

Primary Health Organisation Group (GPHO)

Wednesday 9 December, 2009

12 noon to 4pm

Building 2, Manukau Boardroom

Minutes

Actions by

Welcome & Apologies

Present:

Allan Moffitt (AM) –Chair, Sam Cliffe (SC), Loretta Hansen (LH), Neil Woodhams (NW); Ross Smith (RS), Manu Sione (MS), Tina McCafferty (TMC), Karyn Sangster (KS), Denise Kivell (DK), Jennie Auton (JA), Kim Buchanan (KB) Esther Blomfield (EB), Ian Johnson (Pharmacy), Lael Meredith (PC), Bernard Te Paa (BT)

Apologies:

Pam Montford (PM), Dolly Rewha (DR), John Cosgriff (JC), Wayne McLean (WMcL), Mark Vela (MV), Siobhan Matich (SM), Mike Lamont (ML),

1a. Previous Minutes

The previous minutes from GPHO held on 11 November 09 were accepted as true and correct record.

Agreed - Allan

Seconded – Neil

Matters arising:

All covered in Actions List or the Agenda.

DK reported on the EOI Business Case process. Nine successful EOI respondents met in Wellington with Minister and MoH – “No1 Govt policy initiative. Important we have the infrastructure etc for EOIs to succeed”.

Better, Sooner, More Convenient Group established:

Bev Braybrook
Chris Mules
Mhari McHugh
Caroline Gullery
Jonathan Simon
Paul McCormack
Helen Mason
Mike Grant
Peter Jansen
Denise Kivell
Danny Wu
Jim Primrose

Chaired by Ashley Bloomfield (Acting for Margie during change process)

<p>Questions raised were</p> <ul style="list-style-type: none"> - can MoH achieve what has been requested through the EOIs - alliance with DAPs - some disconnect (and gaps) with current policy <p>By 1 July 2010 The Minister wants people to know he's made a difference, that it's visible and the public know about it and that primary care is 'different'.</p> <p>Three areas noted</p> <ol style="list-style-type: none"> 1. Nurse-led walk in clinics 2. After Hours 3. Devolution <p>Some 'don't touch' areas also noted such as First Level Services funding and universality. MoH want to be supportive and looking at what can be funded differently.</p> <p>Three EOI Business Support Managers – Shelley Campbell, Chad Paraone and John Baird.</p> <p>DHB sign off described as 'very important'.</p>	
<p>1b.Arising from Action List</p> <p>#29 – Quality Strategy – this is now wrapped up in the EOI and Business Plan discussions.</p> <p>#63 – Health Promotion – Tracey Barron will bring this back to GPHO in February. The work is largely completed.</p> <p>#80 B4Schools – SC reported that some checks are being completed with the funding available</p> <p>#84 & #108 – Smokefree – RS reported that dollar splits had been signed off at GMPHO and forwarded to TB. Concern at contracting for the small individual amounts. NW suggested that North Waikato be the lead PHO for the 6 smaller PHOs - RS to seek support from GMPHO.</p> <p>#102 – Work Programme – this work has concluded.</p> <p>#105 – RS reported on conversation with Ron Dunham – has not seen the MoH review report yet. Very slow. Suggested check with Andrew Wisheart or Gerard Cleck. AM noted that the roll-out will proceed as usual, H1N1 included in vaccine. Free vaccinations will be extended to at risk population groups. SC spoke with Nettie at WC Advisory Group – vaccine will be funded but not the additional/higher cost of delivery. DK noted that MoH want CMDHB to look at Nurses at the border again. DK to discuss with Ron Dunham. Not enough vaccine in the Northern Hemisphere. LM asked whether CMDHB had a plan and if so who owns it and is it sufficient for another event – TMcC and SC to discuss with Andrew Wisheart and raise concerns from GPHO.</p> <p>#106 – ASH – AM reported that Quarterly reports have circulated. They do not measure the MoH indicator which is for CMDHB overall – some people not registered with a PHO. An issue for the GAIHN business case.</p> <p>#107 – Lab update and reports – this action to be carried forward.</p> <p>#108 – Tobacco Control stocktake - The suggestion of adding dollars to the Tobacco Control Contract stocktake is not progressing after there were concerns raised at</p>	<p>TB</p> <p>RS</p> <p>TMcC / SC</p> <p>SC</p>

<p>GMPHO.</p> <p>#109 – Diabetes Get Checked – Retinal Screening numbers corrected. DK spoke to Claire O’Brien about the study design which was amended and is going ahead</p> <p>Action –</p> <p>Tracey Barron will bring Health Promotion work back to GPHO in February</p> <p>RS to seek support from GMPHO for a ‘lead’ Smokefree PHO.</p> <p>TMcC and SC to discuss pandemic review with Andrew Wisheart and raise concerns from GPHO.</p>	
<p>AGENDA</p>	
<p>2. Kidney Society</p> <p>Paper noted. Kidney Health is an offshoot of the Kidney Foundation. Esther offered to be the initial contact person for the event in South Auckland.</p> <p>Action –</p> <p>Advise contact details to Kelvin Lynn, Medical Dir., KHNZ</p>	<p>Pam</p>
<p>4. VHIU update</p> <p>Helen Morrish gave a presentation of the VHIU Pilot Programme. Being piloted in 4 localities – see papers.</p> <p>AM – important for practices to be aware of it and that it fits with the individuals signed consent.</p> <p>NW – Coordinators need to meet the PHO Managers. Coordinators employed by PHOs but not all have one. Important to know if someone is in EC 5 times as the PHO may have existing programmes. PHOs will ensure the practices perform under this arrangement.</p> <p>IJ – Pharms seems to be a gap. Pharmacy see high users of meds at least monthly.</p> <p>EB – if we are following the ‘one car up the drive’ approach then an electronic care plan, shared and accessible by the practice and the patient is desirable.</p> <p>NW – involvement of NGOs eg: Stroke Foundation, also important. Coordinators need to get a handle of what support is available in the community.</p> <p>DK – came up at Primary Care Reference Group - the one pager has gone out but PNs had no context about the initiative. Where do people go for information? All Nursing initiatives must have the DON supporting it so it is supported all the way through.</p> <p>KB – communication the key to this working</p> <p>LH – are there geographical areas and if so what are they. We need to know the people who are excluded from the programme.</p> <p>Action –</p> <p>Helen to set up a meeting with PHOs and Coordinators</p> <p>Helen to put a ‘context’ paper together for PNs and practices</p>	<p>HM</p> <p>HM</p>

5. Pharms Budget Holding / Optimal Prescribing Project

AM spoke to the paper prepared by AM and Lynanne Stanaway (LS).
Hoping to go-live in the New Year.
CMDHB have been meeting with ProCare and East Health around improving prescribing and reducing variation. Look at % market share and measure changes due to population mix. ProCare not above the average pharms expenditure but a wide variation between prescribers.
Goal - we need to make some savings to fund new interventions and we need good data
How will it work:
- agree baseline budget – measure performance against that
- only filled scripts, not total value written included those never collected
- some practice facilitation time will be funded
- implement across the DHB post the pilot phase
- no risk-holding is 1st phase but savings will be split
- savings must be re-invested into health
- 2% variation across PHOs
- No adjusting for supply side savings initially but a discussion to be held around whether it is based on a 'basket' of drugs or 'all' drugs (global approach).

AM - favours the global option.
NW – how are health inequalities addressed by the project. Could be through the 'basket' approach and establishing KPIs around 'success'.
LS – the data shows that Maori and Pacific are getting the 'right' amount of pharms prescribed. Process needs to be ironed out for the pilot before presenting to PHOs

Action –

LS to set up a meeting with high-needs PHOs

LS

6. PHC Workforce Development Plan

Karen Holland spoke to the PCWFD plan included with the agenda - see Powerpoint presentation attached.




Discussion:

RS – is the definition of primary care broad enough to include, for example HBSS Support Workers? Yes – DK noted she is also working with CareerForce around the Health Support Worker roles.
NW – confusion over who has responsibility to train health workers; a mismatch between the tertiary education sector and the health sector; scholarships are inadequate to meet costs and unsure where the funding comes from.

SC – no problem with the plan but concern about the funding; how does this link with the Te Kura Hauora funding?
NW – a greatly underutilized resource in Maori providers
DK – can we refer to the Primary Health Care WFD Plan? Somewhat remiss in not having other key people involved such as Primary Care Mental Health
SC – don't make it too broad; 3-4 key roles now, accept there should be more, different ones but best work with what we have now; some concern around the competencies identified for discussion another day.
DK - noted that DNS come under the NZNO Primary Health Care stream already.

<p>Action – AM to follow up with Karen Holland</p>	
<p>7. Thriving in Difficult Times</p> <p>Sam gave a report on the activity already underway and the formation of a Management Oversight Group. CEO's blog just started – we will send the link around and it can be shared with PHO staff. AM is part of a Service Reconfiguration workstream which includes the EOI / Business Case process TMcC is leading the Contract Review workstream</p> <ul style="list-style-type: none"> - includes all SC's direct reports - All contracts up for review - No sacred cows or givens - Provider arm also - Also looking at demand-driven and previously 'untouched' contracts such as Mental Health - Of the \$450m only \$30-50m are discretionary and the bulk are untouchable historically – it cannot be like this anymore. - Also difficult to prioritise when some contracts like ARC have had increases for the last 3 years - The team have devised a similar process to the line-by-line review - Based on a weighted prioritization tool using Triple Aim and the HEAT tool - Each of the PMs are going through their own contracts first, applying the tool and coming back with a ranking - No decisions have been made - A good basis for a discussion - Performance against target volumes also a feature being looked at <p>TMcC</p> <ul style="list-style-type: none"> - keen to act on feedback from PHOs; want to work collaboratively with you; the process to arrive at a first cut is one that suits our business needs but the next step is how to enact the PHO agreement with PHOs <p>SC</p> <ul style="list-style-type: none"> - we are saying, here's a tool – is it any good? - Apply it to your own contracts and come back to us with any suggested adjustments, cuts - We will be sending out a letter by the end of the week with the process outlined - provider viability is an issue but key issue to protect front-line services - recommendations will go to the Board who will make the decisions <p>TMcC</p> <ul style="list-style-type: none"> - what about things outside Schedule J? - do we do a line-by-line individually or collectively? <p>RS – how well does the tool work across different services? SC- just a starter to get discussions happening; PHOs will be aware which contracts are working well and which ones are not. AM – we are interested in wastage across the sector NW – we would like to sit down with the PMs to see where they got to; also noted that PSAAP was next week SC – funding envelope expected next week – may not get any FFT and may only get part of the demo growth funding we are due.</p>	

<p>NW – MECAs drive our costs too so if the DHB gets 1% then PHOs expect 1% otherwise inequalities are exacerbated</p> <p>Action –</p> <p>TMcC to send out the tool to PHOs</p> <p>PHO GMs to feedback on prioritization of their spending.</p>	
<p>8. LTC Update</p> <p>Sarah spoke to her report.</p> <ul style="list-style-type: none"> - October data will be updated as soon as available - Shows positive growth in numbers - <p>The recently released National Health Targets were included in STs report</p> <ul style="list-style-type: none"> - MoH combined data for all 3 measures – CVD screen, Case Mgt and Case Detection - used Q4 data only – for an annual target – a ridiculous outcome. - also wont supply the algorithm they used. - <p>AM discussed the seriousness of supplying false reports and that it will get picked up through TestSafe (for HbA1C levels). If the patient is not co-operating then dis-enrol them. If discovered a false report could lead to breach of contract action.</p> <p>NW asked that AM make both the GMs and the Clinical Directors aware of the issues.</p> <p>BCTIs for CCM? – ST to take action to sort this out.</p> <p>Action –</p> <p>ST to sort out BCTIs for CCM</p>	<p>ST</p>
<p>9. Lotu Moui Summit 2010</p> <p>Manu spoke to the paper.</p> <ul style="list-style-type: none"> - The summit has been running for 3 years - 84 Churches – 30,000 people - Summit every 2 years – next year at the Telstra Clear Pacific Events Centre. - PI have high enrolment but low utilization so it is about better engagement, continuity of care and better outcomes. - Providers will be present and keen to engage with PHOs and Primary Care - Keen to have stalls, booths to showcase services - Noted that the Summit is on a regular GPHO day - Contact person: <p style="text-align: center;"> Silao Vaisola-sefo Team Leader – Lotu Moui Silao.VaisolaSefo@middlemore.co.nz 09-2629590 021-825024 </p> <p>Action –</p> <p>GMs to consider how they can get involved in this major event and contact Silao.</p>	<p>GMs</p>

<p>10. Progress in Primary Care 2001-2008</p> <p>Sonia Van Gessel presented the proposed project to look at changes in primary care since the health reforms.</p> <p>What does progress look like for C-M?</p> <p>Noted that a report done in 2000 on C-M health status.</p> <p>Action –</p> <p>SvG to circulate a draft scope.</p>	<p>SvG</p>  <p>Sonia's scope document (refer D</p>
<p>11. Sexual Health</p> <p>Tina spoke to the Chlamydia Pilot and noted that the paper should not have been included without a Cover Sheet – see attached.</p> <ul style="list-style-type: none"> - funding of \$27-30k attached - would start early 2010 - can the people involved be existing PHO Sexual Health nurses? Yes. - Prefer to have a lead PHO drive this – who has the most enrolled high needs 15-25 year olds? <p>Action –</p> <p>TMcC to send the info out to PHOs</p> <p>TMcC to contact ADHB and confirm we are interested</p> <p>RS to canvas GMPHO for a lead PHO</p>	 <p>Chlamydia Guidelin p1.jpg</p>  <p>Chlamydia Guidelin p2.jpg</p>
<p>12. General Business</p> <p>AM thanked both Lael and Jennie for their contributions to GPHO and wished them every success for the future. Lael will attend for Neil if he is unavailable next year.</p> <p>Action –</p>	
<p>13. Next Meeting – 10 February, 2009</p> <p>Agenda Items</p> <ul style="list-style-type: none"> - Pandemic Flu update – Andrew Stacey - Child Mortality Review and Data - H1N1 Vaccination for 2010 	