INTRODUCTION
The Primary Health Care Nursing Integration project is a collaboration between the Central Primary Health Organisation (CPHO), the MidCentral District Health Board (MDHB), and primary health care services, all based in the lower North Island of New Zealand. The MDHB region covers a population of nearly 135,000, stretching from the West to East coasts. This population has a higher than average proportion of priority populations.

While the initial project focus related to the lack of alignment of the many Primary Health Care (PHC) nursing roles, the primary system dysfunction was the lack of integration between and across PHC and secondary services, resulting in disjointed patient care. Areas include best use of the total PHC nursing workforce, irrespective of employer, and nurses working to the top of their scope. The use of co-production methodologies has broadened the project to encompass implementation of a co-designed model of shared care to bridge the gaps between services. This significant directional shift results in the scope extending past ‘roles’ and ‘person to person’ to care approaches and streamlined systems.

PROJECT APPROACH
- Via an expression of interest process, all General Practice Teams (GPTs) in the region were invited to become co-design partners with the MDHB Nursing and Environments (N&E) Group. Four GPTs (5 sites), with a representation of rural, urban, new Integrated Family Health Centres (IFHC), small and large practices, and Hauora - Māori Health & Wellbeing were involved.

LESLEY BATTE1, MANDY BEVAN (Presenter)2, DEBBIE DAVIES2, PAUL COOPER1
1 Central Primary Health Organisation, Palmerston North, New Zealand
2 MidCentral District Health Board, Palmerston North, New Zealand

PHASE ONE
- The overall focus was improving patient care – bridging the gaps in patient’s journeys – and equity of service access and outcomes. No present model was chosen. However, a literature review, was adopted a theoretical perspective that the integration occurs along a continuum from segmentation to full integration. There is no single degree of integration that is optimum for all services or care programmes.
  - Phase One Methodology
    - Methodology: sampling & co-design
    - Interviews
    - Focus groups
    - Stakeholder analysis (practitioners, policymakers, service managers)
    - Observations
    - Data collection: PHC Care Within a Broader Team for Those Who Need it Most
    - Conceptualising the Nursing Workforce
    - The Pathway to Co-design
    - The Shared Care Experience
    - The Shared Care Experience

PHASE TWO
- Local priorities were developed from each phase one workshop and testable solutions for Plan-Do-Study-Act (PDSA) cycles agreed. One PDSA example was to test the development of a ‘shared care clinic’ run by District Nurses within a new PHC. Objectives were to:
  - Improve visibility of District Nurses as new members of the PHC team
  - Offer shared patients the option of receiving District Nursing care at their ‘health home’ (IFHC)
  - Test processes of District Nurses documenting in-clinic care in the IFHC clinical records
  - Improve shared understanding of patient care roles
  - Improve understandings of shared patient care, especially for those with long term or complex care needs
  - Case Study – test shared care clinic

PHASE THREE UNDERWAY
  - Plan for Phase Three
    - Increasing the number of General Practice sites,opacity focus
    - Implementing shared care @ home
    - Realigning the District Nursing workforce for complexity
    - Scaling to the wider PHC nursing workforce
    - Testing other alignments of care across the range of numbers of shared patients between services.

CONCLUSION
The project is work in progress. It demonstrates the positive impacts of following co-design principles to address widely experienced health sector integration challenges. The model of shared care that emerged from the first project phase, and which is being used to structure the third phase, has delivered the initial focus from roles and employees to care approaches and streamlined processes, ICT integration across organisations remains a key barrier to progress. However, effective service-level relationships have been developed, and patient and family focused solutions are informing all future developments.

Lesley Batten1, Mandy Bevan (Presenter)2, Debbie Davies2, Paul Cooper1
1 Central Primary Health Organisation, Palmerston North, New Zealand
2 MidCentral District Health Board, Palmerston North, New Zealand

Primary Health Care Nursing Integration: Bridging the Gap with Co-Designed Shared Care
Lesley Batten1, Mandy Bevan (Presenter)2, Debbie Davies2, Paul Cooper1
1 Central Primary Health Organisation, Palmerston North, New Zealand
2 MidCentral District Health Board, Palmerston North, New Zealand

Co-designed Model of Shared Care
- This co-designed model was a key outcome of Phases One and Two, and provides the basis for Phase Three.

Toolkit Components
- Necessary for the Shared Care Model to work effectively, have been tested in PDSA cycles on an individual site. However, due to delays in ICT implementation across the health sector, not all components have been tested on all sites.
- All Toolkit components have been tested in a limited way. MDHB progress on their Digital Strategy will reassure all can be tested in the future.

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Batten, L
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