

West Coast Complex Clinical Care Network

Dr Andre Bonny



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini



West Coast
Te Tai o Poutini
**Primary Health
Organisation**

West Coast



Population of West Coast DHB

West Coast District Health Board serves a population of 33,190 people (2016/17 estimate).

- West Coast's population tends to be older than the national average.
- West Coast has a lower proportion of Māori living there compared to the national average and almost no Pacific people.
- West Coast has proportionally more people in the more deprived sections of the population than the national average.

Population by age, 2016/17

West Coast's population tends to be older than the national average and as such they receive more funding for the older and more expensive element of their population compared to the average.

Distances

 **386 km**

 **513 km**
6 hours 59 mins

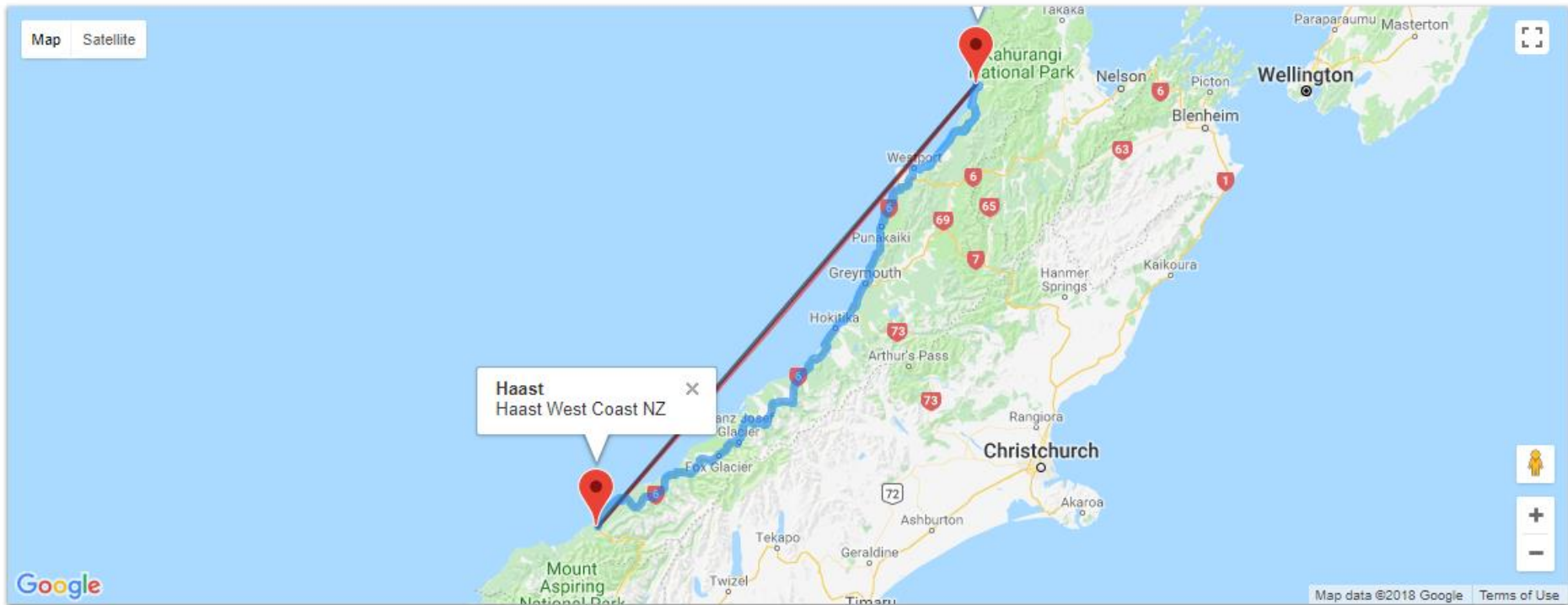
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● Distances

✈️ 453 km

🚗 593 km
7 hours 16 mins

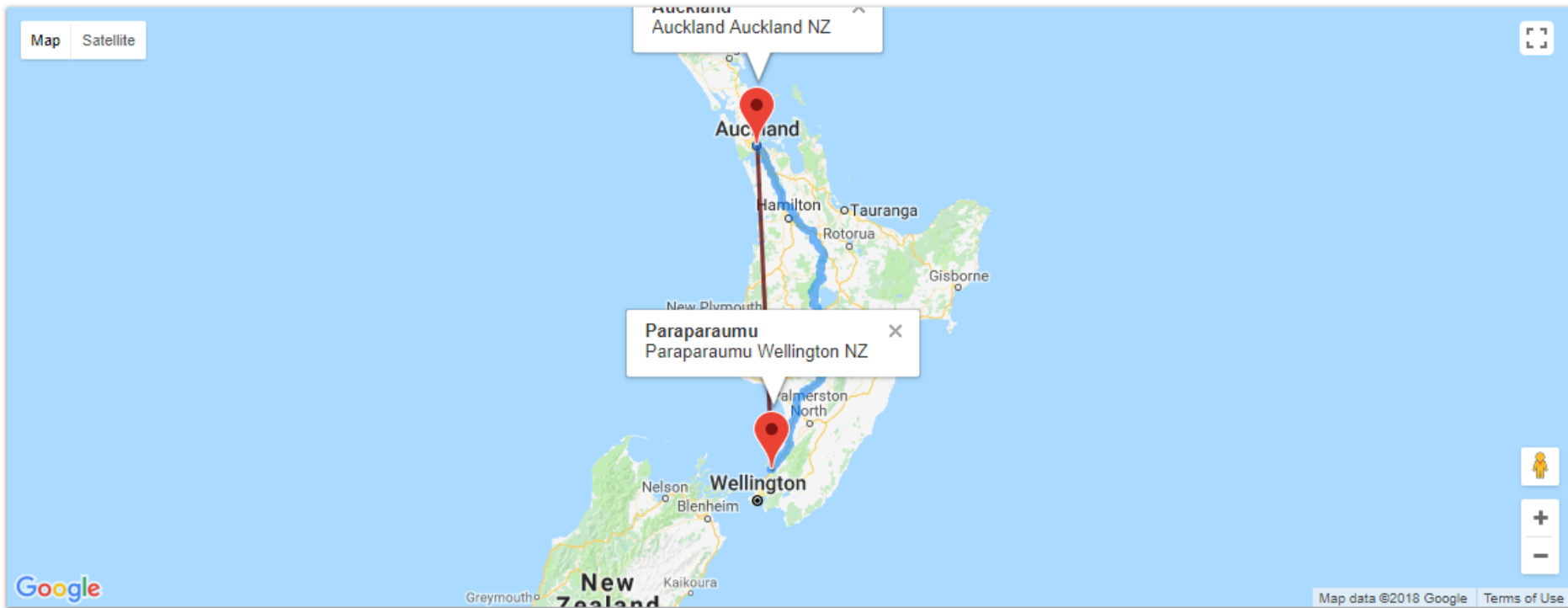
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West Coast DHB to establish a Complex Clinical Care Network

Monday, 17 September 2012, 4:20 pm
Press Release: [Westcoast DHB](#)

17 September 2012

West Coast DHB to establish a Complex Clinical Care Network

In July this year the West Coast DHB asked staff for their feedback on a report that sought to replace the current Needs Assessment and Service Co-ordination service, known as Carelink, with a Complex Clinical Care Network (CCCN) for older person's health. The report concluded that there was further potential to improve services

Single point of entry.

Referrals from a health professional either secondary or primary.

GP, ED.

Over 65.

Needs assessments and complex case review.

REFERRAL FOR SUPPORT SERVICES

<input type="checkbox"/> Clinical Assessor		<input type="checkbox"/> Dementia Outreach Nurse		<input type="checkbox"/> Gerontology Nurse Specialist	
Client Details (or attach patient label):					
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		NHI _____			
Last Name _____		DOB _____			
First Name(s) _____		CS Card Number _____			
Address _____		Expiry Date _____			
_____		GP _____			
Phone _____		Ethnicity / Iwi _____			
<input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives with Others		Maori Needs Assessor Preferred <input type="checkbox"/>			
Next of Kin / Caregiver Contact Details:					
Name _____		Relationship to Client _____			
Phone _____		Address _____			
_____		_____			
Medical conditions or disabilities:		ACC Claim Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Referral:		Current level of daily function:			
Known Risks:		Current level of cognition:			
Action/ intervention taken:					
Referral priority:		This referral is for the following service(s):			
<input type="checkbox"/> Difficulty managing household tasks only		<input type="checkbox"/> Short term services			
<input type="checkbox"/> Routine		<input type="checkbox"/> Long term services			
<input type="checkbox"/> Urgent (reason): _____		<input type="checkbox"/> Short/long term services already in place? Expiry date: _____			
Other health professionals involved:		Other information / Alerts:			
_____		_____			
Choice of provider: <input type="checkbox"/> Access <input type="checkbox"/> Coasters					
Referrers Details (please print clearly):					
Name _____		Consent for referral given by disabled person / carer			
Designation _____		<input type="checkbox"/> Yes <input type="checkbox"/> No. If "No" why?: _____			
Organisation _____					
Address _____		Send to Complex Clinical Care Network:			
_____		PO Box 387, Greymouth			
Signature _____		Fax: 03 768-9625 Ph: 03 768-0481			
Phone _____		Email: care.link@westcoastdwb.health.nz			
Date _____					
Choice of provider: <input type="checkbox"/> Access <input type="checkbox"/> Coasters					

Phone _____		GP _____	
<input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives with Others		Ethnicity / Iwi _____	
		Maori Needs Assessor Preferred <input type="checkbox"/>	
Next of Kin / Caregiver Contact Details:		Relationship to Client _____	
Name _____		Address _____	
Phone _____		_____	
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Phone _____		Email: care.link@westcoastdwb.health.nz	
Date _____			

Referrers Details (please print clearly):	
Name _____	
Consent for referral given by disabled person / carer	

CCCN meetings

CCN manager

Gerontology CNS

Physio

OT

Practice nurse

Anyone else involved in patient care. Eg: Health Navigator, Doctor, Psychiatry staff.

Not



centerbury

Not

The image shows the letters 'CNN' in a bold, red, rounded font. Each letter has a thick white outline, creating a double-line effect. The 'C' is on the left, followed by the first 'N', and then the second 'N' on the right. The letters are connected at their base and top, giving the logo a cohesive, blocky appearance.

Strengths

Case management

Continuity

MTD approach

Primary care input

Geriatric service support

Challenges

Tyranny of Distance

Personal/Retention

Expectations.

Thank you.

