

Health **TARGETS** 2009/10

2009

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MANATŪ HAUORA

From the Minister of Health

The Government is committed to ensuring that it has an effective and efficient health and disability sector that provides ‘better, sooner, more convenient’ services to all New Zealanders.

Improving performance across the sector is fundamental to this goal and the Government has identified six target areas to focus progress on. These reflect areas of public priority.



For 2009/10 the six health targets are:

- shorter stays in emergency departments
- improved access to elective surgery
- shorter waits for cancer treatment
- increased immunisation
- better help for smokers to quit
- better diabetes and cardiovascular services.

The first three focus attention on the urgent issue of excessive patient waiting times in public hospitals.

The last three focus on early intervention to prevent ill health, investing in the health of our children, and effective prevention through primary health care services.

Focusing on the six health targets will not only impact on the chosen areas, but will also relieve pressure and lift performance across the health sector as a whole.

The number of health targets, and other formal DHB performance measures, have been significantly reduced for the 2009/10 year. Overall, there is a 29 percent reduction in the number of performance measures, and a 44 percent reduction in number of reports DHBs are required to supply.

The six health targets will ensure monitoring and reporting functions are minimised, leaving service providers with time and effort to put into improving performance and providing quality services on time and where patients need them.

Progress will be reviewed quarterly and reported on the Ministry of Health website. The health targets will be reassessed annually to ensure they are relevant and align with the health priorities of the time.

I look forward to following progress and being able to report back the improvements achieved to the New Zealand public.

Hon Tony Ryall
Minister of Health

From the Director-General of Health

The challenge for the health and disability sector is to continue improving the performance and sustainability of the health and disability system against a background of growing community expectation and increasing financial and structural pressures.

Our role as the Ministry of Health is to provide leadership and ensure services are planned, funded and delivered in a way that improves productivity and cost effectiveness in an increasingly resource-constrained environment.

Delivering the priorities defined through the health targets is the collective responsibility of the Ministry of Health (Ministry) and District Health Boards (DHBs).

Each DHB sets objectives as part of its District Annual Plan and, to help them meet the 2009/10 Health Targets, the Ministry has appointed a 'champion' for each target to work with and provide support to the DHBs, help and advise those who are struggling to meet their targets, and monitor and report on progress.

By the health sector working together it will make each part of the system stronger and make it easier to deliver excellent health services quickly and efficiently.

By paying close attention to the issue of access to elective surgery, patient waiting times, early intervention to prevent ill health, investing in the health of our children, and effective prevention through excellent primary health care services, we will make a significant impact on the health of all New Zealanders.

Through co-operation, sharing best practice and striving always to do the best, I am confident we will see a marked improvement in the delivery of health services in 2009/10.

Stephen McKernan
Director-General of Health



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2009/10 Health Targets

Health Target	Indicators
Shorter stays in emergency departments	95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours.
Improved access to elective surgery	The volume of elective surgery will be increased by an average 4000 discharges per year (compared with the previous average increase of 1400 per year).
Shorter waits for cancer treatment	Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010.
Increased immunisation	85 percent of two-year-olds will be fully immunised by July 2010; 90 percent by July 2011; and 95 percent by July 2012.
Better help for smokers to quit	80 percent of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; and 95 percent by July 2012. Similar target for primary care will be introduced from July 2010 or earlier, through the PHO Performance Programme.
Better diabetes and cardiovascular services	<ul style="list-style-type: none"> A. An increased percent of the eligible adult population will have had their cardiovascular disease (CVD) risk assessed in the last five years. B. An increased percent of people with diabetes will attend free annual checks. C. An increased percent of people with diabetes will have satisfactory or better diabetes management.

Individual Agreed DHB 2009/10 Health Targets

The following table contains the health targets each DHB has agreed to in their 2009/10 District Annual Plans. Where appropriate the table includes targets by ethnicity.

Please note that some DHBs have provided targets for the Pacific population. However, only DHBs with significant Pacific populations (Waitemata, Auckland, Counties Manukau, Waikato, Capital & Coast, Hutt Valley and Canterbury DHBs) have been included in the table.

	Emergency department stay times		Electives discharges		Cancer waiting times		Immunisation children			Tobacco hospitalised smokers		CVD lipids				Diabetes and Cardiovascular Disease (CVD)						
							Māori	Pacific	Total			Māori	Pacific	Other	Total	Diabetes free checks			Diabetes management			
																Māori	Pacific	Other	Māori	Pacific	Other	Māori
Northland	91%	100%	100%	85%	NA	85%	80%	85%	85%	80%	66.9%	NA	77.8%	74.7%	60.0%	60.0%	60.0%	60.0%	70.0%	NA	80.0%	76.0%
Waitemata	79%	100%	100%	85%	85%	85%	80%	85%	85%	80%	71.0%	72.0%	80.4%	79.2%	55.0%	47.0%	52.0%	48.0%	56.0%	61.0%	83.0%	78.0%
Auckland	95%	100%	100%	75%	83%	85%	80%	85%	85%	80%	71.0%	71.9%	78.8%	77.0%	46.0%	49.0%	58.0%	52.0%	67.0%	68.0%	83.0%	77.0%
Counties Manukau	95%	100%	100%	85%	85%	85%	80%	85%	85%	80%	72.3%	73.0%	80.5%	78.0%	67.0%	65.0%	75.0%	68.0%	54.0%	48.0%	71.0%	60.0%
Waikato	95%	100%	100%	66%	74%	81%	80%	81%	80%	80%	63.0%	58.0%	75.0%	72.0%	42.0%	56.0%	52.0%	52.0%	66.0%	66.0%	78.0%	76.0%
Lakes	95%	100%	100%	71%	NA	85%	80%	85%	80%	80%	59.0%	NA	75.0%	70.0%	60.0%	62.0%	NA	60.0%	65.0%	NA	75.0%	71.0%
Bay of Plenty	95%	100%	100%	65%	NA	78%	80%	78%	80%	80%	53.0%	NA	66.0%	63.0%	54.0%	72.0%	NA	67.0%	69.0%	NA	84.0%	82.0%
Tairāwhiti	95%	100%	100%	80%	NA	80%	80%	80%	80%	80%	65.8%	NA	75.0%	70.6%	60.0%	60.0%	NA	60.0%	65.0%	NA	84.0%	68.0%
Hawke's Bay	95%	100%	100%	85%	NA	87%	80%	87%	80%	80%	67.7%	NA	80.5%	78.0%	65.0%	65.0%	NA	65.0%	72.0%	NA	80.0%	78.0%
Taranaki	95%	100%	100%	79%	NA	79%	80%	79%	80%	80%	49.2%	NA	69.0%	64.8%	59.0%	71.0%	NA	69.0%	74.0%	NA	85.0%	83.0%
MidCentral	95%	100%	100%	85%	NA	85%	80%	85%	80%	80%	70.3%	NA	81.1%	78.5%	54.0%	63.0%	NA	62.0%	70.0%	NA	79.0%	78.0%
Whanganui	95%	100%	100%	88%	NA	89%	80%	89%	80%	80%	58.7%	NA	74.0%	72.2%	60.0%	66.0%	NA	65.0%	60.0%	NA	82.0%	76.0%
Capital & Coast	90%	100%	100%	80%	83%	88%	80%	88%	80%	80%	63.6%	61.9%	76.1%	72.6%	45.0%	53.0%	54.0%	52.0%	64.0%	54.0%	78.0%	74.0%
Hutt Valley	95%	100%	100%	87%	87%	87%	80%	87%	80%	80%	67.0%	70.0%	78.0%	76.0%	55.0%	64.0%	63.0%	63.0%	59.0%	52.0%	81.0%	74.0%
Wairarapa	95%	100%	100%	85%	NA	85%	80%	85%	80%	80%	73.0%	NA	78.0%	77.0%	72.0%	77.0%	NA	75.0%	72.0%	NA	77.0%	75.0%
Nelson Marlborough	95%	100%	100%	79%	NA	81%	80%	81%	80%	80%	(1)	NA	(1)	(1)	52.0%	76.0%	NA	72.0%	72.0%	NA	82.0%	79.0%
West Coast	95%	100%	100%	85%	NA	91%	80%	91%	80%	80%	62.8%	NA	72.5%	71.8%	65.0%	65.0%	NA	65.0%	80.0%	NA	80.0%	80.0%
Canterbury	95%	100%	100%	85%	85%	85%	80%	85%	80%	80%	57.1%	55.1%	68.9%	68.0%	33.0%	44.0%	26.0%	43.0%	70.0%	56.0%	78.0%	77.0%
South Canterbury	95%	100%	100%	92%	NA	92%	80%	92%	80%	80%	58.2%	NA	69.0%	68.5%	55.0%	67.0%	NA	66.0%	75.0%	NA	83.0%	83.0%
Otago	80%	100%	100%	92%	NA	92%	80%	92%	80%	80%	63.0%	NA	75.0%	75.0%	38.0%	62.0%	NA	60.0%	71.0%	NA	82.0%	81.0%
Southland	95%	100%	100%	91%	NA	93%	80%	93%	80%	80%	55.0%	NA	68.0%	67.0%	46.0%	62.0%	NA	60.0%	72.0%	NA	88.0%	86.0%

Source: DAPS advice to the Minister

Keys: (1) Data issues, target will be set once data available.

NA DHBs with a low Pacific population.

Health Target 1: Shorter stays in emergency departments

Target indicator

Ninety-five percent of patients will be admitted, discharged, or transferred from an emergency department (ED) within six hours.

Target champion

Professor Mike Ardagh, National Clinical Director of Emergency Department Services.

Why is this target area important?

Emergency department length of stay is an important measure of the quality of acute (emergency and urgent) care in our public hospitals, because:

- EDs are designed to provide urgent (acute) health care; the timeliness of treatment delivery (and any time spent waiting) is by definition important for patients
- long stays in EDs are linked to overcrowding of the ED
- the medical and nursing literature has linked both long stays and overcrowding in EDs to negative clinical outcomes for patients such as increased mortality and longer inpatient lengths of stay
- overcrowding can also lead to compromised standards of privacy and dignity for patients, for instance, through using corridor trolleys to house patients.

How we will measure progress

This is the first year the 'Shorter stays in emergency departments' health target will be measured.

All DHBs have committed to reaching the 95 percent target, although the time taken to reach the target will vary from DHB to DHB as agreed through DHBs' District Annual Plans (DAPs).

DHBs will report against the target by providing information on the number of patients presenting to each ED and their length of stay. This is measured from the time a patient presents to the time the patient is admitted, discharged or transferred.

The Ministry will work with the sector to look at a whole-of-system approach and good local clinical leadership which improves the quality of care and outcomes for the patient. This will include ensuring that other performance measures are being monitored at the DHB level to improve quality, and steps are being taken to meet the health target and improve the quality of ED care.

Any ED that does not meet the agreed targets will submit a report to the Ministry explaining progress to date, reasons for failure to achieve the target and actions to address these reasons.

Current status

All DHBs have committed to reaching the 95 percent target, although the time taken to reach the target will vary from DHB to DHB. The time to achieve the target is partly dependent on the current (starting) performance of the DHB but is significantly influenced by the projects and processes already under way. Following negotiation, the Ministry has agreed, through DAPs, to 16 DHBs working to achieve the target in 2009/10 and longer timeframes for the remaining five DHBs. These timeframes will be revisited during the 2010/11 DHB DAP process.

Health Target 2: Improved access to elective surgery

Target indicator

The volume of elective surgery will be increased by an average 4000 discharges per year.

Target champion

Kieran McCann, Manager, Elective Services.

Why is this target area important?

The Government wants the public health system to deliver better, sooner, more convenient health care for all New Zealanders.

From 2000/01 to 2007/08 the number of publicly funded elective surgical discharges rose by an average of 1,432 discharges per annum. However, the growth in elective surgical discharges did not keep up with population growth over this period. There is a need to increase the rate of growth of elective surgery. This, in turn, will increase access and should achieve genuine reductions in waiting times for patients.

How we currently deliver elective services

The key principles underlying the delivery of elective services in New Zealand are clarity, timeliness and fairness.

- Clarity is about whether patients know whether or not they will receive publicly funded services.
- Timeliness is about patients who are given a commitment to treatment, receiving that treatment in a timely manner.
- Fairness is about ensuring that the resources available are directed to those most in need.

Ministry expectations regarding the delivery of elective services are that:

- all patients referred to hospital by their GP who can be seen within the available resources are seen for a first specialist assessment within six months
- all patients assigned a priority by a specialist are managed in accordance with that priority (relative to the priorities assigned to other patients managed by that service)
- all patients given a commitment to treatment should receive that treatment within a timeframe consistent with their relative priority and within a maximum of six months.

It should be noted that for this health target the definition of elective surgery excludes dental and cardiology services.

Current status

In 2008/09 DHBs delivered over 129,000 elective surgical discharges. This was an outstanding achievement and represented an increase of 10 percent over the number of discharges delivered in 2007/08.

The Ministry has been considering the minimum requirements for the national and individual DHB Improved access to elective surgery health target in 2009/10. One of the important elements of the future success of the health target is that it provides a pathway towards equitable investment in, and access to, elective surgery.

What are the areas of focus and development for this target?

- Increasing regional collaboration.
- Fostering clinical leadership and clinical networks to improve quality and productivity.
- Investing in new dedicated elective surgery theatres to provide capacity to deliver more elective services.
- Increasing hospital productivity to ensure that hospitals work in the most effective way possible.
- Increasing the devolution of services to primary health care so that services are provided in the most appropriate and convenient locations for patients.
- Making smarter use of the private sector to support the delivery of publicly funded services.

How we will measure progress

DHBs will set a target number of publicly funded, case-mix included, elective discharges in a surgical specialty (defined by surgical purchase units excluding dental) for people living within the DHB region. Performance will be measured using data from the National Minimum Data Set (NMDS¹).

1. The NMDS is a national collection of public hospital discharge information for inpatients and day patients.

Health Target 3: Shorter waits for cancer treatment

Target indicator

Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010.

Target champion

Dr John Childs, National Clinical Director, Cancer Programme.

Why is this target area important?

Specialist cancer treatment is essential to reduce the impact of cancer by improving cure rates, tumour control or symptoms. Development of indicators that mark quality cancer treatment has been restricted by the lack of routinely collected information on common treatments.

Radiation oncology treatment waiting times have been chosen as an initial representative indicator of specialist treatment because it is a service area with waiting time issues for patients. This is justifiable, because radiotherapy is of proven effectiveness in reducing the impact of a range of cancers, and delay to radiotherapy is likely to lead to poorer outcomes from treatment.

A six-week wait time is currently targeted. The wait time target will be reduced to four weeks by December 2010.

How we currently provide radiation treatment for cancer

Radiation treatment is provided using machines called linear accelerators which are located in six public and one private cancer centre throughout New Zealand (a second private cancer centre will be providing cancer treatment in 2010).

Current status

Patients requiring radiotherapy are prioritised into categories (A, B, C and D), according to the urgency of their treatment. All six DHB cancer centres have been reporting radiation treatment waiting times regularly since March 2003. This includes the number of patients starting radiation treatment within defined time periods by prioritisation category.

In the month of June 2009, 674 people, or 98 percent of all patients (excluding those delayed for reasons not related to capacity), started treatment within six weeks – 77 percent of them within four weeks. This was the best performance of any quarter in 2008/09.

The Ministry is pleased with this level of performance, but this will need to be sustained, and DHBs will need to work together to ensure ongoing process improvement, appropriate resource planning, and early identification of potential problems.

What are the areas of focus and development for this target?

The focus for this target is ensuring that people requiring radiotherapy receive it within six weeks, excluding Category D, from decision-to-treat to treatment. Category D is excluded because these patients start treatment appropriately timed according to a defined management protocol and the start date is scheduled to ensure effective sequencing of radiation treatment with chemotherapy or other anti-cancer drugs.

While this target is aimed at improving radiation treatment capacity, it also initiates the start of changes to drive improvements for access to surgery and chemotherapy.

How we will measure progress

Currently, the Ministry collects information from all DHBs monthly on the length of waiting times for radiotherapy. This is available on the Ministry website:

www.moh.govt.nz/moh.nsf/indexmh/cancercontrol-treatment-radiation

Reports will be collated on a quarterly basis and made publicly available.

Health Target 4: Increased immunisation

Target indicator

Eighty-five percent of two-year-olds will be fully immunised by July 2010; 90 percent by July 2011; and 95 percent by July 2012.

Target champion

Dr Pat Tuohy, Chief Advisor, Child and Youth Health.

Why is this target area important?

The national immunisation goal is 95 percent of children fully immunised at two years of age by ethnicity.

Immunisation can prevent a number of diseases and is a very cost-effective health intervention. Immunisation provides not only individual protection for some diseases but also population-wide protection by reducing the incidence of diseases and preventing them spreading to vulnerable people. Some of these population-wide benefits only arise with high immunisation rates, depending on the infectiousness of the disease and the effectiveness of the vaccine. New Zealand's current immunisation rates are low by international standards and are not sufficient to prevent or reduce the impact of vaccine preventable diseases such as measles and pertussis (whooping cough).

Increasing coverage for two-year-olds will require improvements in the whole immunisation system that should improve other measures as well, such as immunisation coverage for older children.

Coverage for two-year-olds tells us whether children have received the full series of infant immunisations, when they are most vulnerable, and also tells us which children are not being reached by our immunisation system. It is a commonly used measure internationally. It is still important that DHBs measure coverage at other milestone ages as this will provide more information about the immunisation system.

How we provide immunisation services

Services that support childhood immunisation in most DHBs include:

- general practice in primary health care services
- outreach immunisation services through other providers including Māori or Pacific health providers. These services find children who are overdue for their vaccination and deliver immunisations or refer children to primary health care services
- immunisation facilitators who provide information to health professionals and the general public to help ensure a safe and effective immunisation programme through immunisation facilitation services
- the Immunisation Advisory Centre (IMAC) which provides information and education to health professionals and the general public

- Well Child health promotion services that promote immunisation
- National Immunisation Register which assists practitioners to identify unimmunised children and provides local, regional and national coverage.

Current status

At the end of quarter four, national immunisation coverage reached the target level of 80 percent.

What are the areas of focus and development for this target?

To achieve the health target of 95 percent by July 2012, DHBs have been asked to work together and change the way they offer immunisation services. This includes developing regional approaches to immunisation planning and delivery, engaging more with primary health organisations (PHOs) and improving access to the services.

The Ministry will hold quarterly regional meetings with DHBs to review immunisation, examine coverage rates, determine progress, identify any issues and provide guidance on solutions.

How we will measure progress

Immunisation coverage will be measured using the National Immunisation Register. Achieving this target will require different rates of improvement, and some DHBs will have final targets above or below 95 percent coverage. These will be set by the DHB in negotiation with the Target Champion. This target will be reported for Māori, Pacific (where relevant) and other ethnic groups.

Progress towards the health target will be assessed quarterly and the Ministry will monitor progress.

Health Target 5: Better help for smokers to quit

Target indicator

Eighty percent of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; and 95 percent by July 2012. A similar target for primary health care will be introduced from July 2010 or earlier, through the PHO Performance Programme.

Target champions

Dr Ashley Bloomfield, National Director, Tobacco Control.
Professor Bruce Arroll, General Practitioner.

Why is this target area important?

Smoking kills an estimated 5000 people in New Zealand every year, and smoking-related diseases are a significant opportunity cost to the health sector. Most smokers want to quit, and there are simple effective interventions that can be routinely provided in both primary and secondary care.

This target is designed to prompt providers to routinely ask about smoking status as a clinical 'vital sign' and then to provide current smokers with brief advice and an offer of support to quit. There is strong evidence that brief advice is effective at prompting quit attempts and long-term quit success. The quit rate is improved further by the provision of effective cessation therapies – pharmaceuticals, in particular nicotine replacement therapy (NRT), and telephone or face-to-face support.

How we provide services to better help smokers to quit

In 2007, the Smoking Cessation Guidelines were updated, introducing a new approach for all health care workers to meet the needs of smokers, known as ABC. Health care workers are prompted to: **A**sk all patients about their smoking status; give **B**rief advice to all smokers to quit; and make an offer of evidence-based **C**essation support (ABC).

The Ministry and DHBs have been working together to implement ABC across the health sector through the ABC programme. Some of the ABC activity under way that supports DHBs in meeting the health target includes:

- DHB smokefree co-ordinators/tobacco control plans
- clinical Leads
- training – e-learning and face-to-face
- accessing NRT on prescription
- standing orders for NRT
- referral systems.

Further information on the ABC programme is available at:

<http://www.moh.govt.nz/moh.nsf/indexmh/abc-smoking-cessation-framework-feb09>

Current status

This is the first year that information has been collected on the new 'Better help for smokers to quit' health target.

What are the areas of focus and development for this target?

This health target is a local target each DHB is individually accountable for. It is expected that DHBs will build on work undertaken to date via the tobacco control plans.

How we will measure progress

This is the first year that the 'Better help for smokers to quit' will be measured in a hospital environment.

The target aims to capture information about treatment offered smokers who are admitted to hospital and DHBs will use standard coding through their Patient Management Systems (PMS) to report on this target.

A baseline measurement is required to assess progress towards meeting the target. In quarter one, DHBs will provide the following data for the period from 1 July to 30 September, which will serve as a baseline measure for the target:

1. hospitalised smokers
2. smoking prevalence
3. percentage of smokers offered advice and support to quit.

From 1 July 2010 the target will be measured in primary health care. A process for this will be determined and agreed in 2009/10.

Measuring target achievement

Full achievement	80 percent target reached in final quarter of 2009/10.
Partial achievement	Improvement in percentage of smokers receiving advice and support increasing from baseline towards target.

Health Target 6: Better diabetes and cardiovascular services

Target indicators

- Increased percent of the eligible adult population will have had their CVD risk assessed in the last five years.
- Increased percent of people with diabetes will attend free annual checks.
- Increased percent of people with diabetes will have satisfactory or better diabetes management.

Target champion

Dr Sandy Dawson, Chief Advisor, Clinical Service Development.

Why is this target area important?

Long-term conditions comprise the major health burden for New Zealand now and into the foreseeable future. This group of conditions is the leading cause of morbidity in New Zealand and disproportionately affects Māori and Pacific peoples. As the population ages, and lifestyles change, these conditions are likely to increase significantly.

Cardiovascular disease (CVD) includes heart attacks and strokes – which are both substantially preventable with lifestyle advice and treatment for those at moderate or higher risk. The indicator monitors the proportion of the eligible population who have had the blood tests for CVD risk assessment (including the blood tests to screen for diabetes) in the preceding five-year period.

Diabetes is important as a major and increasing cause of disability and premature death. It is also a good indicator of the responsiveness of a health service to people in most need. The two indicators monitor the access quality improvement programmes in primary health care and the quality of care and risk of diabetes complications.

Māori and Pacific peoples are at increased risk from diabetes and cardiovascular disease. Specific targets are agreed for these groups.

How we measure progress

Cardiovascular disease – CVD risk assessment

This indicator is derived from the evidence-based guidelines for the assessment and management of cardiovascular risk.

- The proportion of people in the recommended age ranges for CVD risk assessment who have had the fasting lipid group test and a serum glucose or HBA1c test within the previous five-year period.

Diabetes

The two national diabetes indicators are based on the evidence-based guidelines for the assessment and management of type 2 diabetes.

- The proportion of people in New Zealand with diagnosed diabetes who have a Get Checked review each year. This is reported by PHOs to their DHBs. This is an indicator of diabetes diagnosis and reliable follow-up with good quality care.
- The proportion of people with a Get Checked review who had a satisfactory or better diabetes control (as indicated by an HBA1c blood test equal to or less than 8 percent). This is an indicator of quality or effectiveness of care.

How we currently provide CVD risk assessments

Primary health care practitioners assess an individual's five-year absolute cardiovascular risk (the likelihood of a cardiovascular event over five years) based on New Zealand's cardiovascular risk charts², and provide advice about lifestyle modification and treatment.

The recommended ages for CVD risk assessment are:

Māori, Pacific, and South Asian – males	from age 35
Māori, Pacific, and South Asian – females	from age 45
Other ethnicities – males	from age 45
Other ethnicities – females	from age 55

How we currently provide diabetes services

- The Get Checked/Annual Review programme gives people with diagnosed diabetes an opportunity to consult with their GP and/or nurse each year to check that the important recommendations in the evidence-based guidelines have been completed each year, and to plan the year ahead.
- The Care Plus programme is for people who have to visit a GP or nurse more frequently because of multiple health problems. Many people with poorly controlled diabetes are eligible. Individual care plans are developed for Care Plus patients to set realistic, achievable health and quality-of-life-related goals, with regular follow-ups during the year.
- Several PHOs and DHBs are delivering a more comprehensive range of services in the community.
- Hospital-based, multi-disciplinary teams provide support for PHOs and referred patients.
- Non-governmental organisations (NGOs) also provide a range of self-management training and support services.

² NZGG. 2009. *New Zealand Cardiovascular Guidelines Handbook – A summary for primary health care practitioners. Second edition.* Wellington: New Zealand Guidelines Group.

Current status

- **Diabetes free checks:** The number of people with diabetes who participated in the Get Checked quality improvement programme increased from 88,780 in 2007/08 to 100,249 in 2008/09. Primary health care providers are using this programme more effectively to assist their patients in developing on-going diabetes management plans.
- **Diabetes management:** In 2008/09 the target for improving the effectiveness of diabetes care improved from 71 percent to 72 percent of people who had 'satisfactory or better' diabetes control.
- **CVD risk assessment:** The national target for cardiovascular disease was a 2 percent increase in the proportion of eligible people who had received the laboratory tests for cardiovascular risk assessment in the previous five years. In 2008/09, this national target was exceeded for Māori (2.5 percent improvement during 2008/09), Pacific (4.0 percent), and all New Zealanders (2.3 percent). The New Zealand Cardiovascular Guidelines Handbook has been updated by the NZ Guidelines Group. Improvements to information systems and processes are starting to show an improvement in people accessing this service.

What are the areas of focus and development for this target?

- The Quality Improvement Plan for Diabetes and CVD is being implemented collaboratively across the sector.
- The PHO Performance Programme is being implemented to recognise the extra efforts and resources needed to deliver better health outcomes in primary health care, and includes several indicators for diabetes and CVD.
- The New Zealand diabetes guidelines will be updated, and will include more focus on preventing renal disease.