

Primary Health Organisation Group (GPHO)

Wednesday 13 May, 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), Neil Woodhams (NW), Kate Moodabe (KM), Mark Vela (MV);; Tina McCafferty (TMC), Denise Kivell (DK); ; Ross Smith (RS); Ian Johnson (IJ), Siobhan Matich (SM), Wayne McLean; Tony Kake (replacing Bernard Te Paa)

Apologies:; Jennie Auton (JA); Dolly Rewha (DR); Karyn Sangster (KS); Bernard Te Paa (BT); Manu Sione (MS); John Cosgriff (JC); Mike Lamont (ML), Lael Meredith (LM); Esther Blomfield

1a) Previous Minutes

Known Diabetes Survey (P7 of minutes)

Add the following

“GPHO approved survey”

With the alteration of the above Minutes dated 8 April accepted as true and correct record

Moved: Ross Smith

Seconded: Mark Vela

1b Matters Arising From Action List

29. Quality Strategy

Signed off by CGF 12/5. Some dissent as to whether PHOs could sign off.

Additional week given for feedback due 1st June.

PHOs to advise what areas they are interested in progressing with some priority and any areas they do not want to participate in.

Siobhan raised issue around resourcing

63 Health Promotion Forum\

Stocktake still awaited. Joint collaboration expected in order to get efficiencies around greater access by smaller PHOs.

Action:

- ❖ *Pam to contact Andrew Lynch re feedback for June meeting*
- ❖ *GMs to email Mark re agreement and Mark to feed back when required for collective view before Andrew/Maria feedback*

PM

PHO GMs

<p>75. DHB/PHO Board Orientation</p> <p>CPHAC have agreed for individual PHOs to present at this forum. Next CPHAC meeting 26 May – Mark Vela of Total Healthcare Otara will present. – time 30 mins.</p> <p>Action:</p> <p>Sam Cliffe to provide timetable for other meetings to PHO GMs.</p> <p>Wayne McLean advised that his PHO has a first point of contact with POU</p>	SC
<p>80. B4 Schools</p> <p>Waiting on advice on whether this is to proceed – Sam to get clarity from the Ministry</p>	SC
<p>82. DCAG Review</p> <p>Only feedback received to date is to be more explicit that CVD includes CVA and therefore consideration should be given to including a stroke physician on the group. Further feedback to Sarah Tibby but plan is to set up reconvened meeting as a number of issues needing consideration.</p> <p>84. Smokefree</p> <p>Issue with alignment with PHO performance</p> <p>Feedback required on dollars – still awaiting response from Ingrid.</p> <p>Action:</p> <p>Pam to discuss with Ingrid and communicate to GPHO</p>	PM
<p>85. GPHO rep on CPHAC</p> <p>Action:</p> <p>Pam to send reminder to Sam Cliffe that she write to Anne Candy with nominations received so far.</p>	PM
<p>87. CCM High Needs</p> <p>Work in progress – Deloitte are working on the brief.</p>	
<p>90. Under 6's</p> <p>Action – re letter reminding PHOs and their practices of their responsibilities</p> <p>Tina to pick up and Sam to sign off</p>	TMCC
<p>91. After Hours</p> <p>Proposal submitted with caveats on Monday 11 May. First meeting held with appropriate providers and other meetings scheduled for this week and MoH will provide us with some feedback on document by 18 May – need to turn around within 24 hours.</p> <p>94. Health Promotion</p> <p>Andrew Lynch et al to do more work on document and bring the Guideline back to the June meeting.</p> <p>Sam to do stocktake on what other health promotion money is available. Agenda with revised plan for June.</p> <p>Action:</p> <p>Pam to talk to Andrew Lynch re above</p>	SC PM

<p>95. Devolution Summary</p> <p>Workshop set up 18 May – Pauline has invited PHO GMs</p> <p>96. CCM Report – Get Checked Funding</p> <p>Process required around proposed reduction in fee – agreed to set up a separate meeting to discuss this and CCM Volumes. Neil W. made the point that it was important that organizations had a sense of the total impact of the line-by-line review on their potential revenue before doing so. Also DHB needs to circulate individual PHO targets and volumes.</p> <p>97. Protocol for a Diabetes Nephropathy Data Collaborative</p> <ul style="list-style-type: none"> - S Tibby still to send out information around time involved and what personnel – clarity required. She had received no information from the investigator. - Still some internal thinking within Ministry on what shape this will look like – share of analysis on renal. (information release has been approved by GPHO) - potential participation for collaboration - approved release of data. 	<p>ST</p>
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<p>AGENDA</p>	
<p>1. DAP Process</p> <p>SC sending out letters going out to PHOs on how they will be impacted with information re the prioritization process.</p> <p>Restructure process to be discussed at next meeting</p>	
<p>2. FAMA/VHIU</p> <p>High intensive User of EC business case paper has been circulated. Discussion held at CGF with broad support and sign off obtained.</p> <p>Change noted in paper on P12 under Locality FAMA Coordinators - - second sentence should read “will be recruited, appointed and employed”</p> <p>Issues around setting up an intermediary care team.</p> <p>Four initial pilot sites have been identified based on the areas of highest need e.g. Mangere, Otara, Papakura. Howick</p> <p>Concern expressed re the lead PHO for Mangere – need a separate meeting between ProCare, Ta Pasefika and DHB to discuss.</p> <p>Action:</p> <p><i>Kate Moodabe/Siobhan Matich and Allan Moffitt have separate discussion to resolve issues.</i></p> <p>AM would like to see approval over all on the spend and then convene project team to get detail sorted out. Details of final implementation plan needs to be worked through.</p> <p>Review in October 2010 to see whether programme will continue and if so this will be rolled out with a proper controlled trial to see where it has made a difference.</p> <p>GPHO agreed in principle to proceed.</p>	<p>AM</p>

<p>3. Pharmacy – Lynanne Stanaway</p> <p>Recommendation that GPHO receive and provides feedback on the discussion document re the future role of community pharmacy within a multi-disciplinary primary care team.</p> <p>DHBs have lacked a clear vision that has the agreement of the sector on the future role pharmacist can and should have within the primary care team. It is considered that this lack of vision and direction contributes to ad hoc management of pharmacy issues and services.</p> <p>Ian Johnson commented that there is very little reference to Pharmacy in any strategy plans etc by either DHB or Ministry..</p> <p>Acknowledgement that not all community pharmacies are equal. Work going on in Ministry to create a quality standard for pharmacies.</p> <p>Wayne McLean tabled his PHO experience of using preferred pharmacies that has worked well for them.</p> <p>Mark Vela - - Access for “Inform to Inform” Key PHO based clinical pharmacist – where these sit with community pharmacy.</p> <p>What is the future role of PHOs in respect to pharmacies?</p> <p>Neil supports Siobhan’s comment in that we need to recognize that dispensing takes place both within hospital and pharmacy – lack of communication that impacts on hand over of care. One of the goals is to reduce inequalities. Looking for specific strategies within document on how this will be achieved – needs addressing.</p> <p>Action:</p> <p>Lynanne requests further feedback on the document.</p> <p>DK made reference to a document being released by the Primary Healthcare Advisory Council on Models of Care. Turn around time is 29 May for comments back on this document.</p>	<p>ALL</p>
<p>4. Community Labs – Tim Wood</p> <p>Recruitment of staff on schedule with reasonably good progress. – one area of concern is microbiology – 50 required and only 36 confirmed. 346 employment contracts signed or committed in total.</p> <p>Collection Centres - 51 have agreement to lease with providers. Consents currently going through Council. Mark raised the issue of what was happening with Dawson Road site. Tim advised that this was still an ongoing issue.</p>	
<p>5. Asian Health – Kawshi deSilva</p> <ul style="list-style-type: none"> - Paper was circulated and a presentation was tabled. - CMDHB undertaking a qualitative needs assessment to establish what are the appropriate health needs for Asian communities and will be consulting with key stakeholders in the near future. Input required into this process. - Important that we provide or use existing infrastructure and look at PHOs with high Asian population and target those primary healthcare organizations based in these areas. - Loretta Hansen would like information broken down to level 3 ethnicity where possible for all DHB and PHO reporting. <p>Action:</p>	<p>PM</p>

<p>9. Next Meeting 10 June</p> <p>Agenda proposed to include:</p> <ul style="list-style-type: none">- Devolution 90 mins on the outcomes from small group and next steps- Locality Planning (feedback from workshops)- Lotu Moi – to come back to GPHO with health promotion- DHB structure- DAP Process- Health TV and seeking support for DHB fund – advice sought from the PHO GMs.- CCM High Needs- Health Promotion – Mark to put paper together on concept- Integrated Family Centre- Budget Holding thinking	