

Clinical Advisory Group (CAG)

Minutes

Of the meeting held on Wednesday, 18th March 2009, Meeting Rooms 1&2, 19 Lambie Drive at 1800 - 1930 hrs

Agenda Item		ACTION
<p>Present</p> <p>Apologies</p> <p>Minutes of March 2009 meeting</p>	<p>Allan Moffitt(Chair), John Roke, Michael Clark, Pam Williams, Karyn Sangster, Tanu Toso, Soli Henare, Jenni Coles, Sam Cliffe, Gary Jackson, Denise Kivell, Val McCullough,</p> <p>Don Mackie, Stella Ward, Nua Tupai, Peter Gow, Tom Braken, John Savory,</p> <p>Passed as true record</p>	
<p>Action Point Update</p>	<ul style="list-style-type: none"> • Credentialling Policy review: Due to go to the consumer panel in April. When staff credentialling status changes after a CMDHB credentialling round their other employers will be notified of this change, rather than leave it to the employee, which is the current policy Credentialling requirement of employment with CMDHB and credentialling expectations are stated in employment letters. • Primary Care Network: The meeting occurred and it was felt there was definite value in setting up a district wide forum. When Stella returns to follow up with getting better engagement. Stella to be the link between the Strategic group and the Primary Care Network 	
<p>Director Service Integration – Sam Cliffe</p>	<p>Sam introduced her new role, as Director of Service Integration. She has been in an acting role for Chris Mules who was the Chief Planning and Funding Officer and performance integration.</p> <p>The structure has been such with:</p> <ul style="list-style-type: none"> • Large teams within Planning and Funding • There has been little integration across the teams • We have not been capitalising on the integration of Primary and Secondary Care over the past few years. • Important to also establish excellent relationships across the continuum of care <p>The aim is to integrate both within the DHB and outside the DHB. The need to support the Maaori and Pacific teams to be able to make a difference across the whole sector is also recognised.</p> <p>Sam is at this point in time is involved in reviewing structures within CMDHB and on internal planning.</p> <p>Currently the focus is on the DAP: With acknowledgement of the large deficit of +/- \$14.5 million.</p> <ul style="list-style-type: none"> • Board committed to meeting objectives and coming in on budget. • Sam commented on the challenges presented with acute demand, the enrolled population in PHO and Pharmaceutical budget anticipated blow-out and the Clinical MECAs coming up with the anticipated cost demand 	

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	<p>as well as the standard anticipated cost increases.</p> <ul style="list-style-type: none"> • There has been a decision to 'put on hold' the integration structure as there is the need to work within existing resources, and conduct a line-by-line review of all contracts. Many of the contract conditions have been set nationally and cannot be changed. • The DHB will need to deliver a plan for devolution of secondary services to PHOs. Discussion is already underway of the options available (elective treatments/procedures) • The plan for our electives needs to be submitted by 3rd April with the possibilities at Greenlane being discussed. • The ministerial workforce group is due to deliver a report to the minister by June. This may lead to changes/shifts ahead. • Sam stressed that she doesn't want CMDHB to lose the strategic intent re: reduction of inequalities and aims to retain a focus on this balance in the prioritisation exercise. • Currently using a prioritisation framework using the triple AIM, Population health / Quality Patient Care / value for money and are about 2/3 of the way through the process. <p>Discussion that ensued included:-</p> <ul style="list-style-type: none"> • Continue to focus on localities basis • The focus on acute demand remains • There was a statement around acute demand having moved on and the importance of the need to focus on prevention, with particular emphasis on population health. • The question was posed as to how the changes will influence both in terms of primary and secondary care? There is acknowledgement that there has been a distinct change in the view of initiatives towards primary care. Last 4-5 years the provider arm has been screwed down tightly in terms of efficiency and funding. Administration and clerical numbers within the DHB are capped as per the report that was submitted in December. • Currently the biggest proportion of savings will likely come from the Funder Arm i.e. the primary sector. • Acute demand has risen despite the increase in investment in Primary Care. \$\$'s need to be targeted more effectively in Primary Care, • The issue of GP's with Special Interest (GpSI's) was raised and including issues that could be further considered including guidelines for clinical investigations. <p>In closing Sam noted that she and the team are committed to the DHB getting through this 09-10 year with a need to ensure sustainability into the future. Peter offered her the opportunity to use CAG as a forum to assess integration plans as well as to look critically at the consequences of funding rationalisation, and to attend the meeting as often as she was able.</p>	
<p>Primary Health Care Innovation Funding for integrated nurse clinic at Mangere - Karyn Sangster, Pam Williams</p>	<p>Report back on the successful application to DHBNZ for their Primary Health Innovation Fund to assist in the development of service to develop nursing students in primary care. This is a valuable add-on to primary nursing. Students have the opportunity to work alongside nurse specialists providing 1:1 learning and group interaction and education. Share facility for healthcare and social services.</p> <p>Discussion focussed on the need to clearly identify the indicators for success and determining how they aim to measure success in community projects</p>	
<p>Standing Agenda Items Community Panel</p>	<p>No report. The Community Panel Review team has met and will report back on progress at the next meeting.</p>	
<p>Other Business The Strategic Forum</p>	<p>This has replaced EMT and is made up of the same group plus a quarterly forum with PHO representatives.</p>	

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<p>Regional Information Strategic Plan (RISSP)</p>	<p>Last few meetings have been focused on DAP prioritisations. The focus has been on accountability and performance.</p> <p>Michael Clarke attended workshops on behalf of CAG which are attended by CIO's of the region, representatives from the MoH, and included Primary Care input. The meetings are fortnightly for 4 months.</p> <p><u>Action Point:</u> http://www.healthpoint.co.nz/default,95872.sm</p> <p>This is a public website, and you're welcome to share the URL with colleagues and members of the public who have interest in this area. Clinically focused approach centred on information being accessible to all working with the patient including the patient. Consideration being given to a regional patient electronic record with links with other work streams on the go.</p> <p>Peter acknowledged Michael's time and commitment to this.</p> <p>Discharge summaries are now available to be read in pdf with Version 18 of MedTech.</p> <p>Many thanks to Paula for taking the minutes this month.</p> <p>Action Point Val is on leave for the April meeting and is seeking a volunteer to record the minutes. Please contact Val if you are willing to do this.</p>	
<p>Next Meeting:</p>	<p>April 15th 2009 ♦ 1800 - 1930 hours ♦In Meeting Rooms 1 & 2 ♦ Counties Manukau DHB, 19 Lambie Drive</p>	