

Peke Waihanga

Artificial Limb Service
Orthotic Service
Peer Support Service

Statement of Intent
2021–2024

Presented to the House of
Representatives pursuant
to Section 149 of the Crown
Entities Act 2004





Kupu Whakataki a te Poari

Foreword from the Board

“Improving the equity of the health outcomes achieved in New Zealand requires first that we acknowledge that **current inequities are not acceptable**, that we understand better what is contributing to that inequity, and the health and disability system becomes more determined to **operate differently so that inequities are addressed**.” - Health and Disability Systems Review, March 2020.

“Ma tini ma mano ka rapa te whai. **Many hands make light work. Unity is strength.**” This Whakataukī speaks to this Statement of Intent; the unity of our kaimahi (staff), our tūroro (patients) and their whānau, stakeholders and partners that have helped guide Peke Waihangā to this new stage we are entering as an organisation.

The people we care for deserve our best endeavours to support the lives they want to lead.

This Statement of Intent outlines the high-level direction for Peke Waihangā over the 3-4 years from 2021 to 2024. It summarises our objectives and some of the challenges and opportunities we face over this period.

In 2015 and 2016, we undertook a significant review of our patient needs and the alignment of our organisation. This led to a long-term strategy that forms the basis of our Statement of Intent. As such, we undertook a review of our 2017-2021 Statement of Intent to assess if it was fit-for-purpose and any improvement opportunities which included

We listened to the voice of 1,136 service users by reviewing independent patient feedback on our service. With the patient at the centre of everything we do, the feedback they provide from overall service, trust and confidence, and satisfaction was crucial in this endeavour to refresh our strategy and intent.

We surveyed team and stakeholders on the appropriateness of current vision and strategic objectives to ascertain what they deemed effective or in need of review.

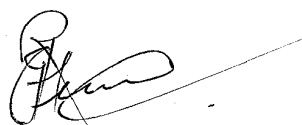
We consulted with our expert workforce on new values approach to our mahi and an illustration of how our strategy should be reflected. This new strategy was certainly a team effort from the whole organisation and represents the multiple lenses and life experiences that our kaimahi bring to Peke Waihangā.

We engaged with the Ministry of Social Development and responsible Minister on this review to gain their support and guidance on our intent for the next few years.

This work showed our patients felt we are delivering to our vision of independent and productive lives via our current strategy. Plus, our expert workforce, ACC, DHB’s, MSD and suppliers considered our current strategy was fit-for-purpose.

In this work, the following patient improvements were requested in patient communication and information, quality and resourcing of facilities and co-ordination of patient management services including appointment scheduling and timeliness of stock/provision of device. Plus, they wanted ongoing focus on patient information, including peer support, is critical to assist patients to increase their independence and well-being.

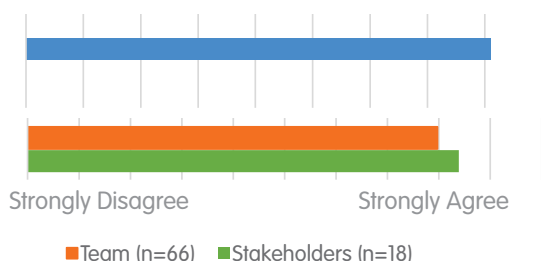
Kia kaha, kia māia



George Reedy
Chair

All things considered, how well did we set you up to be independent and productive in your local community and at home? (n= patient responses)

Our strategy of Service, Expert Workforce, Tech and R&D, Equity is adaptive, coordinated and considered



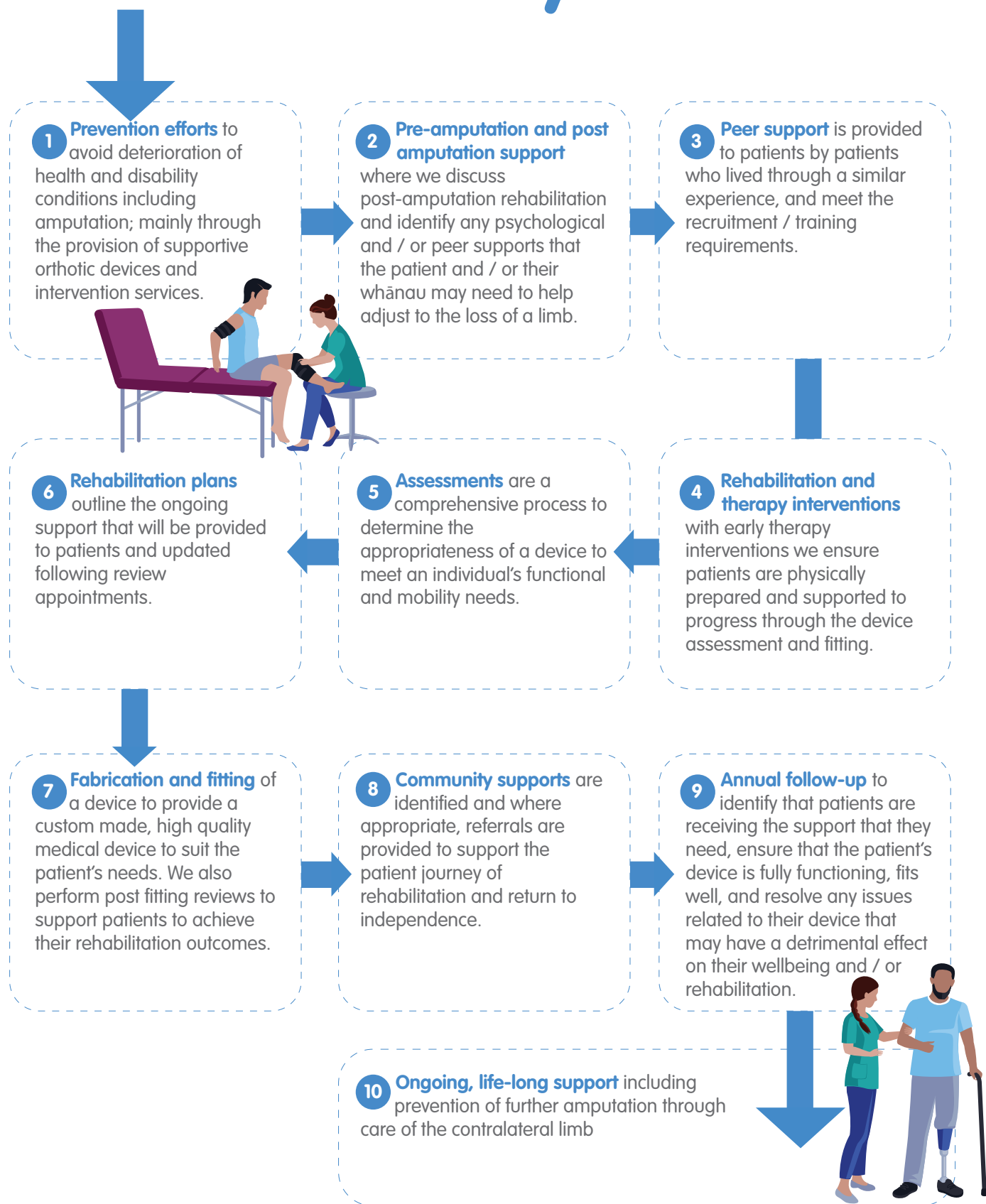
Note: the provision of this Statement of Intent is intended to meet the 5 year review of the Services as per Artificial Limb Services Act 2018.

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Haerenga tūroro Patient Journey



The above diagram shows the journey of a person with a foot at high risk of amputation, the prevention intervention points at each stage of their journey, and the services delivered by our team including Orthotics (when contracted by DHB), Peer Support, and Prosthetics.

Tō mātou koronga Our intent

Peke Waihanga supporting our Equity; encapsulating the essence of our central being for **making, creating** and **innovating** to support a person's limb.

Manaaki i te tangata rahi, i te tangata iti supporting our Service; reflecting our inner purpose to care for all people which is all **inclusive**. This reinforces that everybody is welcomed and **accepted** no matter who they are or where they are from.

Pūmanawa supporting our Expert Workforce; extends outward like the tētē kura, the fern frond, to **acknowledge** the kaimahi (staff) we employ and the gifts and creative talents that they bring to Peke Waihanga.

Ringa supporting our Technology and R&D; the concept of the hands that **create, provide and give ongoing care** to the people we care for.

Ringa Whero; red hands representing chiefly hands and leadership. **Ringa Tōhaunui**; industrious hands - working tirelessly to create and innovate for our tūroro (patients). **Ringa Raupā**; blistered/calloused hands, experience and knowledge of our trade. **Ringa Rehe**; adept hands, skilled and practiced in our craft. **Ringa Wera**; hot hands representing commitment to service and our people.

Strategic objectives

Everything we do is to improve the lives of our patients; they receive whole-of-life, world-class services that deliver what they need at each stage of their journey.

We support **equitable patient access** to technology and services based on need.

Our **expert workforce** is responsive and able to develop and innovate to **continually improve** the service and outcomes for patients.

We adapt and customise **technology and service models** to change the lives of patients. We are responsible for understanding and accessing the **best solutions** and initiatives that budgets allow for our patients.

Nature and scope

Following are the elements of our integrated and inclusive mahi (work):

Artificial limb service - prescribing, manufacturing and fitting prosthetic devices.

Orthotic service - prescribing, manufacturing and fitting orthotics; focusing on the prevention of amputation deterioration of the contralateral limb.

Rehabilitation service - providing nursing, physio and OT support to patients with rehab plans tailored to individual goals and needs.

Coordination service - provided by key workers and service coordinators.

Peer support service - provided to patients by patients who lived through a similar experience.

Operating environment

The burden of diabetes and vascular disease is **increasing patient complexity** and amputation rates.

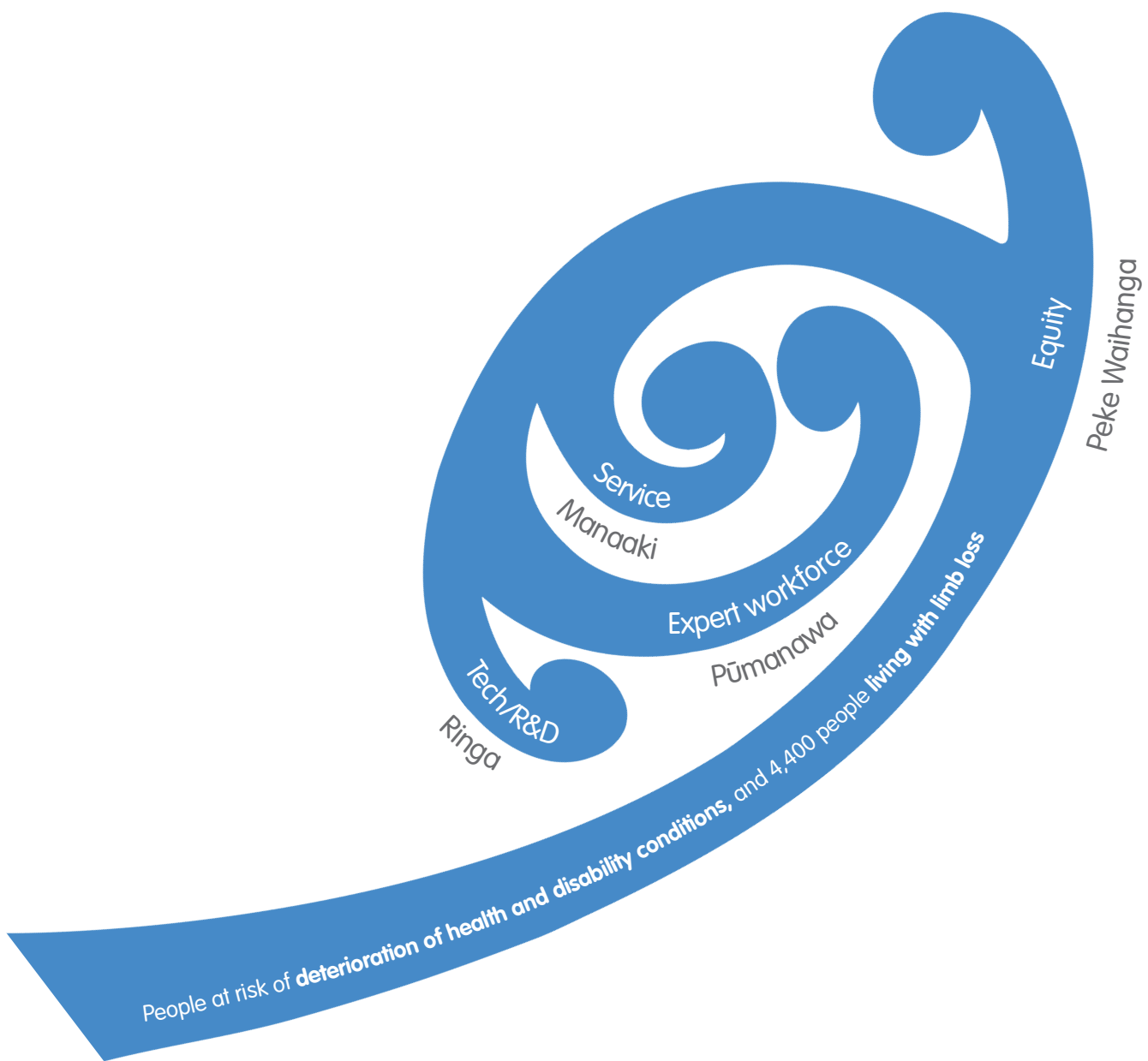
Māori and pacific people have **poor health outcomes**.

There are **no** orthotic and prosthetic tertiary courses in Aotearoa New Zealand.

Rapidly changing technology and service model options to achieve **improved outcomes**.

Inequity exists between ACC and DHB patients.

There are pending changes due to the recent **health and disability systems review**.



How we will deliver

Our approach is embedded in **Te Ao Māori (Māori world view)**

We are active participants in the principles of Te Tiriti O Waitangi and **elevate manaakitanga.**

The tētē kura (fern frond) acknowledges our kaimahi (team) and their **gifts and creative talents.**

The people we care for give our mahi meaning and reflected as the **main branch of the tētē kura.**

Strategic objectives are **tangible pursuits of our mahi** with a physical representation in each of the fronds.

Our values are the intangible that reflect how we go about our mahi represented by the **air and wind around the fern.**

Capability

Skills - manufacturing an individualised medical device into an integrated rehabilitation and coordination of care service.

Processes - mobile clinic workforce, bringing services closer to home.

Technologies - custom patient management system and mobile equipped clinical workforce

Human abilities - 100+ dedicated professionals who provide a multidisciplinary service.

Facilities - 6 centres with full medical device manufacturing and rehabilitation space, 14 regional clinic locations and 1 mobile bus that provide integrated services.

Assessing performance

Our performance will be assessed relative to our strategic objectives.

Our performance will have elements of **inputs, outputs, and outcomes.**

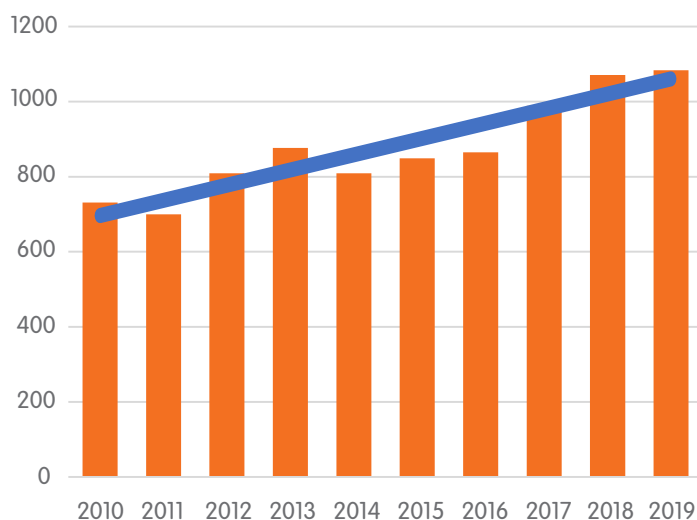
With a significant service user contribution to assessing our performance via **independent and autonomous feedback mechanisms.** Specifically, patient satisfaction and patient trust and confidence in our staff, and feedback on how we can improve our service.

Third party audit of our service, financial and health/safety function will also be used.

Taiao whakahaere Operating

The burden of diabetes and vascular disease is increasing patient complexity and amputation rates

Ministry of Health Reported Amputation Procedures for those with diabetes



This graph shows amputation procedures for those **with diabetes has increased by 50%** over the last 10 years.

Diabetes Australia state up to **85% of diabetes related amputations are avoidable**. There is also a large body of evidencing supporting appropriate orthotic provision is an effective amputation prevention strategy.

Over half of all new amputee referrals to our service are due to diabetes and vascular disease, which are increasing in complexity of clinical needs over time. This is putting significant pressure on our bulk funded DHB prosthetic service.

Māori and pacific people have poor health outcomes

One of the Health Quality and Safety Commission's key message from the 2018 Diabetes Update was **Pacific peoples of all ages experiencing the highest rate** of diabetes

	Māori			Non-Māori		
	Males	Females	Total	Males	Females	Total
Diagnosed diabetes prevalence (self-reported), 15+ years, percent, 2013/14	6.0 (4.7–7.5)	5.3 (4.1–6.7)	5.6 (4.7–6.6)	3.5 (2.9–4.1)	2.1 (1.6–2.6)	2.8 (2.4–3.1)
Diabetes complications – lower limb amputation with concurrent diabetes (type 1 and type 2 diabetes), 15+ years, rate per 100,000, 2012–14	41.8 (36.7–47.3)	22.3 (18.9–26.2)	31.4 (28.4–34.6)	13.3 (12.5–14.1)	5.3 (4.8–5.8)	9.1 (8.7–9.6)

There are pending changes due to the recent health and disability systems review

"...the health and disability system is under serious stress. Financially, it has had difficulty managing within the resources provided to it for some years. From a workforce point of view staff are feeling more and more stressed, facing increasing demands and significant shortages in supply, and the public hear more about deficits than they do good news stories.

Review's own analysis indicated that change was needed in the following four key themes.

1. Ensuring consumers, whānau and communities are at the heart of the system.
2. Culture change and more focused leadership.
3. Developing more effective te Tiriti based partnerships within health and disability and creating a system that works more effectively for Māori.
4. Ensuring the system is integrated and deliberately plans ahead with a longer-term focus."

environment

Rapidly changing technology and service model options to achieve improved outcomes, for example:

Cloud computing offers a significant opportunity to realise improved patient service experience

New higher costs components can improve independence and mobility; a basic arm costing \$10,000 and a robotic arm cost up to \$165,000.

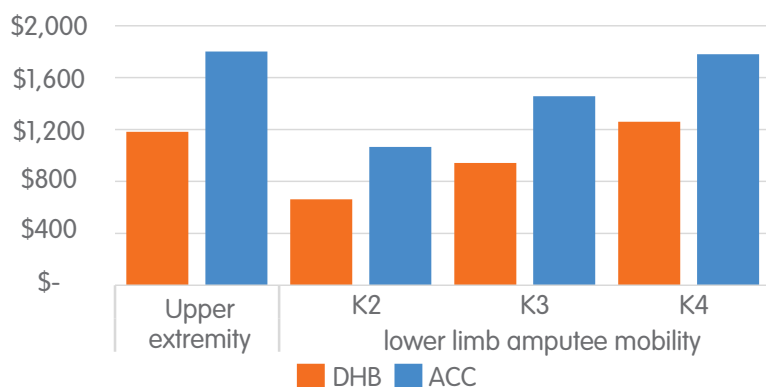
Disruptive technology like **3D printing** will have a significant impact on prosthetic and orthotic services. These types of new technologies initially lack the necessary evidence to support funding and prescription decisions.

There are no orthotic and prosthetic tertiary courses in New Zealand and 26% of orthotist & prosthetist

Expect to **retire** over the net 5 to 10 years



Inequity exists between ACC and DHB patients



ACC amputees get **41-61% more** for more service and technology than DHB patients.

NZ Artificial Limb Service 2018 Legislations

Functions:

1. to manufacture, import, export, market, distribute, supply, fit, repair, and maintain artificial limbs:
2. to provide rehabilitative and other services to persons in connection with artificial limbs:
3. to carry out research and development in relation to artificial limbs:
4. to advise the Minister on matters relating to artificial limbs

<https://www.legislation.govt.nz/act/public/2018/0034/latest/whole.html>

NZ Health Strategy 2016 to 2026

Five strategic themes

1. People-powered
2. Closer to home
3. Value and high performance
4. One team
5. Smart system

<https://www.health.govt.nz/publication/new-zealand-health-strategy-2016>

NZ Disability Strategy 2016 to 2026

Three principles

1. Te Tiriti o Waitangi
2. Convention on the Rights of Persons with Disabilities
3. Ensuring people with disabilities are involved in decision-making that impacts them.

Two approaches

1. Investing in our whole lives – a long-term approach
2. Specific and mainstream services – a twin-track approach

<https://www.odt.govt.nz/assets/New-Zealand-Disability-Strategy-files/pdf-nz-disability-strategy-2016.pdf>

Other legislation and codes

1. Health and Disability Code of Rights
2. Privacy Act
3. Medicines Act
4. Health and Safety Act
5. Official Information Act
6. Crown Entities Act

Ngā whāinga rautaki Strategy

Te ratonga | Service

Ko ā mātou tūrora te pūtake o ā mātou mahi katoa, ā, ka whiwhi i a Peke Waihanga ngā ratonga tūroa tonu, tino pai rawa e whakarato ana i tā rātou e hiahia ai i ngā wā hanga katoa o tō rātou ara hauora.

Everything we do is to improve the lives of our patients, receiving whole-of-life, world-class services that deliver what they need at each stage of their journey.



Te tōkeke | Equity

Ka tautoko a Peke Waihanga i te āheinga tokeke o te tūrora ki ngā hangarau me ngā ratonga e ai ki ō rātou hiahia.

Peke Waihanga supports equitable patient access to technology and services based on need.

ic objectives

Te Hunga Mahi Mātanga | Expert Workforce

He urupare tō mātou hunga mahi, ā, ka taea te whakawhanake, urutau me te whakatinana i ngā mea hou me te hangarau ki te whakapai tonu i te ratonga me ngā putanga ki ngā tūroro.

Our expert workforce is responsive and able to develop, adapt and adopt innovation and technology to continually improve the service and outcomes for patients.



Te Hangarau, te Rangahau me te Whakawhanaketanga | Tech/R&D

Ko tā mātou he urutau me te whakarite ake i te hangarau hei panoni i ngā oranga o ngā tūroro. Ko tō mātou takohanga tonutanga ki ngā tūroro ko te mātou haere ki ngā rongoā me ngā hangarau e tino pai rawa mā rātou, te whai wāhi me te whakarato i ēnei i runga āno i ngā herenga o te pūtea a Peke Waihanga.

We adapt and customise technology and service models to change the lives of patients. We are responsible for understanding and accessing the best solutions and initiatives that budgets allow for our patients.



Ka pēhea e whakatutukihia a

To deliver on our Service objective, we will focus our efforts in the following ways:

- Develop a better continuum of care for patients; a wrap around service
- Ensure better communication with patients; asking what they want at the right time
- Create connectivity among medical and service providers at the start of the patient journey and strengthen the linkages between surgeons and rehabilitation
- Implement innovative delivery methods that allow flexibility and include regional outreach to improve accessibility
- Collaborate with other service providers to develop packages of care and better information and skill sharing



To deliver on the Equity objective, we will focus our efforts in the following ways:

- Retain prosthetic contracts with the DHBs and ACC
- Develop new funding agreements and collaborations for innovative service delivery
- Develop social impact value propositions for new funding to address inequity
- Focus on individual patient needs, not ACC versus Ministry of Health
- Establish protocols for aligning patient assessment with the investment in their mobility devices or orthoses/prostheses
- Deliver our services within agreed budgets and ensure decision-making is supportive of optimal and equitable outcomes for all the people we care for
- Provide healthy and safe places for services and work
- Ensure on-going sustainability and equity of the service

There are three major areas in which patients seek improvement:

1. Patient communication and information
2. Quality and resourcing of facilities
3. Co-ordination of patient management services including appointment scheduling and management, timely ordering of parts/ consumables, and reduction in the length of time to supply limbs

Ongoing focus on patient information, including peer support, is critical to assist patients to increase their independence and well-being.

Unsworth Saunderson 2020 Review of 2082 comments from 1136 patients



i How it will deliver

To deliver on the Technology and R&D objectives, we will focus our efforts in the following ways:

- Explore new technology and its potential applications to help our patients
- Understand the wider medical technologies ecosystem in New Zealand and how we can contribute
- Seek to develop strategic relationships with technology companies in related areas, including robotics and where possible generate new income streams
- Collaborate with other technology developers and users, including staff exchanges, career development, and better technology solutions for patients
- Invest in research that will benefit our patients
- Provide a collaborative pathway to transfer technology from an idea to delivery and outcome
- Implement a focused spend on technology to maximise the value to New Zealand and seek to generate new income streams



To deliver on the Expert Workforce objective, we will focus our efforts in the following ways:

- Implement staff succession planning and future proofing the workforce
 - Build better collaborations
 - Provide appropriate education and training opportunities for our team
 - Develop a culture that embraces innovation
 - Explore opportunities to collaborate and share skills and information across the sector and with other industries
 - Evolve non-traditional career pathways
- Provide breathing space for the team to explore new technology & service delivery options
 - Embracing technology to train staff
 - Establishing mechanisms for training and technology collab and knowledge transfer

Āhua me te hōkai Nature and

Redesigning our Values

Created through many consultations with our kaimahi (staff), patients and cultural advisors, this new illustration represents who we are and what we do.

Each element was carefully chosen to reflect the relationship between our people, the variety of Mahi (work) we do and the aspirations we have for our tūrora (patients).

In this illustration:

- our staff (represented by the hand) are weavers who can skillfully transform, create or action
- their creations or offers (represented by the kete or basket) are gifts that have been crafted from strong, renewing foundations (represented by the flax bush)
- these gifts promote new growth and beginnings (represented by the growing fern)

By bringing these elements together, we can inspire and remind our staff of the positive, far-reaching, impact our actions have.

Peke Waihanga Patient Statistics - 2019/20

	New amputees	Total amputees	Total population
Māori	60 (14%)	658 (15%)	688,380 (14%)
Pacific	34 (8%)	263 (6%)	344,190 (7%)
Asian	20 (5%)	132 (3%)	196,680 (4%)
NZ European	196 (47%)	2,853 (65%)	3,048,540 (62%)
Other	26 (6%)	263 (6%)	491,700 (10%)
Unknown	78 (19%)	219 (5%)	147,510 (3%)
Total	414	4,389	4,917,000

d Scope

**Mā te whiri tahi, ka whakatutuki
ai ngā pūmanawa ā tāngata**
Together weaving the realisation
of potential.



Kaha Capability



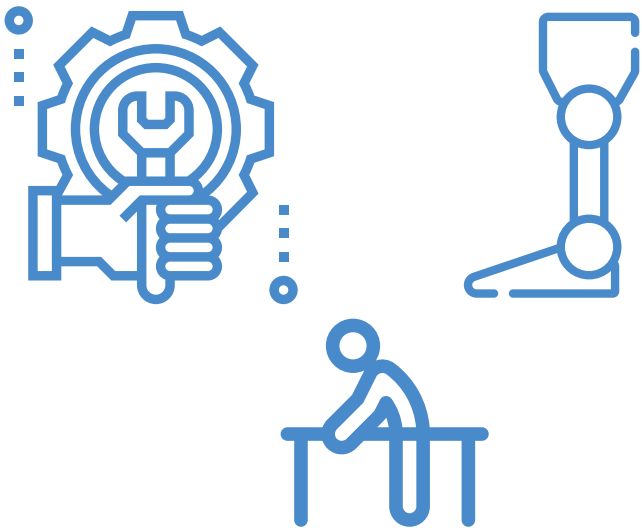
6 | main centres ●
12 | regional clinics ●



100 | dedicated professionals



custom integrated patient management system



manufacturing an individualised medical device into an integrated rehabilitation and coordination of care service



mobile clinic workforce - bringing services closer to home

We have a team of over 100 dedicated professionals spanning our technical, clinical, rehab, admin and operation services.

We work closely as an organisation both within our teams as well as collaboratively to ensure a well coordinated care approach for our patients.

The majority of our clinical staff are from overseas and bring a broad cultural scope as well as a wealth of knowledge from different walks of life.

Our many practices and techniques have been ingrained in our history of providing prosthetics for returning servicemen.

We recognise the uniqueness of these skills and ensure that they weaved in amongst the technology and innovation that is rapidly growing throughout our organisation.

We operate our patient management via a custom built system called Manaaki.

Manaaki stores patient notes, manufacturing jobs, rehabilitation plans, and appointment schedule for coordinated care.

We are undergoing a Process Excellence Project that will upscale our technology and IT infrastructure.

We are exploring the utilisation of Microsoft 365 to automate many of our processes and integrate seamlessly with Manaaki.

Part of this process includes building Business Analyst capability to support to delivery of this Process Excellence Project, and increase our internal IT capability.

With a focus on bridging the inequity gap between our patients, bringing services closer to home has been identified as a prevention and access solution.

Our ability to reach patients with mobile clinic buses with prosthetic, orthotic and rehabilitation services increases access to services without the onerous cost and time of travelling to our centres that take patients away from work and family.

Bringing services closer to home also allows us to strengthen relationships with local iwi and community groups.

Offering services in co-location spaces also provides an opportunity to work together on improving health outcomes for amputees across the country.

We have focused on expanding our multidisciplinary focus and wraparound experience over the last few years by increasing OT, Physio, Nursing and Psych services to ensure the devices we prescribe and manufacture are utilised with confidence.

We have developed an Orthotic Service with contracts in Waikato and West Coast DHBs and ACC with a focus on diabetes and vascular patients supporting the contralateral limb, and prevent further amputation.

We have a dedicated orthotic presence in all centres, utilising our Silicone Studio in Hamilton and 3D printing to support creative solutions for these services.

Aromatawai Whakatutukinga

The Service will assess its performance in the following ways which are aligned to the 2021 Peke Waihanga Vision and Strategic Objectives.



¹ ² This year's patient responses to our independent continuous improvement programme. The question scale was: 0 worst possible score and 10 best possible score.

Assessing performance

Technology & R&D

We have collaborated in \$575k worth of research from 2015-2020



Collaborations with universities



Provision of tech to patients



Mobility device workforce



Usage of digital



Number of social/support inclusion efforts



Amount of alternative funding



Bridging gap between ACC & DHB



Quantity of services closer to home

Equity

ACC amputees receive 41-61% more services than DHB funded amputees

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Peke Waihanga

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