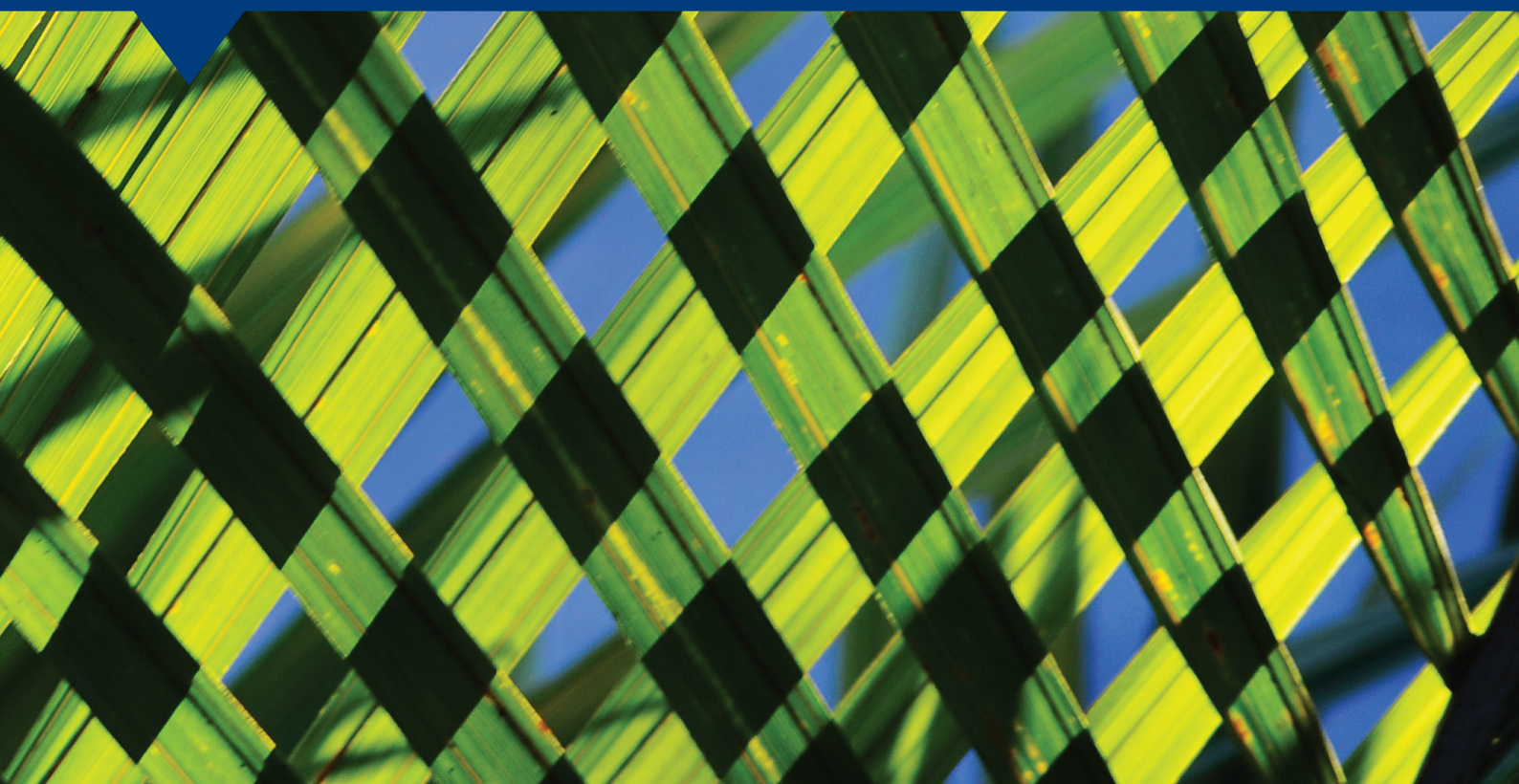


Collaboration Between Sectors: A Survey of Primary Health Care and Alcohol & Drug Treatment Services in Counties Manukau

/ 2016



PRODUCED BY THE AOD PROVIDER COLLABORATIVE,
IN CONSULTATION WITH COUNTIES MANUKAU HEALTH STAKEHOLDERS



Executive Summary

Current national and district strategies aim to enhance people's health and wellbeing through increased alignment between health services. To support this process, the Counties Manukau (CM) AOD Provider Collaborative undertook a project to enhance collaboration between Alcohol & Drug (AOD) treatment services and primary health care. In conjunction with the CM Primary Mental Health and Addiction Governance Group, a survey was undertaken to identify how AOD treatment services and primary health services are already co-working in Counties Manukau, and how this could be enhanced.

Two brief surveys were developed, one for primary health care and one for AOD services. Members of the AOD Provider Collaborative (representing 17 services) and the Mental Health Coordinators from each of the five Primary Health Organisations (PHOs) were invited to complete the survey online. Five PHOs and 12 AOD treatment services responded. This report summarises the survey's findings.

From responses to the surveys, the main support that PHOs currently provide to AOD services in Counties Manukau are by: employing staff to liaise with AOD services, receiving client referrals, and providing clients with easier access to health clinics. PHOs could consider increasing the range of support provided to AOD services and their clients, as well as increasing the number of AOD services who they co-work with.

The survey also found that the most common support currently provided by AOD services to PHOs is: receiving patient referrals, and providing consultation to primary health staff about patient's AOD issues. Most PHOs (80%) are supported in these ways by 2-3 AOD services, which also provided AOD education and training, as well as staff to liaise with primary care. AOD services could enhance their support for primary care and their patients through providing more clinics in primary care settings.

Respondents from both sectors identified the current challenges and supports for working collaboratively, and made suggestions for how this could be enhanced in Counties Manukau. Key themes related to:

- Building inter-sector relationships
- Enhancing effective communication between services
- Enhancing client access to both AOD services and primary health care.
- Enhancing professional development for workforces in AOD and primary health services
- Supporting the planning and resourcing of inter-sector collaboration.

The findings of this survey indicate that collaboration is happening between primary health care and AOD services in Counties Manukau. There are opportunities for enhancing this inter-sector support, which this report identifies. As this survey was undertaken by the AOD Provider Collaborative to inform their work programme, the recommendations proposed are focused on how the Collaborative could enhance co-working between the sectors. However, Planners and Funders, as well as services themselves, could use the suggestions to consider which current activities should be continued or increased, and which new initiatives could be implemented.

Background

In 2015-2016 the Counties Manukau AOD Provider Collaborative undertook a project to enhance collaboration between Alcohol & Drug (AOD) treatment services and primary health care. This project is aligned with various district and national strategic directions:

- The Counties Manukau (CM) *Mental Health and Addictions Whole of System Integration Transformation Agenda*¹ where mental health and addiction services will become more accessible through locality-based primary and community settings.
- *Closing the Loop*², the document developed by four large Primary Health Organisations to describe their future vision of primary care-based mental health and addiction services.
- The Ministry of Health's focus on encouraging primary care to provide earlier identification and support for people with AOD issues³.
- Te Pou's Equally Well campaign where the health workforce are encouraged to work together to support better physical health outcomes for people who experience mental illness and/or addiction⁴.

A key focus of the 2015-16 project was to scope the issues and possible solutions for enhancing collaboration between the two sectors. A survey was undertaken, in conjunction with the CM Primary Mental Health and Addiction Governance Group, to elicit this information from services. This report summarises the findings of the survey and recommends how the AOD Collaborative could contribute to enhanced collaboration with primary care.

Survey Aim

The aim of the survey was to identify how AOD treatment services and primary health services are already co-working in Counties Manukau, and how this could be enhanced.

Method

Two online surveys (using Survey Monkey) were developed in consultation with the CM Primary Mental Health and Addiction Governance Group. The surveys were 10 minutes long, and asked similar questions, with one survey designed for a primary health care perspective, and the other designed for an AOD service perspective. While the answers were anonymous, respondents were invited to identify which service they were responding on behalf of (see Appendix A and B for the survey questions).

Members of the AOD Provider Collaborative (representing 17 services) were invited to complete the survey for AOD services. The Mental Health Coordinators from each of the five Primary Health Organisations (PHOs) were invited to complete the survey for primary health services. All the PHO Coordinators are also members of the CM Primary MH and Addiction Governance Group.

¹ Counties Manukau Health (2016). Mental health and addictions whole of system integration transformation agenda: Communications update, July 2016 (Unpublished paper).

² Network 4 (2016). Closing the loop: A person-centred approach to primary mental health and addiction support. <http://www.closingtheloop.net.nz/#closing-the-loop>

³ Ministry of Health (2012). *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017*. Wellington: Ministry of Health.

⁴ Te Pou (2014). Equally Well: Take action to improve physical health outcomes for New Zealanders who experience mental illness and/or addiction. A consensus position paper. Auckland: Te Pou.

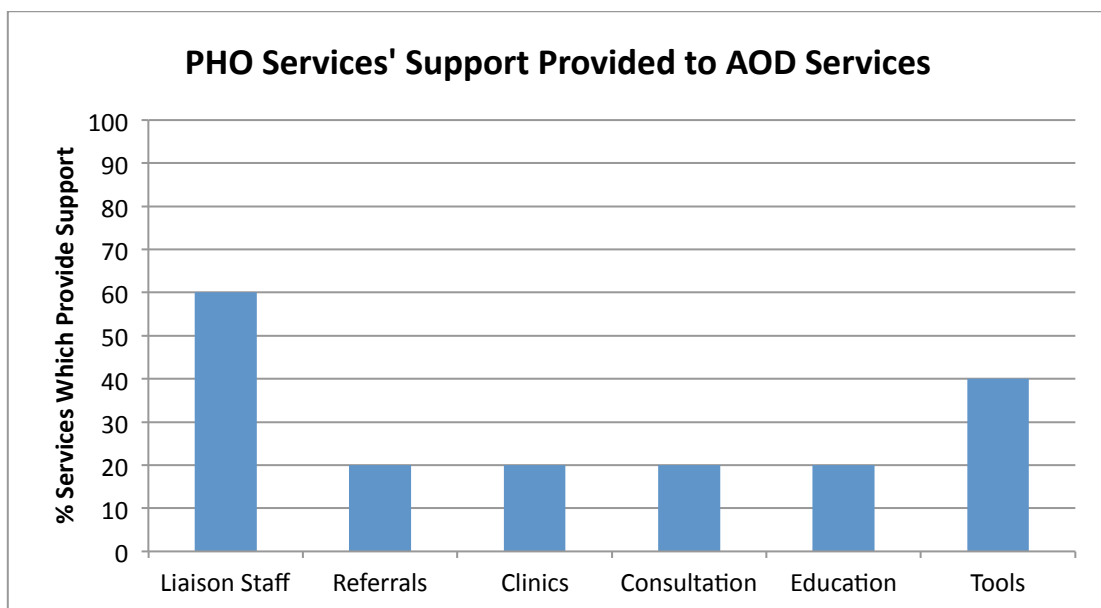
The data from these surveys has been summarised and discussed below. For statistical comparisons, the number of services represented was used, rather than the number of respondents, as sometimes several people responded on behalf of the same service.

All of the Mental Health Coordinators from the five PHOs completed the survey. 18 employees from AOD services completed the survey, representing 12 addiction treatment services (of the possible 17 who were invited to complete the survey).

Primary Health Organisations' Support for AOD Services and their Clients

The Primary Health Organisations (PHOs) were asked what kinds of support they, and their general practices, currently provide to AOD treatment services. The graph below shows that for the PHO services:

- **60%** provide staff to liaise with AOD services.
- **40%** support AOD services to include physical health tools and resources in their information systems.
- **20%** receive referrals from AOD services; enhance access to health services for AOD clients; as well as providing consultation and education about client's health issues to AOD service staff.

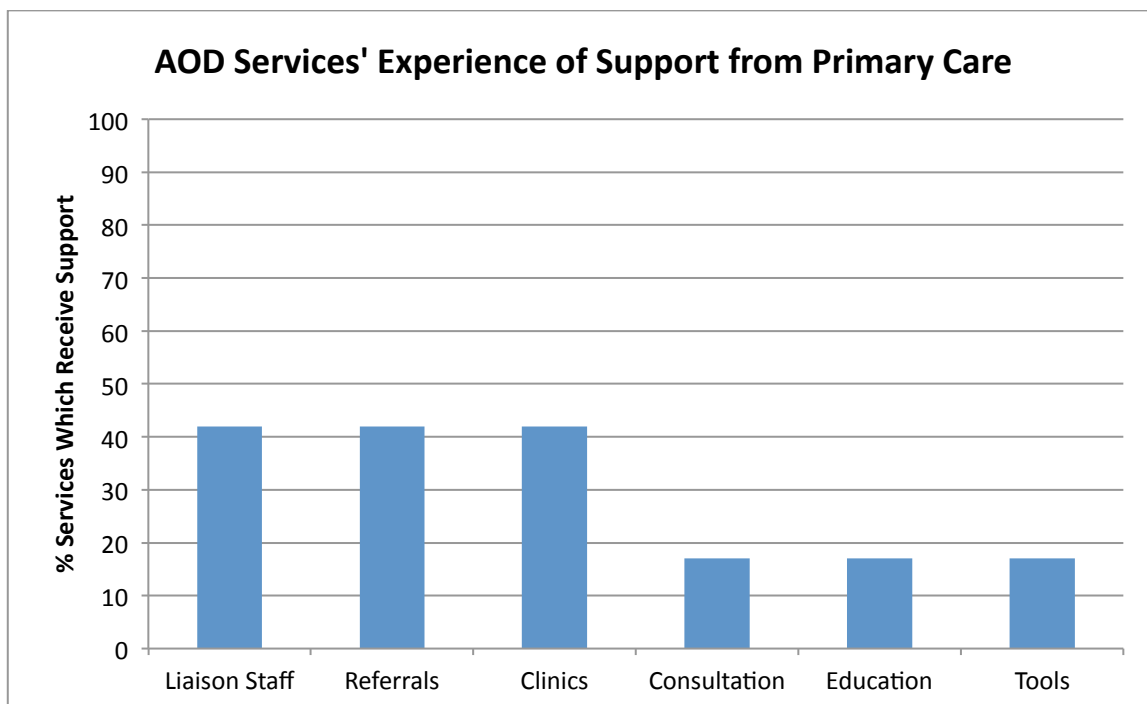


This indicates that the main form of support currently provided by 3 (out of 5) PHOs is making staff available to liaise with AOD services. The other forms of support are mainly provided by a range of single PHOs.

The AOD treatment services were also asked what supports they, and their clients, currently receive from primary health services regarding clients' physical health needs, and their answers are summarized in the graph below. The most common forms of support from primary care which **42%** of AOD services reported receiving were:

- Providing staff to liaise with AOD services.
- Receiving referrals to address AOD client's physical health needs.
- Providing AOD clients with easier access to health clinics.

17% of the AOD services also reported receiving: consultation, education, and support for implementing tools, in relation to client's physical health needs from primary care.



The experience of AOD services reflects some of what primary care reported providing, in that having primary care staff to liaise with AOD services was again seen as a common form of support from primary care. Also, education and consultation were seen as being less commonly provided by primary care to AOD services. Differences in perception were that AOD services reported it was also common for primary care to receive client referrals, and provide clients with easier access to healthcare.

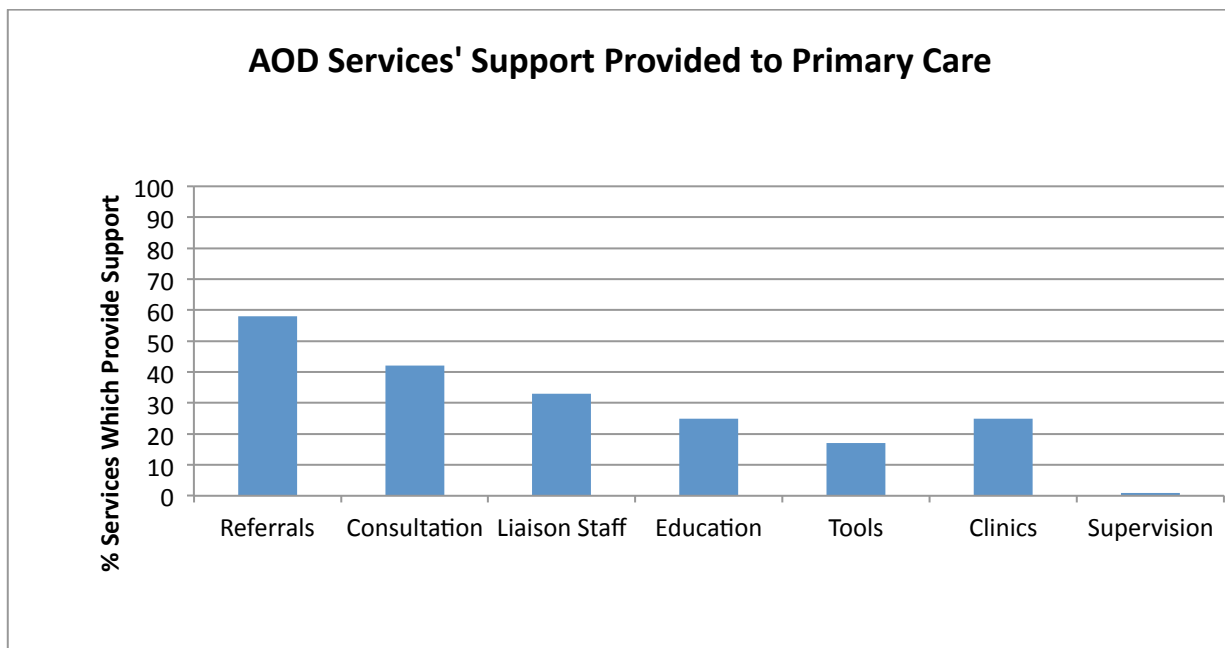
From these results, there seems to be opportunities to enhance the support that primary health provide to AOD services and their clients, particularly in relation to:

- The **types** of support e.g., there could be more education and consultation provided about AOD clients' physical health needs.
- The **amount** of support in that only **42%** of AOD services reported experiencing support from primary care.

AOD Services' Support for PHOs and their Patients

The AOD services were asked what kinds of support they currently provide to primary health services. The graph below show that for the AOD services which responded:

- **58%** receive referrals from primary care, for people with AOD problems.
- **42%** provide consultation.
- **33%** provide liaison staff for primary care health professionals.
- **25%** provide AOD treatment clinics in primary care settings.
- **25%** provide education to the primary care workforce.
- **17%** support primary care to include AOD specific tools and resources in their IT systems.
- One service (**8%**) provides other professional development support, such as supervision.



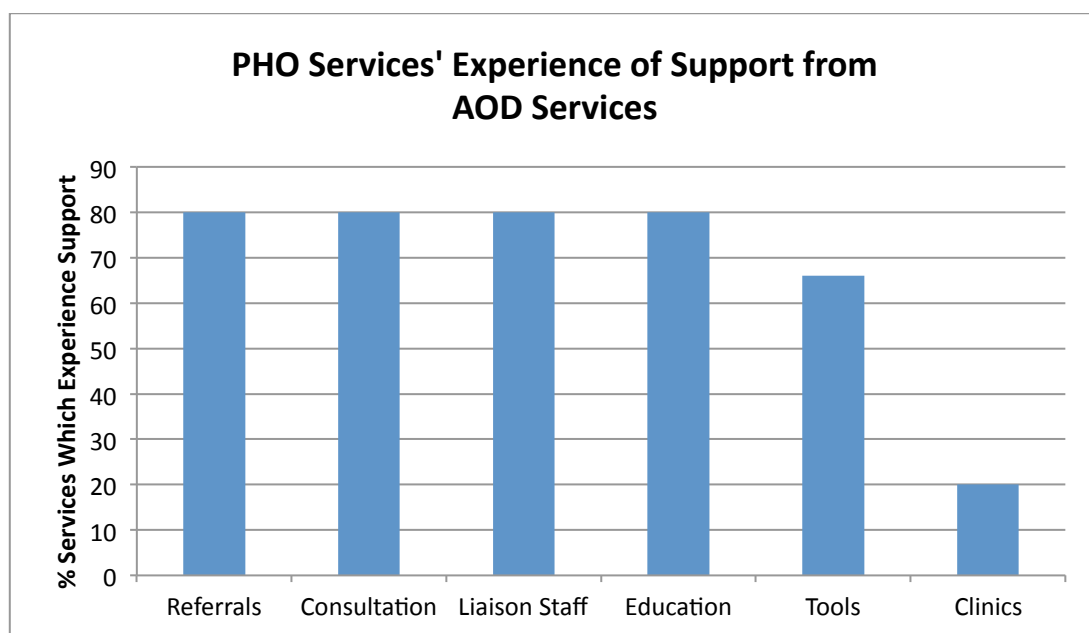
This indicates that the main forms of support that AOD services see themselves providing to primary care is receiving patient referrals, and providing consultation to primary health staff about patient's AOD issues. The other types of support are mainly provided by the same 2-3 AOD services.

AOD service respondents mentioned that they also support primary health professionals in other ways, including: Supporting primary care to use gambling tools; Staff liaising about mutual clients; Arranging to see individual clients at GP practices; and Providing training at learning establishments.

The PHO services were also asked what supports their general practices and patients receive from AOD services. Their responses (see graph below) indicate that **80%** of the PHOs experience the following support from AOD services:

- Receiving patient referrals to address AOD issues.
- Providing staff to focus on liaising with primary care services
- Providing consultation about AOD issues for primary care staff
- Providing education and training about AOD issues for primary care staff

66% of the PHO services also reported receiving support to include AOD tools and resources in IT systems. One PHO (**20%**) had clinics provided by AOD services within their primary care services.



The experience of PHO services receiving support from AOD services is quite different to what AOD services see themselves providing, with most PHOs receiving most types of support. From these results, it looks like 2-3 AOD services are providing most types of support to primary care services. There could be benefits in increasing the number of AOD services that support primary care, however there could also be strategic advantages in having fewer AOD services involved as a first contact point for primary care, rather than primary care having to navigate the full range of AOD services available.

Both sectors reported that AOD clinics within primary care settings is not commonly provided. This indicates an opportunity for how AOD services could enhance their support for primary health services, and their patients, through providing more AOD clinics in primary care settings.

Challenges to Collaboration between Primary Care & AOD Services

Both AOD services and PHOs were asked what the challenges are to working closer together.

PHO services identified three main barriers to collaboration with AOD services:

- Communication: While there have been improvements, the largest challenge was seen as inefficient communication regarding specific clients. PHO staff would like to have clearer communication, and more documentation regarding the status of referrals, client engagement and progress of assessment and treatment of clients. Shared notes would assist with this.
- Multiple AOD Services: Another challenge was being familiar with all the AOD services available, and establishing collaborative working relationships with them all.
- Accessing AOD Services: AOD services can be difficult to access, e.g., when service capacity doesn't match the need.

AOD service respondents had a mixed response to the challenges. Some felt that collaboration with primary care works well at present, and primary care services are fully supportive. Other AOD service respondents identified a range of challenges in collaborating with primary care:

- Operational Issues: Respondents reported that limited resources for collaboration can be challenging, e.g., smaller practices don't always have enough clinic space for AOD clinics. Also, the business model used by general practices can create challenges e.g., it is difficult for primary care staff to attend training, so training needs to be provided in short blocks.
- Communication: For example, some AOD respondents felt that outcomes are enhanced if GPs and addiction doctors can speak with each other. However, this is not always possible, and communication often occurs through nurse clinics and patient records. Another issue is that sometimes clients are referred to AOD services by GPs, with clients not seeming to be aware of this, and they do not engage in treatment.
- Accessing Services: AOD services identified several barriers for clients to access both AOD and primary care services, which need to be addressed, such as lack of mobility, transport, or finances. Some AOD treatments provide mobile services, but primary care staff are not always aware of them. Cultural insensitivity can also be a barrier for AOD clients to attend services.
- Stigma: AOD services mentioned that sometimes their clients reported experiencing prejudice and discrimination in primary health settings due to their addiction issues. AOD staff reported needing to take time to identify GPs who are familiar with supporting people with addictions with their general health issues. It can also be time consuming to identify GPs who are comfortable prescribing opioid substitution medications or benzodiazepines as part of clients' addiction treatment.
- Adequate Services: AOD services identified that sometimes clients experience time delays between asking for help (either for AOD or physical health issues) and receiving appropriate referrals. Some AOD clients report not receiving adequate support to access sickness benefits, or accessing care for physical health issues caused by their long term substance/medication use.

Current Support for Collaboration Between Primary Care & AOD Services

Both AOD services and PHOs were asked what has supported their ability to work closer together.

PHO services reported that key supports were:

- Relationships: The biggest support was having good relationships with staff from AOD services. While this could be with AOD clinicians, having primary care liaison staff to contact in addiction services has been very beneficial.
- Easier Access: Increasing patient access to AOD services, e.g., drop-in clinics. As well as increasing access for primary care staff to phone AOD services to share information, liaise about clients and receive on-going support.

AOD services also identified a range of current activities that support collaboration:

- Relationships: Collaborative relationships with primary care was seen as being very important. One AOD service has medical clinics within its organisation, which makes this easier. Other AOD services mentioned a range of strategies to enhance relationships (see below).
- Co-working: For example, negotiating to work with shared clients in each other's services, and GP's spending time in addiction services.
- Enhanced Communication: Using technology to communicate about shared clients e.g., e-referral, and electronic letters to GPs.
- Consultation for GPs: Providing AOD consultation to GPs e.g., phone consultation about prescribing. Consultation can be with addiction specialist doctors, or with experienced AOD staff with good knowledge of community resources. Participating in multi-disciplinary team meetings is also useful.
- In-services: Either primary care providing in-services for addiction services, or AOD staff providing In-services at GP clinics.
- Funding & Contracts: Dedicated funding and contracts which prioritise collaboration between sectors was seen as supportive. As was management support for co-working in both addiction services and primary care.
- Champion Roles: Having key people in both sectors interested in collaborating is valuable, such as having addiction champions within general practices, who want to focus on supporting people with AOD issues and understand recovery.
- Enhancing Access: Strategies that enhance client access to services also support collaboration, e.g, services providing drop-in clinics, and having a flexi-fund for AOD service clients to attend GP appointments.

Enhancing Collaboration between Primary Care and AOD Services

The AOD services and PHOs were asked how collaboration between their sectors could be enhanced.

Respondents from both AOD services and Primary Health Organisations identified that the following strategies would enhance collaboration between AOD services and primary care in Counties Manukau:

- Relationships: Building relationships between services, including enhanced communication, and enhanced understanding of what services provide, and their referral processes.
- Resourcing Collaboration: Building a shared vision and plan for collaboration into contracts, and ensure there is dedicated funding and capacity to develop and implement it. This will require support at multiple levels, from front-line staff to executive management.
- Co-located Clinics: Providing AOD clinics in primary health settings and possibly in new, more generic settings where a range of professionals can be seen, without an appointment.
- Education: Providing regular education/ resource workshops to ensure consistent service delivery.

The **AOD service** respondents also suggested that collaboration could be enhanced through:

- Identifying more GP's who feel comfortable supporting clients with AOD challenges, including those who are willing to prescribe pharmacological treatments for AOD issues.
- Identifying willing primary care services to pilot initiatives with.
- Assistance with data matching and analysis to demonstrate outcomes.
- Improving the information technology systems.

Summary of Findings

Current Forms of Collaboration

Primary Care Support for AOD Services and Clients

The main form of support that 60% of PHO services reported providing to AOD services, is to employ staff who liaise with addiction services. 42% of AOD services agreed that PHOs provided them with this support, and PHOs also received client referrals, and provided AOD clients with easier access to health clinics. A range of single PHO services identified that they provide other supports, but few of the AOD services reported receiving them.

There could be opportunities to enhance the support that primary health provide to AOD services, and their clients, through increasing the range of support provided, and increasing the number of AOD services who are supported.

AOD Service Support for PHOs and Patients

The main forms of support currently provided by AOD services to PHO services is receiving patient referrals (reported by 58% of AOD services), and providing consultation to primary health staff about patient's AOD issues (reported by 42% of AOD services). 80% of PHO services confirmed that AOD services provided them with these supports, as well as providing staff to liaise with primary care, and AOD education and training for primary care staff. These results indicate that 2-3 AOD services provide most types of support to primary care services. Both sectors reported that the least common form of support was providing AOD clinics in primary care settings.

There could be an opportunity for AOD services to enhance their support for primary care services, and their patients, through providing more clinics in primary care settings.

Enhancing Collaboration

Respondents from both sectors reflected on the current challenges and supports for working collaboratively, and made suggestions for how this could be enhanced in Counties Manukau. Key themes are summarised below.

- 1) **Building Inter-sector Relationships:** Developing collaborative relationships was seen as being important by both sectors. Strategies, such as co-working with shared clients in each other's services can assist with this. Having key people in both sectors who are focused in collaborating is valuable. This can be specific staff whose role is to liaise across sectors, or it could be more informal champion roles, e.g., staff in primary care who understand recovery and feel comfortable working with AOD issues. A challenge for primary care is becoming familiar with all the AOD services available, and establishing collaborative working relationships with them all.

Respondents suggested that collaboration could be enhanced through:

- Enhancing relationships between services, which could include increased communication and understanding of what services provide, and their referral processes.
- Co-locating clinics, either AOD clinics in primary health settings, or in more generic drop-in settings.
- Identifying willing primary care services to pilot initiatives.

2) Enhancing Communication: Communication between services in relation to shared clients, and with clients in relation to their treatment, is important and could be improved. Information technology systems do not currently allow this to happen easily, although some services have set up e-referral and electronic letters to GPs. Verbal communication is also valuable, but not always possible.

Respondents suggested that collaboration could be enhanced through improved information technology systems.

3) Enhancing Client Access to Services: There are several barriers for clients accessing both AOD and primary health services, including lack of mobility, transport or finances. Strategies to assist clients overcome these have been useful e.g., mobile AOD services, drop-in clinics, and flexi-funds for health services. Stigma associated with addiction issues can limit people's ability to access primary care services. Identifying GPs who are comfortable supporting people with addictions, including prescribing for addiction treatment is important. Other barriers identified were delays between clients seeking help and being referred, the limited capacity of AOD services, and cultural insensitivity in some health services.

Respondents suggested that collaboration could be enhanced by identifying more GP's who are comfortable supporting clients with AOD challenges, including GPs who are willing to prescribe pharmacological interventions for addiction issues.

4) Providing Professional Development: Sharing expertise between the sectors was seen as being valuable. This has occurred through in-services in each other's services. AOD services have provided GPs with phone consultation about shared clients and AOD issues generally, and participated in multi-disciplinary team meetings.

Respondents suggested that collaboration could be enhanced through regular education/ resource workshops to ensure service delivery is consistent.

5) Resourcing Collaboration: Collaboration requires time and resources, and sometimes this has limited what can be done. Dedicated funding, and contracts which prioritise collaboration have been useful, as well as having management support to do this work.

Respondents proposed that collaboration could be enhanced through building a shared vision and plan for collaboration into contracts, and ensuring there is dedicated funding and capacity to develop and implement it. This will require support at multiple levels, from front-line staff to executive management. Coordination of data matching and analysis would also be useful to demonstrate outcomes.

Discussion

The findings of this survey indicate that collaboration is already happening between primary health care and AOD services in Counties Manukau. Opportunities for enhancing inter-sector support have been identified, both in the amount and type of support provided. Suggestions on how collaboration could be enhanced have focused on: Building inter-sector relationships; Enhancing communication; Enhancing client access to services; Providing professional development; and Resourcing collaboration. These suggestions could be considered by Planners and Funders, as well as services themselves, about which current activities should be continued or increased, and which new initiatives could be implemented.

Implications for the AOD Provider Collaborative

This survey was undertaken by the AOD Provider Collaborative to identify how they could further contribute to increased collaboration between the sectors. The role that the Collaborative plays, in terms of using collective impact to support system change, needs to be considered when identifying potential actions.

In the past, the AOD Provider Collaborative has supported primary health services through:

- Producing and distributing maps of the AOD services, and the youth mental health and AOD services available in Counties Manukau.
- Producing a series of short videos of how to talk with youth about drugs, with supporting print material.
- Inviting Primary Mental Health & Addiction workforce, particularly the PHO Mental Health Coordinators, to participate in AOD Collaborative professional development opportunities.
- Making AOD focused resources and presentations available on the AOD Collaborative website.

The findings of this survey suggest that the AOD Collaborative could consider undertaking other activities to progress collaboration between AOD services and primary health care. According to the findings, the aims of future work should be focused on:

- Building inter-sector relationships
- Enhancing effective communication between services
- Enhancing client access to both AOD services and primary health care.
- Enhancing professional development for workforces in AOD and primary health services
- Supporting the planning and resourcing of inter-sector collaboration.

Actions that would support these aims, which the AOD Collaborative could consider implementing are:

- 1) Providing opportunities for primary care and AOD service staff to meet, share information about services, and build working relationships.
- 2) Through relationship building with primary care services, enhance their awareness of how to access:
 - The network of AOD services in Counties Manukau for patients
 - The AOD resources and supports available for health professionals e.g., the CADS GP phone line, the national AOD helpline and service directory, the AOD Collaborative service maps.
- 3) Identify and support primary care staff (including GPs) who would like to focus on supporting people with addiction issues, including prescribing pharmacological treatment for addiction.
- 4) Consult with AOD service users and AOD services to identify priorities for enhancing the health of AOD clients, and identify strategies that the AOD Collaborative could undertake to address these.
- 5) Consult with the primary care sector to identify what professional development priorities they may have in relation to supporting people with AOD issues, and plan to address these either through the provision of resources or events (in coordination with other primary health professional development events).

It is recommended that the AOD Provider Collaborative consult with the CM Primary Mental Health and Addiction Governance Group to identify which activities should be prioritised, and plan for future activities.

Any planning will need to ensure it is aligned with the CM *Mental Health and Addictions Whole of System Integration Transformation Agenda*.

Appendix A: Survey Questions for PHO Services, 2016

Collaboration between PHO Primary Health Services and AOD Services In Counties Manukau

This 10 minute survey is for Primary Health Organisation (PHO) Mental Health Coordinators who work in Counties Manukau. It aims to identify how PHOs and general practices are already working with secondary AOD treatment services, and how this might be enhanced.

The results of the survey will be used by the Primary Mental Health & Addiction Governance Group and the AOD Provider Collaborative to plan future activities. Thanks for participating in this survey, your feedback is important to us.

Warm regards,

Sophie Ball (GP Liaison at CM Health, and Chair, Primary Mental Health and Addictions Clinical Governance Group) and **Kate Dowson** (Primary Mental Health Portfolio Manager, CM Health)

1) In what ways do your PHO and general practices support specialist AOD services? (please tick options)

<ul style="list-style-type: none"> • Receive patient referrals from AOD services • Provide consultation to AOD services about their client's health issues. • Provide staff to liaise with AOD service staff. • Provide health clinics in AOD services and/or enhance access to health services by AOD service clients. 	<ul style="list-style-type: none"> • Provide education, skills training or other professional development to AOD service staff about health issues that commonly affect their clients. • Support AOD services to include physical health tools and resources in their clinical information systems eg health screening tools, e-referrals to GP practices. • None of the above. • Other activities (please describe)
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2) In what ways do AOD services support your PHO, general practices, and patients regarding their AOD issues?

<ul style="list-style-type: none"> • Take patient referrals from your services to assess and address AOD problems. • Provide consultation to your staff about patient's AOD issues. • Provide staff to liaise with your PHO services. • Provide your patients with easier access to AOD clinics. 	<ul style="list-style-type: none"> • Provide education or skills training to your PHO and general practice staff about AOD issues eg screening and brief interventions. • Support your PHO services to include AOD tools and resources in your information technology systems eg screening tools, e-referrals. • None of the above. • Other activities (please describe)
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- 3) **What have been the challenges for your PHO and general practices to work with AOD services?** (Either supporting them regarding clients' health issues, or being supported by them regarding patients' AOD issues)?

- 4) **What has supported your PHO and general practices to work with AOD services?** (Either supporting them regarding clients' health issues, or being supported by them regarding patients' AOD issues)?

- 5) **How could collaboration between PHO health services and AOD treatment services be enhanced in Counties Manukau?**

- 6) **Is there anything else that you'd like to add?**

- 7) **If you are comfortable with us contacting you to further discuss your answers, please let us know which PHO health service you are responding on behalf of:**

<ul style="list-style-type: none"> • Total Healthcare / East Tamaki Healthcare • ProCare 	<ul style="list-style-type: none"> • Alliance Health Plus • East Health • National Hauora Coalition
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That's the end of this survey. Thanks for your help with this.

Appendix B: Survey Questions for AOD Services, 2016

Collaboration Between AOD Services and PHO Primary Health Services in Counties Manukau

This 10 minute survey is for AOD treatment services which work with the Counties Manukau community. The AOD Provider Collaborative would like to find out how AOD services are already working with PHO primary health services, and how this might be enhanced.

The results of this survey will be used to plan future collaborative activities between the AOD treatment sector and primary health in Counties Manukau.

Thanks for participating in this survey, your feedback is important to us.

Warm regards, Debby Sutton, Programme Manager, AOD Provider Collaborative

1) Which AOD treatment service(s) are you responding on behalf of? (please tick relevant options below). (We might want to contact you to find out more).

<ul style="list-style-type: none"> • Abacus • CADS South Counselling Service • CADS Auckland Opioid Treatment Service • CADS Medical Detoxification (in-patient and community) • CADS Dual Diagnosis Service • CADS Pregnancy & Parental Service • CADS Altered High Youth Service • Care NZ • Connect Supporting Recovery: DRIVE • Connect Supporting Recovery: Mahi Marumaru • Connect Supporting Recovery: Puna Whakataa 	<ul style="list-style-type: none"> • Counties Manukau Mental Health Provider Arm (Co-existing Problems) • Higher Ground • Ivita Health Services • Odyssey • Penina Health Trust • Raukura Hauora O Tainui • Emerge Aotearoa: Phoenix Centre • Salvation Army Bridge • Te Atea Marino • Tupu • Wings Trust • Youthline • Other (please specify)
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2) In what ways does your AOD service(s) support PHO primary health services? (please tick options)

<ul style="list-style-type: none"> • Receive client referrals from GPs and nurses • Provide consultation to primary health professionals about patient's AOD issues. • Provide staff to liaise with primary health professionals. • Provide AOD treatment clinics in primary health settings e.g., GP practices • Provide education or skills training to primary health professionals about AOD issues eg screening and brief interventions. 	<ul style="list-style-type: none"> • Provide other support for professional development of primary health staff in AOD issues eg supervision. • Support primary health services to include AOD specific tools and resources in their information technology systems eg AOD screening tools, e-referrals to AOD services. • None of the above. • Other activities (please describe)
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3) In what ways do primary health services currently support your AOD service and your clients, regarding their physical health needs?

<ul style="list-style-type: none"> • Take client referrals from your service to assess and address physical health needs of clients. • Provide consultation to your staff about client's physical health issues. • Provide staff to liaise with your AOD service. • Provide your clients with easier access to health clinics (either physically or financially). 	<ul style="list-style-type: none"> • Provide education or skills training to your AOD service staff about physical health issues eg screening • Support your AOD services to include tools and resources that support client's physical health needs in your service's electronic and/or paper systems. • Other activities (please describe)
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4) Please comment on any challenges experienced by your AOD service when working with PHO primary health services? (Either when supporting them regarding patients' AOD issues, or being supported by them regarding clients' physical health issues)?

5) Please comment on what has supported your AOD service to work with PHO primary health services? (Either when supporting them regarding patients' AOD issues, or being supported by them regarding clients' physical health issues)?

6) Please comment on how could collaboration between AOD treatment services and PHO primary health services be enhanced in Counties Manukau?

That's the end of this survey. Thanks for your help with this.