

Greetings...Kia ora...Talofa lava... Malo e lelei... Ni sa bula vinaka...Kia orana... Fakalofa lahi atu...Taloha ni!

Greetings from the Chief Executive Officer, David Clarke

COUNTIES MANUKAU DISTRICT HEALTH BOARD AND MANAWHENUA SIGN MEMORANDUM OF UNDERSTANDING

The historic signing of the Memorandum of Understanding between the Counties Manukau District Health Board and Manawhenua took place on Tuesday 9 October in the District Health Board offices. Over 80 people attended a function held to recognise the significance of this document which supports a common goal to meet the health needs of the Maori people in the Board area.

The Memorandum of Understanding is designed to enable Maori to participate in, and contribute to, strategies to improve Maori health and to establish a close relationship between Manawhenua and the Board, to meet the health needs of the Maori people. This is an exciting new process for Counties Manukau and we welcome the opportunity to work with Manawhenua in reducing health disparities while recognising the cultural needs of the Maori people.

Manawhenua are a combination of independent iwi and hapu, each maintaining their own mana and independent right of action, who have a distinct and unique bond with the area and are committed to improving health outcomes for all Maori.



Hon. Tariana Turia speaking following the signing.



Ross Keenan and members of the District Health Board signing the memorandum.



Eru Thompson on behalf of Kawerau A Maki signing the memorandum.

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Funding Agreement and Annual Plan

Counties Manukau DHB is getting close to signing its first Crown Funding Agreement. This document covers three main areas:

- ❑ the new funder and governance role;
- ❑ hospital services through South Auckland Health; and
- ❑ management and monitoring of devolved contracts (including those for primary care).

While there are many issues to be worked through in respect of the agreement, the key ones from our perspective have been:

- ❑ how the forecast deficit in demand driven primary care services (especially pharmaceuticals and laboratory) will be managed;
- ❑ the Ministry's responsibility for any problems associated with the contracts devolved to the DHB that pre-date the devolution;
- ❑ the capacity of the DHB to manage hospital services within a fixed budget through trade-offs between services (eg to manage growth in acute demand); and
- ❑ the measures that the Ministry will be using to monitor our performance.

A draft annual plan has been submitted to the Ministry and the major focus of discussions is hospital services, and the extent of deficit support will be required to maintain existing South Auckland Health services through 2001/02



DEVOLUTION OF PRIMARY CARE CONTRACTS

The mechanism for legally transferring contracts from the Ministry of Health to DHBs involves listing each contract with the name of the organisation it is transferring to, in an "Order in Council". Briefly, the process requires Cabinet approval of the list, gazetting, a 28-day consultation period, and sign-off by the Governor General.

After the Minister of Health approved the broad categories of contracts to be devolved to DHBs in this first year (Personal Health, Maori Health, and Mental Health) an initial list was established for transfer – the "1st Order in Council". This happened in July, and resulted in 136 contracts transferring to Counties Manukau DHB.

The "2nd Order in Council" is now in progress. This will consist of a further 49 contracts for Mental Health, Pacific Health, General Practice, and Oral Health services. These will transfer to the DHB on 1st October 2001.

Still to be transferred at a later stage are contracts for:

- ❑ Maternity services. These will not be transferred until July 2002
- ❑ A few national contracts, where Counties Manukau DHB is to be the 'lead' DHB responsible for managing contracts on behalf of all DHBs.
- ❑ Some individual contracts are still in "draft" form, which will transfer once the Ministry has completed them.
- ❑ Disability Support Services (with services for older people scheduled for 1 July 2002 devolution) and Public Health.

PRIMARY CARE ORGANISATION CONTRACTS



Over the next five months, the Counties Manukau DHB will be negotiating the new national primary care contract with those providers that have a Primary Care Organisation (PCO) type contract. A special information session will be convened for those non-IPAC affiliated providers to clarify the terms and conditions of the new contract.

In essence, the core changes are in the following areas:

- new provider quality specifications
- increase in immunisation NHI percentages and childhood immunisation fee
- consideration of enrolment strategies
- cleaning up budget holding contractual terms
- a new contract structure and form
- additional information requirements
- limited period for the continuance of the management fee

Interim Privacy Group

At Counties Manukau we are committed to the importance of the primary and secondary health sectors working together. This requires the sharing of relevant patients' health information. The importance of safely managing and appropriately sharing health information between health care providers about our patients to enable all of us to provide the best care can never be underestimated.

To ensure that we consider the privacy issues associated with our integrated health care initiatives an Interim Privacy Group is being established. This group will comprise of consumer and provider representatives from within the Counties Manukau region. There will also be representatives nominated by the Pacific Advisory Committee, the Counties Manukau Manawhenua and Primary Care Group as well as consumers. Counties Manukau District Health Board's privacy officer will be an adviser to the Group.

Privacy Groups' Terms of Reference:

- to provide guidance on the collection, use and disclosure of health information associated with integration initiatives,
- to provide guidance on the use and disclosure of health information when the purpose for use or disclosure was not anticipated at the time the information was collected.
- to provide guidance on security safeguards for the management of health information, in conjunction with the IMAGE group.
- to link with national projects to ensure consistency at a regional and national level
- to develop guidelines, audit tools, privacy impact assessment tool and protocols for the safe management of health information consistent with national guidelines, tools and protocols.
- may receive and ask for public and community submissions and presentations on matters concerning the collection and management of health information.

For further information, please contact Elisabeth Harding, Privacy Officer CMDHB
ejharding@cmdhb.org.nz 09 262 9540.





“From the Perspective of the Practice Coordination Team”....

What has been seen as a huge problem of South Auckland children not being immunised by GPs is looking more and more like a smaller problem of management of data.

At EastHealth we were shocked last year, by the seemingly low immunisation rates for our practices as shown in audits run from their PMS (Practice Management Systems), we knew our GPs were immunising children, but where was the proof.

As a first step we had to understand the PMS systems, and especially how the immunisation audits worked and what the results actually meant.

We provided a resource, in the form of our practice coordinators, both experienced practice nurses. Jo and Kay worked with the practices, especially the nurses, to help them first, understand how their systems work, how data needs to be entered, and understand about the audits.

Our practice coordinators have a hands on approach in practices to offer whatever assistance required to correct those data entry problems, and lend support.

Between August 2000 and February 2001 the recorded immunisation rate of 2 year old children registered with EastHealth practices rose from 76% to 98%.

The trick of course is keeping the enthusiasm up!

Audits are sent from every practice monthly and compiled into a report which is sent to all our GPs and nurses, all practices are named and ranked in the report, which originally caused some discomfort to a couple of people but has been well accepted by the majority of members.

These reports stimulate some peer pressure as well as healthy competition to stay at the top, our average monthly immunisation rate remains at 95%.

We shared our experiences with ProCare and South Med at a recent GPSAG (South Auckland IPA Group) meeting and the reaction was electric, the GPs and Managers there wholeheartedly endorsed following the same path with their individual IPAs. EastHealth have pledged to support them in any way we can, by providing support, experience and any material we have produced, eg the manuals we produced relating to immunisation recalls, data entry and audits, this will be made available to the other groups.

One of the IPAs is already collecting base line audit figures, once that is done we will be available to help tackle the data entry problems.

We have also been approached by other groups in South Auckland who would like to use the same approach.

This of course is just the first step. We are now looking at casuals, or visitors to practices, who should be responsible for these children? Shouldn't practice teams routinely enquire about their immunisation status, not a hard thing to do, just a habit to get into.

We are also comparing our practice population numbers with census and Plunket numbers for our area. If we can get the data right throughout South Auckland, we can work together to find those children who are slipping through the gaps.

This is General Practice shouting “We CAN do it”.

Lesley Prest
Primary Care Manager
EastHealth Services

Counties Manukau DHB has appointed a General Practice Strategy Advisory Group following recommendations from the General Practice Workshop held in Mangere in December 2000. The group will report to the Chief Executive Officer, David Clarke. The group's role is to develop a shared **strategic vision for general practice** within Counties Manukau, including:

- ❑ shared goals and responsibilities between general practice and the DHB
- ❑ specific health/disease areas for focus on to respond to local needs
- ❑ identification and mitigation of risks
- ❑ ensuring consistency by collaborating in the regional approach to:
 - Indicators of service quality
 - Information systems strategy
 - Needs analysis
 - Access criteria and service coverage
 - Funding framework (eg, capitation; budget-holding; cross boundary flows)
 - Provider distribution and workforce planning
 - Input into national policies and strategies.

The General Practice Strategy Group consists of the following members: Lynette Ashby (Pukekohe), Michael Clarke (EastHealth), Peter Didsbury (ProCare), Jim Primrose (First Health), Paul Roseman (South-Med), Debbie Ryan (South Seas), Gary Sinclair (The Doctors), Tane Taylor (Raukura Hauora), Tangi Vautier (Practice Nurse - Raukura). Another practice nurse is yet to be appointed. Additional members are Chris Mules in his capacity as Chief Planning & Funding Officer and the Group is chaired by Allan Moffitt (Clinical Advisor - Primary Care).

GPSAG will eventually form a workstream under the Counties Manukau Primary Care Strategy Group and through this group contribute to the overall planning processes for Primary Health Care.

Chronic Care Management (CCM) in Counties Manukau

The CCM programme is being developed in response to the New Zealand Health Strategy, the Primary Care strategy and Counties Manukau needs analysis. These identify diabetes and cardiovascular disease as major problems. Chronic lung disease and chronic heart failure have also been identified as significant opportunities for health improvement. The Primary Care Strategy directs us to population management and preventative care.

80 GPs are involved in pilots examining this mode of health delivery for these individual diseases. It is planned to develop a common CCM process encompassing all the piloted disease processes by June 2002. Individual pilot project managers will assist clinicians to develop this single package in order that it is ready for wider implementation from July 2002 onwards.

One of these GP teams is the The Mangere Family Doctors, who are piloting several of the interventions proposed for CCM. They are already producing outstanding early successes in providing patient centred care and reduced risk levels in Diabetes.

One of the important measures of controlling Diabetes is to get the patient's HbA1c blood test down below 6%. A large proportion of people with diabetes in Counties Manukau have figures as high as 8 or 9 and a few even higher. For the 43 patients in the pilot group who have had an initial review and a quarterly follow up, there has been a marked decrease in their figures. Of the 42% who initially lay above a figure of 8, after 3 months of working with the practice only 25% are still above the figure. 34% of this group who initially had figures above 9 have been able to improve their control so much that only 7% of them remain above 9. The full and formal evaluation of this pilot will be available at the end of November.

This change has been marked and rapid. We would like to congratulate Dr Gary Sinclair's Primary Health care team, and Dr John Baker's Middlemore ambulatory diabetes team, on being able to provide patient support.





As we move into the next phase of planning and development, there are questions we shall be actively seeking answers to over the next 12 months.

- ❑ How do we make a difference?
- ❑ How do we know when we have?

The Pacific health committee has commissioned a church strategy in partnership with church leaders which has stimulated debate on sensitive and critical issues such as “ethnic” specific vs Pacific. The Pacific committee has provided the opportunity for debate and discussion of the issues important to Pacific communities and over the next 3 months will play a key role in shaping the Pacific component to the strategic plan.

Dr Debbie Ryan and Mr Ben Taufua recently made presentations before an international audience at the Pasifika Medical Association Rarotonga Conference. Dr Ryan demonstrated the successful outcomes they are achieving with their unique model of service delivery at South Seas Healthcare. Mr Taufua described the cultural competency model used as a basis for upskilling and training staff at South Auckland Health.

Unfortunately the announcement of the Pacific Provider Development Fund has still not been released to providers and continues to limit the much needed development of Pacific health providers in our region.

Home Visiting Pilot

Counties Manukau District Health Board recently signed a memorandum of understanding for the Home Visiting Pilot service in Mangere.

This service will be developed and implemented for a three year period and will improve access to health services for families in this area.

Consultation will be undertaken over September - October followed by a Request for proposal to organisations who may be interested in delivering this service.

For more information contact:

Gilli Sinclair on (021) 272 8637 or email: GZSinclair@CMDHB.org.nz

PHO Guidelines

The Ministry has developed a consultation document entitled ‘Minimum Requirements & Best Practice Guidelines for Primary Health Organisations’ which will provide the opportunity for consideration and feedback by provider and community organisations.

The document addresses such areas as:

- ❑ governance
- ❑ community participation
- ❑ minimum service coverage
- ❑ workforce
- ❑ finances
- ❑ transition
- ❑ legal form.

This document should provide a useful starting point for us all to consider the direction that PHO development should take in Counties Manukau. At the time of printing we understand a MOH review of the PHO document is under way.

Maori Health

The Maori Health contracts that were identified for the “1st Order of Council” were handed over on the 28th of June 2001. These contracts are being managed jointly with Tainui MAPO along the agreed guidelines with the appropriate organisations.

The key challenge, in the short term, is to build the funding capability for Maori health within the DHB. It is important for the Maori community to help establish the transition process for the “2nd Order of Council”, and for providers in clarifying contracts over the next few months.

Negotiations are almost completed with the Manawhenua of Counties Manukau to establish a Treaty Relationship group that will sit along side the DHB.

GOVERNOR GENERAL VISITS COUNTIES MANUKAU

On Friday 7 September we had the great honour of welcoming the Governor General, Dame Silvia Cartwright, and her husband to South Auckland Health. Dame Silvia had expressed a keen interest in the new facilities at South Auckland Health and was delighted to be invited to visit. Her Excellency and her party were taken on an extensive tour of the **Kidz First™** Children’s Hospital by David Clarke, Chief Executive Officer, and Brian Rousseau, Chief Operating Officer.



*Her Excellency the Governor General,
Dame Silvia Cartwright touring Kidz First™.*

Well Child Project

A pilot project was run in Otago with the purpose of increasing immunisation rates and well child checks for children. This project was extremely successful and it has been decided to extend this service.

A Well Child Implementation Group will replace the Steering Committee (in place for the pilot) and a Project Manager will be appointed and the service will be rolled out into Otago, Franklin and Papakura

Case Management Clinics:

The Clendon Clinic has been operational since January 30 and has proved to be very successful. A disease management programme concentrating specifically on diabetes is currently being worked on.

The Papakura Clinic has been in operation since July 30 and is laying down some good foundations.

