

Primary Health Organisation Group (GPHO)

Wednesday 9 September 2009
12 noon to 4pm
Building 2, Manukau Boardroom

Minutes

1. Welcome & Apologies

Present:

Sam Cliffe (SC) (chair), Loretta Hansen (LH), Pam Montford, (Executive Assistant) Neil Woodhams (NW), Denise Kivell (DK); ; Ross Smith (RS); Siobhan Matich (SM), Wayne McLean (WMcL); Dolly Rewha (DR); Lael Meredith (LM); Manu Sione (MS); John Cosgriff (JC);, Mike Lamont (ML), Tina McCafferty (TMC), Karyn Sangster (KS); Jennie Auton (JA); Kim Buchanan (KB)

Apologies: Allan Moffitt; ,Mark Vela (MV); Ian Johnson (IJ), Esther Blomfield, Bernard Te Paa (BT);

1. Lab Transition

Geraint Martin – CEO CMDHB joined the meeting.

Also in attendance Lab Tests representatives - Ulf Lindskog (CEO), Malcolm Stringer (Ops) and Richard Lloyd (Medical Director) were welcomed to the meeting.

Mr Lindskog spoke to feedback received from PHOs and GP practices and in particular long wait times in all collection centres. The CEO stated that they were working quickly in addressing the issues and that by the end of the week most collection centres in Counties Manukau would be under control. He went on to say that Pukekohe/Papakura and Mangere still had issues. Every complaint is being recorded and followed up and process in place to review records.

Greater emphasis is being put on patient privacy and access to results and some concern by patients and clinicians wanting access to patient data. Noted that if patients do not note down on slip permission for access then no one else can get results (however Testsafe can be contacted for results. If required)

Siobhan expressed concern with inefficiencies across the board and complaints received through her PHO from clinicians.

Richard Lloyd of Labtests requested that specific issues be raised by clinicians with Labtests. Incidence Management team has been set up to deal with issues

Labtests happy to go back to clinicians raising issue and will copy PHOs on the outcome

Problems experienced by Labtests staff include:

- ❖ Independent midwives ordering what they like pending review
- ❖ Incomplete request forms and labels showing no details of referring clinicians –

<p>only location numbers</p> <ul style="list-style-type: none"> ❖ Repeat patient cards ❖ Access denied due to privacy reasons ❖ Coding issues – INRs –two sets of numbers required INR and HPI – question from Mike as to why both numbers cannot be the same ❖ Home Visits - Labtests have commenced implementing change – working on an “online” system for home visit. Still issues with Home IV and Paediatric Homecare <p>Denise stated future proofing of nurses would be required on taking smear results</p> <p>Labtests Agreement with ARDHBs– key contractual requirements to be made available to PHOs namely specialist and clinical expectations only – Sam Cliffe to organise</p>	<p>Sam Cliffe</p>
<p>2. Primary Care EOI – Sam Cliffe</p> <p>Kim Arcus and Pauline Hanna joined the meeting for this discussion</p> <p>Reference made to document circulated by Ministry of Health re DHB/PHO collaboration</p> <p>Sam emphasised the importance to the sector</p> <p>Sam confirmed that the Task force met 8 September and everything progressing as per schedule</p> <p>Mike queried “off the box” issues</p> <p>Geraint Martin commented as follows</p> <ul style="list-style-type: none"> ○ Need to avoid small PHO groups fragmenting available money ○ Cherry picking – infrastructure poor in areas of highest need which makes inequalities worse. Also adding to the burden are unenrolled patients. ○ We need to do the right thing in the right place at the right time for patient. ○ There is a need not to increase inequalities. Should not be looking for systems that fragment. ○ More robust infrastructure required. ○ ARDHBs have collectively said that there is a group that will work with Task Force on proposal – regional approach where possible and expressed the need to be in Phase I. ○ Counties Manukau want to be much more radical than other DHBs. ○ Need to ensure that it is clinically led – not medically led ○ Multidisciplinary approach ○ Ministry have said more flexible permissive modes will only be available through EOI process (at the moment) but Geraint stated that at local level the EOI may not be the only route for positive change <p>Important for feedback to be circulated around the various providers.</p>	

Wayne

- ❖ Ministerial Review (Horn Report) silent on Maaori Whanau Ora – questioned healthy housing/social sector needs
- ❖ Geraint replied and said that there was feedback to Ministry on Horn Report covering absence of Maaori and there needs to be strong Maaori for Maaori – need to support as part of infrastructure with integrated family health centres – we have an opportunity to do this.
- ❖ Why not include WINZ, Child Youth and Family, Healthy Housing, Marae in the new Health Centre – we need to define.
- ❖ Innovation Fund link to Whanau Ora – confusion with approach to EOI
- ❖ Feedback – EOI not just about doctors and nurses - to achieve gains should encompass CYFS, ACC etc.
- ❖ National coalition – North Waikato is a member and represents interests of 11 of 15 PHOs around country.
- ❖ Coalition will be making a submission that has to take cognizance of the national framework but with certain covenants around locality and scope

Neil – a lot of mixed messages around the time. Difficulty working through it.

- ❖ TKOH also have a foot in National coalition and want to be involved in regional approach. Need for it to address health inequalities
- ❖ Another issue is changes to very low cost access scheme. No meaningful analysis has been done.
- ❖ EOI process contemplates big changes in big organizations. Whanau Ora based around whanau.
- ❖ Other issue – 11 PHOs will be in 9 different DHBS.
- ❖ How to retain vision without tribal context?

Geraint – trying to work out how to build common ground between us rather than taking things piecemeal and unconnected.

Jenny – how much will be decided by Wellington irrespective of advice.

Geraint – Job to make sure that the locality needs are voiced and that regional fit links to that.

Ross – need to harness enthusiasm – alluding to email response from Jeff Garrett – secondary clinicians are keen to be involved

Reference was made of work on integrated care that had been done in the past.

Sam – need to revisit work that has been done in the past – learn from the past and move forward from that.

Geraint –

- ❖ how to get secondary clinicians involved
- ❖ Identify what we are trying to solve
- ❖ What are we doing is of benefit to the patients
- ❖ Need to be involved right from the start – e.g. be part of design

<p>Some of the management team, along with CMDHB HR have spoken to the Unions to ensure they are updated with what is going on – a lot of enthusiasm to improve patient pathways.</p> <p>Neil - barriers</p> <ul style="list-style-type: none"> ❖ everyone understanding on where we want to get too. ❖ Destination clearly identified ❖ Shared experience <p>Sam – need to establish trust and relationships of those who want to work together</p> <p>Geraint –</p> <ul style="list-style-type: none"> ❖ manage risk on evolutionary basis and ensure that we do not want to end up with the DHB in a financial crises. ❖ The number of PHOs in Counties Manukau is not our business but he wants to ensure that the system is substantial enough to support. <p>Action – PHO GMs to distribute the CMDHB 3 page document to their providers</p>	<p>PHO GMs</p>
<p>3. Patient Portal – Ross Boswell and Janet Anderson-Bidois</p> <p>GPHO requested to</p> <ul style="list-style-type: none"> ❖ Review the draft Patient Portal policy ❖ Provide feedback on the draft policy for consideration by CMDHB <p>Purpose of policy is to establish a process by which authorised CMDHB staff member scan access their own diagnostic test and procedure results in the Éclair database and/or the result of other individuals who have specifically authorised such access to take place.</p> <p>Poor practice has occurred historically and the proposal is to limit access to other DHB staff members other than that listed above in the policy document.</p> <p>Recommendation – take to Clinical Governance forum for information and update of their clinical networks</p>	<p>Ross Boswell</p>
<p>4. Health Promotion – Tracey Barron/Ross Smith</p> <p>Project aims to review existing Health Promotion (HP) activity and develop a strategy to deliver effective and coordinated Health Promotion activity within the Counties-Manukau district.</p> <p>Objectives</p> <ul style="list-style-type: none"> ❖ Complete a stocktake of all HP activity district wide, regardless of who funds the activity ❖ Assess the effectiveness of current HP activity both in terms of delivery against current contracts and contribution towards improving access, reducing inequalities and improving health outcomes ❖ Review HP planning and funding of HP activity across Counties Manukau and make recommendations for the future. ❖ Increase coordination between providers and alignment of HP activity across Counties Manukau 	

<ul style="list-style-type: none"> ❖ Increase front line delivery of effective HP activity <p>Project will include</p> <ul style="list-style-type: none"> ❖ Completion of a stocktake of all HP activity ❖ An understanding of performance/activity against existing contracts ❖ Identification of areas of duplication and/or gaps <p>Sam – opportunity to work collectively with region and develop a shared understanding. 30th November for completion \</p> <p>Action: report with recommendations to come back to GPHO in October</p>	<p>Tracey Barron/Ross Smith</p>
<p>5. Smokefree – Tracey Barron</p> <p>Agenda for October GHO – paper to be circulated beforehand. In depth session on Smokefree activity in primary care. Noted that \$130K still sitting in Ministry for drawdown.</p> <p>Action Tracey will investigate further Revert back by 25th September with list of contracts etc.</p>	<p>Tracey Barron</p>
<p>6a). Previous Minutes</p> <p>Changes to minutes dated 12 August as follows: Agenda Item 7 – Information Systems supporting shared care add Dolly Rewha to be noted as rep on steering group Agenda Item 8 – HBA1C Change to minipole should read mmol</p> <p>There being no other changes the minutes were accepted as a true and correct record Moved: - Mike Lamont Seconded: Tina McCafferty</p>	
<p>6b Matters Arising From Action List</p> <p>29. Quality Strategy AM to continue meeting with individual PHOs re KPIs</p> <p>63 Health Promotion Mark Vela is putting working plan together. Noted that TaPasefika and North Waikato will not participate at this stage</p> <p>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>	

<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>Noted that October CPHAC falls one day after Labour Day and Siobhan concerned with lack of people available for this meeting. If Siobhan unable to attend with Ta Pasefika than another PHO to be invited</p> <p>Action:</p> <p>Sam Cliffe</p> <p>80. B4 Schools</p> <p>No update as yet</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>Bring back to next meeting with update from Tracey Barron</p> <p>\$130K still awaiting drawdown at Ministry</p> <p>85. GPHO rep on CPHAC –Ross to email with nominations – Ross Smith to get back with nominations</p> <p>90. Under 6's – enrolment issue – Tina to pick up with Sam Cliffe</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>92. ASH Rates – focus group needs to be signed off by DHB</p> <p>94 Health Promotion – Tracey Barron to come back with report on recommendations.</p> <p>102 Work Programme – on agenda for October discussion</p>	<p>Sam Cliffe</p> <p>Ross Smith</p> <p>Ross Smith</p> <p>Tina McCafferty</p> <p>Allan Moffitt</p> <p>Tracey Barron</p> <p>Allan Moffitt</p>

<p>7. General Business</p> <p>a) Pandemic Report – Denise Kivell</p> <p>Reported on meeting with DHBs in Wellington to review recommendations. Ron Dunham to follow up on recommendations</p> <p>Action:</p> <p><i>Pam to send reminder to Sam to invite Ron Dunham to October meeting to discuss recommendations</i></p> <p>b) Lab Test Committee</p> <p>Kate Moodabe replacement – Sam to come back with suggestion</p>	<p>Pam/Sam</p> <p>Sam Cliffe</p>
<p>8. Next Meeting</p> <p>14 October</p> <p>Agenda</p> <ul style="list-style-type: none"> - Pandemic – Ron Dunham update on recommendations - Work Programme – Allan Moffitt - Health Promotion – Tracey Barron/Ross Smith - Smokefree Update – Tracey Barron 	