


MINUTES OF MEETING

Primary Health Care Nursing Sector Reference Group Meeting




Date: Wednesday 1 August 2007
Time: 1.00 pm – 3.00 pm
Venue: PHC Nursing Team Office, 19 Lambie Drive

Present: Denise Kivell (Chairperson,CMDHB), Allan Moffit (CMDHB), Trish Jackson-Potter (Plunket Society), Maria West (CMDHB), Michele Carsons (CMDHB), Meg Goodman (CMDHB), Christine Lynch (CMDHB), Colleen Turnbull (People’s Centre), Jean McQueen (East Health), Pam Henry (Kidz First Home Care Nursing), Lizzie Farrell (Kidz First PHN), Bronwyn Anderson (CMDHB), Laine Marsh (CMDHB), Suz Heslop (CMDHB -Minute-taker)

Apologies: Tepora Peseta (TaPasefika), Dolly Rewha (TKOH), Sandra Thompson (Procure), Pam Williams (CMDHB), Trish Johns (DN Liaison), Cathy Martin (East Coast), Gillian Davies (East Health), Janine Horsfall (CMDHB), Judith Davison (Papakura PHN), Karlyne Earp (Southern Cross Campus), Karyn Sangster (DN Liaison), Louise Troy (Plunket), Noeline Whitehead (CMDHB)

ITEM	GENERAL NOTES & ACTION ITEMS	ACTION
1.0	<p>REVIEW OF PREVIOUS MINUTES - Denise</p> <ul style="list-style-type: none"> NETP Extension – new grad program – we need to comply with accrued programs. Denise spoke regarding the ‘Return to Nursing’ campaign that is running, there is a \$4,000 fee but only a \$25 a day allocation. The course is 6 weeks full time in ward and there has to be support, there would be further talk on this.  <p>Return to Nursing August 07.pdf</p> <ul style="list-style-type: none"> Terms of Reference – the web site was incorrect, correct one will be emailed out. CTA funding, Denise has a 6 month report from Dianne. According to the graph of PHO’s there are approx. 14 in both semesters funded, not in public or district. Medicine is up with 40. There are some challenges with the system with people pulling out after their acceptance and acknowledgement and they don’t let us know. Pam asked does it move with them. Denise said no, and added if people move across e.g. to WDHB it does not go with them and it is something to look at for the future. Meg asked can they transfer within CMDHB and how many are doing the Chronic Care Paper, Denise said yes they can transfer within CMDHB and that 7 are doing the Chronic Care Paper. Denise added that they are looking into the reasons as to why people did not complete. There was general discussion about case loads, reality of what it is like etc. Not able to be released for extra days and what can we learn from it all. 	
2.0	<p>FEEDBACK FROM DENISE’S UK TRIP - Denise</p> <p>Ø Denise attended the International learning Set on Long Term Conditions: UK visit 2-6th July and gave a powerpoint presentation on the trip -</p> <ul style="list-style-type: none"> The group who attended with her was a very good mix - Dr Carol Atmore GP Liaison West Coast DHB, Jim Primrose Chief Advisor GP, Clinical Directorate MOH, Sandy Dawson Chief Clinical Advisor LTC Policy & 	

	<p>Strategy MOH, David Meates CEO Wairarapa DHB, Dr David Nixon Wairarapa. It was also the first time a nurse had been invited to attend.</p> <ul style="list-style-type: none"> • Spoke of the National Health Service (NHS) and that the general waiting time is 18 weeks. According to a survey of the population 67% of people felt health care is very important. The NHS is apparently bagged in the media which does help their profile, the patients the team spoke to seem very happy. Maria added that all the results of the NHS are distributed in the media so people can see which the good hospitals are and which are not. Plus with people being able to decide which hospital they go to, the good ones get more patients and get better and the bad ones remain as they are. • Denise said the NHS is being reformed however the program is only half complete. Chris Ham took the week and his key messages were Leadership, values, increase in quality standards, quality and safety. • Looking at Patient led NHS was Deborah Roche, from Department of Health in UK. Most dollars are still spent in secondary care. Social care is separate from Primary Care and is under other agencies. They are working to develop the right initiatives and be clear about what the NHS has to offer. • The community hospitals are going to be taken away and put into neighbourhood teams so that patients can be supported closer to home. Like a virtual community, people would have a single point of access 24/7. There would be a clearer management system and the education they do will be very important. There will be referral pathway set up, a single entry point then channelled to the various areas. Idea is to keep people in their homes as much as possible. Urgent cases would be seen within 3 hours. Feedback is that patients like the option of self-management if they can. • The current Public Health Care challenges are smoking, obesity, elderly. • 80% of the GP consults are long term conditions and 60% of bed days in hospital are care for long term conditions. There is a focus on the elderly, diabetes, however not overly on children. There was discussion on the average reading age and literacy. Christine said the average reading age in Counties Manukau is 12. Trish added that when asked regarding literacy of patients etc it is normally around 10-11. • It was a great opportunity to have a look and that the NHS does influence our MOH. Maria asked if the wards had been started, Denise said that they started at the end of June and are up and running. • Denise also spoke of the Patient Algorithm they have done as per the ATMS use. This has reduced 19 beds per year in the Medical areas and they are looking at reducing more – this is in Croydon, UK. 	
3.0	<p>UPDATE ON B4 SCHOOL INITIATIVE – Lizzie Farrell</p> <p>Ø Project is going really well. There is a MOH pilot in 2 areas. Every 4 year old has a health and development check before starting school, so early in their 4th year.</p> <ul style="list-style-type: none"> • Counties Manukau put in a tender and were successful and currently the pilot is running in the Franklin, Mangere and Papakura areas. The project team is about quality and communication and sending the right message to parents. • Parents are invited to have their child checked, method of recruitment is through local radio, local papers, posters. And there will be street drop in those specific areas. If there are problems the child can then be fastracked if they require specific help. • The pilot is to be launched in August and needs as much support as possible, the contact number is 0800 104 105. • Next year there will be a universal roll out. At the moment there are 8,500 4 year olds in Counties Manukau. She added that this will pick any problems earlier in children as Trish added that the last plunket visit is usually at 3 ½ years. 	

	<ul style="list-style-type: none"> • Maria asked if this then gives a window of opportunity to resolve or find things before they get to school and Lizzie said yes this will identify challenges etc. 	
4.0	<p>PHC WORK ADVISORY GROUP UPDATE – Bronwyn Anderson</p> <ul style="list-style-type: none"> • Workforce development plan for next five years – the draft plan has been done and is currently out for feedback. The next stage is will be Bronwyn’s replacement taking on feedback from wider consultation. • Community Health Worker course at MIT – just run the first course with 16 people. • Medtech training is focussing on Practice Nurses – hoping to have pilot next week – probably later. • Careers – work. Health careers at school - looking at extending the program, getting someone to manage it and then applying to extend. 	
5.0	<p>AROUND THE TABLE UPDATE – All</p> <p>Pam Henry</p> <ul style="list-style-type: none"> • Spoke on the disability project, an opportunity for Primary Health. Jane Eires is looking into developing nurse’s role, how development relevant, practice nurses etc. Any ideas greatly received. • Denise spoke about the nursing workforce strategy that is being written. Looking at nursing and PHC. Michele is working on the strategy; the first draft is with Denise. Denise said that there is a need to capture key things that are not in the plan that may not be supported. Incorporate into out plan support and continue making a difference. Need a lot in the Primary care section – how do we support them etc. Also added that there is not enough regarding Pacific people. Alan said he believes they and others need to be included even if they are in other plans as well, and that there is more alignment between sectors. Michele said if anyone has any other suggestions to please let her know. <p>Lizzie Farrell</p> <ul style="list-style-type: none"> • Details of the Global Healthcare Solutions to Vulnerable Populations’ Conference - January 14 to 17th 2008 are now out. Fortunate to have it in Auckland. Abstracts close on 31st August. Opportunity to meet 50-60 other nurse leaders and showcase what we can do in NZ. People coming from UK and Ireland. Expect 200-250 registrations. So great opportunity to get papers in. Denise added that if anyone needed help to let her know. The early bird registration is \$365. Denise has asked for \$2,000 to get nurses to attend and present rather than fund a lunch. There will be dedicated website in August. Details are attached here for you at the present – <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Call for Abstracts.doc </div> <div style="text-align: center;">  SAVE THE DATE.doc </div> <div style="text-align: center;">  Publication1.pub </div> </div> <p>Colleen Turnbull</p> <ul style="list-style-type: none"> • Spoke of new manager at Peoples’ centre – Lael Meredith. Plus there is advertising and data analysis being done at present. <p>Jean McQueen</p> <ul style="list-style-type: none"> • Diabetes self management groups running. A big buzz and going well, just about to start the 2nd group. Patients have asked why they do not get this information earlier. The groups are for the general public of patients and their families. The first group had 8 Diabetics plus their family members. The second group has 13 Diabetics and their families. Jean had been surprised about what the patients don’t know. <p>Trish Jackson-Potter</p>	

- Spoke about Toddlers without Tears, a parenting program – at 9mths, 12mths and 15mths. 3 intensives, positive parenting etc.
- Spoke of what happened in Tualeo with wellchild/well family where they had a morning tea/hui to connect everyone with services etc. Funding comes from Ministry of Social Development.
- In Clendon they have an education group for 6 weeks for teenage mums on parenting. There was general discussion around educating young mothers etc. Pam commented on the resources, information and programs for teenage parents, mentioning also the neo natal unit.
- Denise said it would be worth talking to Karlyne and linking in with school nurses.
- Trish said that mostly they are at an age where it's hard to convince them however they are also handing out pamphlets in practices etc.

Alan Moffit

- About to get the Primary Care plan signed off. EMT has signed it off, and there is more discussion with PHO's. Final application will be before the board next month and it has been supported at EMT with a 3 year budget.
- Have been focussing on the Innovative Model of Care, have had a few false starts, People were receiving mixed messages from the DHB but it hasn't made up its mind how services should be configured. On 29th August there is a workshop with Judith Smith to relaunch the project. Will be good for PHO's and different than before. Workshop is to be on 29th August, 8.45am to 1.00pm and all are welcome to come, is at Centra Auckland Airport.

Lizzie Farrell

- Spoke on Incontinence and that they now have 41 bed alarms. The waiting list in Mangere is down and they have had great success with 9 and 11 year old boys. It can cause some child protection issues, such as shame etc. Working on getting more information on Healthpoint. Alan added can people please check that their program/service has the correct information next to it as some do not.

Maria West

- They have advertised for PC Liaisons FTE, however no suitable applicants so far – they are either too far away or don't meet the criteria. The applicants need to understand the issues and what is out there. Are recruiting for Nursing FTE first. So PC Liaisons will stay vacant until the right people come along, there is also chance for some to up skill in PC if they have the necessary foundation. Some of the team leaders have had some good ideas, for example Manukau use a person as bridging – referring clients to PC and looking at role between GP and PC. Te Rawhiti has a smaller group with Schizophrenia and bigger group with BPD's so the interaction with PC is at a different level. All the areas have developed a local action plan. There is money from Blueprint to recruit and some pressure from them to recruit. However there is more work to be done, how things are decided i.e. to target particular GP's or follow patient by patient.
- Mentioned forum for nurses in early October on Innovations, an opportunity for PHO's and to meet mental health colleagues.
- Waiting on signoff of a recovery house, this would be managed by NGO. Mainly for peer support of some clients – by nurses. Not acute and will be a better continuum of services.

Meeting concluded at 3.05pm.

NEXT MEETING

Date: Wednesday 3 October 2007
Time: 1.00 pm – 3.00 pm
Venue: Primary Health Care Nursing Team Office, 19 Lambie Drive