

Primary Health Organisation Group (GPHO)

Wednesday 12 August, 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); Lael Meredith (LM); Esther Blomfield, Bernard Te Paa (BT); Manu Sione (MS); John Cosgriff (JC); Kate Moodabe (KM), Mike Lamont (ML), Tina McCafferty (TMC), Karyn Sangster (KS);

Apologies: Jennie Auton (JA);

Welcome: to Kim Buchanan who has replaced Kate Moodabe Procare Manukau.

Thanks and congratulations extended to Kate who is the newly appointed Senior Manager – Design and Development for ProCare

1a) Previous Minutes

Changes to minutes dated June 09 recorded as follows:

High Intensive User – issue around the lead PHO – separate meeting was held between Siobhan/Shirley/Kate with no resolution. Decision made that ProCare will employ someone for the Mangere area

There being no other changes the minutes were accepted as a true and correct record

Moved: - Mike Lamont

Seconded: Lael Meredith

1b Matters Arising From Action List

29. Quality Strategy

AM to continue meeting with individual PHOs re KPIs



63 Health Promotion

Mark Vela is putting working plan together.

Noted that TaPasefika and North Waikato will not participate at this stage

Sam – a review of health promotion needs to occur across Counties Manukau DHB to incorporate all aspects of health promotion. Needs to include PHO funding as well as NGOs.

<p>Criteria needs to be scoped up</p> <p>Action:</p> <ul style="list-style-type: none"> ❖ DHB to endorse working group to proceed with the development of a business case around the district health promotion plan developments and delivery. Ross Smith to head up this group. ❖ Proposed working party will also include – Nicola Young, Louise McCarthy, Andrew Lynch, Tina McCafferty, Philippa Anderson and Tracey Barron. ❖ DHB to be invited to nominate other participants as they see fit. ❖ Ross and group to define scope and activity/project brief with a view on how to proceed and bring back to GPHO. Also include stocktake of HP contracts the DHB has, project inclusions and exclusions as part of scope. 	<p>Ross Smith</p>
<p>75. DHB/PHO Board Orientation</p> <p>TaPasefika to present at October CPHAC meeting.</p> <p>Action:</p> <p>Pam Montford to advise date and time in liaison with Nellie</p>	<p>PM</p>
<p>80. B4 Schools</p> <p>CMDHB are one of three DHBs who have not signed the variation. Sam will not commit to money that she does not have. Would rather capitalize on small areas doing good work who are providing a service</p>	<p>Ross Smith</p>
<p>82. DCAG Review</p> <p>GMPHO to nominate rep on DCAG – Ross Smith to follow up for next meeting</p>	
<p>84. Smokefree</p> <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 September meeting – Sam to advise</p> <p>Continue with clinical champion</p>	<p>Sam Cliffe</p> <p>Ross Smith</p>
<p>85. GPHO rep on CPHAC –Ross to email with nominations</p>	
<p>87. CCM High Needs</p> <p>Neil is awaiting consent to access data – DHB needs to do more work on KPIs.</p>	
<p>91. After Hours –Sam advises that we are in final stages of negotiation for the additional money available from the Ministry. Outcome will be advised in due course. Noted that Office of Auditor General is doing a major review of After Hours Service</p>	
<p>94 Health Promotion – on agenda</p>	<p>AM</p>
<p>95 Devolution – see agenda</p>	
<p>96 Diabetes Get Checked – in progress</p>	
<p>97 Protocol for a diabetes Nephropahy Data Collaborative</p> <p>Sarah Tibby still waiting information from Ministry in this regard. Sarah is happy to</p>	

represent when information available.	
99 FAMA/VHIU – next meeting last week in August	
102 Work Programme – on agenda for discussion	
AGENDA	
2. Lab Update – Tim Wood – apology for the meeting so no update	Pam
3. Pandemic Reporting – Andy Wisheart in attendance and reported on findings Thanks extended to Andy for job well done. Andy will send out questionnaire for next meeting together with translation into ethnic messages.	Pam
4. District-wide Health Promotion Plan – Marie Rehu, Andrew Lynch, Nicola Young, Louise McCarthy in attendance. Pam to attach copy of presentation. Paper tabled with the following recommendation: <ol style="list-style-type: none"> 1. that GPHO endorses the 2008-2011 Collaborative District Wide Plan. 2. that GPHO takes into consideration recruiting a representative from the HPWG as an active member of the GPHO committee to assist in driving Health Promotion work across PHOs. 3. That GPHO PHO Managers strongly endorse the application of Health Promotion practice/work at all levels within their own PHOs. Purpose of HPWG Collaborative District-wide Health Promotion Plan (the plan) is that it will provide oversight and coordination of the evidence based health promotion activities across PHOs and the district. GPHO noted the following: <ol style="list-style-type: none"> 1. GPHO endorses the 2008-11 Collaborative District Wide Health Promotion Plan subject to completion of the review on health promotion previously agreed with the exception of North Waikato PHO who cannot endorse the current plan 2. PHO does not agree with recommendation 2 to appoint a representative of HPWG to GPHO as this needs to be revisited following the outcome of the review 3. GPHO PHO managers endorse the application of Health Promotion practice/work at all levels within their own PHOs. 	

6. DAP/GPHO work programme – paper showing primary care requirements under DAP circulated by Allan Moffitt

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.

Tina suggested that this work programme should be agreed as:

- ❖ It was representative of our joint planning
- ❖ It kept a focus on core business within an environment of pending large scale change

Tina opened for discussion the wider issues in Better Sooner More Convenient government direction and suggested that GPHO now had an opportunity to work to a key area of its original intent - ie: strategic planning for the sector within Counties Manukau

Allan would like to see GPHO focus on the outcome areas in DAP and also that noted that the work programme for GPHO is not the complete work programme that the sector is doing but we still need to be aware of the work nationally and the priority areas of the PHCS

He requested quarterly progress reports against objectives

To be on the agenda for next meeting

Pam

7. Information Systems supporting shared care – Ken Leech paper refers

Nettie Knetsch in attendance.

Recommendations:

That GPHO note the receipt of the paper entitled “Information Systems to Support Shared Care” and forward any feedback to the author where required.

Current status:

- ❖ The requirements of the new system have been defined and submitted to Enigma Publishing Limited for quotation.
- ❖ A Privacy Impact Report has been prepared and reviewed by the DHB’s privacy officer
- ❖ Agreement has been reached with Medtech around integrating the new system with the Medtech practice management system.

Nettie added

Shared care in context of antenatal care – proposed systems will make it easier for GPs to work with us to record antenatal shared care.

East Tamaki Healthcare, Mangere Health to set up steering group to progress.

Opportunity to talk about some further education and work with primary care on how to do

<p>this. Dr David Ansell and Debra Fenton to meet with group to establish way forward. Doly Rewha asked to be part of this group</p> <p>Mike Lamont to have discussion with Ken re alternative ways to achieve a shared clinical record.</p> <p>Need to identify Maaori and Pacific involvement</p>	
<p>8. CCM Update – Sarah Tibby (papers attached to Agenda)</p> <p>May 90 net enrolments June 365 net enrolments Clinical Networks paper attached</p> <p>GPHO receives the attached “Enrolment of Under Sixes” paper and advises whether the questions are the appropriate ones to be asking</p> <p>Following team will be in touch with PHOs Harry Rea, Tim Keneally, David Rees, Allan Moffitt</p> <p>Get Checked Recommendation That GPHO receives the year end report for Get checked Targets as FYI Strategies in place to improve case management rates</p> <p>Quarterly reporting for Diabetes/Get Checked. Challenge is keeping up with momentum even with slight reduction in prices. Get Checked working group and DCAG making a priority to manage Diabetes more effectively.</p> <p>HBA1C Dual reporting noted. DML are reporting both units under the same code to general practice. Will affect both CCM and Get checked as a lot of templates will not accept mmol– awaiting confirmation from Labtests. Instruction that practices do not go in to do mapping at the moment. Sarah advises that summary is going out on highlights for the year but extended congratulations in terms of CCM KPIs. Get Checked has not hit target as yet.</p>	
<p>9. Devolution – Pauline Hanna, Kim Arcus, Sam Cliffe</p> <p>Expressions of Interest sought by the Ministry for allied parties for development of Integrated Family Health Centres and the new and improved way of delivering primary care.</p> <p>CMDHB have offered to be involved in first wave (30% involved in first wave).</p> <p>Process – Minister or Ministry will become more heavily involved – note will come out to the sector from Margie Apa on what the Ministry is looking for – expected within next two weeks. Deadline end of August for submission of EOI.</p>	

CMDHB wants to work in partnership with PHOs.

Sam advised DHB wide solution – proposal by end of this month. Paper is framework for further discussion.

Allan – Stepped change – important that we achieve and key to do it together.

Wayne – there are some non comprising drivers. Some at opposite end of spectrum that need to be pulled back in some way.

1. Wayne would not like us to lose momentum around community of interest approach that enables the support of local needs.

2. Like to see a little bit of regionalization and development going hand in hand.

3. Wayne is willing but will come back with tribal hat. Willingness around capacity and accountability to ride alongside Tainui.

Sam confirmed that she will get right people around the table

Ian Johnson

Opportunity to bring pharmacy and get involved.

Risks around devolution of risk around service.

High level of expertise needed to monitor PCMs that have expertise to grow and look to support general practice with patients.

Manu Sione

Frustration around Pacific not being highlighted in doc as it should have been. Up front disparities that have been identified and should be identified in document. Pacific providers work with other PHOs and non-Pacific groups and with DHB as well.

Sam – regional approach. Ministry is keen we look at region for solutions. Meeting with four DHBs next Monday to see what this means for the region.

John Cosgriff

Providers need to be on board otherwise it will fall by the wayside. Individual models of care. Need to have discussion early with providers.

Allan – not general practice as it currently is. It will be seeking significant change and also how to get clinicians engaged in making this happen – lots of challenges.

Sam – needs to be clinically led.

Mike Lamont – important that we set up objectives and work from there.

Wayne – issue of inequality. Difficult for people that live on the other side of the harbour. Get larger visible services. Need to convince people

Growth and acute demand – whole issue about managing risk – hopes there is an ability to manage risk.

Come back in terms of goals and plans.

Sam – enough impetus to do something difference.

<p>Allan – strategic direction of the DHB but will work with other partners.</p> <p>Neil – Agrees with Wayne on inequalities. Ministry does not recognize huge costs. Need for the Ministry to recognise this.</p> <p>Paper needs to be amended.</p> <p>To be successful DHB initiative needs to be common nationally and regionally. Reluctant to be involved with DHB initiative that does not take into account what is happening across our region.</p> <p>Karyn – a lot of positive feedback on the potential to improve skills and outcomes. Also encouraged to go back to their areas to have further discussion around the subject.</p> <p>Next Steps</p> <p>Sam – within two weeks PHOs to come back to DHB with feedback</p> <p>Allan – who are the key parties that we need to work with?</p> <p>Quote – “ “make current environment difficult over time”</p> <p>Sam – we will continue to scope what the project will look like</p> <p>First step – development of a submission of EOI to the Minister – PHOs in driving seat. GPHO will be copied</p> <p>Tina – Challenge – establish what form this will take because unless we know that we cannot tell anyone else. Tina would like to find answers on the outcomes for the sector we serve.</p> <p>Sam – sensitivities around the document. Kim to ensure that it is okay before it is circulated to other areas. Kim to circulate another document for public consumption.</p>	
<p>10. General Business</p> <p>Annual Report – key highlights required on opportunities and achievements. Please delivery by end of August</p> <p>Next meeting – 9 September. A Moffitt an apology as on annual leave</p>	
<p>8. Next meeting –Agenda items:</p>	