



Māori Health Plan 2022 TO 2024

Doctors on Riccarton acknowledges the special status, health needs and rights of Māori in New Zealand. It seeks to identify areas of need with the aim of improving the health and producing parity of care and outcomes for Māori.

This Plan is a living document to be annually reviewed by Doctors on Riccarton

Underlying Principles of Care

- All practice team members will have training in Māori cultural competency to enhance understanding and respect for Māori
- The team will have an understanding of the Treaty of Waitangi, in particular the principles of partnership, participation and protection.
- Where necessary identify and work with whanau, local resources and organisations

Identifying Māori within the practice

Receptionists will collect ethnicity data which aligns with the Ministry of Health’s principles of patient self-identification. Our PHO provides enrolment data on GPVu for practices to access. We use this information identify the number of Māori in our practice population.

Patients identifying as Māori within the practice

As at 13/02/2024, Doctors on Riccarton has **563 enrolled Māori** patients out of a total 12,811 enrolled patients. This equates to **4.37%** of the total funded practice population.

Breakdown of our Māori population							Date: 13/02/2024
Female							Total
Age	0-4	5-14	15-24	25-44	45-64	65+	
Māori	28	63	46	101	38	10	286
Total	407	944	590	2560	1266	577	6344
Percentage	6.9%	6.7%	7.8%	3.9%	3.0%	1.7%	4.5%
Male							Total
Age	0-4	5-14	15-24	25-44	45-64	65+	
Māori	25	64	39	93	46	8	275
Total	412	967	663	2512	1383	530	6466
Percentage	6.0%	6.6%	5.8%	3.7%	3.3%	1.5%	4.2%
Overall Percentage of funded Māori at Doctors on Riccarton							4.37%

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Priority Areas for addressing the health needs of our Māori population include:

- Immunisations
- B4 School Checks
- Smoking cessation/brief advice
- Diabetes
- CVD Risk Assessments
- Asthma
- Oral Health
- Mental Health
- Injury Prevention
- Cervical Screening
- Mammograms

Doctors on Riccarton will use three approaches to tackle these issues. We will

1. Carrying out opportunistic screening

Medical and nursing staff will identify Māori when attending the practice; they will do all they can to ensure that accurate clinical details are recorded (including past medical history, family history, smoking status, immunisation history, blood pressure, weight, height and BMI). Using this information, a Māori person’s health needs can be recognised and appropriate advice and action offered.

2. Carrying out specific screening initiatives

It is recognised that Māori are under-represented in many screening programmes such as mammography and cervical smears. The practice shall identify these patients using query builders and place them on recall systems. In addition, the practice will try to opportunistically identify these people as and when they attend. In addition, annual audits shall be carried out to ensure to ensure that those who are at a higher risk of, or are already affected by a disease or its complications, are identified and appropriate questions, investigations or treatment undertaken.

In addition, the practice will address directives from our IPA, Pegasus and our PHO, Partnership Health Canterbury regarding initiatives designed specifically to target the Māori population.

3. Access funding initiatives for Māori patients

Practice staff are to be made aware of all funding initiatives for Māori patients and these are to be utilised as necessary.

Specific areas of Māori Health that can be addressed include:

- Māori women over 25 who are due/overdue for a cervical smear are offered free HPV screening
- Māori children have had their childhood immunisations
- Māori 27 years and under are offered the HPV vaccine
- Low-cost Consultation for Contraception (LCC)
- Insertion and Removal of Long-acting Reversible Contraceptives (LARCs)
- newly diagnosed Type 2 Diabetes Mellitus
- and general funding for Services to Improve Access

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Clinical Quality Initiative for Māori in 2022/23

(this is a part of DOR's 2022 Continuous Quality Improvement Project – full details are the in CQI Project)

All eligible Māori patients are offered an HPV screen as part of Doctor's on Riccarton's participation in the HPV Screen Pilot Study. 80% of eligible Māori patients receive the screen in line with the national target by March 2023

Commencement date for the Initiative is 13 September 2022 (start date of Pilot Study).

Completion date of Initiative is 31 March 2023 (completion date of Pilot Study)

Priority Area	Target Goals	Actions	Evidence of Achievement
Māori patients eligible for HPV screening	<ul style="list-style-type: none"> All Māori patients eligible for HPV screening are contacted 80% of Māori patients eligible for HPV screening receive the test in line with the Ministry of Health's national target rates 	<ol style="list-style-type: none"> Check that our recalls are accurate by performing a query builder to create a list of all Māori patients eligible for a cervical smear. Every person on the list is to be recalled and offered an HPV screen. If there is no response to the first recall, the patients are to be contacted by phone to explain the HPV screening and discuss barriers for having it done. If there is no response to the 2nd invite, Māori patients will be contacted a 3rd time either via text or email. Opportunistic screening will also be offered i.e. when they present to the Practice for other reasons. If the 80% national target is not achieved after 3 contacts, a review of the actions taken will be performed to see what further actions are required to achieve the target. 	See Appendix 1

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Appendix 1 - Evidence of Achievement of Priority Area for 2022

Priority Area

All eligible Māori patients are offered an HPV screen as part of Doctor’s on Riccarton’s participation in the HPV Screen Pilot Study. 80% of eligible Māori patients receive the screen in line with the national target by March 2023

Report by the Clinical Governance Team (Marina Chin, Vivian Huang and Lynne Doubleday)

Preface

Almost all cervical cancer is caused by the human papillomavirus (HPV). Regular cervical screening can detect any changes on the cervix so treatment can be provided before they become cancers. There has been a steady decline in cervical cancer mortality in New Zealand since the National Cervical Screening Programme (NCSP) was introduced in 1990 and subsequent the introduction of HPV vaccination in 2008. However, the coverage of cervical screening has seen a decline since the start of the current COVID pandemic in early 2020. Nationwide, the 3 year coverage has decreased from 71.1% in 2019 to 67.1% in 2022. Although the decline is seen across all ethnicities, the highest decline of screening is seen in the Māori population with a decrease of 8.3% and 9.7% respectively (from NCSP coverage report data). The NCSP target coverage is 80%

Using our PMS Indici Quality Indicators to analyse our performance, DOR’s cervical screening coverage has been much lower than the national figures. At 31-03-20, at the start of the Covid Pandemic, the coverage at DOR was 54.2% for the total enrolled population and 55.8% coverage for Māori patients. DOR has seen a significant decline in cervical screening since then. As at 30-09-22, the coverage for our total population had dropped to 45.8% (i.e an 8.4% decrease) whereas the Māori coverage had dropped to 43.8% (i.e. a 12% decrease).

NCSP has indicated that a more sensitive and less invasive HPV self-test will be introduced in July 2023 as part of the cervical screening programme to allow earlier identification of high-risk people. A select group of General Practices across NZ were approached by a research team partnered with the University of Otago to participate in a HPV pilot study to look at the best way to introduce the HPV test, the aim being to increase screening coverage and promote earlier identification of high needs people. We were one of the practice’s selected due to our low cervical screening coverage.

The Clinical Governance team at DOR (Clinical Director, Dr Colin Chin; Practice Manager, Marina Chin; Head Nurse, Lynne Doubleday; and Nurse Prescriber, Vivian Huang) decided that participation in the HPV pilot study would be an ideal opportunity to improve the Practice’s cervical screening statistics, focus being given particularly to the Māori population in line with our Health Equity Policy.

Therefore, our Māori Health Plan for 2022/23 has been developed as a sub initiative of the DOR CQI project.

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Aim and Timeframe

- 1) To increase uptake of cervical cancer screening for DOR's total eligible population by a minimum of 5% over the next 3 months (from 13 Sep 2022)
- 2) To provide equity in screening uptake by developing strategies to achieve increased screening outcomes for our Māori patients by a minimum of 15%, bringing percentages in line with the total population in our practice.
- 3) To provide catch up screening for our Māori patients who have missed out over the last 3 years during COVID and review our procedures to increase sustained uptake and maintain levels of screening more in line with the National averages, ideally even reaching the national target of 80%.

The proposed time frame for this project is 6 months, from 13 September 2022, to 31 March 2023 (the Study's end date for data collection).

Data Analysis

Patients who have had screening in the last 3 years

	31 Mar 20 coverage (Start of Covid Pandemic)	30 Sep 2022 coverage (Start of HPV Study)	31 Oct 2022 Monthly screening coverage	30 Nov 2022 Monthly screening coverage	31 Dec 2022 (up to 12/12/22)
Eligible Māori Screened	67	63	72	74	74
Eligible Māori	120	144	139	139	139
Eligible Māori Screened Percentage	55.8 %	43.8%	51.8%	53.2%	53.2%
All Eligible DOR Population Screened	2101	1939	1889	2021	2037
All Eligible DOR Population	3873	4226	4133	4133	4133
All Eligible DOR Population Screened Percentage	54.2%	45.9%	45.7%	48.9%	49.3%

Findings

- The initial email or txt message sent to all eligible patients resulted in no response from Māori patients.
- Opportunistically asking patients at consultations was the most effective way of achieving screening
- Phoning patient directly to explain the HPV screening test had a much better booking response rate than email and/or text.

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What have we learnt from this Clinical Quality Initiative for Māori

- It is not enough to send recalls for HPV/cervical screening for Māori patients. The response was much improved with direct contact with an explanation and discussion about the screening.
- There needs to be a more active recalling system for those who do not respond to text recalls.
- We need to maintain our monthly rate of HPV/cervical screening to achieve the National target of 80% screening rate.

Action Plan

- After the initial response, those who did not respond were much harder to get in, requiring more than the usual 3 attempts at contact. We will utilise other means to get Māori patients in for screening, namely:
 - Contacting He Waka Tapu
Phone: 0800 439 252
Email: www.hewakatapu.org.nz (cervical screen only)
 - Utilising Doctors on Riccarton’s Te Tumu Waiora team of Health Improvement Practitioner and Health Coach, with their motivational skills, to contact the Māori patients overdue for their cervical smears/HPV screening.

Clinical Quality Initiative for Māori in 2023

Maori health Improvement audit 2023

Aim

To contact our Maori smokers who have no smoking status documented to offer assistance not only with smoking but anything that we find in the notes that we think they might need help with and to update our records. This was done for the 15 patients who fit these criteria in April 2023 and any responses were updated Sept 2023. (In red)

Process

We attempted to contact all of the below and findings and results are as written for each person.

- 1) MCM6214. Looking at D’s notes due to him being on our Maori smoking list as having no status. I notice there is a lot of documentation around his smoking and alcohol consumption, but nothing has been entered into classifications. It is also not entered that he has hypertension and although his CVD has been recorded in the notes it has not been entered into measurements. Done today. An alert has been placed to please find out and document his family history and to get a phone number if he has one. I have also emailed him to ask if he is a non- smoker currently vaping and for his phone number if he has one. **When D next came in for an appointment his details were updated. He was given lifestyle intervention but his Family history was not captured. He is currently a non-smoker who vapes.**
- 2) LZR8857. Called as on list of Maori smokers Stopped 10/12 ago since his accident as he had broken ribs and was very painful to cough. He reports that he vapes but only occasionally. Discussed how he is doing at the moment with his injuries. He is managing but needs more paracetamol as only takes codeine at night. Has bought some from the supermarket and will get another rx from GP when in next. **He is currently a non-smoker who vapes.**

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- 3) MCX2418. Called as on list of Maori smokers. MLOAPH to call me back. need HPV vaccine and for update of dashboard. Is he smoking currently? Called his NOK (Mum). She thinks he is having trouble with his phone atm. She will let him know that he is due for an HPV vaccine when she sees him next. She reports that he has an occasional cigarette but is now vaping. Please ask him re drugs and alcohol. He is on an alert for his 3rd HPV vaccination. **Has since been seen by a nurse once and Dr twice but was not offered HPV vaccination. He has been recalled 4 times. I have asked the nurse to call him again.**

- 4) MJD1143. Called as on our list of Maori who smoke. MLOAPH explaining that the HPV vaccination is free till his 27th birthday and that if he decides to pay for it at a later date that will need 3 injections as around \$200.00 each. Also asked him re smoking status and to call me please. We have lots to update on our prompts. **Has not responded to any recalls. In fact when a nurse called him and after she introduced herself he hung up. He has not been in during the intervening months so no details have been updated.**

- 5) MPU7120. Called as on our list of Maori smokers. MLOAPH to call me back re updating smoking status and prompts. He is also eligible for the booster COVID vaccine. **Was able to update smoking status, alcohol intake and new diagnoses from information received in a discharge letter. Dr at DOR had not updated any details or classifications.**
- 6) MVK4552. Review of notes as on list of Maori smokers. Need to update the Prompts and offer HPV. Has been asthmatic but not on medication for this so not eligible for a free flu vaccine. Called but no reply and no ability to leave a message. Emailed asking him to contact me either by phone or by replying to the email I sent. Invited him in to have free HPV vaccination. Put on an alert. **Has not responded to invitation for HPV vaccines and is coming up to 27. Message sent to VZ to call him if possible or call his NOK.**

- 7) PUE8464. Called as on list of Maori smokers. Has recently been released from prison. Is asthmatic but not on preventer currently so not eligible for free flu vaccine. Is overdue for his 2nd HPV vaccine. Need to check Weight, Ht and smoking status. No reply and no ability to leave a message. Also check how his asthma is. Emailed. Dear T,
I am currently updating your records and was unable to reach you by phone. I would really appreciate it if you could either call me (Lynne 033488989) or reply to this email. Are you still smoking? and if so, would you like help to quit. If you have stopped how long ago was this and are you currently vaping?
You are also due to have your 2nd HPV vaccine. Please make a time that is convenient to you to come in for this.
Thanks in advance for your response.
T has since been prescribed a long-acting beta agonist so is now eligible for a free flu vaccine He has not had his 2nd HPV vaccine yet. I have asked VZ to attempt to call him. He has not responded to several calls form us recently but he does email the GP for pain relief. It was noted in a hospital letter 5/23 that he is currently smoking but our details were not updated.

- 8) QKW7883. Called as is my list of Maori smokers. Answer phone said my call could not be completed at this time. I called his NOK (mother)and was informed that this number is invalid. Emailed. Has no documented 2nd dose of MMR. Needs 11 yr Boostrix also HPV. Please check smoking status, alcohol consumption, weight, height and family history.
emailed: Dear T,
I am in the process of updating your notes and have been unable to reach you by phone. I would really appreciate it if you could either call me (033488989 Lynne practice nurse) or reply to this email.
Thanks in advance.

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You are eligible for some vaccines. You missed out on a 2nd Measles Mumps and Rubella vaccine and your 11 yr old diphtheria, tetanus and whooping cough booster and also the HPV vaccine. These will all be free to you. It sounds like a lot but there are 3 injections. Please call us to make a time to come in for these.

Are you still a smoker or have you given up and if you are still smoking would you like help to quit? About how much alcohol would you drink in a typical week and do you know your weight, height and family history?

I know it's a lot to ask and I would be very happy to talk to you. Having accurate and updated records helps us to care for you.

Thanks for your time.

We have had no response from T and he has not been in to DOR for anything.

- 9) SHE8538. Updated records as on Maori list for smoking status. As is in prison atm will not be smoking or drinking alcohol. Has since been released from prison and he has been in for a consultation but no details were updated.
- 10) SGS6030. Called as on our list of Maori smokers. There was discrepancy in her notes about whether or not she smokes. She informed me that she has never really smoked cigarettes (has occasional puff of a friends) but that vapes with nicotine. She does not want help to quit this as says she will slowly wean herself. Reminded that can have a free flu vaccine as was prescribed a symbicort this year. She will call back for apt. Did not come in for flu vaccine. Has been int the practice once since then but as was very unwell would not have been appropriate to have a vaccine.
- 11) CHY9779. Called as on list of Maori smokers. No reply and unable to leave a message. E mailed. Dear R,
I am currently updating your records and as I have been unable to reach you by phone I am writing to you.
I'm hoping you will be able to reply to this email or call me on 033488989 (Lynne practice nurse). I was wanting to know if you are still smoking yes or no and if so, would you like some help to quit? I also would like to remind you that you are eligible for a free COVID booster vaccine which are being given at the Pharmacy next door from us.
THANKS for your time
Lynne
Wife called back and R is still a smoker and does not want help to quit at this time. Reminded both he and wife re COVID booster. Two months later he came in for a Drs apt and his details were updated.
- 12) FNG9970. Called as on list for Maori smoking cessation. Message said my call could not be completed at this time (x2) Emailed. Hi T,
I am updating your records at the moment and as I have not been able to reach you by phone. I was hoping you would be able to either call me (Lynne 033488989) or answer this email.
I was wanting to know if you are still a smoker yes or no? If so, would you like help to quit yes or no?
Thanks in advance
Lynne
We have had no response to my email and he has not been in to the practice.
- 13) LYT9795. Called as on list as a smoker. Gave up smoking 1 year ago and has been vaping non nicotine. He thinks he will be able to wean himself off this. Has since been in to see dr and smoking status was further updated as ex-smoker but no mention of his vaping.
- 14) RCQ5243. Called as on list of Maori smokers. Has not had HPV vaccination that I can see. NIR search done. MLOAPH asking her to call me re her smoking status as gave up cigarettes but is

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vaping with nicotine. Also need to ask her if she had HPV elsewhere as we have no old notes according to her current notes. **Has since been in for an apt and given further smoking cessation advice by Dr.**

15) SAS4684. Phoned as on our list as a Maori smoker. His phone is disconnected. I tried the 2nd ph no. and spoke to his stepmother who seems to think he is smoking and vaping. emailed.

Hi Blake,

I am updating your records and wanted to know if you are still a smoker and or vaping? If you could reply to this message that would be much appreciated. You could call me (Lynne practice nurse) on 033488989 if you have a phone. The one I called you on is turned off.

Thanks. **Discharge letter from 7/23 confirms he is still a smoker. He Has had several appointments with our HIP for his many issues.**

Update 02/02/2024

D.O.R. now has a nurse specifically who follows up all our MAORI smokers to offer wholistic care. We currently have 20 Maori over the age of 15 with no smoking status. Please see recall procedure for Maori smokers as this now includes monthly recalls/pone calls for all our Maori smokers, those who have no status and those who are due for cessation advice.

Snapshot of Maori smokers and status on 13/02/2024

Age group	15-17	18-24	25-30	31-34	35-44	45-54	55-64	65-74	Total
Currently smoke	2	12	16	14	25	11	13	2	95
Ex smoker under 15 months									12
Ex smoker over 15 months									97
Have never smoked									158
Have no smoking status									20
Number of Maori									382

Maori Health Improvement Plan for 2024

Purpose/Aim

To ensure our Maori Wahine have every opportunity to have cervical screening and to increase our statistics. We will be concentrating on our hard-to-reach Maori population.

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Background and meeting with He Waka tapu.

On 01/02/24 CJL and the nurse team lead met with the Health Promotion lead from He Waka Tapu (Wikitoria Kerene), to discuss how they could help us to increase the uptake of cervical screening for our Maori women who have not responded to numerous recalls for their cervical smear/HPV test.

We had attempted to have a meeting several months ago but our emails went unanswered as they had a change of their health promotion lead.

Wikitoria shared what He Waka Tapu has learnt are barriers for some Wahine.

- 1) Cost of transport e.g. taxi, bus, fuel can be a barrier even though the screening is free. He Waka Tapu can provide transport if this is a barrier.
- 2) Going to their own GP practice can be a barrier if they have outstanding fees even though the screening is free.
- 3) A previous bad experience. Wikitoria focuses on building relationship and providing a positive experience.
- 4) Lack of understanding. Wikitoria’s goal this year is to ensure Wahine are well educated in the whole process.

He Waka Tapu has a mobile cervical smear service which they use readily. They also go to rural areas to hold clinics e.g. we have a patient in Kaikora who is waiting for the next clinic there to have her smear. They go to farming areas in North Canterbury.

Once a week they run a clinic on Wednesdays from 1 to 6pm. They may have 10 booked in and 6-8 turn up. They have 2 smear takers one Maori and the other Filipino. If they need to they can open more clinics and also offer a drop-in service as there is always a smear taker on site.

We can refer anyone who is Maori or Pacifica or fits into the priority group.

He Waka Tapu also helps Wahine to get to colposcopy appointments by providing transport and also ensuring they know what colposcopy is. They have found that several women don’t understand the referral process and why they have been referred. **We at DOR need to ensure we offer this information ? What is everyone doing? Give written info at time of screen.**

They have portable colposcopy equipment and trialled using this during mobile visits at the end of 2023. They will continue with this for 2024.

He Waka Tapu has access to the National Cervical Screening Programme NCSP portal (Whaihua). We do not as the are practitioners who are reluctant to allow this as they believe it will mean more work for them. HWT is able to add their notes to the portal but as we cannot access them we will need to look in Health One if we don’t receive the results.

Consent to be referred to HWT can be a bit tricky as we will be wanting to refer women we are unable to contact. Technically if they have consented to be on the NCSR at any stage then we can consider this consent to refer them elsewhere.

Abnormal results. HWT is able to refer but if the woman is post menopausal then they will need to see their GP for the oestrogen cream and we can then refer them. (This is bit of a grey area)

We have asked them to call us if the patient has been referred back to us for a referral as otherwise it is the screeners responsibility.

Wikitoria will drop in some pamphlets for us to look at /use.

Process

After discussion we decided that we will start to refer our overdue Maori women to HWT initially at 5 per week. We have 42 on our list and we don’t wish to overload HWT as they are also responsible for a number of other initiatives e.g. Hauora, Kaupapa Maori – alcohol and drug assessment integration programme.

A referral can be done through ERMS. Look under Maori and Pacifica Health Service. The nurse referring please put your name and email address so that you can follow up the result and also make sure it is entered into measurements with recall.

Inform patients that they can self-refer through the He Waka Tapu website. We will add a template to our emails, txt and letters offering this service when it becomes apparent that we are not having success with our recalls.

- Improve our communication
- Be aware of the barriers to screening in our practice
- Ensure Wahine understand the process and have questions answered.
- Discuss at next nurse meeting

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- Enter in templates for outgoing messages once we have received the patient pamphlet.
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Who will be responsible

Nurse CJL is our recall nurse and will be the one to refer.
If patients DNA to any appointments other nurses need to inform CJL.
The Nurse team lead has entered templates into the PMS to offer Wahine the option of self-referral.

Time frame

We started 01/02/2024 by referring our fist 5 patients. We will review the results in 3/12 and again in a further 3/12.

1.1 Hauora Māori (Māori Health) Services

1.1.1.1 NGĀ KAIWHAKARATO HAUORA MĀORI Ā HAPORI (COMMUNITY MĀORI HEALTH PROVIDERS)

[He Waka Tapu](#) – kaupapa Māori service providing screening, assessment, health and social services for Māori.

[Kakakura Health Services](#) – kaupapa Māori service providing residential rehabilitation and community support for patients with a mental health diagnosis.

[Purapura Whetu](#) – community-based kaupapa Māori health and social services provider supporting patients with mental health issues.

[Rehua Marae](#) – marae-based community health service provider that focuses on providing kaupapa Iwi/Māori services.

[Te Puawaitanga Ki Ōtautahi Trust](#) – a predominantly home-based kaupapa Māori service, providing a range of health, education, and social services.

[Te Rūnanga O Ngā Maata Waka](#) – kaupapa Māori social service agency and NZQA-accredited private training establishment based at Ngā Hau E Whā National Marae, Christchurch.

[Te Tai o Marokura](#) – kaupapa Māori health service provider, Kaikoura.

[Whānau Ora Community Clinic](#) – kaupapa Māori service providing health and social services.

Maori Health Information

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<https://www.mcnz.org.nz/assets/MediaReleases/a4c0bf345a/2.-MCNZ-Achieving-Best-Health-Outcomes-for-Maori-a-Resource-consultation-May-2019.pdf>

<https://www.health.govt.nz/system/files/documents/publications/whakamaui-maori-health-action-plan-2020-2025-2.pdf>

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