

christchurch pho

ANNUAL REPORT

2012



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## OUR MISSION

To facilitate an excellent primary care service to our community, through distinctive General Practices and innovative networks to provide excellent care.

## VISION STATEMENT

To be;

- attractive to providers (due to excellent support) and populations (due to excellent accessible services and reasonable fees by our contracted practices)
- able to demonstrate measured improvement in population health
- treated as a partner and be influential at DHB and National levels

## GUIDING PRINCIPLES

The guiding principles of the Christchurch PHO are:

**Health Care** – in times of ill health, people should have ready access to skilled, competent and caring health professionals who they know and trust;

**Productivity** – providing integrated services with efficient use of funding and resources according to the population needs priorities

**Health Promotion** – the population should be encouraged to pursue a healthy lifestyle within a healthy environment;

**Better Health** – emphasis will be given to health promotion to the whole population

**Innovation** - improving accessibility, affordability and appropriateness of services

**Excellence** – improving coordination and continuity of health care.

## Chair Report

It's been a challenging year. The earthquakes have had a profound and ongoing effect on us all and will do for some time to come. I would like to thank our practices as well as the CHCH PHO staff for what they have contributed to the health of our communities in these trying times. It has been heart-warming to see the good side of people responding to the awful situation. We have seen staff continue on helping in spite of houses ruined and families traumatised. Practices have cooperated to support each other. The help from doctors and nurses from outside the region was so welcome to allow a stressed and stretched Christchurch workforce to meet demand. The two Accident and Medical centres played a vital role in the immediate aftermath of especially the February quake while all our practices will be now be facing an increased burden due to the situation.

While nature has been restructuring our physical environment there has been a restructuring happening within primary care. The "Better Sooner More Convenient" policy has resulted in the Canterbury Clinical Network emerging as the decision maker about future primary care organisation and spending in Canterbury. The PHO is a participant in this evolving organisation which aims to redesign both the governance and administration our system to deliver more integrated care while reducing duplication and inefficiency. With the backing of the CDHB and central government it specifically involves clinicians from across the sector in the process and aims to put the patient in the centre of the system.

The alliance environment has the potential to foster cooperative ways of working and the involvement of clinicians from all areas of health will hopefully lead to better integration. The three Canterbury PHOs have certainly worked much more closely together in the last year than before.

All this has had a significant impact on the CHCH PHO. The PHO is no longer able to initiate new patient care programs from its main funding streams and is having to fund CCN activities. It has resulted in an increased demand upon both the PHO staff and GPs from within the PHO who are increasingly involved in participating in the new processes for design/redesign of primary care health delivery that have resulted from the CCN.

While there is uncertainty about the final legal structure of the governance and administration of the CCN there will be uncertainty over the future of the PHO. It is disappointing to note that a significant sum of money is being spent on the CCN's administrative function that would otherwise have gone to patient care. One must hope that the current increased investment in system design and administration will result in a more efficient and effective future primary care provision.

The PHO has continued to grow this year. Most practices have seen an increase in their populations. In tragic circumstances Moorhouse Medical Centre took on the enrolled patients of The Clinic after the February quake. The PHO would like to acknowledge a donation by Ngaio Medical Centre to the families of The Clinic staff who died. Times ahead look a little uncertain with possible changes in population

particularly at the University of Canterbury.

The PHO provides a broad range of programs to support general practice some of which are of fairly recent origin. The coming year will see the bedding in and maturing of the PHO programs. Our mental health team has been expanded this year and have provided very valuable support to our stressed enrolled population. The PHO is working to try to maintain stability and reduce any bureaucracy associated with these programs to allow full utilisation. Of note the pharmacy program is being utilised by the other Canterbury PHOs.

Finally my thanks to the board, again to Helen Johnson and her dedicated PHO team and to our practices for all your efforts this year. I look forward to a more stable 2011/2012.

## **Executive Report**

Christchurch PHO ended the 2010-2011 financial year in a good position, although future business viability & funding is uncertain. The ability to continue supporting the range of practice based programmes predominantly delivered via the practices for our enrolled population is unclear.

Our contracts with the CDHB have been extended for an additional 12 months, however includes a proviso of a 3 month exit of service notice. This has been applied to all three PHO's here in Canterbury.

We continue to participate with the CCN (Canterbury Clinical Network) BSMC (Better, Sooner, More, Convenient) business case, which is evolving here in Canterbury. There have been over nine SLA's (Service Level Alliances) established and a resulting eight work streams, of which numerous clinicians, health professionals and administrators have been involved including Christchurch PHO GP staff and contractors. Clinicians and health professionals are also participating in the CI (Canterbury Initiative).

More recently we are actively participating with CERA (Canterbury Earthquake Recovery Authority).

In other words - the Canterbury Health Industry is moving within an incredibly challenging phase of change and collaboration, under the umbrella of Alliancing. An alliancing framework is familiar to the Petroleum and Construction industry, but this is the first for the NZ Health sector.

Compounding to this, we have experienced a year of earthquakes and aftershocks, some with deadly consequences. The people of Canterbury have gone through a series of traumatic events with many individuals, their families having lives interrupted, put on hold and some just simply surviving. This, on top of the changing health environment, makes it an even more memorable year.

I have added an extra section with excerpts from the PHO team, which is their perspective of the last 12 months. Their support, camaraderie, willingness to pitch in, go the extra mile and to have some fun & laughter along the way, has been a constant reminder that I am truly lucky to be surrounded by a such a team – and can't thank the team enough. After the September 2011 Earthquake, we had to move to temporary offices and then re-located to offices at Ferrymead. Post February and June.

Thank you to our contracted members and to the Board members for the expertise, direction, advice, support and practical input that we acknowledge and appreciate.

***Helen Johnson***

## Member Practices

Burnside Medical Centre	368 Wairakei Rd
Casebrook Surgery	12 Grampian St
Moorhouse Medical Centre	3 Pilgrim Place
Riccarton Clinic	6 Yaldhurst Rd, Church Corner
University Health Centre	Ilam Rd

## Organisational Structure & Governance

The Christchurch PHO operates as a non for profit limited liability Company and has a Governance Board with eight members including:

Two Community representatives  
Two Maori representatives  
Two GP representatives  
One Practice Nurse representative  
One Practice representative

This ensures the diversity of background, skills and expertise is represented at Board level. The Board meets monthly. The members of the Board are:

Joan Allardyce	GP Provider representative
Angus Chambers	Chairman & GP representative
Manaia Cunningham	Maori representative - Manawhenua ki Waitaha
Megan Gerard	Practice Nurse representative
David Jones	Practice representative
Sharon McFarlane	Community representative
Moana O Hinerangi	Maori representative
Vacancy	Community representative

The Board is responsible for the provision of primary health care services, to the population enrolled with our contracted practitioners within its area. The Board are also responsible for setting the strategic direction and setting organisational policy.

## POPULATION

The Christchurch PHO has an enrolled population of 34,275, as at 30 June 2011 which is a 12.3% increase from 2009-2010.

### Ethnicity

NZ European	Maori	Pacific Islanders	Asian	European	Other
22,070	2,204	868	4,285	3,455	1393

### Age Group

Under 5 yrs	5- < 15 yrs	15- < 25 yrs	25-<45 yrs	45-<65 yrs	Over 65 yrs
1434	2401	11,365	11,323	6095	1657

## Our Goals

To fully implement funded programmes contributing to CDHB strategic goals and National targets, enhancing services to Maori patients, working with practices to achieve 100% on PHO PPP targets, improving integration and service accessibility through referral relationships with other health service providers, focusing on high needs patients and improving care for that group through service integration, enhanced integration of providers through more co-operation and sharing of information within PHO and other PHO's and assisting practices to administer PHO programmes.

## Christchurch PHO Services

### *The Team*

Becky Baichoo	MH BIC
Katrina Banks	Part time Admin
Angela Blackwood	Pharmacy advisor
Marie-lyne Bournival	Mobile practice nurse
Angus Chambers	Clinical Advisor (Dr)
Georgina Jardine	Mental Health Liaison & Triage Co-ordinator
Helen Johnson	Executive
Sandi Malcolm	Service facilitator
Sue Moffat	YBIC
Joanne Parker	MH BIC
Ann Richards	MH BIC
Howard Wilson	Advisor Palliative care
Paul Wynands	Psychologist

## **Team Perspective of past 12 months**

### **Becky Baichoo – Brief Intervention Coordinator**

*It's coming up a year since I started working for the Christchurch PHO for the Brief Intervention Team. I feel very lucky to have found a job that works around my children and doing something I love. With the earthquakes, it has definitely been busy and surreal at times. There are times where it is inspiring to hear the stories of people's lives and what they are dealing with on a personal level. Thank you to the practices for making us feel welcome and part of your team, it is appreciated.*

### **Katrina Banks – Part time Admin**

*Personally: I have something very real to worry about. It keeps me focused on preparing and making provisions for all eventualities. I get comfort from knowing that whatever happens, we are prepared and have the skills to survive.*

*On a positive note: I am quite excited about the endless possibilities that the shape of our future city will take. We are living in a time of great knowledge and Mother Nature has handed us a chance to apply this knowledge and make our city a world leader in sustainability for the human, animal and birdlife inhabitants that reside here. Mistakes have been made in the past and we've been given a second chance. Let's do it well this time.*

*From a work point of view: I am grateful for the first earthquake sending me to my home base. It has enabled me to be here for my family at a second's notice. Being able to collect my children within minutes of subsequent earthquakes and seeing the relief in their faces, at the same time registering the uncertainty of faces of children whose parents have not yet arrived and in some cases will never arrive, is so heartbreaking.*

*General: I am truly amazed at how resilient, we, the people of Canterbury, are. In the chaos of the past twelve months, people have counted their blessings and mucked in to help others less fortunate. We are fragile, there is no doubt, but a quiet strength of resolve to 'get through this' is evident. While historic homes are being pulled down daily, new ones are being built. The majority of people are not running away from this place, indeed many who did flee, are slowly returning. This is our home.*

### **Georgina Jardine - Mental Health Team**

*Against the backdrop of the Canterbury earthquakes, the collective resilience and dedication of our small, yet dynamic Christchurch PHO Mental Health team, has never ceased to amaze me. We have worked closely with General Practice Teams, who have each faced huge frontline challenges, to ensure primary mental health services are delivered to a high standard despite resources being stretched to the limit at times. During this time we have worked in a cohesive manner despite the fact that we have all faced varying degrees of Earthquake related individual challenges.*

*Average referral numbers to our service increased from 35 per month pre-earthquake, rising to 80 in April 2011, peaking at 119 in May and are still at 80 in June. General practice teams have accommodated this increase by making extra room space available to us. This was essential and very much appreciated, as we had also lost other counselling venues. When road access prevented us from doing face-to-face counselling sessions, communication was maintained by phone sessions, supplemented by regular texting and email contact as appropriate to the situation of individuals.*

*Each General Practice Team has coped with large increases in their workloads, with the ongoing presentation of patients with multi-pronged health and social effects from the persisting Earthquakes and aftershocks. Of special note is the major challenge presented by the merging of The Clinic patients with Moorhouse Medical Centre, resulting in large numbers of these patients being referred to our service with issues of grief, anxiety, depression, earthquake/aftershock distress as well as a myriad of other psycho-social issues.*

*We welcomed two new staff to our team over the last twelve months. Becky Baichoo / BIC in October 2010 and Joanne Parker/ BIC in May 2011. The timing was opportune, given the dramatically increased workload. Anne Richards - BIC , Sue Moffat - Youth BIC , Paul Wynands Clinical Psychologist , as well as myself were quite relieved to have some assistance arrive. I would like to acknowledge the invaluable ongoing input to our team by Paul Wynands RCPHO , in terms of training opportunities , supervision and clinical expertise. We have really appreciated the Pharmaceutical expertise provided by Angela Blackwood . Marie-Lyne Bourneville has been much appreciated in providing the mobile nurse perspective. Thank you to Sandi Malcolm for her ongoing support and expertise. A huge bouquet of thanks to Helen Johnson for leading us through these times of huge challenges ( including Earthquake- related office moves ! ) and for the ongoing support and confidence in our service .*

*The events of the last year have placed enormous pressures on our team, pressures that we have thus far been able to cope with by working very closely together. In summary, we have established a strong team, capable of coping with future challenges, whatever they may be.*

### **Sandi Malcolm - Service Development Facilitator**

*Over the past year, I have enjoyed working with the Christchurch PHO GP practices, towards achieving better outcomes for the enrolled patient population through practice based, clinically led primary health care initiatives. Since the events of September, February and June, flexibility has been essential as plans have been modified and reprioritised to focus on and respond appropriately to the immediate needs of GP practices and their patients in the aftermath of the earthquakes.*

*It has been challenging times for the people of Canterbury and for those providing essential services. I have been amazed at the strength and resilience of people, the sense of camaraderie and shared loss and grief at the destruction to our communities and beloved city. It has been a time to reflect on what is really important and to be adaptable to the ever changing environment and the new normal that we are all now working and living in. I am privileged to work with great selfless people, who, in the midst of their own personal losses, have continued to front up and provide services.*

*Whilst progress towards achieving some goals has been slow, there have been several highlights. Two initiatives (Physiotherapy exercise programme for people with osteoarthritis of the knee and Integrated Pharmacy services in the GP practice) were entered in the CDHB Innovations Awards and received positive feedback from the panel of judges. Following a successful evaluation of the pilot, Nurse led asthma clinics (using the GASP assessment and decision support tool) are now offered in three out of five practices. Intergrated Pharmacy services have also been rolled out across the GP practices and provide individualised pharmacy services according to the practices needs.*

*As Christchurch moves into the recovery and rebuild phase, the primary health care sector will need to continue to be responsive to the evolving needs of their community and I look forward to being part of this.*

The core of primary health services is provided by our five contracted General Practices. They are staffed by GP's, Practice Nurses, plus Practice Managers and Administrators. Allied services have included Podiatry, Physiotherapy, Pharmacy Advisory, & Mobile Practice Nurse.

The success of our PHO is due to the standard of service delivery our practice teams strive to attain. Our role is to support these organised practices and predominantly large practices.

Our PHO works together with CDHB and other PHO's, to ensure our population get fairer access to a range of primary care based services and in line with the MOH Primary Health Strategy 2001.

**PHO Practice Based Programmes** that continue to be offered to our population include:

### **Careplus**

Assists those people with two or more chronic diseases, ensuring low cost access and a flexible package of care, including an individual care plan that is developed in consultation with the client. This programme has been well utilised at over 100%.

### **Chronic Packages of Care - (CPOC)**

Previously the CDHB funded this, however since funding was cut, the Christchurch PHO Board have supported funding for this programme to continue. These are tailored packages of care that provide solutions that meet an individual person's needs and which ensure there is wide flexibility and choices for patients .

### **Clinical Advisor**

The PHO provide for a part-time clinician (Dr) to work alongside other Drs and nurses at practice level, to look at ways to continuously improve our PPP service programmes.

## **Discretionary Funding**

Allows the purchase of health related services to people who have no means of accessing care through other mechanisms and are experiencing financial barriers. This is a fund which the CDHB stopped, but the Christchurch PHO Board continue funding it.

## **Diabetes (annual check)**

Free 'get checked' 12 month annual check up for those with diagnosed diabetes Type 1 & Type 2. The annual check includes review of weight, blood pressure, BMI, CVD risk, blood test, diet and lifestyle discussions.

## **Education**

The PHO provides financial assistance to practices to support their CNE, CME and Admin requirements. The practices themselves decide the professional development activities best suited for their team's individual needs.

## **HD Clinical Co-ordination – for people and their families living with Huntington's disease.**

This is a collaborative project between CPHO and 'The Rehab People' that provides a Canterbury wide service for this clientele. The purpose of the service is to assist people to access timely assessments, reassessments, linkages to support agencies and to provide experienced advice and care. The CDHB have extended this proven invaluable service for another 12 months.

## **Language line**

Provides an on-call translation service for new NZ residents who do not speak English. This service is accessed, although not utilised as frequently as initially budgeted for.

## **Men's and Women's Wellness Checks**

These programmes are delivered to the demographics population for men and women over 45 years, who have not been to a GP for three years. The programmes are targeted for those people that could be at risk, including Maori, Pacific Islanders & Asian population and continues to be utilised by practices.

## **Mental Health – suite of services**

### **BIC – Brief Intervention Co-ordination**

Service available to people with mild to moderate health issues. These are short term interventions of up to five sessions in any 12 month period.

### **Extended GP Consultations**

Assisting GP's to offer extended time with an individual. It provides subsidised co-payments for counselling if the appointment extends beyond the 15 minute GP appointment.

### **YBIC**

Intervention services similar to the BIC's service, with a focus on youth

### **Mental Health Liaison Nurse**

Assists practices connect patients for other NGO related services, including advice about appropriate referrals to SMNS and other specialist services.

### **Senior Clinical Psychologist**

For patients requiring additional support, providing psychological interventions for adults experiencing a range of mental health difficulties. A course of therapy is provided for up to twelve sessions, depending on the individual needs of the client.

### **Mobile Practice Nurse**

Practices utilise this service for their hard to reach high needs population. This was particularly useful post Earthquake, when barriers to accessing primary health services have been exacerbated with many families displaced. This service is offered to all practices both onsite and offsite. The focus continues to be on providing nursing interventions for patients who experience barriers to accessing primary health care e.g. cervical smears, immunisation, diabetes checks, B4School checks.

and to reconnect patients with their GP team. It also provides a vital link between the patient/whanau and health providers to assist them to navigate their way through the health system and encapsulates the concept of Whanau Ora

### **New Patient Health Checks**

This programme is designed to improve access to services by maintaining an up to date PMS and identifying patients with chronic disease or those at risk of developing a chronic disease.

It can also provide a one to one appointment with the newly enrolled client and if required, a referral on to other practice based services.

### **Nurse Led Asthma Clinics**

These clinics continue to be delivered at three practices, by offering two free nurse led asthma reviews (with a 12 month period) using the GASP assessment and decision support tool based on NZ best practice guidelines. Patients who have attended all appointments have demonstrated an improvement in their asthma management. The uptake of this service was adversely affected by the earthquakes. Many thanks to the 'GASP' trained nurses who continue to find ways to increase patient participation.

### **Nurse Practitioner**

The University of Canterbury continue to fund this service at the Health Centre on the UC campus.

### **Palliative Care**

Specialist advice and support to general practice teams for end of life care and also funding to enable GP and Practice nurses to provide home call visits.

### **Pharmacy Services**

This service aims to integrate a clinical pharmacist into the primary health care team. Our pharmacist is focused on improving health outcomes by integrating pharmacists work with the care provided by Drs and nurses at our practices. This includes MUR's, checking discharge summaries, reviewing/updating 'yellow cards' and providing clinical audits to

highlight gaps between desired and actual treatment for individuals. It also highlights optimal therapy for selected target groups.

### **Physiotherapy treatment for patients with osteoarthritis of the knee.**

This service offers enrolled clients with osteoarthritis of the knee, a 10 week clinically based physical therapy intervention including home exercise. It aims to improve mobility, pain levels, promotes greater levels of independence, improves quality of life and often results in a decreased reliance on medication.

### **Podiatry treatment for elderly patients with high needs & patients with diabetes**

This programme is aimed at reducing pain, falls and complications associated with foot health problems. Patients can receive up to three free visits to a podiatrist to receive clinically based podiatry intervention. The service targets high needs people and those at risk of developing foot complications.

### **Smoking Cessation Programme**

Available to people who want to give up smoking. The programme includes brief intervention, cessation consulting and up to seven follow-up appointments. This programme has been running for 3 years and has seen a steady increase in the uptake since its inception.

### **Youth Sexual Health**

Consultations for young adults aged 16-20 for sexual health or contraception matters.

### **Other Programmes**

Provided to our population by contracting other lead PHO's in a collaborative role include;

#### **Acute Demand Service Co-ordination**

An alternative to hospital care for people presenting in an acute state, through co-ordination of acute packages and acute nursing services

#### **Appetite for Life (AFL)**

A nutritional programme led by nurses, providing practical advice to women and families with weight issues. This programme has received excellent feedback from participants and further courses are planned.

#### **Green prescription**

Available to people who wish to be more active

#### **Immunisation**

Available for children and adults

#### **Oral Dental**

A free oral health promotion service for adolescents (yr 9 to 18 yrs) even if they have left school

### **Before School Checks.**

A free well child screening programme for children aged 4 years. The screening includes height, weight BMI, oral health, vision, hearing behaviour, development and general health. All enrolled children are offered this service which is provided by trained practice nurses and/or public health nurses.

## **Performance Management**

The MOH strategy includes encouraging Best Practice in all fields of health strategy. National targets are set for the achievement of three categories of performance, which include clinical indicators, process indicators and financial indicators.

The PHO performance programme allows the Christchurch PHO to evaluate how well it is performing at meeting Ministry of health Targets for Diabetes Detection, CVD Risk Assessment, Flu Vaccination, Age Appropriate Vaccinations, Breast Screening and Cervical Screening.

The CDHB negotiate each year with the PHO's to set achievable targets that are realistic. PHO's are paid additional money per enrolled person, according to the proportion of the possible 100% of the performance indicators achieved. This PHO apportions 66% of this payment directly to the practices based on their achievement percentages.

The six month results released by the MOH have been excellent, with the PHO achieving 39.6 points out of a possible 45.5 points. One practice achieved 100% points. These are pleasing results considering the challenges that have faced GP practices post earthquake. Practices have also reported a decrease in the number of people accessing primary health care for health promotion/disease prevention services post earthquake despite targeted interventions to encourage uptake of these services.

Smoking cessation is a Ministerial priority and smoking status will be measured for performance payments from June 2011. The National target has been set at 70% and all practices are actively working towards achieving this. As of 30<sup>th</sup> June 2011 the Christchurch PHO practices achieved 63.75% which exceeded the target set by the CDHB for the final quarter

## **Finances/IT and BPAC Support Services**

Our back office team – South Link Health (SLH) –based in Dunedin, provide IT, Admin, BPAC and financial services for us. Aside of the service they perform, the Team can't thank them enough for their supportive calls since September's earthquake.

## **Financial Statements**

For the year ended 30 June 2011 - attached

### **Statement of Financial Responsibility**

The PHO directors are responsible for preparing the financial statements, ensuring they comply with the generally accepted accounting practice in New Zealand.

The directors consider the financial statements of the company have been prepared using appropriate accounting policies, consistently applied and supported by reasonable judgements and estimates that all relevant financial reporting and accounting standards have been followed.

Signed

Angus Chambers  
Director