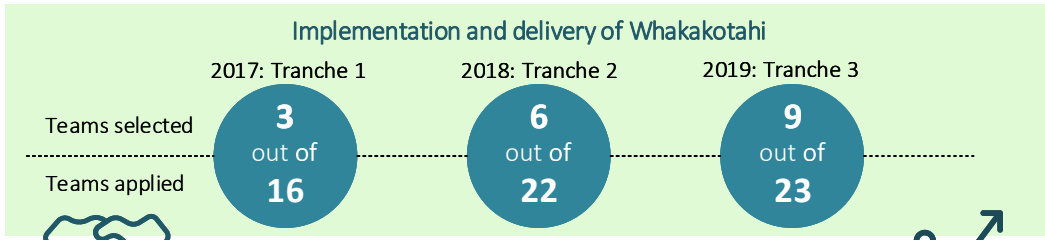
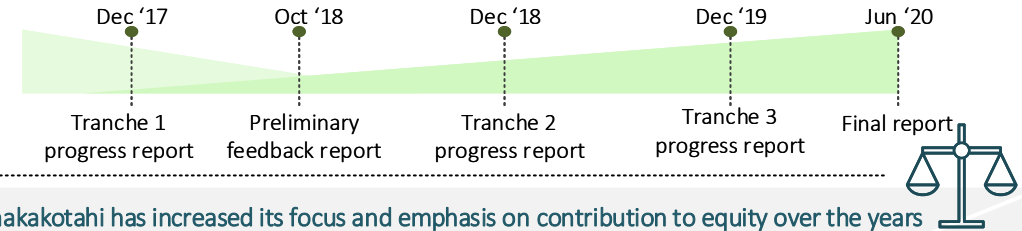


Introduction: Whakakotahi is a programme led by the Health Quality & Safety Commission (the Commission) to build quality improvement (QI) capability in primary care. Beginning in 2016, this three year programme has been one of the key initiatives in the Commission's primary care programme.

Whakakotahi has three key aims:

- ▶ 1. Increase engagement between the Commission and the primary care sector.
- ▶ 2. Increase quality improvement capability of those involved.
- ▶ 3. Contribute towards improved processes leading to improved health outcomes by focusing on principles of equity, consumer engagement and integration of services.

Evaluating Whakakotahi: Synergia conducted a formative and summative evaluation of Whakakotahi to support programme development, and track progress in terms of delivery and outcomes. The evaluation produced a series of progress reports across three years. The evaluation drew on project team interviews, surveys, Whakakotahi project team-collected QI data, and key stakeholder interviews.



Whakakotahi has increased its focus and emphasis on contribution to equity over the years

- Whakakotahi actively **supports project teams to prioritise equity** in their work and this is supported through the Commission's cultural partner for this work, Te Tihi o Ruahine Whānau Ora Alliance.
- Te Tihi partnered with the Commission during the third year of Whakakotahi after the Commission recognised the benefits of having a Māori partner.
- Refined processes resulted in more flexible and agile approaches to QI, which resulted in **some equity gains within specific projects**. The projects also highlighted the influence of structural or system level barriers to equity.

Whakakotahi evaluation outcomes

Engagement and partnership in primary care

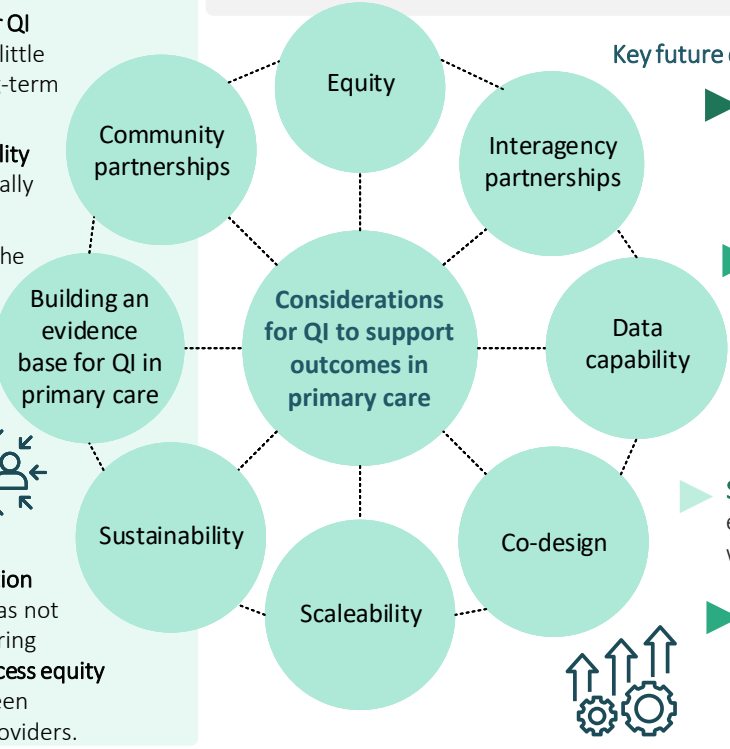
- The Commission built **meaningful and reciprocal relationships** in the primary care sector through Whakakotahi.
- The Commission has been able to **understand primary care at the community level and raise its own profile**.
- The Commission built formal partnerships with Te Tihi and PHARMAC Te Pātaka Whaioranga, strengthening alliances with other networks across primary care.

Enhancing QI capability

- Participants **improved their QI capability**, though there is little evidence available for long-term sustainability.
- **Improvements in QI capability may not spread** systematically beyond project teams
- **Broader engagement** into the primary care sector may support the spread.

Whakakotahi contributes to gains in health outcomes, consumer engagement and integration

- QI data demonstrated some **slight improvements in health outcomes for patients within the timeframe of Whakakotahi**. Project teams described positive impacts for patients with these expected to continue if changes are sustained.
- Some **positive examples of consumer engagement**, with providers building strong relationships with consumers. This is **not systematic throughout the programme** as a whole.
- Whakakotahi made some **contribution to improving integration**, yet this was not systematic across all teams. Partnering with PHARMAC and the medicine access equity focus encouraged integration between community pharmacy and other providers.



Key future considerations for the Commission and Whakakotahi

- ▶ **Further enhancing the focus on equity:** Support the integration of te ao Māori and QI approaches that aim to remove Māori health inequities.
- ▶ **Interagency and community partnership and collaboration:** Collaborate with other national and community organisations to share insights and learn from one another.
- ▶ **Data capability development:** Primary care needs to be supported to use data for QI.
- ▶ **Support with co-design:** Support primary care to embed co-design with consumers to drive systems with consumers and whānau at the centre.
- ▶ **Sustainable and scaleable:** Explore scaleable ways to sustain the work of Whakakotahi and continue to support QI capability in primary care.