



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa

Whakakotahi

Primary care quality improvement challenge
2017

Expressions of interest
guidelines and application pack



'The Commission has an important role to play in facilitating and supporting innovation in the sector, and in promoting a culture underpinned by a commitment to, and understanding of, quality and safety'

Prof Alan Merry ONZM FRSNZ
Chair
Health Quality & Safety Commission

Contents

Summary	4
Introduction	5
Project scope	6
Funding	7
Who can submit an EOI application?	7
Application process	7
Due date for applications	8
Eligibility criteria	9
Evaluation guidelines	9
<i>Equity</i>	9
<i>Consumer engagement</i>	9
<i>Integration</i>	10
Evaluation criteria	10
Expression of interest form.....	12

Summary

This document describes Whakakotahi – primary care quality improvement challenge. This is a primary health care project the Health Quality & Safety Commission (the Commission) is working on with primary health care providers. This document establishes a common understanding to inform expressions of interest to deliver improvement initiatives as part of the challenge.

The Commission was established in 2010 and is extending its work in health care quality improvement to the community setting. To help with this work the Commission has created a primary care expert advisory group. This group has recommended that we should identify and support a few initiatives focused on equity, consumer engagement and integration. We are developing this as the Quality Improvement Challenge. The project scope (page 5) details the implementation of the project and the type of initiatives being sought from primary health care organisations.

The Commission invites providers to apply and submit initiative ideas for improvement in the three priority areas. The Commission will support selected initiatives, including learning sessions for the initiative teams and a quality improvement advisor and project manager support.

This document includes:

- details about how to apply (page 8)
- eligibility criteria (page 9)
- evaluation guidelines (pages 9–12)
- an expression of interest form (page 14).

To apply, providers will submit an initial expression of interest (EOI) form no later than 12 noon on 9 September 2016. A selection panel then selects a shortlist from these EOI. The Commission will help shortlisted applicants complete a more detailed application and the final selection will be made from these proposals.

Introduction

The Commission was established in November 2010 to:

- measure and monitor the quality and safety of health and disability services
- work with clinicians, providers and consumers to improve the quality and safety of health and disability services.

We develop systems and processes to ensure the safest and highest quality care, using proven innovation, and learning from mistakes so they don't happen to others.

The 'Triple Aim', developed by the Institute for Healthcare Improvement in Boston, has become a well-known goal for quality improvement. The Commission has adapted this for New Zealand:



This New Zealand Triple Aim has been accepted by all health agencies as the overall goal for improvement in health services.

To support the Triple Aim the Commission is increasing its focus on primary care and community services, aged residential care and disability services. In 2014 the Commission hosted a workshop with primary care opinion leaders to identify the important quality and safety issues and how the Commission may best contribute. This led to the establishment of the primary care expert advisory group (PCEAG) in 2015–16. The PCEAG, chaired by Dr John Wellingham, supports the Commission's engagement with primary care providers, provides a primary care perspective on the Commission's work, and advises on future initiatives.

In response to the PCEAG's advice, the Commission has agreed to a stronger focus on primary care. In the first instance this will involve designing and implementing a few small-scale primary care improvement initiatives to start valuable discussions and lay the groundwork for future, larger initiatives.

The primary care sector has a strong motivation to undertake quality improvement activities. However, we recognise that there is limited capacity (funding and time) and capability (knowledge and skills) for such activities.

The aim of the programme is to increase quality improvement capability in primary care, with the following goals:

- build collaborative partnerships between the Commission and primary care to improve primary health care quality and our understanding of it
- improve one or more health outcomes with associated improvements in equity, integration and consumer engagement
- support sector-led initiatives to build improvement expertise and skills in the primary health care sector
- identify initiatives suitable for implementing at a national level.

Project scope

The Commission is seeking EOI applications for primary health care improvement initiatives. Applicants can propose initiatives that are important to them and their enrolled population.

Priority areas

Initiatives for this project must support one or more of the Commission's three primary care strategic priority areas:

1. **Equity** – all initiatives must be underpinned by consideration of equity in the design, implementation and evaluation phases.
2. **Consumer engagement** – consumer co-design will enable initiatives to move from 'consumer experience' to ideally reflect consumer journeys through health, including their impact on quality of life.
3. **Integration** – Integrated patient-centred care will be a key priority, to provide seamless transitions of care. The initiative should target either the vertical gap between primary care and secondary care or the horizontal gaps across primary care and with other social sector services, from the consumer perspective.

The Commission will work with the successful applicants to implement initiatives using methodology similar to the IHI breakthrough series (collaborative) methodology and use its model for improvement.

We will bring initiative teams together for three learning sessions for quality improvement capability building, sharing ideas and forming improvement networks. Between these learning sessions, the Commission's quality improvement advisor and project manager will provide on-site support to the improvement teams.

The Commission is committed to working with primary care providers to build quality improvement capability. After this first phase of proposals, future plans will depend on the number and suitability of the initiatives identified. More providers and initiatives will become involved in stages. Our plan is to sustain a balance between initiatives being developed and refined, and those being scaled up for broader implementation.

This phased approach is outlined below:

Phase 1 Year 16–17	Phase 2 Year 17–18	Phase 3 Year 18–19
Identify initiatives	Evaluate phase 1 initiatives	Spread revised initiatives
Test initiatives through iterative cycles and collaboration	Revise successful initiatives for regional/national spread and call for new initiatives	Begin work on new initiatives
Build primary care network and improvement capability	Build primary care network and improvement capability	Build primary care network and improvement capability

This process will incorporate feedback from the participating organisations in primary health care for phase 2 and 3 programme design.

Funding

The Commission will reimburse staff time up to \$6000 excluding GST for each selected initiative. We will also fund travel and accommodation costs, to release staff to work on initiatives and attend the learning sessions.

Who can submit an EOI application?

Initiatives should be led by general practice and supported by collaboration with the primary health care organisation. We will consider applications from other primary care providers without a general practice focus, such as Māori health providers.

Application process

Applications must be sent by email to the address below and must arrive before the due date. Applications must be on the attached form and contain the information set out in the requirements section on pages 9–12. Applications will be acknowledged by email after the closing date.

The Commission has a five-stage process for receiving and processing applications:

STAGE 1 1 July–9 September 2016	Initial applications received EOI applications will be accepted from 1 July 2016 to midday on 9 September 2016. These should be in the EOI format attached.
STAGE 2 10 September – 14 October 2016	Shortlisting The selection panel will review all applications and prepare a short list if required.
STAGE 3 15 October–25 November 2016	Full proposal templates completed Shortlisted applicants will complete a full proposal with assistance from the Commission. We will contact applicants at the earliest opportunity to allow this information to be collated. Applicants should be aware of the additional information required when submitting an EOI.
STAGE 4 26 November to 13 December	Interviews and selection process Applicants will present their proposals to the selection panel. Presentations will be held in Wellington or by video conference. The panel will then make recommendations to the Commission on preferred proposals.
STAGE 5 20 December to 31 January	MOU negotiations and start-up The Commission will negotiate with selected applicants and develop contracts for services. Initiative start-up will commence in January/February 2017 and finish by June 2018.

Due date for applications

Expressions of interest are invited from 1 July 2016 and close at midday on 9 September 2016. Memorandums of understanding with preferred providers will be completed by 31 January 2017.

Applications should be emailed to primarycare@hqsc.govt.nz or mailed to be received by the due date to:

Whakakotahi
 Health Quality & Safety Commission
 PO Box 25496
 Wellington 6146
 Attention: Jane Cullen

Eligibility criteria

The Commission invites EOIs from primary health care providers who meet the following criteria:

- the proposed improvement initiative is focused on quality improvement in the New Zealand primary care sector
- proposals must be for activities commencing in 2017, through to 2018.

The Commission will not consider EOIs for:

- capital expenditure
- IT software or hardware projects
- projects with commercial application
- pharmaceuticals research and development or research undertaken as part of an undergraduate or postgraduate programme
- attendance at conferences or seminars
- international travel.

Evaluation guidelines

The key criteria required for EOI applications to fulfil of each of the Commission's strategic priority areas are explained below. We have obtained expert advice from the primary care sector to identify these criteria. Each EOI response will be assessed against these criteria by a selection panel.

Equity

- Include a clear description of the equity outcomes that the project will achieve and how this differs from the current state (why this needs to happen); using an existing evidence base of qualitative and quantitative data to explain the problem in a local context.
- Demonstrate understanding of and commitment to equity. It will include equitable representation from the local population, focusing on collaborative community participation, as well as partnering with other experts to address inequities.
- Have a named individual for the improvement initiative, who understands the change management processes required to achieve success and will take ownership and accountability.
- Show evidence to support any proposed disinvestment or redirecting resources and effort to address inequity and how this change will work and make a difference.

Consumer engagement

- Describe the improvement the provider wants to achieve, and how this is a quality improvement activity centred on consumer engagement.
- Show commitment to consumer co-design and involving the consumer in every stage of the project. Consumer engagement should feature throughout the project, from scoping through project governance to evaluating outcomes.
- (Ideally) Be consumer initiated – brought to the provider's attention by the community, with accountability back to the community through the evaluation process.
- Demonstrate how consumers are valued, supported and trained appropriately so they can participate fully in the initiative from the outset. There will be evidence of value of a collaborative and consensus-building approach.

- Focus on patient experience and the patient journey, concentrating on issue(s) that are important to the consumer. Any barriers will be stated and understood from a local consumer perspective.
- Demonstrate the party's willingness to change as a result of the programme and respond to feedback from consumers during the evaluation process, even if that means further unforeseen change is required.
- Show equitable representation and Māori participation described within EOI consumer engagement responses.

Integration

- Articulate a shared understanding of the integration problem (current state) and that all parties have a shared vision and understanding of the changes required to reduce waste and fragmentation.
- Embody the concept of 'teams without walls'. It will identify the relevant parties and their accountabilities across roles, responsibilities and funding. Joint governance, decision-making and co-design processes will support the initiative.
- Focus on consumer needs and their journey, to create integrated pathways that deliver improved care, as well as understanding the wider relationships that are important to the consumer, so that their supporting infrastructure is woven throughout the programme. The EOI will consider health literacy needs, and what actions may be required to address them.
- Identify the expected outcomes and how to measure these through the evaluation process.

Evaluation criteria

Applications will also be assessed against the criteria below. The Commission will provide brief feedback to applicants about unsuccessful proposals. The panel's decisions are final and not subject to review.

Criteria	Success measures
Strategic fit	<p>Does the proposal align with the Commission's strategic activities:</p> <ul style="list-style-type: none"> - consumer engagement - leadership and capability - measurement and evaluation - reducing unwarranted variation - reducing avoidable harm - reducing inequity. <p>Does the proposal fit with one or more of the Commission's primary health care strategic priority areas:</p> <ul style="list-style-type: none"> - equity - consumer engagement - integration <p>Does the proposal align with other agencies' and the health sector's priorities?</p> <p>Does the proposal contribute to achieving the Triple Aim?</p>
Evidence	<p>Does the proposal relate to a known and clearly defined problem? How well stated is the problem definition?</p>

	<p>What is the size and impact of the problem identified?</p> <p>How strong is the evidence for the proposed change in practice or interventions?</p> <p>Is the problem to be addressed amenable to change?</p> <p>What are the implications if this proposal is not implemented?</p> <p>Is there support for this in the sector? Could there be?</p> <p>Are there any potential unintended outcomes that may need to be addressed?</p> <p>Has monitoring and evaluation been considered? How easy will it be to measure benefit from the project?</p>
Benefits realisation	<p>What are the benefits of the proposed solution?</p> <p>Is there potential for significant health gain and/or reduced risk/harm?</p> <p>What is the timeframe for achieving improvement?</p> <p>Can the proposed solution be easily and sustainably incorporated into practices?</p> <p>How will the change be sustained over time?</p> <p>What ongoing costs will be incurred? By DHBs? By others in the health sector?</p> <p>What funding is required and who is the proposed funder?</p> <p>What can or should others in the sector do to support this proposal?</p> <p>What are the risks in this proposal for the organisation, the consumer and the Commission?</p>
Equity	<p>Does the problem affect some population groups more than others? Does it contribute to equitable health outcomes?</p> <p>How will the proposal promote health equity? How will this initiative decrease existing inequity?</p> <p>How will inequity be measured?</p> <p>What are the potential impacts on Māori health?</p>
Value for money	<p>What will the proposed change cost the Commission and the sector?</p> <p>Does the proposal offer value for money?</p>

Whakakotahi

Primary care quality improvement challenge 2017

Expression of interest form

Please complete all sections of this expressions of interest (EOI) form. Email the completed form to: primarycare@hqsc.govt.nz. Please use the word 'whakakotahi' in the subject line. You must email the form by midday on 9 September 2016.

Refer to the guidelines when completing this form. Please use the text boxes for each section. You can expand the text boxes as required.

Section 1. Project details	
1. Short title of project	
2. Project location (the region, town or city where the project will be based). If this EOI is related to any other proposals, note them here.	
Section 2: Applicant's details	
1. Legal entity or entities applying. For joint ventures between two or more entities note the lead entity and attach an endorsement for their lead role from the other related organisations.	
2. Primary contact person name	
3. Primary contact details	
• Phone	
• Mobile	
• Email	
• Postal address	
4. Person who will be delivering the project (if known and not primary contact).	
5. Provide a brief description of your organisation/practice. This can include:	<i>This description helps the Commission to assess equity.</i>

<ul style="list-style-type: none"> • size • enrolled population • population characteristics eg, ethnicity or proportion of high need. • very low cost access practice (VLCA) • integrated family health centre (IFHC) • Other special characteristics 	
6. Are there any potential or perceived conflicts of interest you are aware of in this proposal? If so please declare these.	<i>For example: Is there anyone involved in this EOI working for the Commission in any capacity, or with a commercial interest in the outcome of the project?</i>

Section 3: Project information	
Evidence: 1. What is the problem you are trying to address? Why is this a problem?	<i>Describe the problem and how you know that this is a problem.</i>
2. What is the scale and scope of the problem?	<i>Provide quantitative and/or qualitative data about the problem here.</i>
3. What are you proposing to do?	<i>Describe your ideas for change.</i>

Section 4. Project objectives (please use extra space if required to describe your project)	
Strategic fit: 1. How does this project align with the Commission's strategic activities: <ul style="list-style-type: none"> - consumer engagement - leadership and capability - measurement and evaluation - reducing unwarranted variation - reducing avoidable harm - reducing inequity. 2. How will this project contribute to the three strategic priority areas for primary care of: <ul style="list-style-type: none"> a. equity b. consumer engagement c. integration 	<i>Review the evaluation guidelines on pages 8 – 10 and provide a description of how your proposal will meet these criteria.</i>

<p>Benefits realisation:</p> <p>3. What are the benefits of the proposed solution?</p> <p>How will you know if you have made a difference?</p> <p>How will you monitor your project delivery and success?</p> <p>What is the timeframe for achieving improvement?</p> <p>How well would your project transfer to other health providers?</p>	<p><i>What will success look like?</i></p> <p><i>What measures will you collect and how will you collect them? How much data do you already have?</i></p> <p><i>How long will you need to show sustainable change?</i></p> <p><i>What are the opportunities for your initiative to be spread across the sector and how can sustainability be assured?</i></p>
<p>Equity:</p> <p>4. Does the problem affect some population groups more than others?</p> <p>How will the proposal seek to promote health equity and/or decrease existing inequity?</p> <p>How will inequity be measured?</p>	
<p>Value for money:</p> <p>5. What will the proposed change cost the:</p> <ul style="list-style-type: none"> a. project organisation b. Commission c. Sector. 	

Section 5: Certification

I, _____ certify that this EOI form application to Whakakotahi – primary care quality improvement challenge 2017 is authorised by the legal entity specified above.

If you have any questions, or need any help to complete this EOI form please contact Jane Cullen:

Phone: 021 973470

Email: jane.cullen@hqsc.govt.nz.

Requirements – Process	Please ✓
1. All applications must be received at the Commission by midday on 9 September 2016.	
2. All applications must be completed correctly and contain the information requested.	
3. Nominate a contact for administrative purposes, including name, contact number, email and address.	
4. Each proposal must be submitted separately. If there are links between proposals these should be noted.	
5. Joint ventures between organisations should identify a lead organisation and include an indication of endorsement for their involvement in this project from the other organisations.	
6. Indication of endorsement from PHO (if a general practice is submitting).	
7. Proposals should be emailed to: primarycare@hqsc.govt.nz by the due date.	