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## Welcome Editorial

Alan Hesketh, Deputy Director-General, Information Directorate, Ministry of Health



Alan Hesketh

In a statement made by the Hon Tony Ryall in February, he said: 'It will be critical to reorient the health service in a way that fosters quality, is patient-centred and provider-friendly'.

The current Ministerial Review is working towards this goal, including advising the Minister on progressing the Government's commitments and clarifying the Ministry's role in improving the quality and performance of the public health service.

The group is chaired by Dr Murray Horn and includes, among others, Dr Virginia Hope (Deputy Chair) and Chai Chuah (CEO of Hutt Valley DHB). One of the key focuses of the group is infrastructure capacity and planning, being led by Chai Chuah. The work of this group will play a major role in determining which information and process initiatives proceed.

As input to this group, work is continuing on the refresh of the health information strategy (see page 2). The five core themes that underpin the strategy refresh are:

1. developing a shared vision
2. establishing common decision-making for shared projects
3. capturing appropriate innovations
4. simplifying the delivery of implementations to speed adoption
5. establishing the principles for safe sharing of health information.

The health information strategy will take a convergent approach, allowing for the varying starting points of different stakeholders to arrive at the same destination. But following these five key principles will help keep each of us travelling in a common direction.

In this issue, we hear from Waikato DHB who is trailblazing the implementation of the Connected Health Architectural Framework in the Midland Region (see page 3). As early adopters, the Midland Region will have learning and advice for other DHBs that will speed up implementation nationwide.

Also in this issue, Richard Medicott, the New Zealand representative on IHTSDO (the organisation driving SNOMED CT), talks about the benefits of adopting SNOMED CT on page 6. SNOMED CT is a significant innovation in clinical terminology by providing a common international terminology to index, store, retrieve and aggregate clinical data.

We will keep revisiting the five core themes in future issues of *Health e-News*. The need for a public dialogue about the safe sharing of information is a topic that continues to dominate seminar debates. We expect to be able to provide more information about proposals to initiate this dialogue within the next few months.

Alan

## WEB LINKS

## Strategy Advisory Committee

Health Information Strategy Advisory  
Committee: <http://www.hisac.govt.nz>

## Health IT Cluster

Link to website for the latest news  
<http://www.healthit.org.nz>

## Ministry

Ministry of Health  
<http://www.moh.govt.nz>

## HINZ

Health Informatics NZ  
<http://www.hinz.org.nz>

## Refresh of Health Information Strategy Continuing

Zoran Bolevich, Group Manager Information Strategy and Architecture, provides an update on progress



**Zoran Bolevich**

Work on the refresh of the health information strategy is continuing with a number of inter-related activities including:

- liaising with Northern and Central Region information systems strategic planning processes
- discussions with relevant groups, such as the Primary Care Information Management group
- engaging with DHBs in relation to national health information architecture.

We are currently working on the development of an online collaborative space for strategy, architecture and standards.

Alongside the refresh, the Ministry is looking at options for undertaking a programme of community education and dialogue about the safe sharing of health information. These options are also being discussed with the Ministerial Review Group.

A discussion document will be released in May outlining the Ministry's priorities in the area of health information management and technology. The document is based on the Ministry's Statement of Intent (currently being finalised). Further engagement with health organisations and stakeholders will follow, including a national forum to discuss a common direction for health information management and technology.

I will continue to provide updates on the refresh process as it progresses.

For more information on the HIS-NZ refresh, please contact Zoran Bolevich on [zoran\\_bolevich@moh.govt.nz](mailto:zoran_bolevich@moh.govt.nz).

### Health e-News Feedback

If you have any comments or article ideas for the next issue, please contact the editor at [health\\_e-news@moh.govt.nz](mailto:health_e-news@moh.govt.nz)

## Connected Health is Coming to Life

### Midland Region Following the Connected Health Architectural Framework

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Until now you may be forgiven for thinking the 'Connected Health Programme' (the Ministry's national approach to improved health connectivity) has been limited to a much-talked-about topic at sector forums. But that is no longer the case, as the implementation of the first pilot in the Midland Region is bringing 'Connected Health' to life.

The Midland CIOs, with their Midland Region Health Network project, and working closely with the Ministry of Health, are putting in place an environment that will enable a person-centric, integrated, regional approach to health care delivery using the Connected Health Architectural Framework.

The Connected Health Programme takes a national approach to removing the IT barriers between health providers working with each other across distances. The Programme's work includes developing governance and management functions, interoperability standards and core services fundamental to integrated health information and communication solutions.

Midland's Regional Health Network project was established after the Midland Region DHB CIOs, and other major stakeholders, began collaborating to improve connectivity between DHBs. The national Connected Health Programme engaged in this process and a working group was set up to include representatives from DHBs, the Ministry of Health and the primary care IT sector.

This group set about defining the standards that regional networking and connectivity should comply with and how they should be implemented. From this, a set of business requirements was developed along with a regional reference network architecture.

'We wanted to connect up the health providers in our region, but recognising that people move all around the country, we were keen to support and follow the national Connected Health approach,' says Alan Grainer, CIO of Waikato DHB.

The Midland Region implementation of the Connected Health architecture will be a good test case in a real world scenario. Implementation is ongoing as the Ministry continues to work with the DHBs to further develop and expand the Connected Health approach.

The Connected Health Architectural Framework was released in October last year, pending endorsement from the Health Information Standards Office (now part of the Information Directorate – see article in February's issue).

If you would like more information about the Connected Health Programme, or would like to obtain a copy of the Connected Health Architectural Framework, please contact Ross McKenna on [ross\\_mckenna@moh.govt.nz](mailto:ross_mckenna@moh.govt.nz)

## Upgrade of Server Hosting Environments Under way

Work is under way to ensure Ministry's servers are stable and secure

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Last year, the Ministry entered into an agreement with Unisys to provide a reliable and secure data centre housing solution.

At present, the Ministry's three data centres are not equipped to accommodate growth requirements – including the National Systems Development Programme and other major projects.

'The upgrade is fundamental to ensuring national service delivery', says Deputy Director-General, Information Directorate, Alan Hesketh.

After looking at a number of solutions, the decision was made to migrate the data centres out to a third party and consolidate down to two centres. A request for proposal to host the data centres was issued by the Ministry and won by Unisys.

As part of the implementation of the agreement, the servers currently housed in Ministry buildings in Penrose and Wellington (in Taranaki St and Molesworth St) are being moved into the two Unisys data centres.

The first stage of the move is scheduled to take place in May. This involves transferring some of the Penrose servers to the Unisys Penrose data centre. Once this has been successfully completed the remainder of the Penrose servers will be transferred.

The next stage is the gradual transfer of the Wellington servers to the secure Unisys site in Wellington. It is anticipated that the Wellington move will commence in July and is likely to be completed by the end of the year.

'The increased dependence on information technology over the past decade means any service outage has a direct and significant impact on productivity,' says Karen Fisher, Technology Services Group Manager.

'The new environment will better enable us to cater for future growth – both in capacity and service level expectation.'

To minimise disruption to Ministry staff and stakeholders, planned outages will take place for short periods during the weekends.

For more information, please contact Karen Fisher, Technology Services Group Manager, on [karen\\_fisher@moh.govt.nz](mailto:karen_fisher@moh.govt.nz).

## SNOMED Value Strengthens through Increased International Adoption

### New members for the International Health Terminology Standards Development Organisation

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The International Health Terminology Standards Development Organisation (IHTSDO) – the driving force behind the international development and adoption of Systemised Nomenclature of Medical and Clinical Terms (SNOMED CT) – held their general meeting in April in Denmark.

At the meeting, Singapore and Cyprus were announced as new members of the organisation. They join the nine charter members of IHTSDO (Australia, Canada, Denmark, Lithuania, Sweden, New Zealand, the Netherlands, the United Kingdom and the United States).

Attracting increased membership in IHTSDO, and the adoption of SNOMED CT, increases the value of the investment New Zealand has made. Endorsement of SNOMED CT increases with each new country signing on to the IHTSDO, as these countries work together to support the ongoing development and maintenance of SNOMED CT and related standards. Members share costs on a sliding scale based on national income and make the standards freely available in their countries.

Membership in IHTSDO is open to all countries as part of the organisation's ongoing effort to enable broader access to, and use of, standardised clinical terminologies worldwide. Other countries are expected to join IHTSDO shortly.

New member countries are expected to include some of the 49 countries categorised as low income economies by the World Bank, as part of the IHTSDO membership fee exemption offer. Health care providers and organisations in these countries will be able to obtain SNOMED CT Affiliate Licences free of charge from the IHTSDO to use the terminology in public health information systems, electronic health records, health research, and other applications as part of the initial phase of the programme to expand access to SNOMED CT. Over half of the countries covered by this initiative are in Africa. The remainder are located in the Asia-Pacific and Americas regions.

Also announced at the recent IHTSDO meeting, Dr Zoran Bolevich, Group Manager, Information Systems and Architecture, is to take over the New Zealand representative seat on the IHTSDO General Assembly.

For further information on IHTSDO and SNOMED CT, please contact Ted Cizadlo, Manager Health System Interoperability and Standards (Acting), Information Strategy and Architecture, on [ted\\_cizadlo@moh.govt.nz](mailto:ted_cizadlo@moh.govt.nz).

## Richard Medlicott, shares some thoughts on the importance of SNOMED CT



**Richard Medlicott**

*Dr Richard Medlicott (Island Bay Medical Centre), member of the Primary Care Information Management Group, was elected by the IHTSDO from a pool of international candidates to serve a one-year term on IHTSDO's Quality and Assurance Committee.*

Currently health data in New Zealand's primary care patient management systems are coded using Read codes, and hospital discharges are coded using ICD-10AM. The problem here is that the Read codes stopped being updated in 1999, and ICD-10AM is used primarily for statistical reporting, so is not designed for clinical patient care. If we are to gain a comprehensive picture of health care usage and outcomes in New Zealand, we will need to move to a common coding set.

Caregivers can only use SNOMED CT when it is imbedded in software applications. The prevalence of SNOMED CT internationally means there is a potential for New Zealand software companies to sell their products overseas, particularly in Canada, Australia and South East Asia. Hopefully the need to use a standard international term set in these offshore markets will lead to a relatively painless transition to SNOMED CT here in New Zealand.

Another development, which may help with the transition to SNOMED CT, is the development of a primary care subset mapped to the International Classifications Primary Care code set, which has been developed by the World Organisation of General Practice (WONCA), and is in widespread use in Australia.

Irrespective of developments towards any kind of large shared electronic health record, the health system requires the ability to exchange information in a rich format. We need some convergence in all our software to make this a reality, and SNOMED CT is one tool to help make this happen.

### Quick guide to coding definitions

Coding Type	Definition
Read Codes	READ codes are a hierarchical clinical coding system; each level provides a more specific diagnosis of an injury. This code system is currently used by ACC. Primary care providers must record READ codes for all ACC claims. <sup>1</sup>
ICD-10 (International Classification of Diseases 10 <sup>th</sup> revision)	The ICD is the international standard diagnostic classification for all general epidemiological, many health management purposes and clinical use. It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records. <sup>2</sup>
ICD-10AM (International Classification of Diseases 10 <sup>th</sup> revision – Australian Modification)	ICD-10AM is based on the ICD-10 diagnostic classification and has been modified in Australia by the National Centre for Classification in Health (NCCH) with assistance from clinicians and clinical coders to ensure that the classification is current and appropriate for Australian clinical practice. Close links have been maintained with WHO to ensure that international compatibility is maintained. <sup>3</sup>
SNOMED CT (Systemised Nomenclature of Medicine-Clinical Terms)	SNOMED CT aims to improve patient care through the development of a standard clinical language across the world's health information systems to accurately record health care encounters. It is considered to be the most comprehensive, multilingual clinical healthcare terminology in the world. <sup>4</sup>

1. ACC – [www.acc.co.nz/for-providers/lodge-and-manage-claims/PRV00037](http://www.acc.co.nz/for-providers/lodge-and-manage-claims/PRV00037)  
3. Proposed upgrade programme for ICD-10AM discussion paper, 30 Jun 2005

2. World Health Organisation: [www.who.int/classifications/icd/en/](http://www.who.int/classifications/icd/en/)  
4. IHTSDO: SNOMED CT – [www.ihtsdo.org/snomed-ct/](http://www.ihtsdo.org/snomed-ct/)



## Ethnicity Code Changes Being Made to Ministry Health Information Systems

### Changes are necessary to align with the Statistics NZ 2005 Standard

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In 2005, Statistics New Zealand introduced the new Statistical Standard for Ethnicity. The Ministry has been working on a phased approach to implementing this Standard within the health and disability sector.

In 2008, the Ministry consulted with the health and disability sector on the implementation of the Statistics NZ Standard (level 2) code set, and whether the sector should record ethnicity at a more detailed level (allowing the recording of up to six ethnicity responses rather than the current three).

Following this consultation, the Ministry is implementing the Statistics NZ Standard (level 2) code set in Ministry information systems and collections effective from 1 July 2009.

The decision has been made to add three new codes:

Code 61 – ‘Other Ethnicity’

Code 94 – ‘Don’t Know’

Code 95 – ‘Refused to Answer’

The current Code 54 – ‘Other’ has been retired.

The introduction of these new codes allows for more accurate data capture when entering the ethnicity code information.

Reducing health inequalities between ethnic groups is a key goal for the health system. Ethnicity data helps inform the health system about the health status of specific groups. Therefore, it is crucial this information is accurate and consistent. This enables the development of health services that meet the needs of these groups and enables the effectiveness of such services to be monitored.

Because of the need to use a consistent code set across the whole health and disability sector, the Ministry encourages all users to implement this code set in their systems and procedures. Further consultation with non-DHB providers is under way to establish a realistic expectation for time to complete implementation of the ethnicity code set changes.

To support implementation, the Ministry has issued Supplementary Notes to the Health and Disability Sector Ethnicity Data Protocols and these are available on the Ministry website. Guidance on the use of the new code set, particularly the residual codes, is included.

The Ministry of Health will update and publish new Ethnicity Data Protocols once Statistics NZ has finalised the Ethnicity Standard to be used for the 2011 census.

## Ethnicity Code Changes Being Made to Ministry Health Information Systems . . . *cont*

Changes are necessary to align with the Statistics NZ 2005 Standard

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If you have any queries regarding these changes, or your ability to meet them, please email Quentin Wilson, NCAMP Business Owner, on [quentin\\_wilson@moh.govt.nz](mailto:quentin_wilson@moh.govt.nz), or general queries on [ncamp@moh.govt.nz](mailto:ncamp@moh.govt.nz).

For further information on all scheduled NCAMP changes, please refer to the information on the Ministry's website [www.moh.govt.nz/ncamp](http://www.moh.govt.nz/ncamp).

For more details on the Statistics NZ 2005 Standard, please refer to [www.stats.govt.nz](http://www.stats.govt.nz).

## Depression Support Website Launched

Ministry develops online tools to supply practical information

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The Ministry of Health website [www.depression.org.nz](http://www.depression.org.nz) has launched new content to provide practical information for people experiencing depression. The new content includes video clips of several New Zealanders talking about their depression and what has worked for them.

'These days many people are finding help and support for managing their mental health problems over the internet,' says Dr Bruce Arroll, Chair of the National Depression Initiative (NDI) Advisory Group and Auckland University's Professor of General Practice.

'While this is not a substitute for people with severe depression who need to seek professional help, it is proving very helpful for people in recovery, and those with milder forms of depression and anxiety.'

The website's structure and format has been designed to be user-friendly for people experiencing depression. It features an introduction by John Kirwan welcoming people to the site as well as clips of the well-known NDI TV commercials. There are also video stories of everyday people's experiences with depression and getting well.

Visitors are guided through the information available with prompts and questions, providing a tailored experience relevant to their own situation.

People can also learn more about depression signs and symptoms, and get tips on self-help strategies and access a list of help services.

An online self-management programme, fronted by John Kirwan, will be launched on [www.depression.org.nz](http://www.depression.org.nz) and is planned to go live later this year.

This personalised, leading-edge, self-help programme will take users through a step-by-step process to assist in their journey to recovery.

For further information about NDI, please contact Candace Bagnall, Senior Analyst, Population Health, [candace\\_bagnall@moh.govt.nz](mailto:candace_bagnall@moh.govt.nz).

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SHARING NEWS AND VIEWS ACROSS THE SECTOR

## Ministry's Wanganui Office Opens Doors to Stakeholders

### Successful stakeholder forum held in March

On 5 and 6 March, the Wanganui Ministry of Health office opened its doors to a range of stakeholders for an expo aimed at sharing information about the inner workings of the health payments and agreements processes for Wanganui Sector Support. Over 40 attendees came from all over the country, with 13 of the 21 DHBs represented. There was a good mix of pharmacists, medical staff, District Health Board staff, and representatives from the Pharmaceutical Society of New Zealand in attendance.

The expo was put together based on feedback from the sector and included information about:

- the Information Directorate
- the National Health Index system and identifiers
- online services, such as the Special Authority look-up
- requirements for connecting to the Ministry's health network
- agreement administration
- pharmacy claims processing
- capitation-based funding
- PHARMAC – where it fits, economic assessment and purchasing and expenditure strategies
- audit and compliance.

There were also displays with information about initiatives such as Mum2Be, High Use Health Card and Adolescent Oral Health Enrolments.

Overall feedback on the expo was extremely positive, with delegates commenting it was very informative and an excellent networking opportunity.

If you were not able to make the Wanganui Expo and would like to receive any of the presentations or display information, please contact Nichola Collins, Relationship Management, on [nichola\\_collins@moh.govt.nz](mailto:nichola_collins@moh.govt.nz) or (06) 349 1990 (ext 6315).

The expo followed an earlier expo run in 2008 at the Dunedin Office. If there is support for further expos, there could be similar forums held at Ministry offices around the country.

If you have thoughts on how the Ministry can better engage with stakeholders, please contact David Miller the Relationship Management Group Manager on [david\\_miller@moh.govt.nz](mailto:david_miller@moh.govt.nz) or (04) 816 3685.

## Day in the Life

### Health e-News catches up with Marion Blake, CEO of community network trust, Platform



**Marion Blake**

Platform is a networking organisation that works to connect, champion and celebrate a robust community mental health and addictions service sector.

Platform connects with community organisations across New Zealand that contract with government agencies, particularly the Ministry of Health, DHBs, Ministry of Social Development and Corrections. The non-government sector accounts for about 30 percent of the national mental health expenditure and employs the largest mental health workforce.

Marion joined as a contractor while the organisation was being set up nine years ago. She says she 'liked the idea of Platform and the work it was setting out to achieve so much' that she stayed.

Marion says non-governmental organisations have a critical role in contemporary health and social service systems.

'Platform works in collaboration with a large number of groups, advising and representing the community sector. We work to gather information and share experience across the sector.'

'Platform works under the belief that individuals and communities flourish when the experience of many is harnessed.'

Marion has been working on the non-governmental organisation sector's contribution to Project for the Integration of Mental Health Data (PRIHMD) development since the Ministry of Health's initial consultation.

'Aside from PRIHMD's value as an information collection, it represents the start of an important dialogue between government agencies, non-government agencies and service providers.'

Marion has recently been involved in the development and launch of one of the world's first online networking sites for mental health and addiction support workers.

'This is a very new concept and we don't know of any other site of this kind for support workers anywhere in the world.'

'There is an incredibly diverse and widespread population of support workers in so many different organisations across New Zealand.'

'They have been waiting for some sort of vehicle to enable them to connect with, and talk to, each other in ways that are beyond organisations, beyond job descriptions and beyond geography – and this is it.'

More information on this project can be found at [www.supportworkers.ning.com](http://www.supportworkers.ning.com).

A large part of the work of Platform is encouraging the many diverse community groups to utilise online tools, such as social marketing sites and freeware available for download.

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SHARING NEWS AND VIEWS ACROSS THE SECTOR

## Day in the Life . . . cont

### Health e-News catches up with Marion Blake, CEO of community network trust, Platform

An example of this is a Google Apps calendar that has been set up to share training and other events for service providers across the Wellington region.

‘Applications such as Google calendar are a great tool for community organisations. They are free, not challenging to set up and learn, and can help build a framework for the organisation.’

Marion would like to see work continue on collaborative projects.

‘The multiplicity of services and agencies means there is a lot of repetitive reporting required. It would help all organisations, not just the non-governmental organisations if we could work towards a more streamlined process of reporting.’

Marion also says the value and use of information needs to be addressed.

‘Currently a lot of information is going in via reports and data capture, but it is all about numbers. Platform is very keen to help find ways to make this information more useful.’

For more information on Platform, please see [www.platform.org](http://www.platform.org).



**HINZ** Health Information New Zealand

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SHARING NEWS AND VIEWS ACROSS THE SECTOR

## Information Directorate Senior Leadership Team Profile

### David Miller, Group Manager, Relationship Management Group



**David Miller**

Moving to New Zealand from the UK late last year, David Miller joined the Information Directorate in January as Group Manager of the Relationship Management Group.

The Information Directorate's Relationship Management Group is responsible for engaging with the sector about the Information Directorate's work, as well as providing a number of support services to the Ministry and some sector organisations.

'Ensuring strong and effective channels of communication between the Ministry and our stakeholders allows us to have a positive impact on the health system,' says David.

Since joining the Ministry, David's priority has been strengthening the capability of the team, including developing a regionally-based Relationship Management Team.

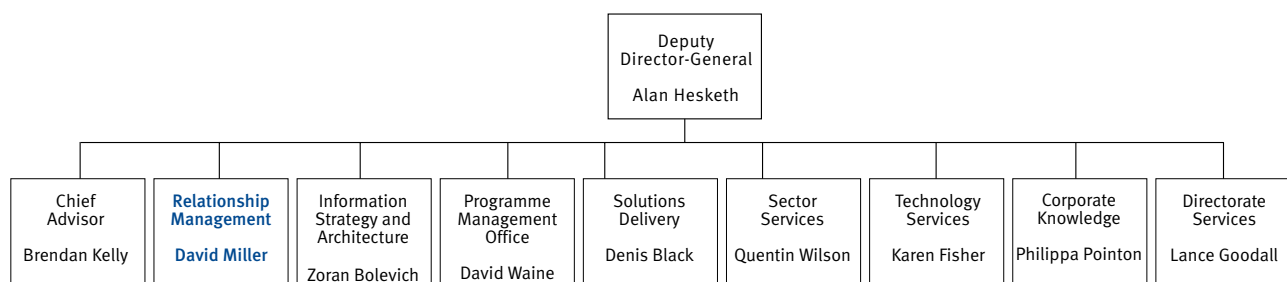
David completed a Bachelor in Computer Science/Software Engineering at the University of Birmingham. He first moved into health via a consultant role in the London Government and Public Sector practice with PricewaterhouseCoopers, this followed senior roles in the education sector.

Before he joined the Ministry, David worked in the UK for Dr Foster Intelligence as their CIO. Dr Foster is a public-private health informatics organisation and supplies information services to hundreds of NHS organisations.

Prior to Dr Foster, David was a Director at the Department of Health's Commercial Directorate in London, where he headed up a NZ\$15 billion programme of work to engage the private sector to deliver publicly funded health care.

Other Information Directorate Group Managers, and the new Relationship Managers, will be introduced in future issues.

### Organisational structure of the Information Directorate showing Group Managers



## Upcoming Events



- AusCERT Asia Pacific Information Security Conference 2009**  
 17–22 May 2009, Australia  
 For full details:  
<http://conference.auscert.org.au/conf2009>
- GOVIS**  
**User-centred Government – More than meets the eye**  
 20–22 May 2009, Wellington  
 For full details: [www.govis.org.nz](http://www.govis.org.nz)
- Health Informatics Conference (HIC 09)**  
**Frontiers of Health Informatics – Redefining Healthcare**  
 19–21 August 2009, Canberra  
 For full details: [www.hisa.org.au](http://www.hisa.org.au)
- New Zealand Hospital Pharmacists Association Conference 2009**  
**‘All that is good in life’**  
 11–13 September 2009, Nelson  
 For full details: [www.confer.co.nz/nzhpa09/](http://www.confer.co.nz/nzhpa09/)
- HINZ Annual Conference**  
 1–2 October 2009, Rotorua  
 Abstract submissions close 29 May 09  
 For full details: [www.hinz.org.nz](http://www.hinz.org.nz)

## Upcoming publications

*Maternity Snapshot 2006* will be published online in May.

*Infant and Perinatal Mortality 2004, 2005 and 2006* will be published online in May.

## New publications available now

*Mental Health Service Use Historical Data Online: 2001/02 to 2004/05*

<http://www.moh.govt.nz/moh.nsf/pagesns/575?Open>

The publications above, and older publications, can be downloaded in PDF format from [www.moh.govt.nz/publications](http://www.moh.govt.nz/publications)

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 Many thanks to all those people who have contributed to this newsletter.

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