MIDCENTRAL DISTRICT HEALTH BOARD

Te Pae Hauora o Ruahine o Tararua

Quality living - healthy lives

TOBACCO CONTROL PLAN

2015-18

DRAFT

Version 7 31/03/2015

Contents

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Introduction

Tobacco control is a significant area of focus and investment for MidCentral DHB. The breadth of activity within the DHB is considerable, from health promotion and legislative compliance work undertaken by the MidCentral DHB Public Health Services, to increasing individualised screening by hospital- and community-based health professionals and cessation support provided by local providers. Local work also links with regional activity.

This plan outlines what MidCentral DHB will achieve over the next three years as part of our move towards Smokefree Aotearoa 2025. It reflects local priority areas and describes a number of strategies to achieve desired outcomes for each priority area.

The plan has been developed by a working group of DHB, PHO, Public Health, and NGO participants (as listed in the next section). Initial input from local Whānau Ora providers has also been sought, while assistance from the Central PHO Pacific Team has helped shape objectives.

The journey to implementation of this plan is outlined below. It involves wide consultation with cross-sector stakeholders to ensure the plan reflects reasonable and practical expectations, and meets the needs of priority populations. Consultation will include discussion with non-health partners in tobacco control, who are recognised as key to achieving a smokefree MidCentral district by 2025.

Activity	By when
Technical draft Tobacco Control Plan completed and distributed to selected stakeholders for feedback	December 31st, 2014
Initial feedback on technical draft from selected stakeholders received	January 31st, 2015
Feedback on technical draft incorporated and final draft for consultation prepared	February 28th, 2015
Final draft disseminated widely for comment	March 31st, 2015
Comment from consultation collated	April 30th, 2015
Final MidCentral DHB Tobacco Control Plan 2015-18 prepared	May 17th, 2015
Launch of the MidCentral DHB Tobacco Control Plan 2015-18 planned	May 24th, 2015
MidCentral DHB Tobacco Control Plan 2015-18 launched	May 31st, 2015 (World Smokefree Day)

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Working Group Participants

Cheryl Benn	Midwifery Advisor Planning and Funding MidCentral DHB
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Sharon Vera	Professional Advisor and Coordinator Health Promotion Public Health Services MidCentral DHB
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Priority areas 2015-18

1. Leadership
2. Whole of Community Approach
3. Compliance and Regulation
4. Smoking Cessation Services
5. Systems Support for Smokefree ABC
6. Māori
7. Pacific
8. Refugees
9. Pregnant Women and Newborn Babies
10. Youth
11. Mental Health and Addiction

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Background

Smokefree Aotearoa 2025

In March 2011 the Government adopted the smokefree 2025 goal for New Zealand. This was in response to the recommendations of a landmark Parliamentary inquiry by the Māori Affairs Select Committee.

The Māori Affairs Committee's report was clear that the term 'smokefree' was intended to communicate an aspirational goal and not a commitment to the banning of smoking altogether by 2025. On that basis, the Government agreed with the goal of reducing smoking prevalence and tobacco availability to minimal levels, thereby making New Zealand essentially a smokefree nation by 2025.[1]

Smokefree 2025 will be achieved by:

- **protecting children from exposure to tobacco marketing and promotion**
- **reducing the supply of, and demand for tobacco**
- **providing the best possible support for quitting**

Census 2013 shows daily smoking in New Zealand at 15.1%, down from 20.7% in the 2006 Census. To progress to the smokefree 2025 goal requires that by 2018:

- daily smoking prevalence must fall to 10 percent
- Māori and Pacific smoking rates should be half of what they were in 2011

The national health target '*Better help for smokers to quit*' is a driver towards the aspirational goal of Smokefree 2025. This target is designed to prompt health providers to routinely ask about smoking status as a clinical 'vital sign', and then to provide brief advice and offer quit support to current smokers. There is strong evidence that brief advice prompts quit attempts and long-term quit success.

Tobacco Control

The *Framework Convention on Tobacco Control* is the first international treaty to be negotiated through the World Health Organisation. The legally binding treaty was negotiated by 192 WHO member states. The agreement was adopted in May 2003 after four years of negotiations. Its purpose is to unite national and international efforts to protect people from the health and economic impacts caused by tobacco use and second-hand smoke. It establishes measures that encourage countries to reduce the supply and demand of tobacco products.

Key provisions include:

- Increasing tax and regulation of duty-free tobacco products

[1] Ministry of Health, at www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/smokefree-2025

- Comprehensive banning of tobacco advertising, promotion and sponsorship
- Regulation of packaging and labelling of tobacco products including the placement of rotating graphic health warnings
- Banning the use of false or misleading descriptors such as 'light' and 'mild' on tobacco packets
- Protection of citizens from second-hand smoke in workplaces and indoor public places
- Providing smoking cessation support
- Combating tobacco smuggling and illicit trade across countries

The three key objectives of tobacco control activities in New Zealand are:

- **to reduce smoking initiation**
- **to increase quitting**
- **to reduce exposure to second-hand smoke**

Ten Facts About Tobacco[2]

1) Tobacco use is responsible for about 25% of cancer deaths in New Zealand.
2) The tangible costs of smoking to New Zealand in 2005 were around NZ$1.7 billion, or about 1.1% of GDP. This includes costs incurred because of lost production due to early death, lost production due to smoking-caused illness, and smoking caused healthcare costs.
3) Smoking is responsible for the death of 5,000 New Zealanders each year.
4) Half of all long-term smokers will die from a smoking-related disease.
5) On average, smokers lose 15 years of life.
6) The *2011/12 New Zealand Health Survey* showed that 18% of New Zealand adults (aged 15 years and over) smoked.
7) Smoking was highest among Māori (41%) and Pacific peoples (27%).
8) Smoking decreased significantly for youth aged 15-17 years between 2006/07 (14%) and 2011/12 (6%).
9) Daily smoking among Year 10 students (14 to 15 years) also decreased significantly between 2000 and 2011 – 16% to 5% for girls and from 14.0% to 4% for boys.
10) The proportion of 14 and 15-year-olds that had *never smoked* increased from 33% in 2000 to 70% in 2011.

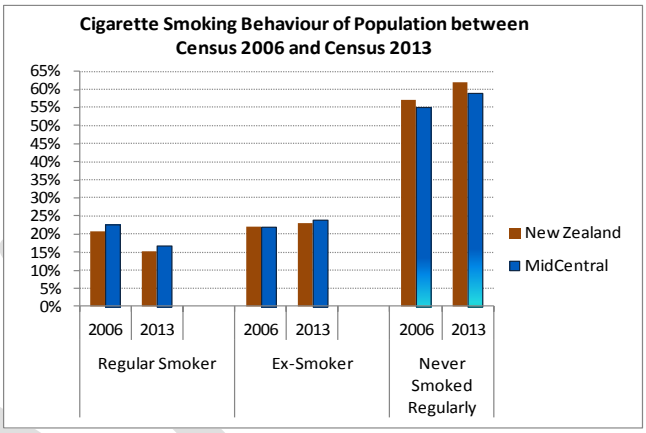
[2] Health Promotion Agency, at www.hpa.org.nz/what-we-do/tobacco-control

A Snapshot of Smoking in MidCentral

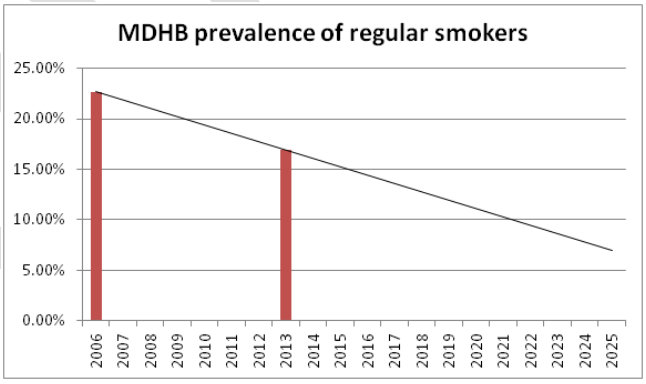
Smoking Prevalence

Of the people in the MidCentral district who stated their cigarette smoking behaviour in the 2013 Census, 16.9% identified as regular smokers (just under 20,000) – down from 22.7% (just over 26,300) in 2006. Similarly, the proportion of people who identified as having never smoked regularly increased to 59.1% (around 70,000) in 2013 from 55.2% (about 64,000) in 2006.

While the prevalence of smoking in MidCentral's district is slightly higher compared with that of New Zealand as a whole, there has been a significant reduction over the last seven years, with a corresponding increase in ex-smokers. Also notable is MidCentral's rate of "never smoked" which has increased over the same period. This suggests that some of the tobacco control strategies we have in place are making a difference.

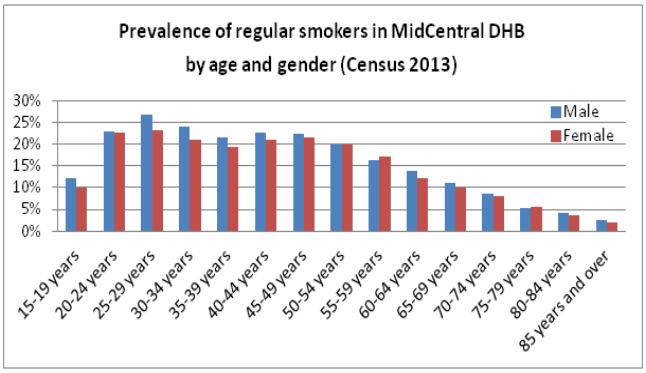


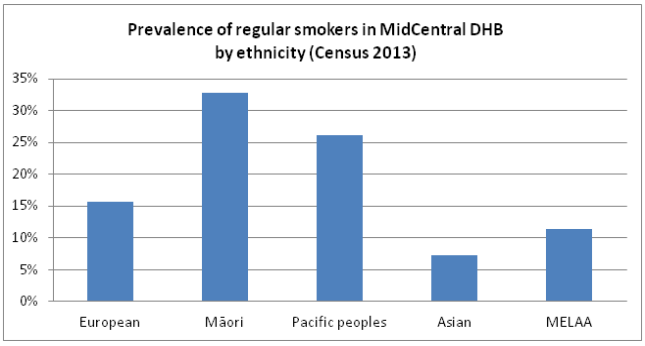
However, current progress is not sufficient for us to meet the 2025 goal, based on the rate of decline in prevalence between 2006 and 2013. To achieve that goal, we have to do better and bend the curve down. Between 2006 and 2013 there were 6,300 fewer smokers – an average of 900 fewer smokers per year. To achieve the 2025 goal, we need to increase that figure to something more like 1200 fewer smokers per year – that is, we need to do better by about a third. Continuing to do what we've done in the past is unlikely to achieve what we've set out to achieve.



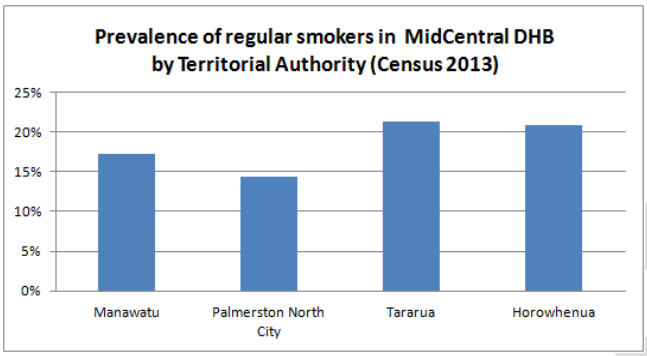
Who is Smoking?

Regular smoking is most prevalent in the 25-29 year age band for both males (26.8%) and females (23.3%) in MidCentral. Prevalence for males is more than 20% from 20-49 years, while prevalence for females dips under 20% at 35-39 years before increasing again to 20% or more from 45-54 years of age.





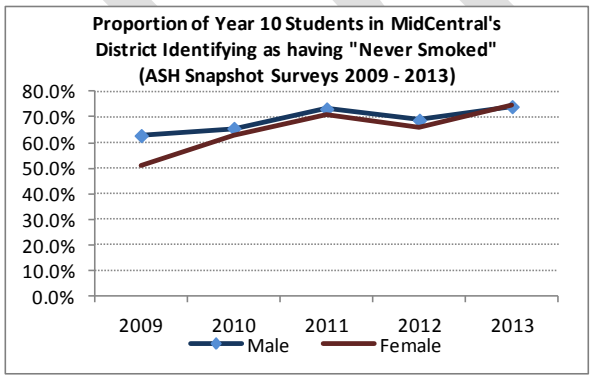
Prevalence rates of regular smoking in the MidCentral district show a similar pattern to those for the New Zealand population as a whole. In MidCentral, the prevalence of smoking is highest in Māori (32.8%) and Pacific Peoples (26.1%). Prevalence in MidCentral for all ethnicities other than Māori averages out at 14.2%.



Regular smoking prevalence is highest in more rural areas of the district – Tararua (21.3%), Horowhenua (20.9%), and Manawatu (17.2%), while Palmerston North City has the lowest rate (14.4%) in the district. The reasons for the difference in prevalence are not immediately obvious and are likely to include more than location. This suggests that working with local Government would be a worthwhile strategy to be included as part of this plan, to achieve the 2025 goal.

Reducing smoking initiation – A Snapshot of Year 10 Students

Each year, the organisation Action on Smoking and Health (ASH) New Zealand conducts a snapshot survey of smoking behaviour in Year 10 students. ASH has been monitoring student smoking since 1999 by way of this census style survey undertaken by participating schools. Consenting students complete a questionnaire in class time under the supervision of teaching staff. The survey collects data on demographics (age, gender, and ethnicity) and smoking behaviour. It also includes questions about the smoking status of family and friends and exposure to second-hand smoke.



Survey results since 2009 for MidCentral students show that the proportion of Year 10 students participating in this survey that identified as having never smoked has increased from 62.8% to 74.1% for males and from 50.9% to 74.4% for females – closing the gender gap favouring males that was apparent in earlier years. In 2013, 3.5% of females who completed the survey confirmed they were regular smokers (1.1% daily smokers), whereas 3.3% of the male students regularly smoked (1.7% daily smokers).

Results of this annual survey over the years show that overall Year 10 student smoking rates in MidCentral have fallen to a greater degree compared with those for the whole of New Zealand (see table on the following page). MidCentral DHB has previously and continues to commit resources to preventing smoking initiation, and supporting smoking cessation in students. The results of the ASH survey are very

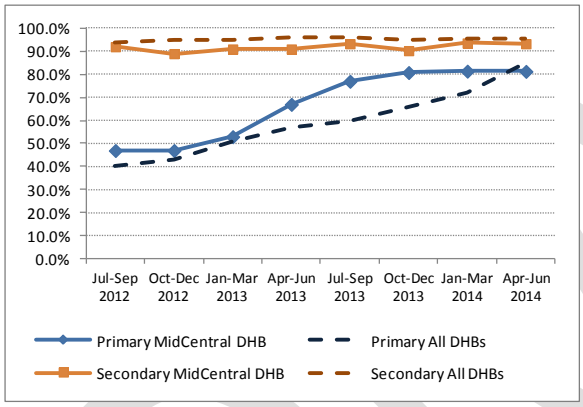
pleasing and validate the application of resources for students. Ongoing monitoring of students by way of the ASH survey is considered an important part of tobacco control in the MidCentral district.

ASH Yr 10 Snapshot	New Zealand		MidCentral	
	1999	2013	1999	2013
Daily smoking				
All	15.6%	3.2%	16.1%	1.2%
Māori	30.3%	8.5%	*Not available*	
Regular smoking				
All	28.6%	6.8%	28.1%	3.4%
Māori	42.8%	14.7%	*Not available*	

Action on Smoking and Health (2014). National Year 10 Snapshot Survey 2013 Results

Helping people to quit smoking

More MidCentral people than ever have received help to quit smoking through the provision of brief advice and quit support and/or referral to cessation support services. Significant improvements have been made in both primary health care and hospital settings. Although we had not yet met targets at the end of June 2014, our rates were not dissimilar to those of all DHBs.



Recent improvements in helping people to quit need to be consolidated and built on. MidCentral DHB commits considerable resources through MidCentral Health (hospital services), the Central PHO, General Practice Teams, Te Ohu Auahi Mutunga (cessation service provider), and our Public Health Unit, to collectively implement programmes aimed at assisting current smokers to quit. Opportunities continue to be explored so that a whole of system approach can be applied to achieving a smokefree MidCentral by 2025.

Smoking in pregnancy is an area where MidCentral DHB has some work to do. Appropriately, this Plan includes a focus on reducing the impact of smoking on unborn and newly born children, particularly for Māori.

Smoking in pregnancy* – women seen by a Lead Maternity Carer – Average rates for 12 months to 30Sep 2014

	Smoking Prevalence	Offered Cessation Support	Accepted Cessation Support
Total	19.8%	77.7%	21.8%
Māori	42.0%	82.3%	22.0%

*data coverage is for 80% of all pregnancies

The MidCentral district is a resettlement area for refugees, which generates ethically and culturally diverse communities. Little is known about smoking prevalence and the need for cessation support services for refugees, let alone how best to provide and fund cessation support if needed. Data taken at the time refugees enter New Zealand suggests a relatively low (between 6 and 10%) smoking prevalence amongst those that settle in MidCentral. However, whether this prevalence is increasing, decreasing, or stable, and smoking status post resettlement in MidCentral, are unknown for this subpopulation. It is appropriate that this Plan includes a needs analysis focus for our refugee population.

Tobacco Control Services in MidCentral

This section summarises existing stakeholders (in alphabetical order) involved in assisting the MidCentral district to become Smokefree.

Provider	Service	Service Coverage
BestCare Whakapai Hauora	General practice service, cessation support (as part of TOAM).	Palmerston North City and surrounds
Cancer Society	Health Promotion and advocacy.	District wide
Central PHO	General practice support, cessation support (as part of TOAM).	District wide
Community pharmacy teams	Pharmacotherapy supply, ABC, cessation support referral.	District wide
General practice teams	ABC, cessation support referral.	District wide
Heart Foundation	Health promotion and advocacy.	District wide
Horowhenua District Council	Local implementation of the Smokefree Environments Act.	Horowhenua area
Kapiti District Council	Local implementation of the Smokefree Environments Act.	Otaki area
Lead Maternity Carer Midwives	ABC, cessation support referral.	District wide
Manawatu District Council	Local implementation of the Smokefree Environments Act. Current achievements include a smokefree CBD (Feilding)	Manawatu area
MidCentral District Health Board (DHB)	Provider (MidCentral Health): ABC, cessation support referral Funder: funds health provider services listed plus other projects such as the Horowhenua Smoke or Save project (jointly with BNZ), and Smokefree sponsorship of the Manawatu Turbos (Rugby) and the Manawatu Jets (Basketball).	District wide
MidCentral Health Public Health Unit (PHU)	Health promotion, legislative compliance, Smokefree advocacy/promotion	District wide
Palmerston North City Council	Local implementation of the Smokefree Environments Act. Current achievements include a smokefree CBD, surrounding streets, and bus stops. Currently consulting on smokefree outdoor dining areas	Palmerston North City
Tararua District Council	Local implementation of the Smokefree Environments Act.	Tararua area
Te Ohu Auahi Mutunga collective (TOAM)	Providers that form part of TOAM Collective are: Te Wakahuia Manawatu Trust, Muaūpoko Tribal Authority, Te Rūnanga o Raukawa, Rangitāne o Tamaki nui a Rua, He Puna Hauora, BestCare Whakapai Hauora, and Central PHO. Services provided are cessation support, particularly Māori, Pacific, and pregnant clients.	District wide
Te Rūnanga o Raukawa	Cessation support, particularly Māori clients.	Horowhenua, Manawatu, encasing mai i waitapu ki Rangataua, mai i Miria te Kakara ki Kukutauaki.
Tobacco Free Central	Smokefree coalition providing smokefree promotion and advocacy. Membership consist of any party interested in Smokefree messaging, including PHU, Central PHO, Iwi and Māori providers, Palmerston North City Council, UCOL, Massey University, Cancer Society, Heart Foundation, local schools, general practices, Sport Manawatu.	District wide

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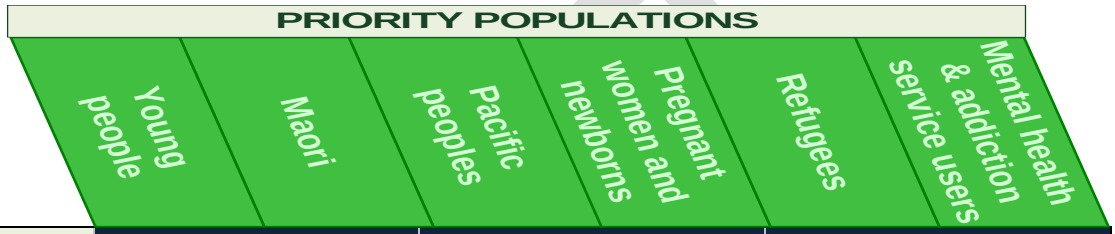
Our Approach

We will do what we can to reduce the harm and costs associated with smoking tobacco in our communities. Critical to the success of this undertaking is the commitment and support of individuals, groups, and communities to achieving the same goal. This Plan is intended for use as a vehicle to progress the journey alongside a collection of others taking the same path, but utilising their unique skills and expertise, experience, networks and resources that are geared to our common goal and objectives.

The following figure illustrates the relationships in our approach, with priority areas of focus to achieve the three overarching objectives of the Tobacco Control Plan.



Activity Focus Area	Reduce smoking initiation	Increase quitting	Reduce exposure to second-hand smoke
Leadership	Youth leaders Schools, colleges and universities Role models YOSS	Iwi/Māori providers TOAM CPHO IFHCs/GPTs MidCentral Health LMC Midwives Community Pharmacies	Sports/social clubs and organisations Local and regional councils Business leaders Marae
Community engagement and partnerships	Health promotion Awareness and social marketing campaigns	Health promotion Awareness and social marketing campaigns	Tobacco retailers, Licensed premises Workplaces Healthy homes
Compliance and legislation	Controlled Purchase Operations	Contracting arrangements	Smokefree Environments
Cessation support		NRT Cessation support providers/ quit coaches Priority populations Referral pathways	LMC Midwives Well Child/Tamariki Ora providers MidCentral Health / Maternity services Whānau and Fanau
Systems and infrastructure support	Performance monitoring, e.g. Year 10 student trends	Information systems, performance monitoring and feedback, reporting	Smokefree Environments Local and regional councils
Skills and knowledge	Health Promotion “Smoke or Save”	Quit advice, guidelines ABC-D training e-learning tools	Pregnancy and parenting support

The following pages outline what we plan to do from 2015 to 2018 to move significantly towards a smokefree MidCentral 2025.

Leadership

Outcome:

MidCentral DHB is a leader in work to achieve a smokefree MidCentral district

Objectives 2015-18:

1. Develop leadership

1.1. Identify a tobacco control clinical leader for the MidCentral district

1.2. Establish a MidCentral Tobacco Control Taskforce to monitor progress against the Tobacco Control Plan objectives, and identify and address gaps

2. Lead by example

2.1. Achieve and maintain smokefree MidCentral DHB campuses

2.2. Progress towards MidCentral DHB staff being smokefree

2.3. Achieve and maintain all smokefree health targets

3. Work with other organisations

3.1. Partner with local Whānau Ora providers to lead the development of smokefree initiatives, activities, and environments for Māori

3.2. Partner with Central PHO to lead the development of smokefree initiatives and activities within Integrated Family Health Centres/General Practice Teams

3.3. Work with local Councils to progress smokefree environments

4. Monitor progress

4.1. Progress against Tobacco Control Plan objectives is reported six monthly to MidCentral DHB's Community and Public Health Advisory Committee and to Manawhenua Hauora

5. Regional approach

5.1. Support the Regional smokefree programme

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Whole of Community Approach

***Outcome*:**

MidCentral communities are actively engaged in working towards a Smokefree MidCentral

Objectives 2015-18:

6. Community commitment

6.1. Obtain commitment from community leaders to MidCentral DHB's Tobacco Control Plan

6.2. Work with local Councils to ensure smokefree communities are a significant part of Territorial Local Authority planning processes

6.3. Work with local communities to promote smokefree and to increase the number of people quitting smoking

7. Business commitment

7.1. Ensure that businesses contracting with MidCentral DHB have smokefree policies

7.2. Work with business leaders to promote smokefree

8. Cross-sector approach

8.1. Support Tobacco Free Central strategies, plans, and activities

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Compliance & Regulation

***Outcome*:**

Compliance with the Smoke-free Environments Act 1990 is monitored and improved

Objectives 2015-18:

9. Tobacco retailers

9.1. Continue to implement a programme of monitoring of all tobacco retailers

9.2. Improve and maintain retailers' understanding and compliance with their responsibilities under Smoke-free Environments Act 1990

9.3. Work with businesses to reduce availability of tobacco to those under 18 years

10. Other retailers

10.1. Improve and maintain licensed premises compliance with responsibilities under the Smoke-free Environments Act 1990

11. Complaints management

11.1. Investigate all smokefree complaints promptly and efficiently

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Smoking Cessation Services

***Outcome*:**

MidCentral smoking cessation services work collaboratively to increase successful quits

Objectives 2015-18:

12. Integrated approach

12.1. Cessation matanga work clinically within general practice teams to achieve demonstrable gains in smoking rates for enrolled populations of Māori, Pacific, and pregnant women

12.2. Cessation matanga work clinically within MidCentral Health to identify smokers wanting to quit and referring them to cessation services

12.3. Cessation matanga work with Lead Maternity Carers to ensure pregnant women/wāhine & their family/whānau that smoke are aware of opportunities to engage in incentivised quit programmes

12.4. Cessation matanga work with community pharmacy teams to ensure people that smoke are aware of opportunities to engage in incentivised quit programmes, and to enhance and expand access to cessation support therapy

13. Maximising intervention opportunity

13.1. Nicotine Replacement Therapy (NRT) starter packs are provided in addition to brief advice and referral to cessation services, by community pharmacies, Integrated Family Health Centres/General Practice Teams, and Lead Maternity Carers

13.2. Explore and utilise where possible, a wide variety of cessation support therapies that offer smokers and whānau a greater chance to quit, e.g. Quick Mist, Nicotine Inhalator, Nicotine Inhaler, Nicotine tabs, Cytisine

13.3. Explore and implement where possible additional incentives for WERO (Whānau End Smoking Regional Whānau Ora) participants

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Systems Support for Smokefree ABC

***Outcome*:**

Health services have the capability and capacity to support increased quit attempts

Objectives 2015-18:

14. Capability

14.1. ABC training is available and promoted to all MidCentral health professionals

14.2. ABC training within the secondary care setting is mandatory for all health professionals

15. Capacity

15.1. ABC Champions are identified in all secondary care settings and Integrated Family Health Centres/General Practice Teams

15.2. DHB contracted providers are encouraged to identify ABC Champions within their organisations

15.3. ABC Champions actively promote ABC along with supporting staff to deliver ABC

16. Feedback on progress

16.1. Feedback on achievement against health targets and uptake of education opportunities, is provided monthly to all secondary care and Integrated Family Health Centre/General Practice Team staff

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Priority Population: Māori

Outcome:

Māori smoking rates are reduced

Objectives 2015-18:

17. Naku te rourou nau te rourou ka ora ai te iwi[3]

17.1. Establish and maintain a working relationship with Te Tihi o Ruahine Whānau Ora Alliance, Te Hono ki Tararua me Ruahine – Ngati Raukawa ki te Tonga Whānau Ora Collective

17.2. Work with Te Tihi o Ruahine Whānau Ora Alliance, Te Hono ki Tararua me Ruahine – Ngati Raukawa ki te Tonga Whānau Ora Collective to determine how smokefree initiatives can be driven collectively

17.3. Work with Te Tihi o Ruahine Whānau Ora Alliance, Te Hono ki Tararua me Ruahine – Ngati Raukawa ki te Tonga Whānau Ora Collective to annually review the MidCentral DHB Tobacco Control Plan 2015-18

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[3] With your food basket and my food basket the people will live.

Priority Population: Pacific Peoples

Outcome:

Smoking rates amongst Pacific peoples are reduced

Objectives 2015-18:

18. Plan, do, study, act

18.1. Network with specialist Pacific Quit Smoking providers and programmes elsewhere in the country for expert advice and guidance on reducing smoking for Pacific peoples

18.2. Work with Pasifika Service at Central PHO (CPHO) and the Matanga Auahi Mutunga at CPHO to determine how smokefree initiatives can be driven and actioned for Pacific peoples

19. Pasifika service providers

19.1. Enhance the capacity of Pasifika health care service providers to engage with and provide expert support for mothers, youth and adults to quit smoking

19.2. Enhance the capacity of Pasifika health care service providers to support Pasifika families to quit smoking and maintain a smokefree environment for all members of their Fanau

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Priority Population: Refugees

***Outcome*:**

Smoking rates amongst refugees are identified, monitored, and reduced.

Objectives 2015-18:

20. Plan, do, study, act

20.1. Smoking rates amongst refugees in the MidCentral population are assessed

20.2. A collaborative plan to reduce smoking rates in refugees is developed

20.3. The collaborative plan to reduce smoking rates in refugees is implemented

20.4. The collaborative plan to reduce smoking rates in refugees is reviewed annually

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Priority Population: Pregnant Women & Newborn Babies

Outcome:

Increase in smokefree mothers and babies and their whānau/families

Decreased low birth weight (LBW) babies associated with smoking in pregnancy

Decreased the number of perinatal deaths where there was no attributable cause other than smoking in pregnancy

Objectives 2015-18:

21. Maternity service providers

21.1. Engage and support all maternity service providers to assess smoking status, give brief advice, and refer to cessation services

21.2. Enhance the capacity and capability of maternity service providers to support women to become and remain smokefree during pregnancy and postnatally

22. Maternity service users

22.1. Engage and support service users and families/whānau to be smokefree while under the care of a Lead Maternity Carer

22.2. Engage and support service users and families/whānau to be smokefree while using MidCentral DHB maternity services

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Priority Population: Youth

Outcome:

Youth smoking rates are reduced

Objectives 2015-18:

23. Role models

23.1. Utilise local role models for youth to promote smokefree

24. Service providers

24.1. Work with providers of youth health services to promote smokefree

24.2. Work with education providers to promote smokefree

25. Empower youth

25.1. Empower youth to develop and implement smokefree initiatives

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Priority Population: People with Mental Health &/or Addiction Issues

***Outcome*:**

To create a smoke-free mental health & addiction service

To decrease the incidence of smoking by service users and subsequently improve their wellness and wellbeing

To have staff educated in the use of tools for cessation, and confident to provide advice and support to the service user, family and/or whānau

Objectives 2015-18:

26. Mental health service providers

26.1. Engage and support all mental health service providers to assess smoking status, give brief advice, and refer to cessation services

26.2. Enhance the capacity and capability of mental health service providers to support clients to become and remain smokefree

27. Mental health service users

27.1. Engage and support service users, and families and/or whānau to be smokefree while using MidCentral DHB mental health services

27.2. Engage and support service users, and families and/or whānau to be smokefree while using services provided by Integrated Family Health Centres/General Practice Teams

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