

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 1 March 2011 at 1.00 pm in the Boardroom of Board Office, Gate 2 Heretaunga Street, Palmerston North

PRESENT:

Diane Anderson (Chair)
 Ann Chapman (Deputy Chair)
 Linda Gray
 Pat Kelly
 Mavis Mullins
 Karen Naylor
 Phil Sunderland
 Charmaine Hamilton
 Oriana Paewai

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
 Mike Grant, General Manager, Funding Division
 Carole Chisholm, Committee Secretary
 Lindsay Burnell (part)

OTHER:

Staff: (7)
 Public: (1)
 Media: (0)

Following the Chair's request for an update concerning the Christchurch earthquake, the Chief Executive Officer advised that because of the need to channel all information from one place, the National Health Coordination Centre was coordinating all communications and requests, outgoing correspondence and other such matters and disseminating the information across the country. Following the event other DHBs closer to Canterbury had immediately responded by ceasing surgery, so as to free up as many beds as possible. It was understood that some non infectious patients, such as those on renal dialysis, were transferred to Auckland.

Approximately 300 elderly people were requiring relocation around the country. MidCentral DHB's response had been to get back as many patients as possible from Capital & Coast DHB including neonates. Some staff were sent to Christchurch at their request but overall the Board was taking its guidance from the National Health Coordination Centre.

1. APOLOGIES

Mavis Mullins (late).

2. NOTIFICATION OF LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendment to the Register of Interests

There were no amendments.

3.2 Declaration of Conflicts in Relation to Today's Business

Linda "Gray declared a conflict in relation to the 'Primary Health Care DAP 10/11 Update' page 5.5 para 4.1.2 'Feilding Integrated Health Centre'.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 1 February 2011 be confirmed as a true and correct received.

4.2 Recommendations to the Board

It was noted that all recommendations contained in the minutes were approved by the Board.

4.3 Matters Arising from the Minutes

The Chair referred to the February Board meeting at which the recommendations of the 1 February draft minutes of this committee were approved. A member of the public had referred to page 4.3, Item 2.7.1 'Poverty Affecting Health of Children in our Region' and expressed concern over the statement: 'The DHB needed to be aware that more people, particularly children, were being admitted to hospital with respiratory illnesses and infections due to the recessionary times'. The Board had subsequently commented that although 'due to' was not causative, the recording was accurate and the minutes were a true and correct record.

5. STRATEGIC/SPECIAL ISSUES

5.1 Primary Health Care (DAP 2010/11) – Update 2

Linda Gray's conflict of interest in relation to the Feilding Integrated Health Centre was noted.

The development of integrated family health centres aimed to enable the better management of patients in primary health care rather than through the Emergency Department. Following an enquiry as to whether at this early stage any progress had been made, management advised there had been a considerable flattening out in terms of the admissions of internal medicine patients at MidCentral Health. A great deal of work was being undertaken in primary care and that was possibly causing a change in patterns. It was also noted that a further enhancement would be clinic space for specialists and GPs to work together.

Following an enquiry around Chronic Care Teams, management noted that these were still very active within the PHO environment. However the transition to a broad scope of practice predicted that over the next 12 – 18 months chronic care nurses would be managing diabetes and cardiology patients.

It was recommended:

that this report be received

5.2 centralAlliance – Implementation of Funding Workstream

Management referred to Para 4.2 ‘General Practice Capacity Waiting Lists’ and advised that this subject had been a feature of discussion earlier in the day at the Hospital Advisory Committee meeting. In the Horowhenua, a Waiting List Practice was picking up the people who had not been able to get access to first level service. The Waiting List Practice was essentially nurse practitioner driven with oversight by the Medical Practitioner/Clinical Director for Primary Health Care in the Horowhenua. Access to other practitioner support was also available. The service commenced in February and had quickly got up to speed.

Mavis Mullins entered the meeting.

A Committee Member referred to the 800 people who had not responded to the invitation to enrol and questioned the existence of a process to identify those people. A further query was made around any risk factor involved in the non enrolment of a section of the community.

Management advised there had been a number of attempts to contact those not enrolled. As people needed to access health care they would come forward and be plugged into the Waiting List Practice. It was considered that no risk existed.

Management referred to ‘GP Consult Rates by Age Band and Ethnicity’ and noted that the commentary for Table 2 on page 5.9 contained an error which made for confusion. The commentary should have read: “Table 2 also shows that the European ethnic group had the highest overall consultation rates”. The paragraph then went on to explain that while on the face of it this appeared to suggest high needs people received the least services, this was not the case. A more detailed analysis showed that High Needs patients, defined as Maori, Pacific and people living in decile 9 and 10, had higher service utilisation rates.

A Committee Member drew attention to Financial and Risk Considerations on page 5.16 and noted the very important part NGOs played in the community. However, one of the difficulties these organisations experienced was their short term contracts.

Management advised that short term contracts were difficult for both providers and funders. The funder bore transaction costs while the provider had reduced financial certainty and sustainability. At present the Board was trying, where possible, to achieve a three year agreement with providers. It was also noted that in general provider contracts tenure were related to performance risk.

The question was also raised around the responsibility for informing NGOs in Primary Health of what was taking place in the community. Management confirmed that various organisations were responsible for different components. The Regional Services Plan was the DHB’s responsibility. The Better Sooner More Convenient project rested with the Ministry of Health and Central PHO. Local Priorities were generally part of the DHB’s annual plan, and providers received that document. All the information received by the Board and Committees as well as that provided to the Ministry was available on the website. Following discussion management considered the overall responsibility lay with the DHB.

A Committee Member referred to No 3.4 of the Schedule of Primary Health Care Initiatives ‘Improved Access and Utilisation of Health Services Amongst Whanau’ and enquired of any progress. Management advised that many of the issues were related to the Better Sooner More Convenient Project. More information would be provided in the next Primary Care update.

Lindsay Burnell entered the meeting.

In response to an enquiry around Initiative 3.5 'Improved Models of Care for Older People, including Case Management for People with High and Complex Needs' and the spread of establishment dates, management confirmed that this was partly related to project management resource. The project had started in Tararua and was ongoing.

In noting that Primary Health Care Services were a Centre of Excellence for the DHB, and had led the way over recent years, the Chair conveyed the Committees congratulations and thanks to the staff involved in this achievement.

It was recommended:

that this report be received.

5.3 Improved Local and Regional Coordination of Services Update

It was recommended:

that this report be received.

5.4 Improved Hospital Productivity

The Chief Executive Officer noted that the report included a number of aspects being looked at, together with improvements and efficiencies. These were not just confined to Health Targets but included shared clinical services and primary care.

In response to the Chair's enquiry around para 5.3.8 'Theatre Productivity' and whether there was any national agreement as to what constituted a late start or early finish, management confirmed that there was a definition and it was very fine.

It was recommended:

that this report be received.

6. OPERATIONAL REPORTS

6.1 Non Financial Performance Indicators

It was recommended:

that this report be received.

6.2 Funding Division Operating Report – February 2011

Item 2.4.1 GP Registrars Update

Management confirmed that the Board had five GP Registrars under the Pilot Scheme and one outside. All applicants had been interviewed by a panel including two General Practitioners and a hospital consultant who was involved with registrar training. The five Registrars were all of high calibre and it was hoped that they would make a significant contribution to the district.

The five GP Registrars were employed on packages based on the DHB's internal Multi Employer Collective Agreement (MECA). However, it was pointed out that hospital registrars received a great deal of overtime whereas at the present time GP Registrars did not. Some fine tuning of arrangements may be required to make the GP training programme attractive.

It was understood that a number of the Registrars would not have undertaken GP training at this stage if it had not been for the Pilot Scheme. This was an indication that it was fulfilling its intended function of making GP training more attractive.

A critical factor in attracting doctors to the GP training programme in this district appeared to be prior familiarity with the general practice teams. In the last year the DHB had funded junior doctor rotations through general practices. Some of the GP Registrars had been on this rotation. Other DHBs had taken this a step further by having the GP training programme overseen by a GP who was working in the main hospital. An example was given as the GP Liaison officer. This enabled a more personal and direct approach to junior doctors working in the hospital. The Funding Division was currently talking with MidCentral Health about whether this role could be included within the scope of the GP Liaison role.

The future of the GP Registrar Pilot Scheme was being reviewed by the Health Workforce Council at a national level. MidCentral DHB had put its views forward already and would continue to do so. The Board would like to see the scheme continue so that the five individuals currently doing Year 1 can be retained and supplemented with another intake of students. At the same time, it was hoped that some of the difficulties with the current scheme would be ironed out.

Item 2.7.2 Safe and Efficient Disposal of Unused Medicines (SEDUM)

Management provided an update on the work of the Manawatu Community Pharmacy Group. The Committee endorsed the collaborative work between the Group, Primary Health Care and the Funding Division.

It was recommended:

that this report be received.

6.3 Finance Report – February 2011

It was recommended:

that this report be received.

GOVERNANCE ISSUES

7.1 Work Plan

It was recommended:

that the updated work programme for 2010/11 be noted.

8. LATE ITEMS

There were no late items under 2 above.

9. DATE OF NEXT MEETING

Tuesday, 5 April 2011.

10. EXCLUSION OF PUBLIC

Recommendation: that the public be excluded from Part 2 of this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reason stated.

5-6

Item	Reason	Ref
"In Committee" Minutes of the Previous Meeting	For reasons stated in the previous Agenda	
2011/12 District Annual Plan	Under negotiation	9(2)(j)

The meeting closed at 2.10pm.

Confirmed this 5th day of April 2011

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Chairperson