

# Clinical Advisory Group (CAG)

## Minutes

Of the meeting held on Wednesday, 16<sup>th</sup> December 2009, Meeting Rooms 1&2, 19 Lambie Drive at 1800 - 1930 hrs

Agenda Item		ACTION
<b>Present</b>	Peter Gow, (Chair), Michael Clark, Denise Kivell, Tom Bracken, Campbell Brebner, John Savory, Karyn Sangster, John Roke, Gary Jackson, Tina McCafferty, Soli Henare, Sam Cliffe, Jenni Coles, Stella Ward	
<b>Apologies</b>	Nua Tuapi, Don Mackie, Paula Nes, David Hughes, Pam Williams, Allan Moffitt	
<b>Minutes of August 2009 meeting</b>	Passed as true record once following amendment is made to Tribute to Tanu Toso, second to last sentence amend to read Tanu was adamant that there were no discharges but a <b>transfer</b> of care.	
<b>QSTAT</b>	<p>Don Mackie unavailable to present this. Discussion indicated the following:</p> <ul style="list-style-type: none"> <li>• Approx once a week getting wrong names on results and results going to wrong people. 3-4 requests per week for GPs to countersign for reports that are mislabelled or inappropriately identified to sign to proceed with testing.</li> <li>• Issues fed back to Lab Tests to sort. Have no idea whether these are investigated, recorded or followed up.</li> <li>• Appears to be significant issues with Lab Tests still. Dave Clark closely involved to attempt to sort problems out.</li> <li>• Minister of Health has asked for a report on the Lab Tests situation.</li> <li>• A full independent audit completed by Royal Australasian College of Pathologists</li> <li>• Full report completed by QSTAT – Audit of Lab Test and Clinical Indicators being discussed by CMDHB Board this evening.</li> <li>• Queried whether GPs would use a website/blog site to record issues/errors/serious events</li> </ul> <p style="color: red;"><b>Action Point:</b> <b>Ask Don for a written report about progress in solving issues.</b></p>	
<b>GAIHN Workshop Feedback</b>	<ul style="list-style-type: none"> <li>• Initial presentation from Paul Rosman then each work stream head spoke.</li> <li>• Broke into work stream workshops.</li> <li>• Opportunity for drivers to get endorsement from across sector</li> <li>• WINZ, Housing NZ , Allied Health, Pharmacies all involved</li> <li>• Questions asked about community and disability sector representation?</li> <li>• Michael asked 'at the end of this meeting what is going to change to implement what the Minister wants? Is it where funding sits, the way clinicians behave or where clinicians or services sit?' Response was theoretically all of these with each change starting by July 1 2010. What is the key performance indicator? The governance and funding sections said they had a lot of work still to be do.</li> <li>• Another summit scheduled for end of January</li> <li>• Need to be clear what is to be achieved, by whom and by when</li> <li>• Have a phased approach</li> </ul> <p>Three key issues:</p> <ul style="list-style-type: none"> <li>• Agreement that Ministry targets around immunisations, cardiovascular and cancer were things to go for</li> <li>• All start looking at what best practice is and who is doing it and all start improving their performance using best practice as the benchmark</li> <li>• All PHOs and DHB should look at their DAPS and business plans where</li> </ul>	

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	<p>many of these things should already be included. This should help make things more acceptable as an objective to achieve</p> <ul style="list-style-type: none"> <li>• For years general practice has been incentivised with money. Nothing will work if funding doesn't support major aims.</li> <li>• July 1<sup>st</sup> Minister wants to be able to demonstrate a noticeable difference to the primary healthcare of the public e.g. walk in clinics, integrated family centres</li> <li>• Definitely listening to more innovative suggestions</li> </ul>	
<p><b>Draft Cardiology Strategic Plan</b></p> <p><b>Pauline Hanna</b></p>	<ul style="list-style-type: none"> <li>• A wide ranging discussion took place, with comments outlined below</li> <li>• Reads as a secondary/tertiary plan</li> <li>• Regional cardiology steering group had its roots at beginning of process when CMDHB wanted to repatriate cath lab in 2003 the regional cardiologists did not work collaboratively with each other and at that point the group formed. Post this strong relationships were built</li> <li>• A secondary clinician group with GP Liasons being included in last 4 months.</li> <li>• Group thinks of itself as a cardiology clinical network</li> <li>• Post sign off is the establishment of a proper network then the scope will come and we now have sufficient of an umbrella to enable this, Primary Care now mentioned more than in previous drafts. Little mention of PHOs</li> <li>• GP Liaisons have put together iteration on prevention which has been included in the latest draft.</li> <li>• In new year will be introducing concepts of new models of care and pathways</li> <li>• With introduction of a proper network primary care will have input into what is required rather than being told</li> <li>• Pharmacists input into compliance management has been extremely attenuated. In giving three monthly prescriptions we really don't know whether patients are taking the medication till post renewal of prescription time</li> <li>• Going to CEOs on Friday for ? signoff.</li> <li>• Test Safe Pharmacy will, all going well, be available March 2010.</li> <li>• Scope designed 18 months ago and was at that time confined to secondary care. Things have changed and now needs to be referenced to GAIHN and business CAP process. Managed to get network and models of care included. Needs endorsement and then to get on with the business</li> <li>• Highlights big issues around effective networks. Secondary Care has a very secondary care of the world as most GPs have a very polarised Primary Care view of the world. For pathways to be effective the network needs to cross over with an understanding of what each other does and the impacts of each. We still appear to be miles away. In future the terms primary and secondary will be outdated, since they can act as barriers to integrated care, to the detriment of the patient.</li> <li>• Suggest it get called the Integrated Cardiology Strategic Plan and signal this is Phase 1 and it be noted that GAIHN and other Eols will be developing complementary path to make it a totally integrated plan.</li> <li>• We need to put the patient in the centre and follow the patient journey then things will fall into place.</li> <li>• We need to re-engage GPs and prove secondary care are listening. Felt CAG members are the ones to be the interested, non apathetic (??) voice and encourage involvement.</li> <li>• CAG needs to produce a quarterly report that goes to the CEOs and groups like this. The Network needs to design its performance measure which will be driven by Pauline. There are ways we can start to make things happen in a way they haven't before. We can also link in with Eol and Thriving in Difficult Times projects and address inequalities in health care a bit more.</li> </ul> <p><b>Action Point: Val to send latest version of Draft Cardiology Strategic Plan</b></p> <p><b>Pauline will put together a covering note encompassing this discussion copied to all and if there are any reserves before it goes off please let Pauline know.</b></p>	

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<b>Standing Agenda Items</b> <b>Community Panel - Soli Henare</b>	<p><b>As per Summary of Minutes attached to agenda.</b></p> <p><b>Community Panel representation on CAG</b>  It was agreed CAG would continue to have a community panel member present.  It is important we have someone of the right fit. In the past three names of suitable people were put forward to the selection panel, which included the chair of the community panel who interviewed and decided who was the most appropriate for the position.</p> <p><b>Integrated Asian Health Action Plan</b></p> <ul style="list-style-type: none"> <li>• Went to CPHAC. Been to GPHO, PHOs.</li> <li>• Is not finalised and will go through another phase of consultation. Is not a strategic plan but an action plan with no allocated funding.</li> <li>• Looking at what we are currently doing that would be targeted at or appropriate/suitable for Asian populations.</li> <li>• Already have some existing initiatives in ARHOP, child health and chronic care type programmes.</li> <li>• Looking at what else we could do if we did things differently. What approach do we need to take in terms of workforce development, getting leadership champions within community organisations, and working with particular PHOs.</li> <li>• From a primary perspective looking at child health, sexual health, old people, chronic disease and mental health.</li> <li>• Will go to the Board in February.</li> </ul>	
<b>Thriving in Difficult Times</b>  <b>Sam Cliffe</b>	<ul style="list-style-type: none"> <li>• Overall project to manage our way through difficult/challenging times in terms of budgets and the need for outputs/outcomes.</li> <li>• Has been through CMDHB Business Group</li> <li>• Has some suggestions of productivity measures for primary/community care</li> <li>• Stella and Tina are members of the management <b>oversight group.</b></li> <li>• There are a number of work streams.</li> </ul>	
<b>General Business</b>	<p><b>Place on Feb Agenda:</b></p> <ul style="list-style-type: none"> <li>• Peer Review/KPIs</li> <li>• DAP</li> <li>• Thriving on Difficult Times - How to put into action</li> <li>• EoI – How to put into action</li> <li>• Dashboard, organisational performance data</li> </ul> <p><b>Single Theme Meetings for 2010</b></p> <ul style="list-style-type: none"> <li>• March 11<sup>th</sup> – Transformational Systems Convergence</li> <li>• May 13<sup>th</sup> – Productivity</li> <li>• July 8<sup>th</sup> – Advance Care Planning – ?Jeff Garrett</li> <li>• Sept 9<sup>th</sup> – Performance Measures – what they mean, how to make them practical. What would Primary Care and the Community Panel like to see out of Secondary Care's KPIs? [should this be earlier in year-is important for development of EOI and Thriving in Difficult Times indicators, since forms measures of SMART objectives]</li> </ul> <p>Nov 11<sup>th</sup> - TBD</p>	
<b>Next Meeting</b>	<p><b>February 17<sup>th</sup> 2010 ♦ 1800 - 1930 hours</b></p> <p><b>♦ In Meeting Rooms 1 &amp; 2 ♦ Counties Manukau DHB, 19 Lambie Drive, Manukau</b></p>	