

Clinical Advisory Group (CAG)

Minutes

Of the meeting held on Wednesday, 21st October 2009, Meeting Rooms 1&2, 19 Lambie Drive at 1800 - 1930 hrs

Agenda Item		ACTION
Present	Peter Gow, (Chair), Michael Clark, Soli Henare, Jenni Coles, Sam Cliffe, , Denise Kivell, Tom Bracken, , Campbell Brebner, John Savory, Karyn Sangster, David Hughes, Paula Nes, John Roke, Allan Moffitt, Gary Jackson	
Apologies	Don Mackie Tanu Toso, Pam Williams, Val McCullough, Stella Ward	
Minutes of August 2009 meeting	Passed as true record. Approved Karyn Sangster Seconded Denise Kivell	
Arising from the minutes	<p>Next steps in the EOI Denise declared a possible conflict of interest and would leave the room if the need arose. (It did not) The EOI was seen as timely, totally supports the primary Care Strategy and has included considerable consultation. On the 4th November, people will be notified, and successful organisations asked to submit a more detailed proposal. The DHB's offer of assistance had been warmly received. The offer was made to secure that the decisions are pertinent to Counties as well as across the Auckland region. Feedback from Auckland GPHO has been very positive in relation to the clinical support and having clinicians on the work streams who are flexible, adaptable and able to look at devolution where required. There has been good robust discussion on what the change will mean for patients, willingness to work cooperatively and to share guidelines and models of care. Agreement that this is the most collaborative region wide effort seen for some years. There is a need to ensure that there are clear KPI's in place in order to measure improvement over the coming three years.</p>	
Agenda Items	<ol style="list-style-type: none"> 1. Lab-Tests" 2. Integrated Clinical Governance 3. Standing Agenda Item: Community Panel Update 	John Roke David Hughes Soli Henare
Lab-Tests	<p>Fairly robust discussion on the issues and impact of Lab test on patient care. Several specific issues were raised including:</p> <ul style="list-style-type: none"> ◆ Poor signage for a number of the facilities leading to patient confusion as to where the rooms actually are located. ◆ The size of rooms being small and patients having to queue outside the building to await their turn. ◆ Concern voiced over the lack or experience of some phlebotomists leading to patient injury and discomfort ◆ Some mismatches with equipment leading to patient concern and frustration. ◆ Blood tests requested by hospital where the results are being sent to the GP and not the service that requested them. ◆ Blood tests that have been taken and the results not being sent to éclair. ◆ Faxes are still being sent to CMDHB provider arm even though a specific 	

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	<p>request has been made for this to stop as the results are supposed to be on éclair.</p> <ul style="list-style-type: none"> ◆ Some patients are preferentially attending Manukau Superclinic to have their bloods tests done there by experienced phlebotomists which lengthens appointment and increases delays for patients. ◆ At Mangere, reception staff leave at 1pm and this creates a problem for people arriving in the afternoon. Patients are refused entrance quite some time before closing time, causing confusion around actual opening hours. ◆ Patients are arriving but are not being logged until they are being seen, this would account for inaccurate recording of waiting times or turnaround for patients ◆ It is understood that there are a number of clusters or issues and complaints that are under consideration by the HDC. <p>Further discussion covered issues that were thought to have been identified prior to Go Live. There is the sense that many of the issues that are being faced should have been anticipated and planned for. The decision to go ahead was based on clinical safety not being impacted.</p> <p>There has been a meeting with the clinical directors to pool the examples of issues and concerns in order that these can be identified and monitored.</p> <ul style="list-style-type: none"> ◆ There is work underway on a generic form that can be given to either provider. ◆ It is understood that if a patient arrives at the incorrect lab, their blood will be collected for tests and processed with no further inconvenience to patients. ◆ There does not seem to have been much feedback given that there are only two DML collection points in South Auckland for the private patients who are directed to go to these laboratories, and who will make up about 10% of the laboratory test volume. ◆ QSTAT Team led by Phil Barnes from WDHB is conducting snap audits on the labs themselves, turnaround time and will continue to act in the role of overseer until things are running smoothly. ◆ Of note was a comment relating to the bulk funding under contract. <p>In order to ensure that the issues that are being raised are current and are affecting patients and / or GP's, all are encouraged to continue to put the issues and concerns that they become aware of on to the issues register in order that these can be monitored and addressed. This will also ensure a means of measuring improvement against KPI's.</p>	<p>Val to invite Johan of the QSTAT team to the next CAG meeting</p> <p>All CAG Members</p>
<p>Integrated Clinical Governance</p>	<p>David Hughes presented a brief overview of the current clinical governance structure whereby the clinical / management partnership model is evidenced at all levels of the provider arm.</p> <p>This has created the opportunity for collaboration across all divisions and the development of a shared language, concepts and improved communication.</p> <ul style="list-style-type: none"> ◆ The Clinical Management Executive Committee (CMEC) meets monthly and provides the structure for the operational accountability within the provider arm. There is leadership representation from of all the disciplines and the opportunity shared ideas and unbundling of silos. ◆ The Clinical Advisory Group (CAG) meets monthly and provides for clinical governance of the health sector in Counties Manukau with particular emphasis on the interface issues and to assist CMDHB to achieve service integration. ◆ The Clinical Governance forum has made some progress where clinical directors of PHO's meet monthly ◆ There are GP Peer groups in each PHO <p>Discussion that followed included agreement on developing the agenda around integration and devolution that will draw clinicians to the table for discussion, with clinicians leading the discussion. It was thought that the EOI</p>	

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	<p>will bring focus and a forum that is established with clear clinical partnership can assist with the development of a business case.</p> <ol style="list-style-type: none"> 1. To extend an invitation to Clinical Directors and GP's from PHO's to CAG meetings to ensure their involvement and development of shared agenda's and goals. 2. To develop an agenda and arrange 3 – 4 meetings annually 	<p>CAG to lead and decide on agenda</p>
<p>Standing Agenda Items Community Panel - Soli Hanare</p>	<p>At the last meeting the Chronic Care Management Evaluation was presented. A member has been appointed to the Whai Manaaki Optimising Patient Journey Steering Group Community Panel review. This review was due to have happened a year after the establishment of the panel, and has been undertaken only this year. It is acknowledged that the panel is of value and the questions were around what could be done to strengthen it.</p> <p>The report has been presented to the Panel. The review resulted in 13 recommendations. Recommendations that will get priority attention relate to the following:</p> <ul style="list-style-type: none"> - Policy around recruitment and hiring - Additional resources - Panel membership to have good representation form the community - Utilisation of the panel - Orientation of the panel members / parameters / code of conduct - Specific resources for focus groups <p>Plan is to present the findings at the Strategic Forum, to tighten up processes and to raise the profile of the community panel.</p> <p>Discussion that followed resulted in the consensus that it was preferred to have wise people with experience and evidence of good networks on the panel rather than people with single issue concerns. The panel needs to have membership that reflects the health literacy, culture, and ethnic groups representative of Counties Manukau.</p> <p>Soli shared a quote re: CAG from the Community Panel Review Report - <i>"The Clinical Advisory Group was considered a protector and champion of the Panel. It provided opportunity and an accountability mechanism for the Panel to report back on issues it had been deliberating on. It was a supportive environment to provide advice and dialogue on issues and priorities the Panel was considering."</i></p>	<p>Panel chair and Soli to take to Strategic Forum</p>
<p>Next Meeting</p>	<ol style="list-style-type: none"> 1. Draft-to-date Cardiology strategic plan - For November meeting 2. Welcome Tina Mc Cafferty 3. QSTAT presentation / discussion 	<p>Val</p>
<p>Next Meeting:</p>	<p>November 18th 2009 ♦ 1800 - 1930 hours ♦ In Meeting Rooms 1& 2 ♦ Counties Manukau DHB, 19 Lambie Drive, Manukau</p>	