

Primary Health Organisation Group (GPHO)

Wednesday 10 June 2009
12 noon to 4pm
Building 2, Manukau Boardroom

Minutes

1. Welcome & Apologies

Present:

Allan Moffitt (chair), Sam Cliffe (SC), Loretta Hansen (LH), Pam Montford, (Executive Assistant) Neil Woodhams (NW), ,Mark Vela (MV);, Denise Kivell (DK); ; Ross Smith (RS); Ian Johnson (IJ), Siobhan Matich (SM), Wayne McLean (WMcL); Dolly Rewha (DR,;J Lael Meredith (LM);Esther Blomfield, Bernard Te Paa (BT);Manu Sione (MS); John Cosgriff (JC);

Apologies:; Kate Moodabe (KM), Mike Lamont (ML), Tina McCafferty (TMC), Jennie Auton (JA); Karyn Sangster (KS);

1a) Previous Minutes

Moved that the Minutes dated 13 May be accepted as true and correct record

Moved: Loretta Hansen

Seconded: Mark Vela

1b Matters Arising From Action List

29. Quality Strategy

Plan circulated by Allan Moffitt – on agenda



63 Health Promotion

Mark Vela paper (see later agenda item)

Feasibility study required to review all issues around sovereignty and also manawhenua issues.

75. DHB/PHO Board Orientation

Reverse alphabetical order for PHOs to present to CPHAC. (noted some flexibility may be required)

Invitations with a time to be advised – a schedule or proposed dates will be circulated by Sam Cliffe

80. B4 Schools

To proceed – MoH will review annually in terms of contract and performance with

SC

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<p>guarantees of only one years funding. Feedback will be sent from regional meeting to be held 11 June (no guarantees re funding post next year)</p>	
<p>Nettie Knetsch/Sam Cliffe will be meeting on Monday 15 June to discuss. Involvement of PHOs would be ideal to consult. PHOs to feedback indication of interest to Sam Cliffe.</p>	
<p>Aim is to have programme in place from July 1st to deliver the first years targets.</p>	
<p>82. DCAG Review</p>	
<p>S Tibby has sent out paper and is seeking feedback.</p>	GMPHO
<p>GMPHO to nominate rep on DCAG</p>	
<p>84. Smokefree</p>	
<p>Ingrid Minette's papers tabled and attached</p>	PM
<p>Total Funding for 08/09</p>	
<p>Confirmed for 09/10 (to date)</p>	
<p>\$809,000</p>	
<p>679,920</p>	
<p>Balance available \$230.00 plus \$137,000 available in 09/10 year to provide training support to Primary care or otherwise use the funding in a way that will meet the needs of Primary care in regard to delivering the Smokefree ABC's and satisfy MOH contract requirements</p>	PM
<p>Look at practice based cessation model.</p>	
<p>We need clarity re CFA requirements for this money – Manu to review specification.</p>	
<p>Sam Cliffe suggested we invite Karen Everson to the Smokefree Working group for a discussion and to agree how the funds might be expended.</p>	
<p>AM believes there is another \$130K to apply for from MoH but we need to get in quick.- this action sits with Sam Cliffe in terms of a response to MoH from Planning & funding</p>	MS
<p>85. GPHO rep on CPHAC – process underway</p>	SC
<p>87. CCM High Needs</p>	SC
<p>Work in progress – Deloitte are working on the brief. – remove from actions tcb to GPHO once review is completed.</p>	
<p>90. Under 6's</p>	
<p>Tina McCafferty to write letter re requirements to enroll children under 6 and not to selectively enrol or disenrol. Failure identified re enrolling children when parents enroll as one possible suggested screen.</p>	TMcC
<p>91. After Hours – negotiations still ongoing with preferred respondents. MoH have confirmed the funding will come to CMDHB for 2008-09 year.</p>	
<p>92 ASH</p>	
<p>The bulk of the attention for impact on ASH (other than POAC) is via the FAMA/VHIU project and a steering group needs to be convened – awaiting business case sign off by the DHB</p>	AM
<p>94 Health Promotion – postponed - tcb for August meeting</p>	
<p>95 Devolution – see agenda</p>	

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<p>Care, After Hours/FAMA/High Users; Child Health & maternity; HOP, Disability; intersectorial activity, snug homes, et etc</p> <p>3. One omnibus DHB contact for all PHOs.</p> <p>Wayne would like to see strengthening of the ability of populations with inequality to get the resources that they deserve.</p> <p>Action</p> <p>Sam Cliffe offered to circulate a paper that Gary Jackson has written on equity and statistics on DHB spending (attached)</p>	<p>AM</p> <p>SC</p>
<p>3. Devolution – Pauline Hanna (paper tabled)</p> <p>Proposal</p> <p>Planning process needs to be completed by end November</p> <p>Workshop to be held third week of July</p> <p>One pager template to be formulated inviting submission from PHOs. Submission to be received one week prior to meeting then discussion to be had on tools to support and priorities in terms of what GPHO/Clinical group believes is the right thing to do.</p> <p>Don Mackie/Joint Clinical single theme meeting has devolution as topic for 9 July.</p> <p>PHOs to pass on to clinical directors to diary.</p> <p>Wayne - still missing principles that go behind whether the primary care sector is prepared. Need to be honest as to whether we understand preparedness, consequences, capability and capacity.</p> <p>AM – more work required around accountability mechanisms</p> <p>Wayne- - need to ensure that it is not only PHOs but all the providers that end up having to deliver on it and whether they are up to the mark. Look at investing in “Fit for Purpose” innovation.</p> <p>Siobhan – if we know in advance then we can start to consider how it is going to work.</p> <p>Mark – reduce acute demand, early transfer of care. Counter to those who are not ready or prepared is that this should not prevent the DHB from progressing the process with those that are ready.</p> <p>Integrated Family Health Centres</p> <ul style="list-style-type: none"> ❖ Neil – concern about resurrecting straw man (PCHS chapter of HSP) ❖ Lean Thinking Workshop – AM to make some enquiries and advise ❖ Siobhan- get more strategic view e.g. Plunket –need to work differently to influence health gains. ❖ Wayne – less than satisfactory view of primary sector in the past five years therefore need for PHOs to get on the front. ❖ Challenges put in front of the health sector linking primary and secondary care stakeholders. All at different levels of maturity. ❖ To move forward Wayne is prepared to buy into all that has been put on the table with conditions around tightening principles around what has been mentioned earlier (preparedness, need for training, capability and capacity building). Keep it simple. 	<p>PHO GMs</p> <p>AM</p>

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<p>4. QI Strategy – Allan Moffitt</p> <p>Reason for being tabled at GPHO is for PHOs to formally approve as they will be required to report on quality improvement work programme together with Clinical Governance and include appropriate actions in their business plans.</p> <p>Key Areas covered:</p> <ul style="list-style-type: none"> ❖ Build on what we have agreed in the Primary Healthcare Plan (KPIs) ❖ Priorities identified by the Clinical Governance Forum for next few years (patient safety, transfer of care issues) ❖ Clinical indicators and work capacity – more focus on CCM outcomes. ❖ National Health Targets and PHO Performance indicators ❖ need individual discussions with PHOs and what they have committed too. Agree direction of plan and definition around time lines on what needs to be achieved. ❖ Use this as guideline to inform PHO business plans. <p>GPHO endorsed the plan</p> <p>Other feedback</p> <ul style="list-style-type: none"> ❖ Allan agreed to individual discussions with PHOs on what they will commit to. ❖ Definition required around time lines – what and when to achieve it by. ❖ Sentinel event training (Siobhan interested in more training) – this is available through Learning & Development but Allan would like to see more Primary Care focused training . ❖ Denise – Emergency Planning – should this be captured? 	
<p>5. Diabetes Analysis Presentation – Simon Thornley</p> <p>(papers attached to agenda)</p> <p>Looking for endorsement on the following:</p> <p>Publishing an analysis of a decision rule algorithm which combines linked health data and pharmaceutical dispensing, hospital diagnosis and lab testing to infer whether an individual has diabetes. The CCM dataset has been used as a list to capture-recapture estimates of diabetes.</p> <p>Action:</p> <p><i>Simon to do update and send to Clinical Governance Forum who meet on the second Tuesday of every month.</i></p>	<p>Pam to invite</p>
<p>6. CCM Update – Sarah Tibby</p> <p>(paper attached to Agenda)</p> <p>226 net enrolments for April</p> <p>CCM External Evaluation – TOR for CCM Steering Group is being reviewed. Will come</p>	

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<p>back to GPHO for sign off after review by Steering Group</p> <p>CPCMS (Shared care maternity system)</p> <p>Paper still awaited from Nettie Knetsch and Project Team</p> <p>Approval received from Medtech – Ken Leech is pulling together a GP group</p>	
<p>7. General Business</p> <p>Health Promotion</p> <p>Attached above is Mark Vela’s paper on a proposed joint Health Promotion entity. Key issue is governance and how the entity would be managed.</p> <p>Support received from GPHO on the principle.</p> <p>Where too next</p> <p>AM would like to see a feasibility study to look at all issues</p> <p>Small group to be formed consisting of PHOs and DHB reps to work through proposal in more detail. Need to decide who needs to be involved. Involve senior programme manager for lifestyles and Louise (O tara Health Inc.) and Nicola Young (ProCare). Wayne raised role of NGOs & sovereignty/manawhenua issues</p> <p>Siobhan would like to see a health promotion calendar for a year. Would be interested in participating in some of that. To get good messages out to the community would like to see a collective approach</p>	
<p>8. Next meeting – 8 July 2009</p> <p>Agenda items:</p> <p>Health Promotion – Andrew Lynch</p> <p>Work Programme 09/10</p> <p>- Review of Progress/KPIs.</p>	

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