

# MINUTES

## Primary Health Organisation Group (GPHO)

Wednesday 11 February, 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, minute-taker (PM), Mike Lamont (ML), Neil Woodhams (NW), Kate Moodabe (KM), Mark Vela (MV); Lael Meredith (LM); Tina McCafferty (TMC), Dolly Rewha (DR); Denise Kivell (DK); Wayne McLean; Jennie Auton (JA); Ross Smith (RS); Bernard Te Paa (BT); Manu Sione (MS);

**Apologies:**; Ian Johnson (IJ), John Cosgriff (JC); Siobhan Matich (SM), Karyn Sangster (KS);

Welcome extended to Jennie Auton (Otara Union Health, replacing Rachel Stewart of Tamaki Healthcare.) and Ross Smith (replacing Andrea Grant as GMPHO Coordinator)

#### 1a) Previous Minutes

Agreed with the removal of reference to White Cross Hamilton)

Moved: Mark Vela

Seconded Mike Lamont


#### 1b) Matters Arising

(action list to be reviewed at March meeting)

GPHO Primary Care  
Rep on CPHAC

- Sam Cliffe to write formally to GPHO asking for nominations from Primary Care.
- Sam to send Anne Candy letter to GPHO
- To be a GPHO nomination not DHB and GMPO to agree process and this position will then feed back from GMPHO to GPHO
- If nomination not agreed then CPHAC will proceed to appoint.
- Prior to 18 February meeting feed back on recommendations to Sam Cliffe and then nomination to be fed back formally to CPHAC for consideration.

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<p><b>Student Nurse Placements in Primary Care</b></p> <ul style="list-style-type: none"><li>- Challenge around evidence.</li><li>- Support of preceptors as the support structure</li><li>- PHOs expressed concern re the daily allowance of \$25 per student. Allan stated that when funding for support processes were added back in, the DHB was funding practices at the equivalent of \$50 per student per day. He reiterated that the DHB was concerned to ensure that there were additional students being placed with a more positive experience in return for the funding in the contract. Need to specify what the expectation was for the additional funding.</li></ul> <p><b>Action:</b></p> <ul style="list-style-type: none"><li>o <i>Circulate Ks paper to GPHO including RFP response in draft. Any strong feedback to be communicated urgently-back to Karyn</i></li><li>o <i>Overview – DK to provide paper for April GPHO</i></li></ul> <p><b>Family Violence</b></p> <ul style="list-style-type: none"><li>- Mike Lamont is PHO rep on this group</li></ul> <p><b>Innovations Applications</b></p> <p>AM commented on pleasing response with regard to the acceptance of a large number of applications that were submitted through Counties Manukau DHB by PHOs and others.</p> <p><b>PHO/DHB Board orientation –</b></p> <ul style="list-style-type: none"><li>- CMDHB Chair has agreed that Procure be present at March meeting.</li><li>- An afternoon discussion to be set up with PHOs which will include board members to hear issues etc.</li></ul>	 <p>Daily allowance.</p>
<p><b>2. Takiwa Ora – Kim Arcus</b></p> <p>Noted correct name should be Takiwa Ora (rather than Ora Takiwa as previously used)</p> <p>Paper tabled for discussion</p> <p>Recommendation:</p> <ul style="list-style-type: none"><li>a) GPHO note the ongoing process to help resolve the remaining concerns raised with the overall approach in December</li><li>b) GPHO confirm Manurewa and Papakura as the first localities to take on the Takiwa Ora approach (pending sign off of the overall approach) followed by Otara and Franklin.</li></ul> <p>Concerns noted as follows:</p> <p>Wayne McLean –re consultation and commitment to the holistic concept of Takiwa Ora because of high needs in both areas. Would like to think that discussions occur with other agencies e.g. WINZ etc on community issues.</p> <p>Suggest that Manurewa has strong Maori representation on implementation specifically</p>	

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<p>whether there should be a lead role for Maaori governed PHOs.</p> <p><b>Agreed:</b></p> <ol style="list-style-type: none"><li>1. Further discussions required re role of Maaori governed PHOs.</li><li>2. to move with Papakura and Manurewa in the current calendar year followed by Otara and Franklin in the next calendar year.</li></ol>	
<p><b>3. Self management Education and HeiQ Privacy Framework – Pat Flanagan</b></p> <p>Paper tabled for discussion and noted that the papers were very lengthy and a briefer summary would be helpful</p> <p><b>Recommendation</b></p> <p>That GPHO endorses the Privacy Framework</p> <p>Privacy Framework has been out for consultation to various groups and individuals with contribution of various GPHO members</p> <p><b>Issues:</b></p> <p>Wayne – issues around privacy and are we going to end up attracting people that should be involved.</p> <p>Concern was expressed about view of PHOs not present at the 11 February 09 meeting</p> <p>Tina – process needs to be put in place to manage those PHOs/practices that opt out.</p> <p><b>Action:</b></p> <p><i>Pat Flanagan to follow up with contract process for those PHOs affected.</i></p> <p>GPHO endorsed the proposal and thanks were expressed to Pat and Sarah for the work done.</p>	

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## 4. PCD Update

### 4.1 CCM report – tabled and taken as read

#### 4.1.1 CCM External Evaluation

- Draft implementation plan will be presented to March Steering Group
- Request for access to identifiable practice data so that linkage can be made re practice characteristics and their link to performance.

Agreed to proceed with majority GPHO agreement

**4.1.2 CCM Data Request – refer Tim Kenealy paper requiring access to anonymised CCM data so he can improve analysis completed in the first CCM evaluation – endorsed.**

**4.1.3 Additional DHB reporting on new National Health Target - noted**

### 4.2 Get Checked Update – Shirley Miller

Paper noted re six months results for Get checked in Q2

Concern expressed by Shirley that data is not giving any confidence. Answer seems to be to get more people enrolled with better managed targets.

#### **Action**

***Shirley to investigate National rules with regard to Get Checked.***

SM

### 4.3 DCAG review

#### **Action**

***Shirley Miller to draft up TOR linking LDT for review by GPHO***

### 4.4 e-referrals

Introduction of Jennifer Clarke new regional project manager with Cari Batenburg – Business analyst and Sarah Thirlwall in attendance.

RFP has been completed – 4-6 weeks for vendors response followed by weekly meetings to review responses with end April for completion of short listing. This will then be followed by 2-3 demos with highest scored vendor solutions by end of May with a final analysis and decision announced mid June.

Vendors will then engage with DHB project teams to begin building solution and regional project team will continue analysis and development of business requirements and functional specifications for next phases (inter-DHB and workflow). This will also involve setting up of forums for GPs to discuss any of these projections from primary, secondary and reps from each DHB and management. After initial meeting the TOR will be refined and priorities defined.

Concern tabled by ML re transfer of care which has not been well managed to this point.

#### **Action:**

***ADHB RFP for Population Health tools – Copy of Proposal to be circulated by PM***

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<p><b>5. DAP Discussion – Allan Moffitt (Primary Care DAP and Primary Health Care Growth and Activity sheets circulated to GPHO for information.) Noted After Hours and Pharmacy are stil to go in and Self Management section needs improvement._</b></p> <ul style="list-style-type: none"> <li>- Noted indications from MoH - \$56m available for CMDHB (\$90m forecast)</li> <li>- Total growth 7% (on available funding)</li> <li>- CMDHB board have instructed a zero deficit.</li> <li>- Process – March draft DAP signed off by Board sent to Ministry – final due in June</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <i>DK to circulate Triple Aim and Dimensions from DAP to GPHO</i></li> <li>- <i>Middle of next week draft CMDHB DAP will be available – SC/AM to distribute full draft doc</i></li> <li>- <i>Invite to Strategic Forum (concentrated on DAP) to be sent to GPHO members</i></li> </ul>	<p>DK SC/AM PM</p>
<p><b>6. FAMA – Tom Bracken, Linda Bryant</b></p> <p><b>Recommendation</b></p> <p>That GPHO</p> <ul style="list-style-type: none"> <li>- Notes the paper attached to the agenda</li> <li>- Provides feedback on paper to Tom by Friday 6 March</li> <li>- Endorses the concept of the CMC and the proposed approach</li> <li>- Endorses the development of a business case to implement the cooperative managed care project on a pilot basis during 2009.</li> </ul> <p><b>Concerns/Issues</b></p> <p>BTePaa</p> <ul style="list-style-type: none"> <li>- How much should be business as usual for PHOs and in particular             <ul style="list-style-type: none"> <li>- For those areas that we apply significant SIA funding towards (e.g. CHW)</li> <li>- As a patient who would I expect to interact with (people that CCM do not pick up)</li> </ul> </li> </ul> <p>TMcC</p> <p>Potential for overlap.</p> <p>PHO/Practices - role needs to be carefully documented. Key person/navigator to be involved in multi-disciplinary meeting that whanau can engage with.</p> <p>What is the capability within individual practices.</p>	

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<p>DK Ability needs to be factored in for home visiting Integration across sector would be welcomed</p> <p>NW Would like to see more recognition of people that are already in place e.g. CHWs/Nurses</p> <p>WMcL Happy to be involved in pilot and agrees with priority 1. Mangere and Priority 2 Manurewa</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <i>Additional feedback to Tom Bracken on this paper by Friday 6 March</i></li> <li>- <i>a single Steering Group will need to be formed to oversee all LTC work.</i></li> <li>- <i>A single Business Case to be developed for both streams of FAMA work e.g. include work that is being done with VHIU/Harry Rea. Take on board above issues that have been raised.</i></li> </ul>	TB/LB
<p><b>7. Smokefree – Ingrid Minette</b></p> <p>Recommendations</p> <ul style="list-style-type: none"> <li>- Ratify the seven goals for smokefree in Counties Manukau primary care as developed by the PHO smokefree working group</li> <li>- Endorse the continuation of the PHO smokefree working group that will work towards achieving the seven goals</li> <li>- Endorse the proposed complimentary education programme for Counties Manukau primary care on smoking cessation</li> <li>- Verify the continuation of the smokefree Primary Care coordinator position as recommended by the PHO Smokefree working group.</li> </ul> <p><b>Issues</b></p> <p>Aim to get alignment with PMP</p> <p>Direction around continued engagement going forward and linkage should be made strategically with all other smokefree activity to get best use of money</p> <p>Sam</p> <p>How much money is coming in from Ministry and how can we tap into that?</p> <p><b>Action:</b></p> <p><i>Ingrid to report back around concerns expressed above.</i></p> <p><b>Endorsed in principle the four recommendations above with the proviso that the placement of the Smokefree Primary Care Coordinator is situated in Primary Care</b></p>	

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<p><b>General Business</b></p> <p><b>After Hours</b></p> <ul style="list-style-type: none"><li>- Papers will be resent to GPHO for review.</li><li>- Template to be back to Ministry by end of March.</li><li>- Recommend that PHOs need to meet obligations</li><li>- Collaborative joint approach for proposals to get to Ministry</li></ul>	<b>ALL</b>
<p><b>Next Meeting</b></p> <p>March 11, 2009</p> <p>Venue: CMDHB, Manukau Boardroom, building 2, 19 Lambie Drive</p>	