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| <b>TTO staff member reporting</b> | Jim Miller – workshop facilitator                 |
| <b>Date of seminar</b>            | 26 <sup>th</sup> April 11                         |
| <b>Name of seminar</b>            | PHARMAC Rheumatic Fever Seminar - Workshop Report |

**Workshop: Monitoring Success and Progress**

**Key discussion points:**

The group discussed the importance of clear goals and robust monitoring.

These included attracting and retaining resource over the longer term, identifying successful and less successful interventions, and adding to the evidence base.

Some questions were then posed. The answers were refined at the post-workshop feedback session.

**Overreaching Goal**

**Question: What is our overarching goal?**

‘Eradication of Acute Rheumatic Fever by 2020’ Is there a clear definition of this?

How many cases (or what rate) will be ‘eradication’?

What definitions should we use?

Who will collect and analyse the data? (.. and declare the goal achieved?)

**Answers**

The goal (big hairy audacious goal!) of eradication of Acute Rheumatic Fever from New Zealand by 2020 was supported.

However, this needs to be clearly defined and responsibility for monitoring progress agreed.

We suggested that a measurable goal could be defined as:

- reduce the rate (age 5-14 years) of hospital discharge for acute rheumatic fever in Maori and Pacific young people to that of NZ European young people (as at 2009) by the year 2020.

This should be monitored by ESR (Ministry of Health to commission this report) and reported three yearly against our goal.

## **Primary Prevention**

The questions posed were:

What are we trying to achieve...

1. in raising awareness in the public?
2. in improving professional awareness of the guidelines?
3. in application of the guidelines for treating sore throats?
4. in running school swabbing programmes?

### **Answers (we only had time to address 1 and 3.)**

#### **1. Raising awareness**

We did not define exactly what messages should be monitored (so more thought required) but something along the lines of:

- the importance of sore throats
- that sore throats in children can lead rheumatic fever which can damage the heart.
- sore throats in children should be checked by a doctor.

The goal should be 100% awareness of these messages in high risk communities. This could be done by surveys. The questions need to be consistent.

Reaching this level of awareness needs to be much sooner than 2020!

#### **3. Applying the NHF guidelines for treating sore throats**

Again the aim should be 100% compliance with the guidelines in higher risk areas as defined by the NHF criteria (or good clinical reason not to comply clearly recorded).

We suggested that this could be addressed through audit using primary care information systems and challenged one of the larger Primary Health Organisations to develop a tool for this and implement as a pilot.