

Primary Health Organisation Group (GPHO)

Wednesday 11 March 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); ; Ross Smith (RS); Bernard Te Paa (BT); Manu Sione (MS); Ian Johnson (IJ), John Cosgriff (JC); Siobhan Matich (SM), Karyn Sangster (KS);

Wayne McLean and Esther Blomfield joined the meeting at 2.15 with apologies for lateness.

Apologies:; Jennie Auton (JA); Bernard Te Paa (BT)

Official welcome extended to Ross Smith (replacing Andrea Grant as GMPHO Coordinator)

Also present – Siobhan Matich introduced Fiona Peel (check spelling) new Primary Mental Health Coordinator for TaPasefika

1a) Previous Minutes

P1 change to item “GPHO Primary Care Rep on CPHAC – fourth bullet point should read “if nomination not agreed then CPHAC will agree process to appoint.”

Moved that the minutes dated 11 February be accepted as true and correct record with the above amendment – Mark Vela

Seconded Mike Lamont

1b) Matters Arising from Action List

29. Quality Strategy

Plan has been presented in draft. AM to circulate document for further amendment prior to presentation at next CGF forum

AM

63. Health Promotion Stocktake

Sam Cliffe to update timeline for this

SC

75 DHB/PHO Board Orientation

Procure presented to CMDHB March Board. AM TO coordinate with Gregor Coster and Geraint Martin a time to engage with PHOs.

AM

81. Get Checked

Shirley Miller advised the following:

Discussions with Sandy Dawson at MoH re funding rules and copays reveal the following (good news);

- You cannot charge a co-pay for a diabetes Get Checked consult. This rule still applies and is in the National contract and all our PHO contracts. However if there is another clinical problem, General Practice can treat this as another consultation and charge a copay.
- The reverse also applies which means if you do an opportunistic DGC while the patient is there for another reason, you can charge the patient a copay AND claim for a DGC. However the GFP needs to make it clear that the Diabetes part of the consult is without charge to the patient.
- Sandy also offered the following advice: If patient comes in for a repeat Rx and the nurse takes the chance to check the right things have been completed in the year to date and the patient/nurse/GP are happy then take the DGC. If everything has actually been done, patient has a plan (even a verbal one – does not have to be a written plan) and is happy then they can also claim for DGC. Of course sometimes it is a prompt to look at the feet, and sometimes one realises that more lab tests etc are required so good idea to get the patient back.

82. DCAG Review

Draft TOR to be presented at next GPHO

SM

83 FAMA

Steering Group to be set up – may be delayed to enable an overarching approach to LTC.

Business Case to incorporate strategies including acute demand, long term management is being coordinated.

IM

84. Smokefree

Ingrid Minette to update April meeting

RS

85. GPHO rep on CPHAC

GMPHO to feed back on recommendations

86. Student Nurse Placements in Primary Care

The process to fund under-grads was agreed and in process of drawing up service specs for contract. 3 RFPs for PHC Nursing Development was received from PHOs around balance of money, however AM advised that the \$500K for workforce development will not be available next year. Given this, there seems little point in progressing with these initiatives. The prioritisation process is part of the line by line budget review currently being undertaken by CMDHB.

KS

KS to send out letter to the three RFP respondents re this decision.

Denise Kivell acknowledged the work that has gone into the proposals.

RS

CCM High Needs

\$50K available. Waiting on GMPHO feedback

<p>2. Takiwa Ora – Kim Arcus</p> <p>Welcome to Pauline Hanna – newly appointed Director Performance and Planning for CMDHB</p> <p>Noted – GM’s want to ensure involvement in future planning in relation to Western Campus.</p> <p>Recommendations from Kim’s paper</p> <ol style="list-style-type: none"> 1. Endorse the amended plan district outline 2. provide feedback and support on the proposed interpretation of the planning principles and next steps for progressing Manurewa and Papakura as the first localities to take on the Takiwa Ora approach. <p>1. Feedback on paper include the following:</p> <ul style="list-style-type: none"> - No organizations should be disadvantaged for the good of the locality - Need greater clarity on what health inequalities is – what are we trying to achieve? - Need a focus on South Asian Health - Devolvement of services – where best delivered – need to be more explicit. - More patient centred <p>Endorsement</p> <p>GPHO endorsed the amended pan district outline</p> <p>2. Principles and Next Steps</p> <p>Mike would like to see more clarity on why we are doing this now. Ensure story is consistent and understood (learn from past mistakes re MICH). Also need to discuss at first meeting the money available to do significant work. Resourcing needs discussion and cost implications.</p> <p>Action:</p> <p><i>Kim to set up workshops– two in each locality. Include Jennie Coles, Nettie Knetsch and other managers as required from the DHB. Also involve clinical heads from each PHO</i></p> <p><i>PHOs to do data analysis and send to KA for collation. (include frequent fliers, ED attendances, Acute Demand, After Hours utilization, District Nursing/Community Services.) This information to be available prior to workshops.</i></p> <p><i>Further feedback to be provided directly to Kim on planning principles and next steps for implementation in Manurewa and Papakura</i></p>	<p>KA</p> <p>PHO GMs</p> <p>ALL</p>
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<p>3. DAP Discussion – AMoffitt/S Cliffe</p> <p>Noted 7% increase on base line funding received for Counties Manukau DHB. Gap to break-even is \$15-\$20m. Minister requires a zero deficit.</p> <p>First draft went to the Minister last Friday. Still working through Objectives.</p> <p>Feedback from Minister on submitted draft expected first week in April with final DAP plan to Ministry required by 6 May</p> <p>CMDHB are currently doing a line by line review of the budget to trim expenditure. Recommendation to senior management team by early next week.</p> <p>Risk occurring in sector that needs managing – critical that PHOs understand the process – to that end, Wayne pointed out it was crucial that PHOs have a voice on CPHAC.</p> <p>Once review is completed and recommendations have been tabled with senior managers next week then a meeting will be held for input.</p> <p>Action:</p> <p>AM/SC to circulate the following:</p> <ul style="list-style-type: none"> - DAP Objectives - Devolution Letter from Ministry - Prioritisation Criteria template 	<p>AM</p>
<p>4. Infant Mental Health – Jo Chiplin</p> <p>Recommendations:</p> <ul style="list-style-type: none"> - That GPHO nominate 4-8 representatives from general practice to provide input into the development of a draft CMDHB Infant Mental Health Plan - The University and CMDHB are seeking guidance from GPHO as to the best way of delivering the Infant Mental Health Training Programme to general practice staff including GPs. Practice Nurses and Community Health Workers. We are requesting that GPHO nominate a small group of people to liaise with the University to agree the details of the training programme for 2009. <p>Action:</p> <p>PHO GMs to go back to Jo with recommendations of who needs to be involved in developing up plan by Friday 13 March.</p> <p>Noted that Wayne would like to nominate Esther Blomfield on this group.</p> <p>Manu would like to ensure that Pacific has a voice</p>	<p>PHO GMs</p>

5. CCM

Overview – 204 net enrolments for the month of February

Sarah Tibby's monthly update taken as read

Discussion on Under 6's enrolments in Counties Manukau – paper noted.

Concern that under 6's are not automatically enrolled when family move to a new provider

Recommendation:

Repeat process and come to an agreement on it. Will require PHOs and providers to make fee for service and patient information available on an anonymised basis.

- a) support additional analysis
- b) fund the recommendation
- c) Assign individual to manage the project

Action:

- ***PHO GMs to look at their analysis***
- ***Sam Cliffe to put something together for distribution by PHOs (re contractual rules around enrolments)***
- ***Come back with recommendations after discussion with Paula Sole – hold paper until next meeting.***

SC

<p>6. Breastfeeding Action Plan – Paula Sole and Tracey Barron</p> <p>Goal 1 – Increase capacity and capability of workforce to improve breastfeeding rates</p> <p>Goal 2 –Support mothers to breastfeed through more accessible antenatal education and postnatal support</p> <p>Goal 2 –Ongoing support in Tamariki Ora/Well Child years and beyond</p> <p>Chris Nurminen new Project Manager has commenced with the DHB to support community aspects of the plan.</p> <p>Update on plan produced in November 08</p> <ul style="list-style-type: none"> - Bev Pownall has done base line assessment and identified shortfall and is developing implementation plan and training models - Process to engage PHOs in terms of action for Phase II for 09/10 is to establish base line situation and make up of work force to share information. To this end Chris will contact each PHO on the following: <ul style="list-style-type: none"> a) Baseline of workforce and make up (potential career pathways around breastfeeding b) Look for people who have an interest in taking part in Baby Friendly community process c) New ways for delivering parenting information particularly for Asian and Maaori. <p>Action:</p> <p><i>Paula to distribute Chris Nurminen’s contact details</i></p> <p><i>Paula to send out information around PHO GMs on Baby Friendly community Initiatives</i></p> <p>Mike noted the need to get round table around all Well Child community initiatives and coordinate.</p>	<p>PS</p> <p>PS</p>
<p>7. B4 Schools</p> <p>Rolling team of health nurses will cease their B4 school checks as from 1 April.</p> <p>Need clear expectation from the Ministry as to where this will sit in the future. At the moment we have no viable alternative from PHOs for district wide coverage for this service.</p> <p>In view of this, despite the DHB stated position of Wellchild Services eventually sitting under PHOs, the discussion was around whether the DHB should run a formal RFP process or consider contracting Plunket for this service.</p> <p>Action</p> <p><i>Sam Cliffe to get clarity from the Ministry</i></p>	<p>SC</p>

<p>8. Labtests – Tim Wood</p> <p>DML have been given notice of end of contract as at 6/9/09 - Labtests to commence 7/9/09 Contract Price 09/10 \$66.9m (DML \$72m)</p> <p>GPs not funded to take blood except in rural areas or in areas that do not have collection centres.</p> <p>DHBs will hold Labests accountable to implement and provide good access to service and the DHBs will closely monitor performance. PHOs are encouraged to feed back any concerns/issues to the DHB.-</p> <p>Action: Tim Wood to provide agenda and papers from the Laboratory governing group for inclusion with GPHO papers on an ongoing basis. Tim to be invited to GPHO meetings</p>	<p>TW PM</p>
<p>General Business</p> <ul style="list-style-type: none"> - Interpreting Services Pilot – Tina to circulate - Termination Clauses in Contracts – Ministry are reissuing all contracts. - After Hours – document going through internal process with three additional requirements: <ol style="list-style-type: none"> 1. Localities 2. Collaboration across locality 3. Provide details around pricing for service <p>Noted – Neil would like to see RFP</p> <p>Action: A Moffitt will aim to get document out early next week and then there will be 15 working days for feedback.</p> <p>-</p>	<p>TMcC</p> <p>AM</p>
<p>Next Meeting April 11</p> <p>Agenda Items</p> <ul style="list-style-type: none"> - Smokefree - ASH - Quality Strategy - Under 6's Update 	