


# Primary Health Organisation Group (GPHO)

Wednesday 13 October, 2010

12 noon to 4pm

Building 2, Manukau Boardroom

Minutes	Actions by
<p><u>Welcome &amp; Apologies</u></p> <p><b>Present:</b></p> <p>Allan Moffitt (AM) –Chair, Mac Leauanae (ML);Denise Kivell (DK), Loretta Hansen (LH), Ross Smith (RS), Karyn Sangster (KS), Mark Vella (MV), Tina McCafferty (TMC), Siobhan Matich (SM);;Dolly Rewha;Pam Montford (notetaker) John Cosgriff (JC)</p> <p><b>Apologies:</b></p> <p>Sam Cliffe (SC), Mike Lamont (ML), Wayne McLean (WM), Esther Blomfield (EB), Ian Johnson;Tereki Stewart (TS)</p> <p><b>Welcome:</b></p> <p>Allan welcomed Mac Leauanae who will be the representative from Procure from this point onwards.</p>	
<p><b>1a. Previous Minutes</b></p> <p>No meeting in September so August minutes were approved as circulated.</p> <p>Accepted as true and correct record</p> <p>Moved: Allan Moffitt</p> <p>Seconded: Loretta Hansen</p> <p><b>Matters arising:</b></p> <p>Locality approach – still work in progress. When DHB ready to proceed meeting with all interested parties to discuss approach will be called. Update will come back to future GPHO</p> <p>Child Disability Allowance – MSD do not want to look at local electronic tool as they are looking at a national solution and don't want local solutions in the meantime. However if they realised how this might make it easier for all they may change their view.</p> <p><b>Action</b></p> <p><i>Mark Vella to develop advanced form and send to MSD</i></p> <p>Tikanga Best Practice Form tabled from Bernard and attached to these minutes for information</p> <p>Reminder from Manu that providers can come along to Pacific Cultural Competence training as well. Need to contact Learning &amp; Development (Anne Marinelli- Pool) in regard to primary care places. AM stated that the dates and details for courses can be downloaded from CMDHB website (attached).</p>	<p>MV</p> <p></p> <p>R:\Service Integration - new PHO GMS</p>

<p>Siobhan queried leadership courses for next year.</p> <p><i>Action</i>  <i>AM To follow up with Anne</i>  <i>PHO GMs to send through names of people interested to AM</i></p> <p>Allan advised that in future Learning &amp; Development will sit within the Centre for Health Services Inovation (now known as Ko Awatea )</p>	<p>AM</p>
<p><b>1b.Arising from Action List</b></p> <p># 63 – Stocktake with dollars added still to come back to GPHO.</p> <p><i>Action:</i>  <i>PM to get Tracey to circulate to GPHO stocktake document with dollars added.</i></p> <p>AM suggested that PHOs could do something collectively. Could be part of health equalities or come under flexible funding banner</p> <p># 115 – Pharms budget holding.. Some issues around access to data - still unable to get unencrypted NHI level data from Pharmawarehouse. Lynanne still waiting clarification to see where this is going – LS has suggested that there should be a six months review and report then to be distributed to wider PHOs then a meeting would be in order.</p> <p>AM advised that while the project was lagging behind the contract term is for 18 months and this is still a deliverable we intend to meet</p> <p># 116 – PHC Workforce Development Plan – on agenda and referred to later.</p> <p># 131 – CCM – Deloitte report on hold until we are clear around the regional picture.</p> <p>AM advised that LTC funding is likely to come under the three BSMC business cases and will need regional agreement. What the programmes will look like is yet to be determined. Current funding goes through to June 2011.</p> <p>AM advised that the GAIHN Active Clinical Network has been set up. GAIHN is ni the process of establishing clinical alliance teams (CATs) on Long Term Condition Management, Reducing Health Inequalities and Reducing Acute Demand. It is important that other business cases are involved in these alliances and membership is currently being reviewed</p>	<p>TB</p>

AGENDA	
<p><b>1. LTC Update – Sarah Tibby</b></p> <p>241 net enrolments for the month of September 2010 with 18,406 enrolled in CCM. PHOs are aware of the need to manage these numbers within the caps for the future.</p> <p><u>Request for Access to CCM information</u></p> <p>Sarah reported that John Parsons from School of Nursing has requested to cross match his list of 2000+ NHI against the CCM database to solely find out what programmes they are enrolled in.</p> <p>Research sought to explore whether people with chronic conditions share sufficient characteristics to warrant CCM programmes based on symptoms rather than diseases. Two phase approach with the first phase covering in-depth interview with consumers and second phase computer assisted telephone interviews with consumers with chronic conditions identified from Counties Manukau CCM programmes and the ED.</p> <p><i>Action</i></p> <p><b>1. GPHO requested a summary of the first phase to come back to GPHO before embarking on Phase 2. – Sarah Tibby to organise</b></p> <p><b>Issue tabled with patient identifiable data</b></p> <p><b>2. Privacy matrix to be circulated to GPHO – Sarah Tibby to organize</b></p> <p>GPHO endorsed the process so far, as long as the data collected is not used for any other purpose and that no further contact will be made with patients with GPHOs express consent.</p> <p>GPHO requested that in future submissions should have prior patient consent</p> <p>Discussion followed around enrolment targets and Tina McCafferty queried what is happening with volume caps – numbers show PHO volume CAP at 12,989 and PHO targets for 30 June 2011 sits at 18,693 for September. ST advised that 18,693 included Depression which is not capped.</p> <p><i>Action</i></p> <p><b>ST to add PHO summary report to update for November meeting</b></p> <p>Noted that we are getting PHO networks together to discuss goals etc (University of Auckland facilitating – not DHB driven.) First meeting Papatoetoe/Otara then moving through Mangere . Support required from PHOs to participate in this.</p> <p>Siobhan queried if ? reports could be translated into a one page dashboard.</p> <p>Sarah says ? has been developed and will be available after the next DCAG.</p> <p>John Cosgriff – CCM will have to justify existence in terms of funding to outcomes and not volumes – change needs to be driven by providers at practice level but this is difficult hence CCM in first place – catch 22.</p>	<p>ST</p> <p>ST</p> <p>ST</p>

Denise Kivell – recognition that you can see how well we do with Counties when you look outside the region. We need to build on this and link more formally with provider arm and perceptions e.g. mental health planning.

Siobhan – medications gap (asprin prescribing)

How do we get improvement and demonstrate that this is happening?

### 3. Health Promotion Working Group

Maria Rehu and her group attended and presentation attached which contained a snapshot view of health promotion achievements.

Maria introduced Ms Parvin Kapila who will be the new Chair of this forum

Programmes include:

- Getting Started funded by THC, Procure, MoH, DHB. Programme aimed at extremely hard to reach and is funded by SPARK under their Active Communities fund.
- Healthy Kai
- Smokefree zones in Otara Town Centre
- East Health led linking with practice teams in community
- Franklin Marae Hauoro with 2418 Maori participating in marae activities with separate contract for nurses to go out remotely
- GRX active families. Good results with children catching on to Wise Kai programme
- Pacific Lifestyle coordination
- Community face to face programmes- 3564 graduates over the last year delivered in recreational centres including Manukau Leisure
- A lot of programmes will be impacted by the new Super City structure.

#### *Action*

*Maria and her group to advise the total amount of funding and the sources of that funding to GPHO that has been allocated to the above. Pam to ensure that this occurs.*

#### **Endorsement**

GPHO endorsed the following recommendations:

1. That GPHO PHO Managers strongly endorse the application of Health Promotion practice/work at all levels within their PHO's
2. That GPHO accepts the Report on the District Wide PHO Health Promotion Plan for the period 2009-2010

Moved: Loretta Hansen

Seconded: Karyn Sangster



CM PHO HPWG  
Presentation to GP

PM / MR

Maria asked GPHO to honour the intent within the flexible funding pool to support health promotion community-based programmes. (Louise explained that this covers commitment to ring fence funding to health promotion which GPHO was not able to commit to as this was an Alliance Leadership Team issue for each business case.)

**Further work required**

Denise – look at work that is being done by community nurses. Key how do we capture some of the information and work across.

Community partnership group is also looking at how to work together

Need to influence “Best of System” going forward with business cases.

Doone – one piece of jigsaw is to look at initial design for general practice to prescribe and support other activities (e.g. Green Prescriptions of which MoH is looking at outcomes funding)

**4. Key Highlights from LBD surveys – Doone Winnard**

Noted that these were both telephone surveys

Doone alerted group to three booklets all available on “Creating a Better Future” website

1. LBP tracking survey
2. living with Diabetes
3. Results

Report outlined

Difficulty getting access to primary care and the reasons advised were

not being able to get appointments with general practice to suit their particular requirements and lack of transport

Noted

Potential time bomb with tobacco use in diabetics

Use of language in getting message across

Doone happy to come back to group and explore in greater detail if required.

**Action**

*GPHO to come back with feedback*

*Doone to have conversation on Pacific peoples perceptions – care needed with context of discussion.*



LBD Surveys GPHO  
October.ppt

PHO GMs

Doone  
Winnard

### 5. Integration of Information from Primary Care – Dianne Wilson

Dianne is engaged in receiving three months worth of demographic data in relation to patients – Dianne spoke of very productive meetings with both East Health and ETHC and Hospice “information for action.”

First cut analyses will be available once episodes of care have been linked together Data Access to be built. Rules to be established around NHI plus clinical identifiable data.

Further actions

- Understanding the elements of the dataset
- Linking to the CMDHB hospital data
- Compiling specific analysis for the practices or the PHOs
- Dianne is happy for anyone to come back to her with any insight that people have got.
- GPHO to be informed on progress.

### 5. Health Workforce Committee – Jenna Clarke and Josephine Samuela

**Terms of Reference tabled (NOTE: Change in Chair to Tina McCafferty for this item only as Allan had to attend board meeting)**

Purpose of Committee

- ensure that active strategies are in place to grow a health workforce which reflects the diversity of the population
- support the implementation of innovative workforce development solutions
- Provide advise in areas related to strategic and operational health workforce issues
- Provide a forum to discuss health workforce issues, incentives and strategies from a local, national and internal perspective
- Progress alignment between the regional DHBs to support health workforce planning and development, and ensure consistency with regional and national workforce strategies.

Membership has Denise, Manu and Bernard on list.

Concern expressed that the workforce Advisory Group had been disbanded as work is quite significant eg. work in community around community health care nurses. Do we have something in place during transition period to feed into three business cases? (Denise)

In order to keep an over arching whole of system view there needs to be a primary representative on CMDHB's Health Workforce Advisory Committee as a voice to highlight issues. This group report to CMEC and the Business Group.

<p>Ross mentioned establishment of a Health Sector Reference Group to provide linkages and regular updates in order to support the Primary care nominees on the CMDHB HWAC.</p> <p><i>Action</i></p> <p><i>Contact with business cases around linkages</i></p> <p><i>Establish a process for inclusion of NGOs and Primary Groups around set tasks on Health Workforce Committee</i></p> <p><i>For discussion at GMPHO and to be fed back to GPHO for resolution</i></p>	<p>Jenna</p> <p>Ross Smith</p>
<p><b>6. District Information Plan – Grant Ramsay (Sarah Tibby and Dianne Wilson in attendance)</b></p> <p>Contents of draft plan makes reference to sets of plans already in existence namely, Primary Care Information Plan, Provider Information Plan and provide an indication of the relationships between the sets of plans currently in existence, an understanding of temporal relationships between these plans and reference to the time line diagram</p> <p>Scope and Structure</p> <p>focus areas</p> <ul style="list-style-type: none"> <li>• Integrating innovative models of care</li> <li>• Long term conditions and acute demand management</li> <li>• Service provision and quality improvement</li> <li>• Alignment of priority areas around the business cases.</li> </ul> <p>Current issues have been reviewed together with drivers for change, strategies to deal with issues and then attempt to identify what IS projects would integrate into these projects and deal with those issues.</p> <p>Some of the projects are actual projects which has a business case, sponsors and time lines for delivery</p> <p>Aspirations – other various groups will determine the need and what needs to happen. Most of the suggested initiatives still needed scoping and have not morphed into actual projects. Some discussion needs to be had before moving to next step e.g. funding etc.</p> <p>Present projects in the main do fit with regional and national process e.g. Primary Care, regional Plan (National Regional Implementation Plan) in draft form – all this needs to be linked together. Need to put project structure around these together with budget.</p> <p>Reason for this document to come to GPHO is</p> <ul style="list-style-type: none"> <li>• to make people aware of this plan</li> <li>• next step - how to process and resource it</li> </ul>	

<ul style="list-style-type: none"> <li>establish what bits do DHB fund /action and what areas to PHOs lead (Any DHB funding will need to be signed off regionally unless it is already approved nationally.)</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Revisit priorities</li> <li>Resource to scope up requirements (priority 1) and establish whether it will fit current situation given regionalization and what is required to make a call on budget. Need to be robust as far as ROI is concerned – can be sector-wide plan</li> <li>AM/ST to have discussion offline</li> <li>ST to do snapshot by 30/10 and take to another phase by including other stakeholders and business cases and how it could work across the region – take account of allied health professionals working in community who are funded by DHB.and bring back to GPHO or CGF forum for decision</li> <li>Allan Moffitt to ask Jeff Garrett to present e-referrals at CGF</li> <li>Any other input – people asked to send direct to Sarah Tibby</li> </ul>	
<p><b>8. General</b></p> <p><b>Tikanga Best Practice courses</b> – Bernard reported 12 people engaged in the programme and have completed. Three spaces set aside for PHO/NGOs</p> <p><b>VHIU</b> – Diana Dowdle is part of Home Healthcare team. Monthly steering Group meeting needs to be reconvened. Representatives need to include two PHO reps at GM level.</p> <p>Proper reporting is key and what we need to make programme work – Diana/Harry Rea doing some work around this – evaluation due end June.</p> <p><b>Action:</b></p> <p><i>PHOs GMs to advise representation on Steering Group back to Allan Moffitt by end of week</i></p> <p><i>Ross Smith will process through GMPHO and back to GPHO for update.</i></p> <p><b>GPHO future</b> briefly discussed and the issue tabled that we could do better and more efficiently. (Tina)</p> <p>Suggestion GPHO morphs with CGF – become a locality network that is clinically led but with the need to keep strategic relationships</p> <p><b>Action</b></p> <p><i>Ross Smith to add to GMPHO agenda for further discussion and feedback back to GPHO meeting in November.</i></p>	<p>PHO GMs</p> <p>Ross Smith</p> <p>Ross Smith</p>

**10. Next Meeting - 9 November, 2010**

Agenda to include:

- GPHO future
- Inclusions in IS Plans/budget – Phil Brimacombe
- Child Youth Action Plan (Pip Anderson)