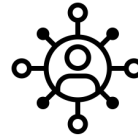




Workforce Brief No.7 Extended Care Team

WORKFORCE SURVEY 2023



The Extended Care Team

General practice is the backbone of health and the avenue most people interact with the health care system. If the general practice model fails, demand for care will fall on more expensive and stretched secondary services, worsening sustainability issues.

Following feedback in the 2006 workforce survey Pinnacle has progressively trialled and implemented a model of extended general practice—called the Extended Care Team (ECT). The ethos being that situating allied health expertise in community general practice allows people, and their whānau, with chronic conditions to gain both knowledge and practical ways to better manage their own health and wellbeing.

The model currently covers Tairāwhiti, Lakes, Taranaki, although a variation is under development in Waikato. The service strengthens the comprehensive primary health care team model by working alongside general practice, Māori health organisations, community organisations and specialist services. Health care is delivered in people's homes, at Pinnacle offices, GP practices and other community venues. Whānau involvement is welcomed and encouraged in a strengths-based approach to health and wellbeing.

The ECT is interprofessional and includes specialist nurses, clinical pharmacists, kaiāwhina, dietitians, health coaches, exercise consultants and social workers together providing integrated care.



Extended Care Teams & the Health Reforms

The way the health system is structured, and health services are delivered, is changing. The public health and disability system has significant and ongoing issues in delivering equity and consistency for everyone. Demand for health services will keep growing, due to an ageing population, advances in care and many more people having chronic health conditions. Changes are being made to meet these future challenges and to make sure everyone gets the health services they need. The work of the ECT across the rohe aligns well with health sector direction—including the key target areas of supporting people with diabetes and cardiovascular disease as well as a focus on cancer prevention.

Workforce Overview

Measure	2023	Summary comment
Extended care roles	51	In total 51 across the rohe were identified— a mix of Pinnacle MHN employed and practice employed.
Average age	46.5	Range 25-68 years. Median age of 48 years.
Based in a practice or across practices	55%	Some of the team work across multiple practice sites.
Females	88%	Of those responding to the survey.
Māori health professionals	31%	If unknowns are excluded, 42%.
Average time in current ECT role	3 years	30 respondents provided a job start date. There was an average of 3 years in the current role, a range of 0/less than a year to 13 years.

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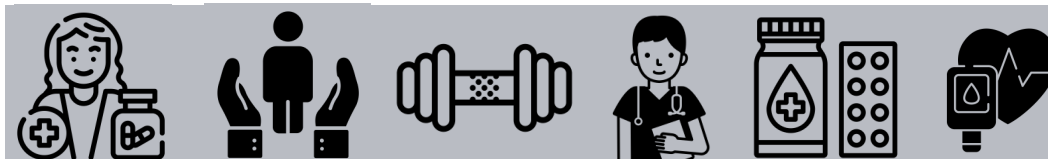
Survey Methods

Of the 51 people identified as working in an ECT role 31 responded to the survey, a **response rate of 65%**.



In terms of process;

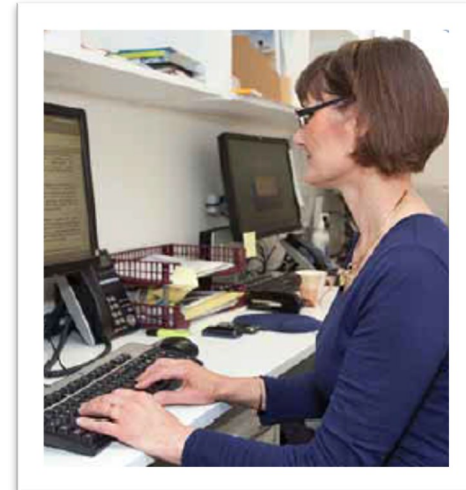
- An email invite was sent to each ECT member across all districts.
- A reminder was sent halfway through the 2 week period, via SurveyMonkey to those who had not yet taken the survey.
- There were weekly reminders in the Pinnacle newsletter
- A reminder via the CEO regular email update to all Pinnacle employed staff.



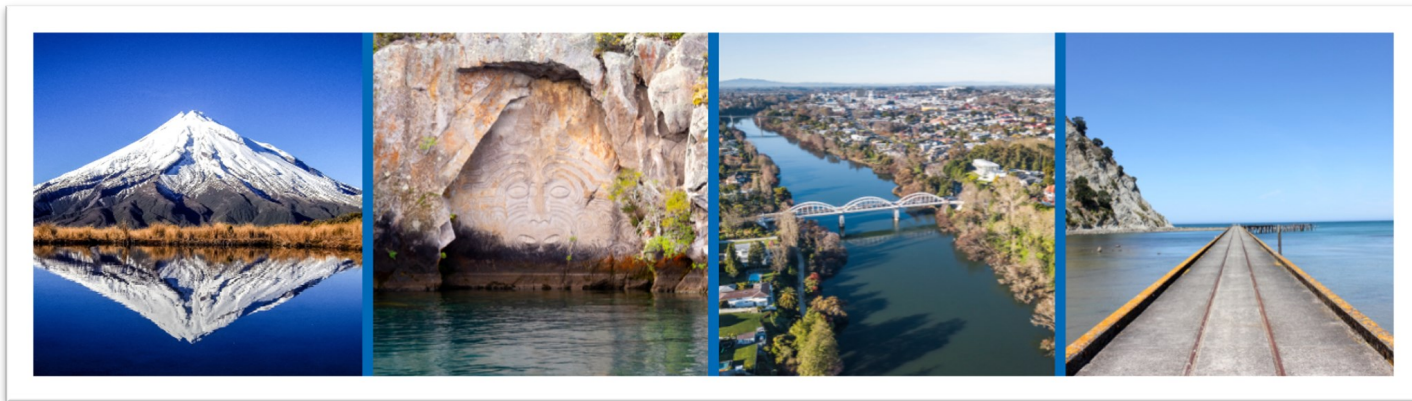
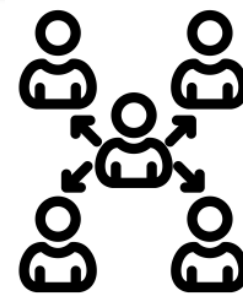
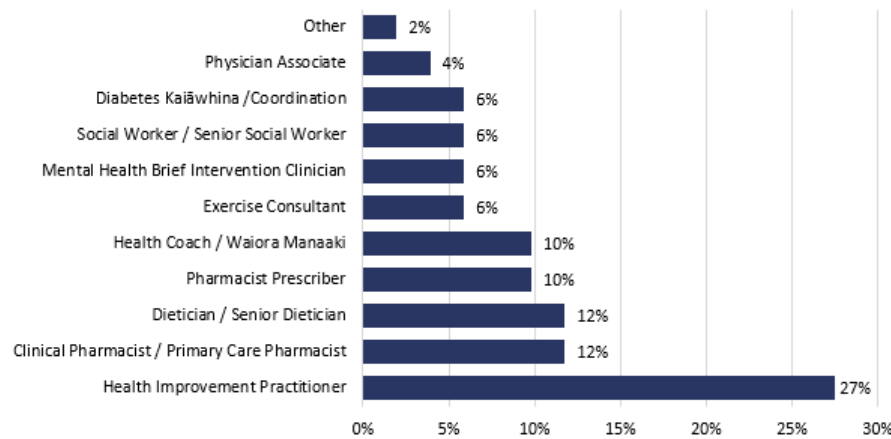
Interprofessional roles across the service

Over the last 17 years, Pinnacle has been growing the interprofessional workforce to support general practice. This is the first time that this part of the general practice workforce has been surveyed.

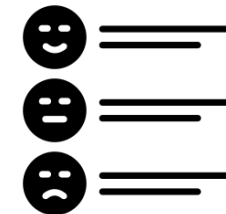
There are differing employment models in use across the region for these professionals. Referrals come in via general practice colleagues, by patient self-referral or via external stakeholder agencies such as social service agencies (for Pinnacle employed roles).



Interprofessional roles in the ECT



“We have found working with the Pinnacle ECT invaluable. I have mainly worked with the social workers. This has meant the patient/client has had a great team who work together to provide the best outcome. I haven’t had any issues when reaching out to anyone in Pinnacle health. This service has helped many of my clients who would otherwise fall through the cracks in health and wellbeing.”



Stakeholder Feedback in 2023

While not directly related to the Pinnacle workforce survey, key stakeholder feedback is an important component of the service. Given the interprofessional nature of the team and the strong commitment to collaborative working across the sector, stakeholder feedback is used to drive discussions on service improvement.

In April 2023 a short anonymous survey was sent out to key contacts in each district, including referrers from within general practice. A total of 86 responses were received, of these;

- 46% were from within the general practice team
- 29% from community health providers or NGOs
- 14% from Te Whatu Ora colleagues
- 11% from social service providers

Question	2023
“How satisfied are you with your experience of the extended care team?”	75%
“Overall, how would you rate the value of the ECT’s work with your patients or people you refer?”	68% “very valuable” (+28% ‘valuable’)

“I believe the service Pinnacle provides helps whānau to engage a lot more easily and effectively to meet with health needs.”

Burnout

“Using your own definition of burnout, how would you describe your current state?”

- (1) I enjoy my work. I have no symptoms of burnout.
- (2) Occasionally I am under stress, and I don't always have the energy as I once did, but I don't feel burned out.
- (3) The symptoms of burnout I am experiencing won't go away. I think about the frustrations at work a lot.
- (4) I am definitely burning out, and have one or more symptoms of burnout, such as physical or emotional exhaustion.
- (5) I feel completely burned out and often wonder if I can go on. I am at the point where I may need to make some changes or may need to seek some sort of help.



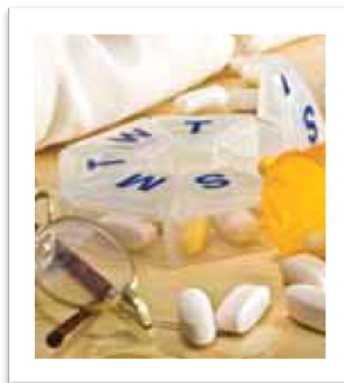
Scores 3-5 considered as degrees of burnout

ECT responders identified doing an average of 3 hours per week on administrative tasks in unpaid time (range 0-12 hours)

Burnout of those working in the health field is of concern world-wide. In the ECT survey 31 people answered the question on burnout, with an average score of 2.0 on the 5 point scale. Those who scored themselves as 3-5 on the scale were provided with a list of available resources on managing stress and burnout. Many factors contribute to burnout and the resulting consequences will have a direct effect on the sustainability of general practice. Burnout will continue to remain an issue in the foreseeable future—including those such as the ECT working as an extension of general practice.

Job Satisfaction

Measure	2023
Job satisfaction—overall (7 point scale)	5.6
Satisfaction—teamwork	5.7
Satisfaction—professional development opportunities	5.4
Leadership opportunities	4.7
Satisfaction—managing workload	5.3
Satisfaction—feeling valued	5.6



Responsiveness to Māori

The foundations of the reformed health system, outlined in the Pae Ora (Healthy Futures) Act 2022 are:

- Health equity matters for everyone
- Embedding a Tiriti-dynamic health system
- Implementing a population health approach
- Ensuring a sustainable health service delivery system

The survey was an opportunity to establish a baseline for how staff were working with patients in a manner that sought to uplift the mana of all patients. In addition to the following approaches, one respondent noted the use of Whanaungatanga, Manaakitanga, Tautokotanga, Tangihanga and Te Ahuatanga.

Measure	(%)
Greetings using te reo Māori	90%
Enquiring about whānau and their health needs	87%
Checking back (teach back technique)	84%
Reaching consensus with Māori patients/clients about their management and treatment plans (goals, options, length)	84%
Working with knowledge gained from Te Tiriti o Waitangi and or cultural/competency training	66%
Karakia in meetings / consultations	61%

Increasing roles that work with general practice and other referrers

Patients often prefer, for a variety of reasons, to receive their care in the community.

Pinnacle has built a well-functioning ECT that can go to a patient's home or another more neutral setting. This can overcome barriers to access that can be overwhelming.

This team provides interprofessional care, taking referrals from GPs, nurses and social service providers and ensures a more wrap around service for the patient and their family. This way of working may also appeal to health professionals, helping with workforce retention.

Given what we know about the current health reforms this will be an area where support grows, and Pinnacle is well placed to implement further as well as support other providers based on our in-house knowledge.

Increasing the Māori extended care workforce

For those professionals in extended care roles that responded to the survey, a third identified as Māori. This is a positive development given that the service has an equity focus and the wider team work in the community with those that need additional assistance to meet their health and wellbeing aspirations.

The April 2023 survey of Pinnacle stakeholders (general practice and external social service agencies) noted that more capacity would be welcomed in this service to meet the needs that can be identified in the community.



If you could make a suggestion for how your role could work better for you or your patients?

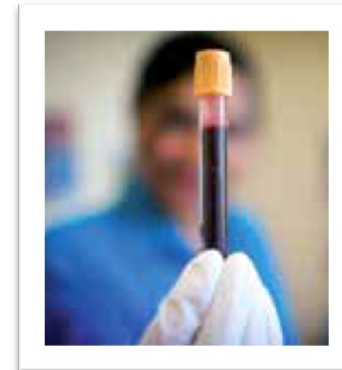
- Better communication and engagement with clinicians in the practices.
- Better IT support and systems, including being able to access the PMS from home.
- More administrative help (scheduling home visits etc).
- More group-based interventions to reach more people.
- Free consults with the pharmacist in general practice would allow for reducing inequity.
- Have more planning and collaborative time within the team and with general practice colleagues.
- More flexibility in the HIP role to meet people's needs.
- Greater ability to visit people at their workplace.
- More Allied Health staff across the board – to better meet demand and free up time for GPs, nurses.

“Value the clinicians no matter the role. Better communication at transitions of care - documentation of care plans and responsibilities. Provide more funding and resources at primary care level to prevent preventable admissions.”

“Shift in focus to funding to support increased services from primary care using appropriately trained and qualified interdisciplinary team members as opposed to secondary care, with appropriate salaries. This would include appropriate training pathways, for example for pharmacists wishing to move into primary care practice roles to ensure the patients have the opportunity to benefit from seeing appropriately trained and resourced clinicians, and to eliminate health inequities.”

If you could make one suggestion for how primary care could thrive?

- Pay Allied Health staff appropriately | higher salaries—these need to be on par with DHB salaries. This would help to both attract and retain the experienced staff needed for the service to work for patients and whānau.
- More GPs, nurse practitioners, specialist nurses, mental health clinicians and administrative support staff to meet the demand/need and to enable the needed equity focus.
- Ongoing training and clear pathways for career development within the field—also help with retaining experienced staff.
- Clarity of roles and responsibilities between community based and Te Whatu Ora staff.
- Provide more funding and resources at primary care level to prevent preventable admissions.
- Increased collaboration and integration with community health supports—'hub' buildings with easy access to a variety of services to prevent barriers and silos.
- Patients' access to care and receiving care:
 - ◇ Create a more comfortable environment at the general practice where people can come in and feel heard.
 - ◇ Provide cheaper if not free consults for those that need it – have an equity focus.
 - ◇ Longer GP consults (for those with chronic conditions this is not enough).
 - ◇ More cultural understanding and Te Tiriti training (must be ongoing not just the basics).
 - ◇ Focus on communicating with the patient and meeting their needs rather than what is convenient for the practice.



Workforce Recommendations



PLAN

- A population health approach
- Workforce sustainability measures
- Strengthen engagement on workforce issues
- Build understanding of the nuances of workforce issues in the network
- A coordinated workforce leadership strategy
- Research and evaluation network



RECRUIT

- Growing the Māori and Pasifika workforce in general practice and primary care
- Promotion of general practice and primary care, including rural practice as a career pathway (for New Zealand and internationally qualified)
- Build skill-mix development



RETAIN

- Support wellbeing and reduce burnout
- Strengthen induction and early career support
- Workforce flexibility options for early career, mid-career and staff approaching retirement
- Gather feedback on how we can make primary care a place staff want to stay
- Expanding professional practice
- Growing existing staff
- Organisationally led representation

