will be invited to an investigator briefing meeting