

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

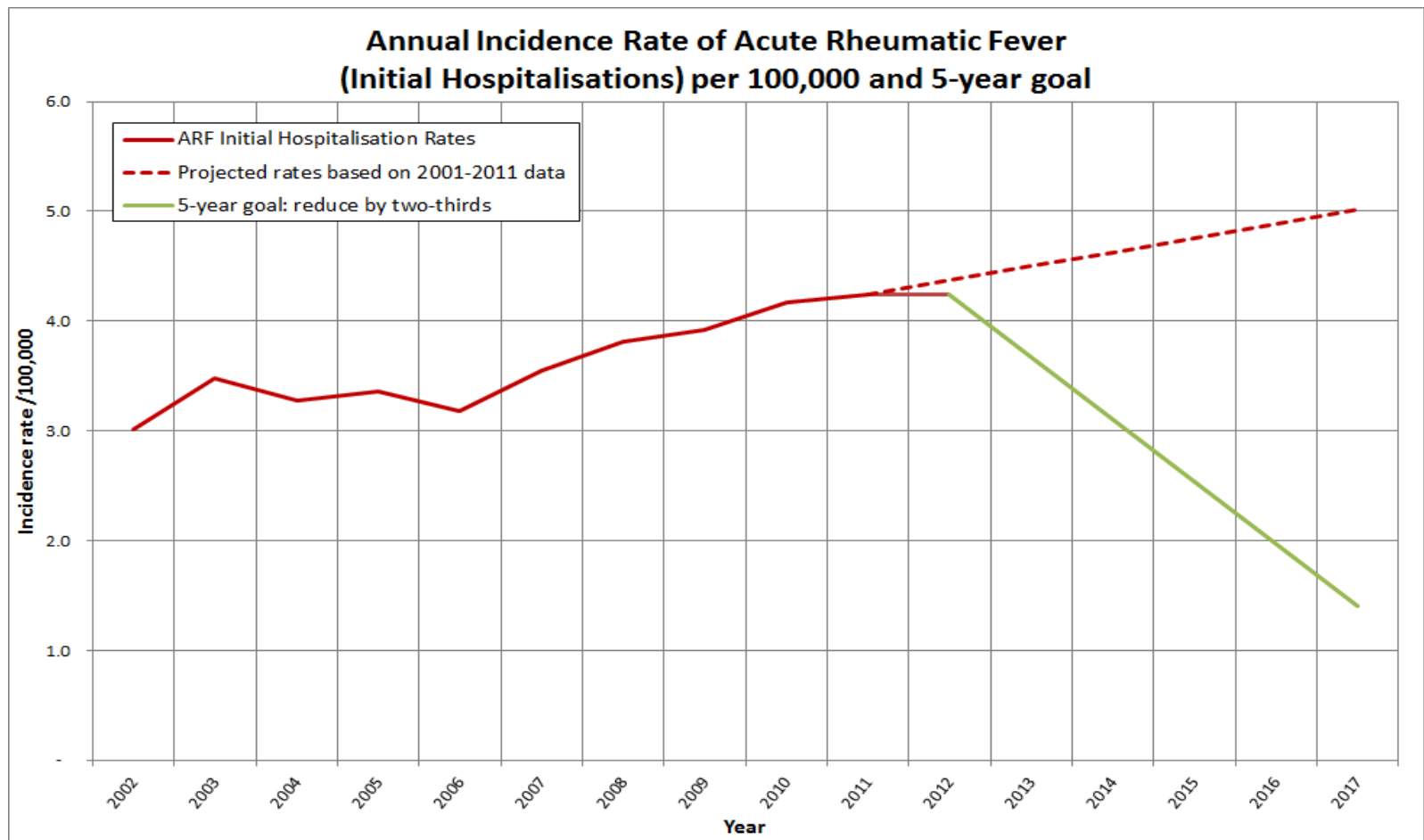
Better Public Services (BPS) –

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

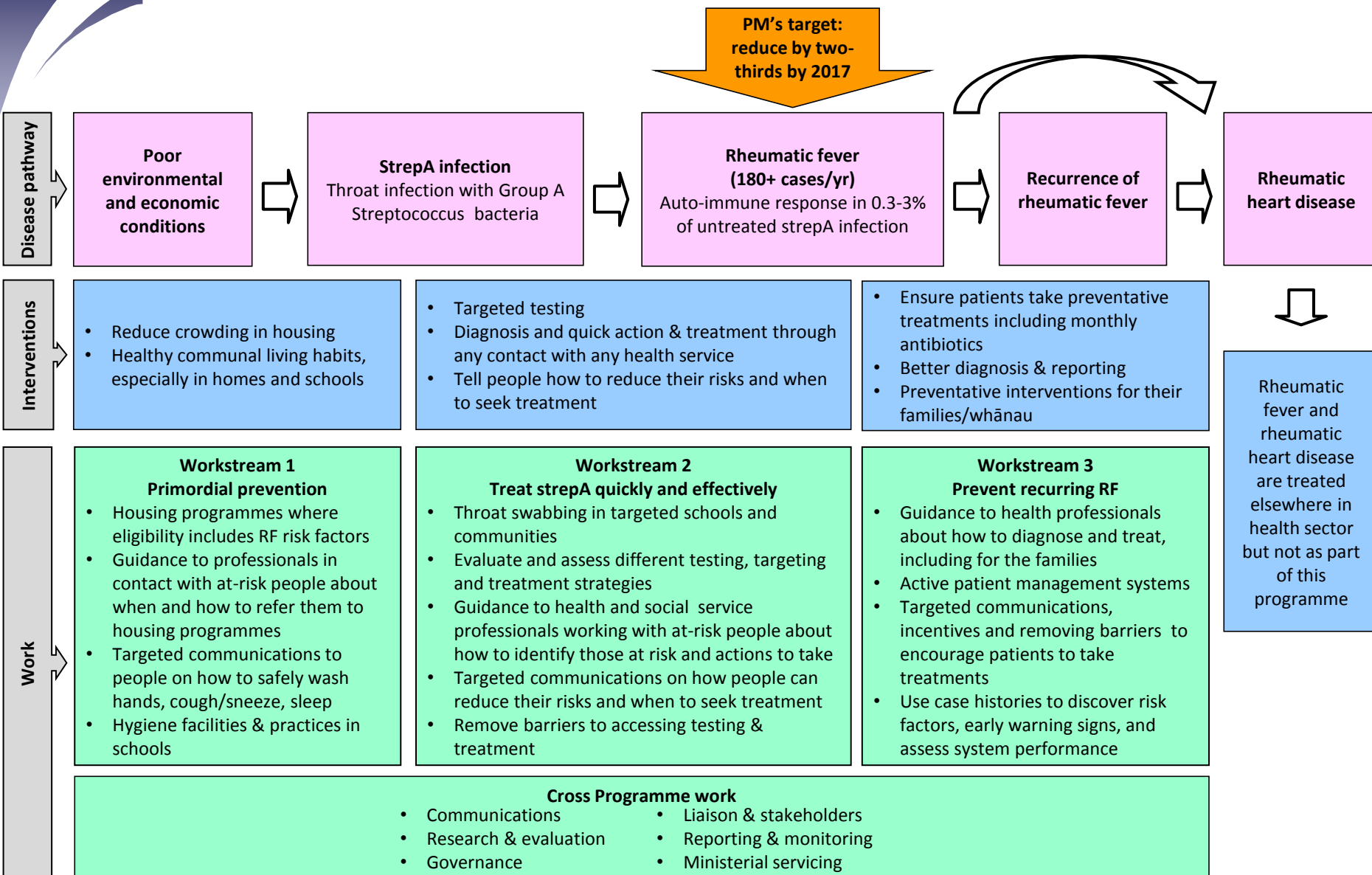
Challenging target

(with possibly some progress?)



BPS Rheumatic Fever Programme

PM's target:
 reduce by two-thirds by 2017

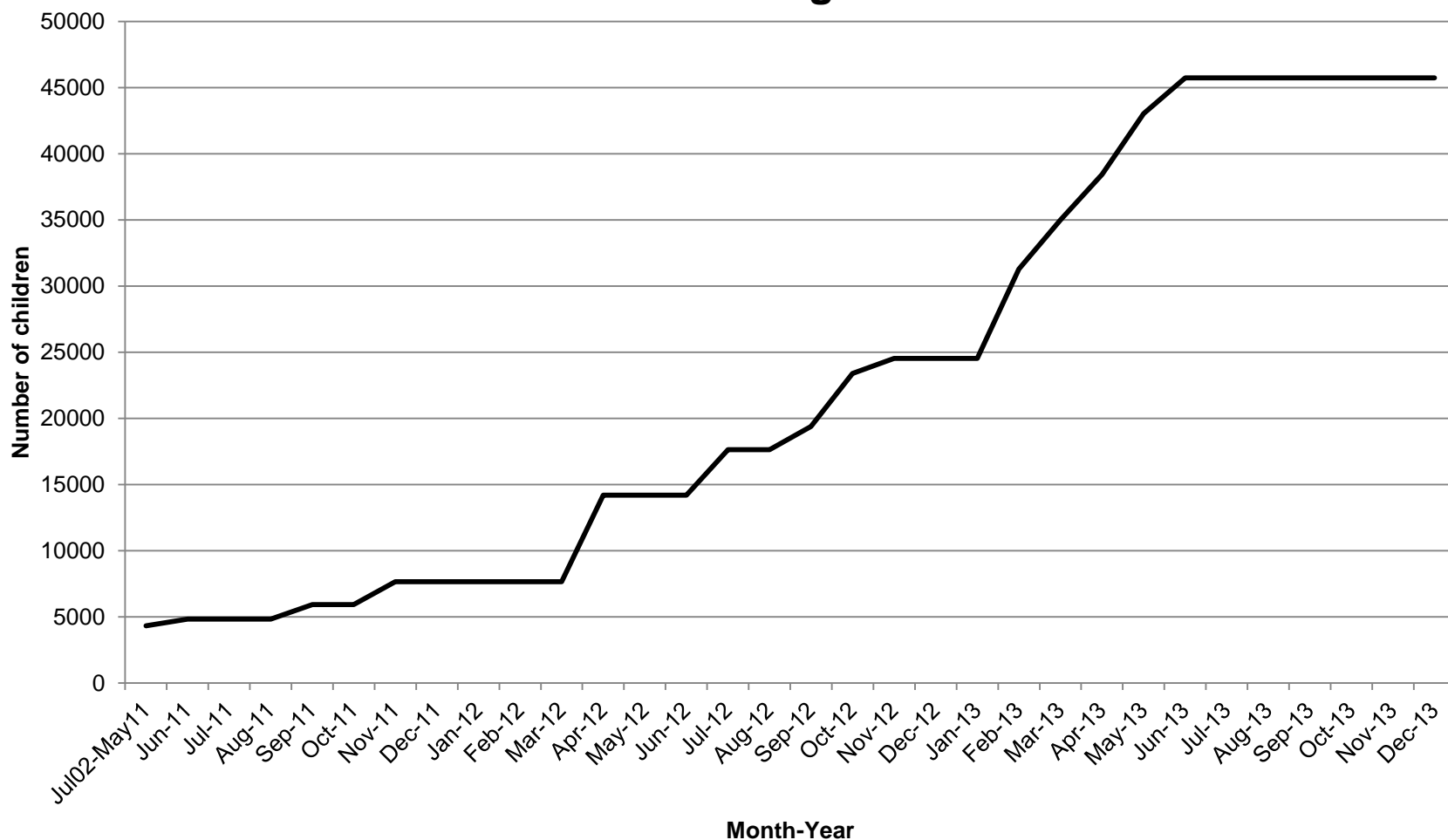


\$24 Million Government Investment

- 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?

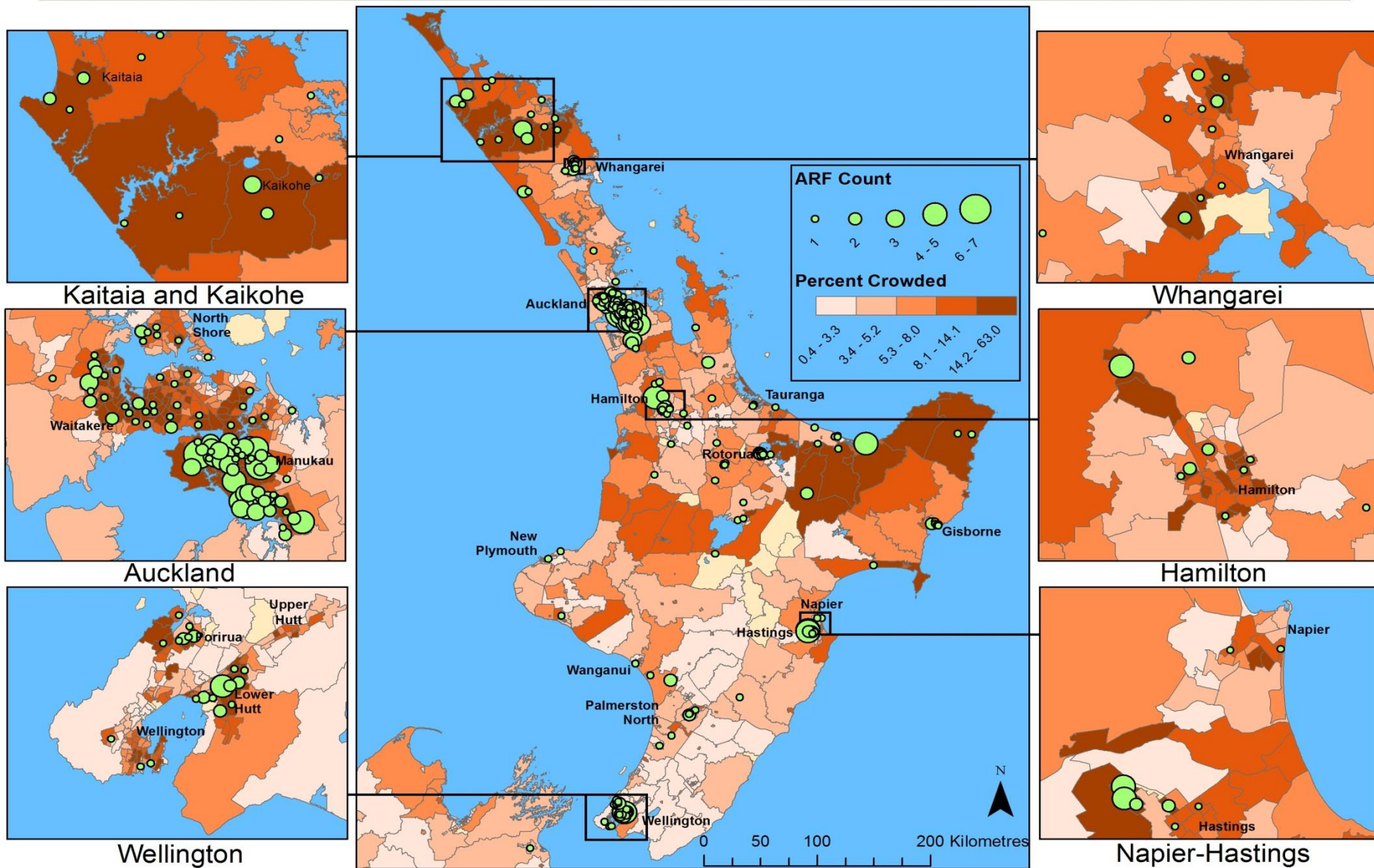


- At-risk children will have lots of sore throats – mostly viral
- Families with children most at risk least afford to get them checked (areas where no school based care and in hols).
- Important to let people know when (realistically) and how to seek testing & treatment
- And to help them do so at a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

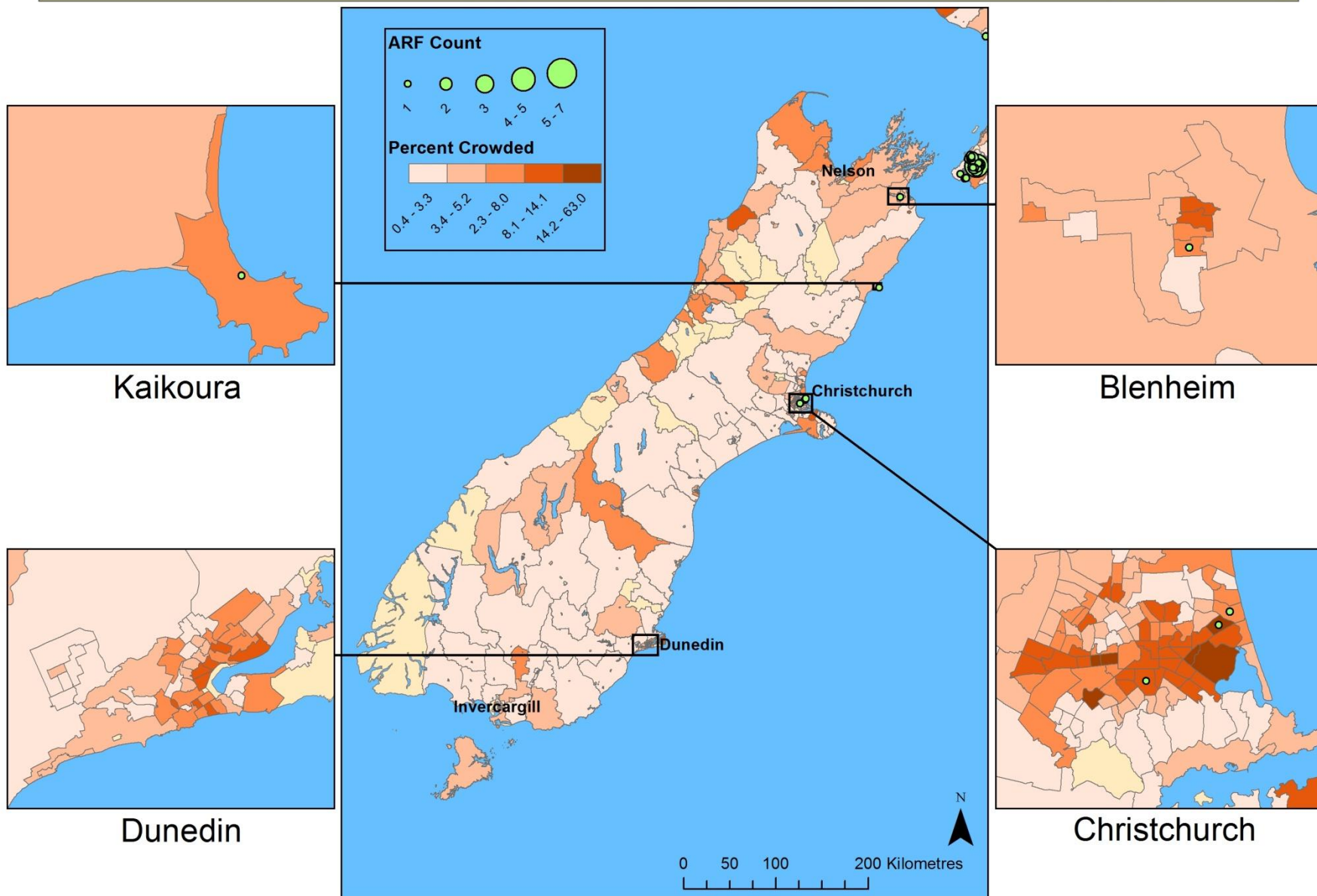
Primordial prevention

- 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 co-ordinated, 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