Box: Key recommendations of the HWNZ Service Forecast Teams that have been established to date*
(unedited, as supplied by the author)

Service Aggregate	Key Service Recommendations	Key Workforce Recommendations
Common recommendations	Employ funding models that; support interdisciplinary care and innovative practice, increase care quality and reduce episodic costs, and where consumers and providers manage the outcome and financial risk. Enhance communication between consumers and providers to ensure effective co-ordination of care and implement an accessible shared healthcare care record.	Improve community health literacy and reward appropriate health preventive and help-seeking behaviours. Employ doctors in roles that can only be undertaken effectively and safely by someone trained as a doctor. Extend the role of nurse practitioners, nurse specialists, registered nurses, enrolled nurses, and allied health professionals. Up-skill and support informal carers.
Anaesthesia	Establish regional oversight groups to recruit and deploy anaesthetists across health regions Use a "hub and spoke" service model on a regional basis.	Extend the roles of anaesthesia technicians and Medical Officer grade to improve operating room productivity. Expand the Medical Officer grade of anaesthesia provider.
Cancer		Expand the role of the nurse specialist in managing chemotherapy.
Diabetes	Establish a co-ordinated national population based diabetes prevention programme to reduce burden prevent or delay the onset of type-2 diabetes and screen for eye and renal complications Introduce a nationally co-ordinated retinal screening programme. Establish specialist nurse clinics and outreach nephrology clinics with emphasis on diabetic renal disease.	Train and employ diabetes nurse specialist prescribers to lead diabetes care using an integrated primary care model. Introduce a structured clinically focused diabetes nurse practitioner training program.
Eye Health	Change the Medicines Act to enable optometrists to prescribe glaucoma medications in accordance with developed guidelines. Rationalise and standardise child eye health screening services. Ensure every community has access to a diabetic retinal screening service. Ensure everyone with macular degeneration and low vision is assessed by an eye health professional with low	Develop an eye health community model that includes an increase in the role of optometrists, and offer six-month postgraduate fellowships. Investigate the role and career pathway of ophthalmic nurse specialists within the hospital and other settings. Support the development of a postgraduate diploma in ophthalmology for GPs and nurses. Support an undergraduate degree in orthoptics.

	vision expertise.	
Gastroenterology	Provide high bandwidth inter-hospital communication to allow teleconferencing to reduce health inequities in rural areas. Use a mobile clinic in rural areas to address access issues.	Recruit gastroenterology nurse specialists into new positions in clinics for inflammatory bowel disease, hepatitis, faecal incontinence and constipation, dyspepsia, gastronomy care, colorectal cancer screening and surveillance, colon polyp follow-up triage, and organ transplant follow up. Use enrolled nurses, or similarly trained patient care workers, in gastroenterology clinic settings or as community liaison in remote areas. Develop training for technicians to be used in non-patient roles. Use allied health workers, for example dieticians, in the assessment and management of gastrointestinal disorders. Use general physicians and surgeons as endoscopists in smaller centres. Develop nurse endoscopists for particular procedures in a team environment.
Mental Health and Addictions	Shift resources to enable Interventions earlier in life with at risk families, children and adolescents where there is evidence that such interventions reduce the burden and cost of disease. Integrate primary/secondary services using stepped care approaches to improve access and recovery in the community to reduce: outpatient demand; required length of stay in intensive settings; and the burden and cost of concurrent mental and physical conditions. Reduce system wide costs by influencing the pathways through high risk mental health, care and protection, and justice services. Proactively manage the impact of mental health on care for the elderly by increasing access to interventions that enable elderly to retain or recover functioning, avoiding or delaying the need for more intensive and costly support.	Build capacity in specialist clinical workforces: psychiatrists, psychologist and mental health nursing with the necessary skill mix to support both the areas of future development and a significant change in roles. Expand the role of e-health and related ‘virtual’ mental health initiatives.

	Develop the capacity and capability of the spectrum of self-care support – enabling e-therapies, self care/whānau (extended family) care and peer support.	
Mothers and Babies		Implement a comprehensive midwifery internship.
Musculoskeletal health problems	Invest in and standardise telemedicine and video-conferencing facilities which enable the remote assessment of patients referred for tertiary level services. Begin post-operative adult orthopaedic trauma rehabilitation at admission. Invest in public health measures including early interventions to improve fitness and diet in young adults and throughout adulthood. Encourage patient self care through technologies, screening questionnaires and simple point of care tests. Screen patients for potential osteoporosis and obesity.	Ensure that conservative management of musculoskeletal disorders including chronic musculoskeletal pain, is a core competency for all general practitioners. Increase emphasis on musculoskeletal teaching at undergraduate level, including aspects of rehabilitation and occupational health. Develop a workforce of non-operative paediatricians/GPs/physicians expert in conservative management of minor musculoskeletal disorders. Establish career paths for senior clinicians in the musculoskeletal field (i.e. orthopaedic surgeons and rheumatologists) and ensure active career planning with mentoring of junior consultants into the expert clinician and clinical leaders. Increase the number of staff with expertise in geriatric management for post-operative medical care .within the orthopaedic setting. Increase the number of doctors trained in rehabilitation, including tertiary level rehabilitation specialists and GPs with rehabilitation medicine as a special interest. Develop and consolidate advanced scopes of practice for physiotherapists and especially in hospital outpatient roles. Extend musculoskeletal training of clinical nurse specialists.
Older persons health care	Increase the focus on home and community-based prevention and rehabilitative service options for older people, especially short-term interventions that maximise the	Invest in specific training for formal and informal caregivers and develop a career path for formal (and informal) caregivers.

	potential for independence. Use clinical specialists to increase the knowledge and skills of other health and support workers in the community and primary care (leveraging). Gear up service and facility design within acute care to meet the needs of over 65 year olds. Design and pilot a 'network information strategy' to ensure ready access to all data to provide optimal care.	
Palliative care	Develop managed clinical networks that are linked nationally. Develop a funding model for primary care based community palliative care.	Develop advanced nursing roles (nurse practitioner, clinical nurse specialist) and allied health practitioners in the palliative care. Extend the role of allied health professionals in the multidisciplinary palliative care team.
Youth Health	Fund school based health services, enhanced general practice service and youth health community services to meet specific communities' needs**.** Do not focus health services for young people on a single issue (such as reducing violence, crime, alcohol and drugs including tobacco use and risky sexual behaviour); collaborate with other government departments, NGOs and voluntary services to deliver a holistic service. Shift resources from DHB mental health services into supporting those working with youth in the community, which will decrease costs, result in better health outcomes and help break down the primary-secondary service divide. Use social media to promulgate specific, positive public health messages for young people in the context of the audience's wider needs, rather than in a problem-specific way.	Ensure all school nurses, whether employed by health or education, are competent and skilled to deliver safe, quality nursing care. Employ public health nurses in primary care and allocate to secondary schools and the associated intermediate and primary schools to deliver school based services and effective health promotion.

* from www.healthworkforce.govt.nz