

winter

# christchurch pho news



## Greetings

It is a busy time for practices at the moment heading into Winter.

As it is also nearing the end of the financial year for the Christchurch PHO it is timely to give you an update of what is happening around the GP practices.

## New Faces

Christchurch PHO is extending its Pharmacy Services following the successful pilot project at Riccarton Clinic last year. The initiative is being coordinated by a pharmacist contracted to the PHO.

### Introducing Angela Blackwood



"I am a pharmacist with a background of 17 years in community pharmacy. I will be providing a link between the practice nurses, GPs and local pharmacists in a more structured way. The goal is to optimise medication management when people move between our services."

This is a very forward thinking step by Christchurch PHO to work towards collaborative health care.

Angela's contact details are:

[angela.blackwood@chchpho.org.nz](mailto:angela.blackwood@chchpho.org.nz)

Cell 0212651036

**Marie-Lyne Bournival** has been appointed (part time) as the practice manager at Burnside medical centre and will be assisting the practice through the accreditation process. She will also continue to provide the Mobile Nursing service for the Christchurch GP practices part time.

**Nicky Thomas** has been appointed as the new Nurse Manager at Moorhouse Medical Centre. Nicky has been a practice nurse at Moorhouse for 8 years. She replaces Sue Price.

## Thank you

We would like to extend our appreciation and thanks to Sue Price for all the positive work she has done over the last 5 years as a practice nurse and nurse leader at Moorhouse Medical Centre. It has been a pleasure to work with you and we wish you all the best with your cycling adventures in Canada and future endeavours.

## Farewell

The mental health services team farewells Lee Kannis Clinical Psychologist who has been contracted to the CPHO for the past 12 months. Thank you for all your work Lee.

Paul Wynands will be replacing Lee and will be providing the service for existing and new patients. Referral to Paul is via the usual electronic process.

# Programme Updates

## Pharmacy Initiative

The pharmacy service is being implemented across 4 of the CPHO practices. Angela is providing onsite support for some practices and support for practices who are utilising their local pharmacies. As this is in the early stages of implementation we encourage feedback on how the service is going. If you have any questions/ queries regarding the service please contact Angela or Sandi. This is an exciting initiative that has been well received so if there are ways in which the service can be improved / altered to best suit your needs please let us know.

## Physiotherapy Initiative

An evaluation of the pilot will be presented at the next Board meeting in June. Interim evaluation indicates that this pilot was well received by patients and resulted in improved mobility and decreased pain for most of the participants.

## Podiatry Initiative

This pilot is currently being evaluated. Whilst the target number was not reached it appears that patients with Diabetes did benefit from the treatments offered and this may be an area to focus on in the future.

## New Patient Health Checks

Most practices are working towards utilising allocated numbers so keep up the good work. When completing the claim form can you please include the quintile number if you have this information available. The NPHC service changed, after it was evaluated in 2009, to a generic payment for nurse and/ or administration time. A further evaluation is planned to gauge the effectiveness of these changes. Practices will be asked to provide comments on challenges, benefits and suggestions for future changes as part of this process.

## PPP Update

The latest report for the period June 2009 to December 2009 was tabled at the May CGG meeting. Most of the of the targets were met however work will need to continue to reach high needs patients across all areas. The mobile nursing service has contributed to addressing some overdue smears for Maori/ Pacific and quintile 0/5 patients and these should be reflected in the 2010 figures.

When deciding how your practice may utilise the mobile nursing service for the 2010 -2011 year consideration of PPP targets may be a useful starting point

## Mobile Nursing service

Following an evaluation of this service the CPHO Board has approved for this to continue for 2010-2011 with an increase in the allocated hours. Practices will be contacted to discuss the way forward and identify individual practice priorities. This will ensure the service is equitable, appropriate, and realistic and has achievable aims within the hours available.

The following is an exemplar of one aspect of her work which truly demonstrates the “mobile” aspect of the service.

Mr J, a 25 year old self employed builder injured the base of his left thumb. He attended the GP initially to have the wound dressed however over the weekend it got infected to the point where the patient had to go to ED with moderate to severe swelling and considerable pain. The patient was attended to with IV ABs and advised to visit his GP on the following Monday. As Mr J is a contractor and work is quite sparse he did not attend his appointment as he could not miss work. He presented back at the GP on the Tuesday with an infected wound. A dressing was performed and the patient was asked TCI the following day. The patient was not able to go to the GP as he was working on the complete opposite side of town. A referral was sent to the MPN who performed daily dressings around the city that week. When documenting the

notes onto Medtech-32, she realized that the ADT booster had not been administered. After four days of daily dressings at Mr J's work place the wound had healed enough to allow the patient to resume his daily activities (rugby, more jobs on building site). Mr J was encouraged to go back to the GP and get his ADT booster vaccine. As the week evolved a positive relationship was developed between the patient and the MPN allowing her to do some education around having his immunization and the importance to attend his GP.

The Mobile Nurse attending the patient's wound at a local Rugby ground.



### **Nurse Led Asthma Clinic**

Riccarton clinic is currently piloting these clinics using the GASP tool. The target number of 30 patients will be reached by the end of May. The service will then be evaluated and with a view to implementing further clinics at other GP practices. Feedback from the nurses involved has been mainly positive. There have been challenges and these are being addressed. We appreciate the patience and dedication of all those involved as piloting a new initiative is rarely an easy task.

## **New Initiative**

### **Living with Huntington's Project**

Introducing a new community based co-ordination service for Canterbury. The purpose of this pilot is to provide co-ordination support services specifically for people/families living with Huntington's disease (HD) in the community.

This pilot project, funded by the CDHB, runs until June 30<sup>th</sup>, 2011 and will be evaluated at that point.

The service will be provided by the Christchurch PHO in collaboration with the Rehab people. GP practices will be given an information pack which will include information about the service, referral criteria and a referral form.

We welcome any feedback and /or any additional queries you may have about this service.

## **Professional Development**

The Rural Canterbury PHO newsletter will continue to be sent to practices as this includes useful information about upcoming professional development opportunities.

I recently attended a one day seminar on Motivational Interviewing run by Sports Canterbury. This was an excellent introduction to motivational interviewing and was attended by a wide variety of health professionals including nurses, physiotherapists, dieticians and other people involved in health promotion/education. There are more seminars planned both introductory and more advanced skills. I highly recommend attending a seminar as they provide useful information/skills for health professionals working with people to encourage healthy life style choices and behavioural changes. ( Sandi Malcolm)

## **From the "Birds nest"**

Many may or may not be aware of the changes within the health industry across the Canterbury region. There is a general transition towards this new world called "alliance contracting". What does this mean to us? Service level alliancing will be new to us all so for 2010 -2011 there will be business as usual and Board commitment to all existing programmes and approved initiatives. As we say in health – if there is one thing that is constant – it is change.

Regards Helen