

Primary Health Organisation Group (GPHO)

Wednesday 14 October, 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); Ross Smith (RS); Wayne McLean (WMcL); Lael Meredith (LM); Manu Sione (MS); Mike Lamont (ML), Tina McCafferty (TMC), Karyn Sangster (KS); Jennie Auton (JA); Kim Buchanan (KB); Mark Vela (MV); Bernard Te Paa (BT); John Savory – replacing Ian Johnson as Pharmacy Rep.

Apologies: Allan Moffitt; , Ian Johnson (IJ), Esther Blomfield, Denise Kivell (DK); Siobhan Matich (SM), Dolly Rewha (DR); John Cosgriff (JC);

1a. Previous Minutes dated 9 September 09 accepted as true and correct record

Agreed Neil

Seconded Mike

Noted – Mike's comments re MICH minutes attached to agenda as follows:

M Lamont voiced his significant concern that the MICH committee were continuing to record in their Minutes their opposition to health service development in Mangere knowing the real issues that the community faces and knowing that CMDHB are supportive of the developments.

Sam has requested any formal feedback re performance
Action: Item for November GPHO

Noted amendment to CAG minutes regarding the primary health interpreting pilot to be advised to CAG committee by Sam Cliffe/Karyn Sangster

ALL

1b. Arising from Action List

29. Quality Strategy – ongoing – Allan Moffitt

80. B4 Schools – Sam Cliffe commented as follows

A lot of conversation is being held with the Ministry over the last month which includes conversations with Ministers office – noted Minister is dissatisfied with Counties approach and conversation has been held with CMDHB Chair. Sam, confirmed that she has sent another email outlining concerns to the Minister.

82. ASH rates – for November update by Allan Moffitt

Note BPAC comparison of GPs inconsistent

102. Work Programme – November update – Allan Moffitt

A Moffitt

A Moffitt

AGENDA	
<p>1. Primary Care EOI – Sam Cliffe</p> <p>Greater Auckland Integrated Health Network (GAIHN) EOI proposal has been submitted to the Ministry –</p> <p>The Network is made up of 11 primary health organisations (PHOs) and three district health boards (DHBs) who are committed to working together to achieve: Better health outcomes; Better patient experience; Better use of money.</p> <p>Tina commented on the very good rapport between organizational representatives throughout the steering group and workstream processes and strongly urged that this new and improved level of relationship and strategic direction continue into the future regardless of Eoi outcome</p> <p>Sam Cliffe commented that as a DHB we had excellent interest and contribution from the secondary clinicians and urged that this is also nurtured into the future – we especially need their contributions if we progress to business case development .</p> <p>Where to from here? Whilst we await the feedback from MoH we should pause and regroup in about 1 week to begin planning.</p> <p>Sam mentioned other applications that are being submitted. These are as follows:</p> <ul style="list-style-type: none"> • Pharmacy Guild • Maaori Coalition (noted by Wayne that there are Maaori sovereignty issues with EOI at tribal level • Pacific Regional 	
<p>2. Smokefree Update</p> <p>Sam welcomed Tracey Barron to the meeting and explained that Tracey’s new role was that of Group Manager Healthy Lifestyles</p> <p>Tracey confirmed that \$100K was available for Primary Care this year but will need RFP process - no ongoing funding. Noted that there are service specs around funding. (noted large component of balance of original money – around \$800K available to secondary care.)</p> <p>Also noted that \$25 - \$30K of the original primary care allocation is sitting with Procure contract. Kim to confirm to smoke free working group about this.</p> <p>It was suggested that the PHOs via the smoke free group could agree a focus area and process and that an RFP may not be required.</p> <p>Action: Tracey to feedback to GPHO in November after taking this to Steering group and checking out if the alternative process would be supported by the business team.</p>	<p>Tracey Barron</p>

<p>3. Health Promotion – Tracey Barron</p> <p>First meeting of Advisory Group held last week.</p> <p>Letter to be sent to all NGOs and other people who provide health promotion activities to advise of review. Some information is required from PHOs – stocktake of patients extended to health promotion and health education. Tracey will be in touch.</p> <p>Thanks to MCHT who have already submitted information.</p>	<p>Tracey Barron</p>
<p>4. After Hours – Tina McCafferty</p> <p>The combined application from THO and ProCare was the successful proposal and after many weeks of negotiations we have reached agreement in principle on an after hours network til December 2010 (or longer should funding be ongoing from MoH - DHBs not yet informed).</p> <p>The following clinics will operate until 10pm for at least 95% of the year inc. public holidays.</p> <ul style="list-style-type: none"> • ETHC Bairds Rd Clinic • Whitecross Otahuhu A&M • ETHC Mangere Town Centre Clinic • Takanini Counties Care A&M • Pukekohe Family Medical Centre <p>There will also be:</p> <ul style="list-style-type: none"> • 24 hour triage service • A District wide communications campaign to inform the general public • Under 6 years will be <u>free</u> for Mangere, Otahuhu and Bairds Rd. For Takanini and Pukekohe they will be <u>free with a CSC or \$5 without</u> • Youth will be <u>a maximum of \$25 across the district</u> • Adults will be a maximum of \$45 dollars in Mangere, Otahuhu and Bairds Rd and a maximum of \$55 in Takanini and Pukekohe <p>This network should allow for both our areas of highest need and our rural populations to access appropriate face to face 1st level services at low cost. We are hopeful that this combined with the proximity to EC of 2 clinics plus an available network throughout the District will have a positive effect on reducing the volume of unnecessary EC attendances.</p> <p>There will be an official release of this information via Sam C as soon as the formal contract is finalised (THO and ProC tweaking some final arrangements) We aim to have these services operational by November</p> <p>Noted no sustainability of funding post 2011.</p>	<p>Sam Cliffe</p>
<p>5. Laboratory Update</p> <p>Sam welcomed Johan Vendrig, Don Mackie and Ron Dunham to the meeting and thanked them for their participation.</p>	

Johan reported on issues with Labtests.

1. Overwhelmed with volume of complaints

Top issues include:

- Routing of results from physicians – results not appearing in right place
- Home collections
- Issue around bookings - follow through leads to delay in turn around times.
- Phlebotomy complaints around experience of staff impacting individual patients.
- Refer test (complex) delays impacting turn around times
- Overall turn around times.
- Biggest issue - outliers or variation in process
- Main focus is on trying to reduce variation in process. Progress is a lot slower than what was expected.
- Other change – focus on fast tracking an audit process on what are the things that are needed to solve. Pulling in experts from around region including Healthscope Australia and some DHB representatives to fix process and get a much more direct involvement.

Noted – costs to fix process are being billed to Healthscope Australia (\$50 to \$70K per week)

Biggest learning - change over was too quick –

Key change – now transferring 10% of the business back to DML – this will take some of the pressure off.

Feedback from PHO GMs.

- a) Under-estimated culture between clinical services and GP practices. Relationships need to be addressed.
- b) KPIs for both DML and Labtests need to be introduced – more transparency for the future.
- c) What impact is there to GP clinics with split between DML and Labtests?

GPHO requested a message be sent to PHOs and GPs on changes

Action: Johan Vendrig

- d) DML sites – DML are refusing to vacate for Labtest (9,000 patients involved)

Action – Don Mackie/Johan will take back for resolution

Noted that ideally the DHBs want DML and Labtests operating from same site.

**Johan
Vendrig/Don
Mackie

Johan
Vendrig/Don
Mackie**

6. Pandemic Recommendations

Ministry initiated a debrief nationally – comparison noted between Christchurch and Auckland. Ministry then engaged an independent person to evaluate and make future recommendations.

<p>Anticipate second wave of the HINI virus around Christmas. Need to get next response plan in place before next outbreak. The Northern region work with DHBs, St Johns, Civil Defence Disaster response team.</p> <p>Reports from Incident Control Centres for the last outbreak of HINI</p> <p>Lessons coming out of last outbreak of HINI</p> <p>GPs who responded to the school after they arrived back from Mexico did excellent job in informing ARPH. What did not work well was the understanding that this needed to be sustainable over a long period of time.</p> <p>Failure of the ministry to make clear up front</p> <ul style="list-style-type: none"> • who is going to pay for what and what does it cover • who is responsible for lost business <p>Border management put in place quite quickly but what happens after a certain point.</p> <p>Impact on key staff</p> <p>Have an influenza control centre in ED</p> <p>Review currently being finalised</p> <p>Ron Dunham to check on current state of review and send information to Sam for circulation.</p> <p>Tina – with regard to primary care get the PTAG and primary care operations in the room early.</p> <p>Manu – confusion around messages and communication. E.g. levels of rating green to orange and how they impact on clinics.</p> <p>Flu vaccine still being evaluated.</p> <p><i>Action – any questions to Ron for response.</i></p> <p>TSUNAMI Response – Ron Dunham</p> <p>800 responses from people willing to commit in voluntary way. Issues for private contributors e.g. insurance, passports etc.</p> <p>We respond to Samoan government needs and requests for certain degrees of assistance.</p> <p>Sourcing supplies e.g. wound dressings Being addressed by CMDHB</p> <p>Working on downgrading and moving out of DHB Meeting Room next week.</p>	<p>Ron Dunham</p> <p>ALL</p>
<p>7. General Business</p> <ul style="list-style-type: none"> • PCD – Enigma – Sarah Tibby to catch-up and advise • Primary Care Information Work Group – S Tibby to email priorities of the group • Noted Measles Recall 13-20 year olds 	<p>Sarah Tibby</p> <p>Sarah Tibby</p>

