

15 December 2016

Nigel Miller Chief Executive Waikato DHB	John Macaskill-Smith Chief Executive Midlands Health Network	Simon Royal Chief Executive National Hauora Coalition	Hugh Kinnimonth Chief Executive Hauraki PHO
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Dear Nigel, John, Simon and Hugh

### **Feedback on 2016/17 System Level Measures Improvement Plan**

As promised in my letter of 22 November 2016, please find further feedback on your 2016/17 System Level Measure Improvement Plan (Improvement Plan). This feedback is provided to guide the development of your 2017/18 Improvement Plan.

The improvement milestones and contributory measures for the four System Level Measures have been reviewed by the following teams within the Ministry:

- Immunisation
- Tobacco
- Screening
- Long term conditions
- Acute demand.

Reviews have considered the following in providing feedback:

- Past and present performance
- Historical trends
- Current and planned improvement activities in your district
- Equity
- Appropriateness of identified Improvement Milestone
- Appropriateness and completeness of listed contributory measures.

#### Overall

It appears the midland region alliance worked together to develop Improvement Plans and we commend you for doing this. This shows your alliances' commitment to your region's population and willingness to work together to improve their health outcomes.

It is pleasing that you have chosen to improve performance across all the System Level Measures in 2016/17. However based on the different demographics across the four midland districts we expect to see district specific contributory measures for the System Level Measures in 2017/18. This will show a clear line of sight for the improvement being sought for each DHB.

#### ASH 0 – 4 year olds

The coverage for children fully immunised by five years of age is below optimal levels. The Immunisation team recommends that improvement in immunisation for this cohort is included in your next Improvement Plan.

#### Acute bed days

The Long Term Conditions team recommends the inclusion of a cardiovascular disease contributory measure in the 2017/18 plan.

### Amenable mortality

The national target for cervical screening coverage is 80% across all ethnic groups. The National Cervical Screening unit is pleased that cervical screening has been chosen as a contributory measure. However the contributory measure chosen relates to coverage in all eligible women and will have a minimal impact on amenable mortality.

Nationally, Maori women are 2.3 times more likely to die from cervical cancer than non-Maori, and Pacific women are 2.5 times more likely to die compared to all women. The greatest impact on amenable mortality will therefore be made when focussing on priority groups who are unscreened and under-screened, not a focus on all women.

The National Cervical Screening unit recommends the alliance include contributory measures that focus on Maori, and Asian women where coverage is 65.4% and 63.8% respectively. (DHB coverage for other women has already met the target at 81.2% and coverage for Pacific women is 78.1%).

With your district's low breast screening coverage for Maori and Pacific women, the National Screening unit recommends including contributory measures relating to breast screening rates for these women in your 2017/18 plan.

Thank you again for your effort and investment in the development and implementation of your Improvement Plan. Dr Peter Jones and I are available to work with your System Level Measure working groups as they develop their 2017/18 plan.

If you have any questions around the System Level Measures Programme, please do not hesitate to contact me.

Yours sincerely



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