

2011



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THE FEBRUARY EARTHQUAKE

Purpose & charitable objectives

The purpose for which the company is established is to apply and utilise the assets and investments of the company in furtherance of the exclusively charitable objects of the company (as approved and recognised by the Commissioner of Inland Revenue) which include, without limitation, the following objects:



- (a)

the enhancement and facilitation of the provision of health care to the population of Canterbury who are patients of the members of Pegasus Medical Group Limited;
- (b)

the improvement of the health status of the population of Canterbury who are patients of the members of Pegasus Medical Group Limited;
- (c)

the education of the public and health care providers as to health related issues;
- (d)

the greater participation of the community in health related issues in keeping with the spirit of the Treaty of Waitangi;
- (e)

the improved availability of health related statistical information;
- (f)

the improvement of integration and liaison between health care providers in Canterbury;
- (g)

the creation or development of or the enhancement of co-operation with other entities that have similar objects and which are recognised by the Commissioner of Inland Revenue as charitable organisations.

The references to “Canterbury” in this clause 1.7 shall mean the Canterbury area as outlined in the Canterbury District Health Board Electoral Constituencies 2001 map.

CHAIR’S REPORT

The 2011 year began, as did the year before, with strong momentum around the transition to a ‘better, sooner, more convenient’ health system.

However, as the pandemic eclipsed big-picture work in previous years, it was not long before our focus had to shift to more immediate concerns.

The 7.1 magnitude quake in September caused no loss of life, although it did change the way of life for thousands of Cantabrians. February’s 6.3, which struck directly under the central city, took the lives of more than 180 people, including patients and staff at The Clinic, who remain very much in our thoughts.

While saddened by the tragedies the quake has delivered on the lives of so many, I am proud of the small, and not so small ways that Pegasus Health did everything it could for our practice teams and the people they look after. In turn, our practices did all they could for the communities they are such an integral part of. And their communities were there for them, too.

What got us through the quakes will also get us through the challenges we face around the double whammy of aging workforce and aging population: patient focus, innovation, collaboration, community involvement, self-responsibility on the part of patients, the delivery of care as close to home as possible, true integration of skills and disciplines, and each bit of the system doing what it does best.

It is pleasing to see recognition at a national level of the importance of clinical leadership in reducing fragmentation of care.

Locally, the Transitional Leadership Board remains focused on encouraging more community-based services, and on getting the best out of the skills set of each professional group. Challenging the traditional funding boundaries between organisations that keep the system stuck in the past is one area that will need work for some time yet.

Strong working relationships continue to be grown with community-based professionals, notably this year, with physiotherapy and pharmacy groups.

- *Practices and communities pull together after quake*
- *Innovation, collaboration, patient focus, integration are important for the future*
- *Clinical leadership well recognised at national level*
- *Traditional funding boundaries challenged*
- *Relationships grown with pharmacy, physiotherapy, others*
- *Bridging clinical/community divide crucial*
- *Days of ‘fortress Pegasus’ long gone*
- *Rangiora, Kaiapoi GPs now members*

Bridging the divide between community-based and clinically-based organisations is another area we grappled with in 2011. The system of the past encouraged competition, and it is now time to ensure these two critical areas are able to contribute collaboratively.

We are fortunate, here in Canterbury, to have two things that are needed for future success: very strong, very long standing and very productive working relationships between the region’s health leaders, and a genuine desire to balance all of the tensions of the old system that stand in the way of the new.

The days of ‘fortress Pegasus’ are, I am pleased to say, well past us now. We are now operating in an environment where the interests of patients and practitioners alike are best served by collaboration and cooperation, and exciting opportunities lie ahead.

On that note, it was a pleasure this year to welcome our colleagues from Rangiora and Kaiapoi as Pegasus Health members. While we know that they will enjoy the sense of connection and additional resources and support that come with being a part of Pegasus, we also know that they have a lot to contribute to our network, and it is great for this organisation to finally be able to offer an all-of-Canterbury solution.

My thanks to the Pegasus Health Board; to Margaret Austin and the members of the Community Advisory Board, to Pegasus Health CEO Vince Barry, who has yet again led the organisation through another difficult year, his staff, and the practice teams who have been there for all of us over these difficult times.

Dr Martin Seers



CEO'S REPORT

The Pegasus 'Central' response to the unexpected and unthinkable events of the year was characterised by what has worked for this organisation for many years: clinical leadership, collaboration, fast thinking, and flexibility.

It was also underpinned by a very clear understanding that we exist for one reason - to support doctors, nurses, practice teams and increasingly, others (for example, community pharmacy) to provide care to their patients. As the engine-room for general practice, and now other primary care professional groupings, it is our job to ensure that we maintain our organisational equilibrium, no matter what.

So the brief for the senior management team and staff for 2011 was clear: keep the ship steady.

Making sure clinical quality was at the fore, despite all the disruption, remained a priority.

Our clinical education programme is now truly available Canterbury-wide. We are pleased to be able to report that, even given the events of the past year, attendance rates are as high as ever. Up to 500 clinicians invested their time in professional development every time we held a small group round, ensuring their patients continue to receive the highest quality care.

There is greater acknowledgement throughout the health sector that quality means making sure that patients get right care from the right professional at the right place and time, and that there is strong and active communication between providers. As the new system evolves, it is clearer that no single organisation – whether it's a DHB, an IPA, PHO, community organisation, NGO or specific professional group, can do it alone. The system needs the richness and diversity all these groups offer.

The year saw significantly increased involvement with, and leadership of, the system by Pegasus Health via programmes such as the Canterbury Clinical Network. This grouping has an important role to play in ensuring that the clinical leadership that is so vital to quality care is built in to decision-making and system design.

The health system is characterised by necessary constraints, and to do right by the people of Canterbury, we must continue to make the most of scarce and precious health dollars. This is one of the tenets that the organisation was founded upon – and one that remains central today.

Community links are something our practices have by default, given how deeply entrenched they are in the local areas they serve. The organisation is also fortunate to have a strong and vibrant Community Advisory Board. Community participation at all levels is something that is high on the agenda at Pegasus Health, to ensure we remain responsive to local needs.

In spite of the instant reactivity that emergency situations demand, we have worked hard this year to keep a focus on longer term health issues plaguing our communities.

I am proud that, throughout this difficult year, we have managed to strike that balance.

My thanks to Canterbury District Health Board Chief Executive David Meates, Planning and Funding Manager Carolyn Gullery and Partnership Health CEO Jane Cartwright for sharing our commitment to doing whatever it takes to help build a health system that brings out the best of every professional group, so clinicians can deliver the best for patients.

To the senior management team – Shelley Frost, Jacky Percy, Si Wynn-Thomas, Andrew Richardson, Gary Allen, Keith Wright, Lindy Owen, Jan Edwards, Steve Lavery, Paul Abernethy, Simon Brokenshire, Louisa Sullivan, Symon McHerron, as well as Claire McOscar and Tania Holden, who have provided great executive support, thank you for putting your own difficulties aside to help keep the ship and its crew steady this year. The events of the past twelve months have left nobody untouched – your professionalism and dedication in the face of personal adversity are greatly appreciated.

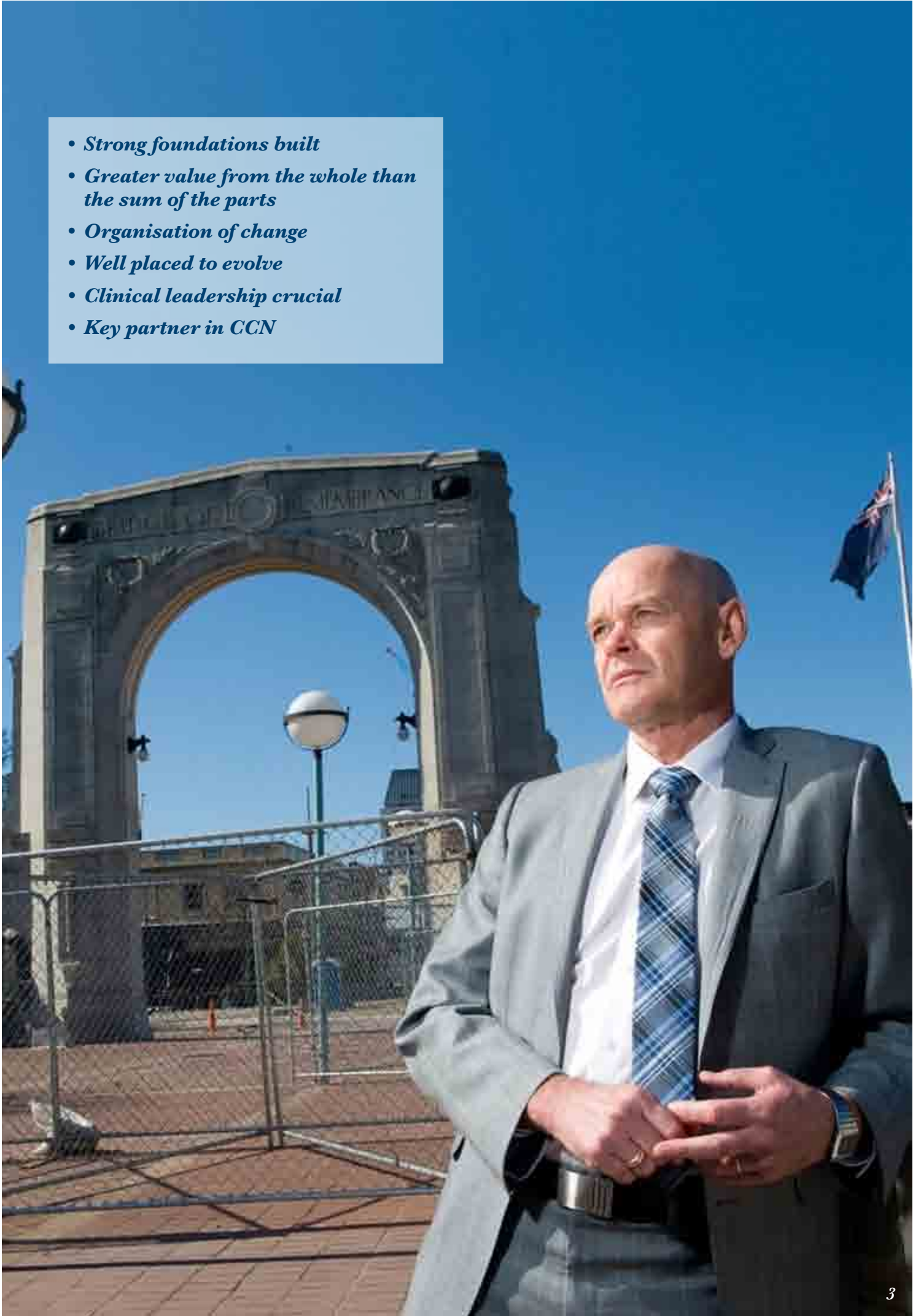
Vince Barry

- *Strong foundations built*
- *Greater value from the whole than the sum of the parts*
- *Organisation of change*
- *Well placed to evolve*
- *Clinical leadership crucial*
- *Key partner in CCN*

THE BOARD



Back left to right: Prof Les Toop, Vince Barry (CEO), Fiona Blair-Heslop.
Front left to right: Dr Martin Seers, Peter Townsend, Dr Andrew Manning, Dr John Coughlan.
Absent: Dr Mary-Anne Bellamy and Dr Harsed Chima



DIRECTOR OF NURSING REPORT

As it did for all, the term 'business as usual' took on a different meaning for Practice Nurses in 2011.

Nurses excelled in their response to the ongoing challenges created by the earthquakes, the way that so many professional groups did over this time: by just carrying on and putting patients first, in spite of their own personal circumstances.

We were all deeply saddened to hear of the death of three of our nursing colleagues Jane Grant, Teresa McLean and Trish Stephenson as a result of the February 22 earthquake, and also of the serious spinal injuries sustained by a Pegasus Practice Nurse who also worked at the 24 Hour Surgery. She is very much in our thoughts, as are the families of those who died.

At the 24 Hour Surgery, the team swung into disaster response mode more times this year than one might expect to in an entire professional career. Their tenacity and dedication spoke volumes about how committed and professional this team is, and I acknowledge the leadership of Louisa Sullivan, Clinical Nursing Director.

It is imperative that there is a nursing voice in every discussion around planning a sustainable health care system for the region, and I am grateful to those senior nurses, especially those members of the Nursing Advisory Group, who have contributed to the many Canterbury Clinical Network work streams and service level alliances.

Pegasus continues to work closely with other organisations delivering community-based nursing services, and relationships with the Canterbury District Health Board (CDHB) remain strong and positive. We have enjoyed working alongside our CDHB colleagues in taking a whole of system approach to nursing development and leadership in Canterbury, an approach that CDHB Executive Director of Nursing Mary Gordon models at the highest level. It has been pleasing that the challenges of the past year did not deter the growing numbers of nurses within the organisation choosing to undertake post graduate studies. Such development encourages us to continually reflect on our practice and add to the skills and knowledge contributing to the practice team.

Again this year, the CDHB has been very receptive to helping us maintain the popularity of practice nursing as a career path. The New Entry to Practice Nursing Programme has grown this year across the board, with Pegasus playing a key role in governance for, and delivery of, that initiative.

I would like to acknowledge the input of Kelly Robertson and her contribution to the workforce development portfolio this year. Through that work the organisation has hosted many nursing students and a number of Registered Nurses seeking a change in career path. Many of those have sought roles in our practices, ensuring a refreshed and dynamic workforce.

My role on the Board of the recently formed Health Quality and Safety Commission has also contributed to building knowledge

and further adding to the organisation's focus on quality improvement and patient focused care, and ensuring that the nursing, general practice and primary care perspective is alive and well around significant tables.

Closer to home, practice nurses continue to maintain important links between practices and the communities they work in, both with formal Pegasus-wide programmes and practice-level initiatives.

Thank you to all Pegasus nurses for another year of outstanding care and professionalism. It is often in times of particular difficulty and hardship that clinical teams are called upon to deliver the most, and you have not disappointed, but rather gone beyond the call of duty time and time again. On behalf of Pegasus Health, I thank you.

Shelley Frost



- *Hearts and thoughts remain with families of those lost*
- *Outstanding response from Pegasus nurses, in trying circumstances*
- *Strong nursing voice present at all levels*
- *Whole of system approach growing*
- *Practice nursing popular career choice*

CLINICAL LEADER REPORT

Maintaining a 'business as usual' approach was a challenge in 2011, however ensuring that work continued on projects and programmes that promote clinical and business quality and a patient focus remained a key objective.

We were shocked and saddened at the news that our colleagues and their patients from The Clinic were amongst those who lost their lives in the CTV building collapse, and our hearts go out to their families. I have continued to remain in touch with the families and offer support on behalf of Pegasus Health.

In addition to our quake response work, the year's key issues included responding to the call for 'better, sooner, more convenient' care, looking at models for integration of care and removing competitive barriers. The earthquakes have acted as a stimulus for this work, with many of our member practices reviewing how they work in this new environment.

Removing barriers to best practice has always been a big part of the role of Pegasus Health. Having GPs, practice nurses and practice managers involved in designing user-friendly systems and incentives for the real world is very much the Pegasus way, and has an increasing role to play in supporting high standards of patient care.

The IT focus continues to be on using technology as a clinical quality tool. Our ongoing work on the GPVu portal, which offers member practices personalised information and feedback, offers exciting future possibilities.

Work on sharing essential patient information between primary and secondary care has been accelerated by the February quake, which saw a large number of people needing urgent medical care from providers other than their usual GP team. This work has also helped to open up an area that is vital to good patient care. You can read more about this work on page 9.

Assisting our member practices to remain at the top of their game is another area in which Pegasus has long been active. This year we have begun to look more systematically at clinical and business quality and to provide more feedback to our member practices about this, and offer collegial support to practices when appropriate.

We have been overwhelmed by the extraordinary work of our member practices under exceptional conditions as a result of the series of earthquakes from which the region has had little respite.

The quakes have shaken up more than the ground in Canterbury, with upheavals for practices throughout the Pegasus network,

some of whom have gained vast numbers of patients while others have lost them. We've done all we can with initiatives like interim funding measures while affected practices ask the question 'what's next?' for their business.

The Pegasus general practice community has shown extraordinary resilience in the face of ongoing difficulties and uncertainty, and remains in good heart heading into 2012.

Dr Simon Wynn-Thomas



- *'Business as usual' a challenge, but work went on*
- *Clinical quality key focus for future*
- *Models for integration progressed*
- *IT as clinical quality tool information sharing projects accelerate*
- *Business and clinical quality key for practices*
- *Resilience, flexibility flavour the year*

THE YEAR THAT WAS

Pegasus People

325

GPs

368

Practice Nurses

380,000

Enrolled Patients

Pegasus Health general practice teams, working from 104 locations, had approximately 1.6 million contacts with patients over this last year.

Every person who walks through the door offers a doctor, practice nurse, primary care worker or other practice team member the opportunity to make a difference not only in the life of that one person, but through them, to that of an entire family, extended family, neighbourhood, or wider.

Just as no person lives life in isolation, Pegasus Health is not an island. Our philosophy has been, and remains, collaborative, with the aim of improving the health of the people of Canterbury. Our contribution centres on that unique relationship that a general practice team has with a person.

The services you read about in this report are delivered based on a philosophy of shared care with our key partners - Partnership Health, the Canterbury District Health Board and the wider health and social sectors. Our thanks to the Rural Canterbury PHO and Christchurch PHO, who stand alongside us, and the wider primary healthcare sector in the region.

Child & Youth Health Services

Connecting children to general practice early, and keeping them connected is key to good health for the years that follow.

Our focus is on immunisation and screening programmes to keep people as well as possible at a population level, and ensuring that those with particular health needs are catered for, too.

Our practices have managed this year to keep immunisation rates amongst the highest in the country, despite the earthquakes and the constant movement of families across the city and region.

Reflecting the value of a Whanau Ora approach in supporting patients with complex and ongoing health and medical needs, our Whanau Link programme was recognised this year with the Ministry of Health's Te Apa Mareikura Award for exceptional achievements in community Maori health.

Approximate numbers:

B4 School Check Coordination (children checked)	4,800
Whanau Link (contact sessions)	500
Children immunised (2 – 12 years)	11,400
HPV Total (Cumulative to May 31, 2011 (Dose1))	10,500
Immunisation Service (Influenza, <18 years)	17,000
Immunisation Service (Influenza, >65 yrs)	35,500

Primary Mental Health Services

The primary mental health team has gone from strength to strength in recent years, supporting practices so that patients can see health professionals they are familiar with wherever possible, and providing support where it's needed.

We were fortunate to have a strong foundation and good systems to fall back on when the earthquakes struck. Thanks to this, and almost a million dollars in additional funding from the Canterbury District Health Board, practices have been able to provide excellent ongoing psychological support for their patients. It is credit to them that the referral rates to secondary care have remained at pre-quake levels.

There has been a significant drive this year between Pegasus Health's Primary Mental Health Team (with strong clinical leadership from Dr David Kerr), Partnership Health, Canterbury District Health Board and the Specialist Mental Health Service to develop a Canterbury-wide approach to service delivery.

Good progress has been made on strategies around suicide prevention, rehabilitation and community service support for patients.

Approximate numbers:

GP Liaison (shared support with Specialist Mental Health Services)	5,800
Brief Intervention Coordination (BIC) (sessions)	8,300
Extended Mental Health Consults (EQ)	700
GP Care - Methadone (patients enrolled)	140

Long Term Conditions

Keeping the eye on the long game, while responding to the emergency at hand, has been a challenge that every health professional in the region has grappled with this year.

The quakes also added a layer of complexity for practice teams and patients caring for those with long-term conditions.

Despite all the disruption, our practices exceeded their goals for Care Plus registrations, ensuring that people with long term conditions have access to the care they need, and a plan to ensure that care between providers is seamless. Targets were also exceeded for the PEGs smoking cessation programme and the Youth Sexual Health programme. Good work was also done this year in the areas of diabetes care and end of life care.

The new Integrated Diabetes Service Development Group (IDSDG) and the Integrated Diabetes Service Operational Group (IDSOG) will provide guidance and direction for diabetes care across Canterbury over time.

Approximate numbers:

Care Plus (registrations)	12,000
Services to Improve Access (SIA) (claims)	47,000
Diabetes Annual Reviews (DAR)	7,500
Maori Diabetes Project (people)	900
End of Life Care (EOLC) (registrations)	1,100
ABC Smoking Cessation Programme (smoking status recorded)	155,000
PEGS Programme (registrations)	2,900
Youth Sexual Health Programme (claims)	20,500
Service Coordination Programme (practice contacts)	1,150
PATHS Programme (health interventions)	100

Maori Health

Improving the health status of Maori is a national and local priority. It is clear from the data that access to general practice for Maori is higher than the remainder of the population, but it is also clear that some Maori die earlier and have a higher burden of disease than other people. The ongoing understanding of the reasons for this is a key priority for 2012.

The establishment of Te Kahui o Papaki Ka Tai (TKOP) has created a much more coordinated approach. The group, chaired by Dr Matea Gillies, now spans all of Canterbury. TKOP has a mandated three year responsiveness plan for Maori health. Clear metrics of performance through the Maori Health "report card" and a more systematic approach around Maori health across the services delivered by Pegasus Health, Partnership Health and Rural Canterbury PHO are tangible achievements in this area. Collaboration with Maori providers has improved, and will continue to be key aspect of the year ahead.

Pacific Health

The health statistics in this area make for sobering reading. An early analysis, looking at Partnership Health affiliated general practice, indicates that Pacific people are not accessing general practice services at the same rate as others, across all age groups. This is clearly unsatisfactory, and we are working to understand the reasons behind it.

The Pacific Health team, including our Pacific Health advisor, have worked hard throughout the year to create a strong foundation for action. The Pacific Reference Group has now been expanded to cover all of Canterbury, the terms of reference have been reviewed, a draft three year responsiveness plan to support Pacific Health has been completed and a "report card" for Pacific Health has been created.

Population Health

There has been a significant shift in the development of a systematic approach in this area. Under the clinical leadership of Drs Lynley Cook and Kim Burgess, the team this year advanced a more strategic framework to guide Population Health development for the next three years. Historically the focus has been on a programmatic approach. The new framework recognises that Pegasus Health and the wider sector should advance to a Population Health "competent" approach. This will require more rigour in defining the problems we are trying to solve, a clearer description of the resources required to solve these problems and clearer analysis of progress. It will require us to understand the demography of individuals, their health care seeking behaviour and a clearer understanding of the disease burden of individuals and groups.

Community Participation

Pegasus Health has had a long history of community engagement. The last year has seen our approach reviewed by the Community Advisory Board and the team that supports them and other community structures within Pegasus. A strategic review of this effort led to recommendations around strengthening the CAB's role through improved internal processes and focus. Our strategy is to move from a platform of community engagement to one of community "participation". This evolution will allow us to position our community efforts alongside our clinical strategies.

The relationship between the other community participation forums such as TKOP, the Pacific Reference Group and the Pegasus Health Youth Council will also be integrated into this direction. The place of the "patient" in the development of services is also a theme for 2012, with a drive towards developing a systematic approach to patient participation in development of services.



Rural GPs Join Pegasus

“I’d actually been trying to become a Pegasus member since 1990, but at that stage it was impossible from a geographic perspective. Now I can be a member of Pegasus and still have Rural Canterbury as my PHO. It’s the best of both worlds”, says Rangiora GP Dr Stephen Brown.

One of the big drawcards for Stephen and the other three doctors in his practice was being able to give his patients support via the 24 Hour Surgery.

“They do things the right way there. It’s an excellent service for the people of Canterbury. The doctors and nurses are well trained, there’s access to nursing support and pharmacy services, and the facilities are good. Before, our community had access to sleepy doctors, or no doctors at all. This is a quantum leap for a town like ours.”

While some in his community are unhappy about the 25Km drive from Rangiora to the Bealey Ave facility, Stephen is firm in his belief that this is the right move for the people he cares for.

“Some people want to go back to the ‘good old days’. Well, in the ‘good old days’ people died from heart attacks. Now they’re more likely to survive. Things have moved on. There’s been a lot of change to our town. We used to be a rural town, now we’re much more of a dormitory suburb – an extension of the city.”

About a quarter of Rangiora’s population already gets their day-to-day general practice care in Christchurch.

“It makes sense to be able to get an appointment in your lunch break if you’re working in town,” Stephen says.

Pegasus’ renowned education programme is another big plus, Stephen says.

“It’s great. Very professional, and independent from a drug company perspective.”

Stephen is enthusiastic about expanding the horizons of general practice.

“It’s good to see general practice doing more of what it’s really capable of – IV’s, suturing, that sort of thing. The patients like it, too.”

He’s also keen to see organisations like Pegasus play a key role in promoting general practice as a career choice.

“We’re all facing the realities of an aging workforce. Rangiora has done this eminently sensible thing by centralising after hours services to Christchurch, helping make the job more collegial, more fun, giving it the right kind of challenge and ensuring it also has financial viability.”

“We need to attract good young clinicians who are passionate about the incredible balance of the professional and personal that general practice offers.

“I tell everybody, all the time, what a great job I have. General Practice is hard work, there’s no denying it – but how many other lines of work not only allow you, but help you do your job better by having these amazing discussions with people and forming such deep connections”.

24 Hour Surgery Juggles Complex Roles

“We’ve been here for 20 years now, and over that time our role has changed and grown. We do provide after hours general practice services, but also urgent care and more often, intermediate care now. We’re different from the other accident and medical clinics. Our focus is 24 hour provision of care for patients, practices and our community.”

Simon Brokenshire is entering his tenth year working as a doctor at the Pegasus Health 24 Hour Surgery, and his third as Clinical Leader. His is a role that has had to become increasingly adaptable and changeable, especially in a year when Canterbury faced some of its greatest challenges ever.

“The things that we juggle become increasingly complex, both in clinical and business terms. Our role is to support general practice, for example, not compete with it. But often we find ourselves in a conflicted position. Managing that is difficult from time to time.”

Also challenging is the role that the surgery has in helping the hospital keep its resources for those who need them the most.

“At a clinical level we have to juggle priorities. We’ve now got a firm role to play in helping to manage the acute queue, in running an observation unit, providing an acute community team and looking at ways to get ambulance services and general practice teams working more closely together.”

While the often conflicting and competing demands create what Simon describes as ‘a constant tension’, the 24 Hour Surgery team sees that it can play a significant role in not only relieving demand on the hospital, but in creating new opportunities for general practice that will be of real benefit to patients.

“We’re seeing it already with the work that’s going on with St John. Instead of taking patients directly to the hospital they’re diverting the ones who are appropriate for us to deal with, to the 24 Hour Surgery,” says Clinical Nursing Director Louisa Sullivan.

“Now instead of just turning up at the hospital, the ambulance staff will get in touch with the GP first, where possible. It makes sense – the practice team knows the patient and knows their circumstances and can make an informed decision about which issues are surmountable, and which are not.”

Louisa says that as the 24 Hour Surgery takes on a wider ranging support role in the sector, its service offering also needs to change.

“In the future we may need to have a social worker, district nursing and so on. The wrap around of those other services will make us more efficient and more effective and allow medical and nursing staff to concentrate on what they do best.”

While the earthquakes overshadowed just about everything in 2011, a number of key initiatives gained momentum.

The highly successful ‘sports card’ programme launched last year continues to make it easier for members of sports teams to get the care they need, when they need it, and ease the load on the emergency department.

“People see it as good value,” Louisa says. “One of our competitors even adopted the concept this year – which is flattering for us, and great for patients. Anything that removes the barriers to getting quality care without overloading the emergency department is a good thing.”

The acute community team settled into its new home, building good relationships between the Nurse Maude and Pegasus Health staff who

are part of it, and in turn, between the team and the hospital.

General practice nurses were supported with intravenous and cannulation training, allowing these services to be delivered outside of the hospital setting, more often.

Despite the disruptions that the year brought, the 24 Hour Surgery took on as many medical and nursing students as it could.

“It’s been a disrupted year for them too,” Simon says. “So really it was a case of saying ‘we’ll find a way to help by filling some gaps for nursing and medical students’.”

- ***Busy, active year for 24 Hour Surgery***
- ***Clinical, business activity increasing complex***
- ***Juggling priorities adds challenge as role evolves***
- ***Sports Card proves popular, eases ED load***
- ***Acute community team settles well***

Robust Systems Key to Quake Recovery

The quakes ripped away general practice’s connection to the technological age, leaving many practices without power, water and sewerage, and just as critically, access to their usual information systems.

Many lives were sadly lost on February 22nd, but in terms of loss of patient data, those who did the best through all the quakes were the practices with the most robust information systems, says Pegasus Health’s Clinical Leader for Information Technology, Dr Martin Wilson.

“And fortunately, those practices with the worst damage, that were totally destroyed or were hit with total server failure, happened to be using our online back up service, and so were the best protected. We were able to recover their data and get them access to their patient notes and other files very soon after the quakes.”

These have been difficult days for patients and practices alike, however the disruption has had something of a silver lining, with a flagship information project being fast tracked in response to the chaos created by the quakes.

“There’s long been a vision of an ‘e-shared care’ system, where information is available at every point of care, no matter where that happens to be. Regardless of whether people are in their usual practice, at another practice, at the Emergency Department or an after hours facility, the ideal is that those caring for them have access to all of the information that exists.”

Implementation of ‘e-shared care’ was three years away when the quakes struck, scattering thousands of Cantabrians across suburbs to find new homes, and creating headaches for general practice teams scrambling to come up to speed with their history.

“So a 2014 goal became 2011 reality. We skipped piloting potential

system options and just went full tilt at the real thing. Very soon when patients of mine need to see a doctor on the other side of town, he or she will have the information at hand to give them safer and more efficient care. What might have taken ten phone calls and a whole afternoon before can now be achieved with the click of a mouse.”

Martin says that he has no doubt the new system will save lives.

“It will allow for a proper medication reconciliation and take away the guesswork. Information about allergies is instantly available to emergency health care providers. It will have an enormous impact on care at the 24 Hour Surgery and Emergency Department.”

Also progressed in 2011:

- The development of a platform to host interagency care plans for patients with high health needs, allowing ongoing input from, and communication between, multiple providers. The project, known as CHAIN, went live this year, firstly with the CREST service. Participants include CDHB, Pegasus Health, Nurse Maude, Healthcare NZ and ACCESS.
- Cloud hosting for Med Tech services was piloted, allowing for more robust and secure back up for practices, as well as cost savings.
- More than 100 practices and over 300 GPs were using the Electronic Referral Management System (ERMS) by the end of the 2011 year, allowing for faster, easier referrals to other providers.
- Work continued on GPVu which was also piloted this year.
- The GP2GP project progressed to the point of implementation - Pegasus will be one of the first groups to implement this national initiative, which enables patients to move their records from one practice to another in a form that is user-friendly, practical and fast.
- Additional progress was made on other areas of the National Health IT strategy, especially in the areas of clinical governance and community input.
- Transition of core Pegasus Information Systems infrastructure to a data centre to ensure practices can be confident back-room services from Pegasus will have high availability, even during times of disasters.

- ***Worst hit practices lucky to have most robust back up systems***
- ***Key information project fast tracked after quakes***
- ***Health care providers now have shared information about patients***
- ***Work continues on GPVu***
- ***User friendly patient records move faster, more easily***
- ***Back room services get a boost***

Population Health Focus More Important Than Ever

New Brighton GP Dr Kim Burgess can pinpoint exactly which part of the calendar year her notes are from without even looking at the date.

“Those with the annotation PWS – power, water, sewerage – are from the very first weeks after the quake. Today you'd see a red or green category in peoples’ notes. We were asking standard questions about how peoples’ lives were at home, right from the outset. Living conditions have so much impact on peoples' health.”

Kim says the predominant theme months after the quake was the ongoing effects on day-to-day life.

“Peoples’ usual health promoting activities just evaporated overnight in some parts of town. Virtually all their usual venues for exercise were destroyed. They can’t walk by the river any longer, can’t bike on the carved up roads. The QEII and Centennial sports centres are gone. Things like local Tai Chi groups lost their buildings, or had the halls they used to use taken over by businesses. Walking groups folded as people moved across town or out of town. Bridge clubs, golf clubs – peoples’ usual social outlets - have closed or people can’t get to them. They’re the things that keep people sane, and in some parts of town, they just don’t exist anymore.”

As Pegasus Health’s Clinical Leader for Population Health, Kim is acutely aware of the extent of need in our community in good times – let alone under more trying conditions.

“Following the earthquakes it is even more important that we understand what the health status of our population is, how well we’re meeting their needs, the distribution of what we do across the population and making sure we’re getting appropriate care to those who need it most.”

Dealing with the impacts of the quakes on the entire system has become everybody's job.

“The reduction in hospital and rest home beds created by this series of events has complicated things further. We really have to be even more focused on keeping people well and out of hospital than ever before. As a result of all the work that’s been done collaboratively with the Canterbury District Health Board, that’s happening.”

The two key arms to population health ‘understanding what we’re doing in the big picture’ and ‘connecting with the community to understand their perspective and increase their involvement’ became even more pivotal thanks to the events of the 2011 year.

“The focus is as much on the determinants of health as whatever the issue of the moment (heart disease, diabetes, mental health and so on) might be. We want people to have hip surgery, for example, but we also want them to have walking tracks so they can stay fit and maintain a healthy weight and, as a result, not need the surgery in the first place.”

“One of the things we are trying to do post-quakes is to try to maintain the things that promote good health. One thing we don’t want is for more people to be harmed due to a lack of normal health promoting behaviour or normal health care.”

Kim cites the SARS epidemic in Canada in recent years as an example of what can go wrong when an emergency narrows the focus of health services too far.

“People died of other conditions due to lack of normal health care, because the health system was focussed on SARS.”

And so, the challenge to Pegasus’ Population Health team is to try to maintain a balance between regular and quake related work – and encouraging practices to do the same.

“Despite all the disruption we’ve still managed to maintain high immunisation rates and make good progress in documenting the smoking status of the population, delivered smoking cessation advice in general practice, and been involved in working with the Canterbury Clinical Network to extend that work into pharmacies this year. The earthquake aftermath will be with us for some time to come yet.”

- ***Quake continue to impact lives***
- ***Facilities lost, health promoting activities decline***
- ***Need to understand population health status even more important***
- ***Keeping people well, out of hospital, key focus***
- ***Need to maintain the things that promote good health***
- ***Immunisation rates, smoking cessation activities remain high***



Education the Pegasus Way

Peek into the halls of the Pegasus Health building on Bealey Ave any night of the week, and you'll see tangible evidence of just how far the health system has come in extending the word 'team' way beyond its traditional bounds.

GPs, practice nurses, physiotherapists and pharmacists are all part of the busy flow of people who transform what is an office building by day, into a busy learning hub by night.

Multiple, custom-designed meeting rooms offer the flexibility to accommodate large groups and small. The rooms are booked solid every night of the working year.

Nowhere is the emerging collaborative approach in health more evident than in the Pegasus education programme, which is increasingly serving a wider group of primary health care professionals in Canterbury. And nowhere in the world is clinical education delivered quite the way it is here, where the focus is on challenging accepted wisdom with independent review of evidence, and an unwavering determination to provide the most informed care choices to the people of Canterbury.

One of the key missions of Pegasus from day one has been to promote rational use of medications and investigations (recognising resources are always finite). In doing this, Pegasus has developed quite a unique approach.

“Others measure averages,” says Clinical Leader for Education, Prof Les Toop, “They then set targets based on these averages. We don't do this, because we know that there is always substantial variation in almost any clinical activity. Within this variation is concealed both overuse and underuse. Our approach involves showing clinicians what they are doing in comparison to their peers, presenting summaries of new evidence (including the controversies within it), and allowing peer to peer discussion. In this way, variation is reduced and under and overuse are addressed at the same time.”

“How many national targets involve intervening less?” he asks.

‘Question everything’ could well be the motto for the education team.

“We review the evidence ourselves – and don't just uncritically accept other peoples’ guidelines, from wherever they come,” Les says. “Sometimes that means a long, drawn out debate not just between ourselves, but with secondary care, as well.”

“What we specialise in is putting new evidence, including controversy, in front of our members and their teams. This happens often where the answer isn’t clear, so ultimately the patient can have an informed discussion and be part of the clinical decision making. Following these discussions, patients increasingly often appropriately choose to do nothing. This should be seen as a success, not a failure.”

While some like to keep things black and white, Les says, “We specialise in complexity and grey.”

“Intelligent, autonomous patients deserve - and should expect nothing less of - their chosen health professionals.”

Pegasus' education and quality team is now made up of close to a dozen doctors, nurses, pharmacists, analysts and support staff, some full time, others combining their education role with clinical work. The team is supported by a clinical reference group, which has been meeting fortnightly for nearly two decades and over fifty GP, practice nurse and pharmacist small group peer leaders. The education team and supporting clinicians are dedicated to delving deep below the

surface of the potted summaries, consensus guidelines and targets which abound in the system. Their aim: To find balance and promote a locally derived version of the current state of knowledge, including the uncertainties of ever changing evidence. One of the most valuable outcomes of the process is that it ensures Cantabrians are served by practitioners who are appropriately sceptical about the latest fads and whims of a sector increasingly driven by commercial influence or lobby group driven government policy.

“The overuse of acid suppressing drugs in irritable babies is a great example of the thoroughness of the work of the team. There is evidence that these medicines do not work for these babies. In contrast, there is both evidence that they can be harmful, and there remains uncertainty of the long term safety of complete acid suppression at such a young age. Canterbury, in particular, has seen an explosion of use of these medicines in recent years for so-called ‘reflux’. In former times, these unsettled babies were given other labels like ‘colic’, which in most is part of a normal irritable phase that babies go through as their digestive systems mature. Having identified the increasing and alarming off-label use of these medicines and conducted a thorough review of the evidence, the education team, in collaboration with the Canterbury Initiative and the Paediatric Department, are now running an educational campaign. The aim is to alert prescribers, those who advise and care for young babies (e.g. practice nurses, midwives and Plunket nurses), pharmacists and parents about the need to avoid these medicines, and about other less harmful ways to care for their babies as they navigate a difficult developmental phase. The use of these medicines will be monitored following the education programme.”

The Pegasus approach sparks interest in health and education circles, wherever the Pegasus team presents its work.

Recently Prof Les Toop was invited to give evidence to the UK Commission on Generalism in London.

“The commissioners were fascinated by what we do and how we do it, and plan to include a description of our programme in their report. Increasingly in the UK, day-to-day decisions on patient care are driven by externally determined, heavily incentivised ‘outcome’ measures which rarely take individual patient choice into consideration. This top down micromanagement is de-professionalising for clinicians, and not necessarily in the best interests of patients. It often leads to over treatment and other unintended consequences.”

Canterbury is fortunate, Les says, to have a District Health Board with a strong trust in clinical leadership and who are keen to continue to invest in our professionally led educational approach.

“The way we choose our educational content, by continuously reviewing activity, means our aim of promoting and maintaining best practice is usually aligned to the issues facing the DHB. As an example, we spend considerable time promoting best possible care for the elderly, including ways to minimise harms and to keep people in their own homes as long as possible, which in turn eases the strain on both the acute and long term care sectors.”

“As far as I am aware, no other District Health Board in the country invests as much into professionally-led primary care education as the CDHB. We are very fortunate to have an enlightened funder and a gifted and dedicated education team providing a programme that (according to all our overseas visitors and others) leads the world.”

COMMUNITY ADVISORY BOARD REPORT

The year under review has been one of challenge, distress for many people and the emergence of new issues and emergencies. The series of devastating earthquakes in Christchurch have impacted on Pegasus Health Practitioners and inevitably the Community Advisory Board and its work plans. Our members sincerely regretted the tragic loss of life as a result of collapsed buildings, the loss of homes and dislocation within communities. Nevertheless, the Advisory Board was able to meet monthly except in February and June 2011. It has been very important to engage with Pegasus Health Board, to keep up to date with Canterbury District Health Board planning, pharmacy, and others serving the community and concerned about the health of its citizens. The environment in which we work has changed and it has been essential for everyone to turn their minds to better integration of health services.

I would like to pay tribute to the foresight shown by the Pegasus Health Board and its Chair, Dr Martin Seers. The support and wisdom which its members bring to the Advisory Board meetings is valued and welcomed. Particular thanks must go to Erin Fox, Vince Barry, Stephen Lavery and Lynley Cook for the quality of their work and their constant goodwill towards the Advisory Board. It cannot be underestimated.

The Advisory Board draws its members from a wide range of community groups engaged in delivering health services. That everyone has continued their commitment to the Board and participated fully in its deliberations has been an inspiration. I would like to record my gratitude to each of the members for their support for me as Chair and for their on-going determination to provide quality advice to Pegasus Health on the issues before us and the concerns which come to light from their work in the field. The disruptions, along with anticipated changes within the health sector, led the Advisory Board to put consideration of its terms of reference, Board structure and succession planning on hold until some certainty emerged. As a result, membership of the Board was carried over for a year and the terms of office of members including the Chair, extended in order to maintain continuity.

The Advisory Board continued to invite leaders within the Health Sector to make presentations to provide information and evidence, which has been very helpful. They have been drawn from the Canterbury Clinical Network, the Canterbury Pharmacy Group, the Medicine Management Service, the Earthquake Steering Group, Post-earthquake Mental Health provision, Age Care and the Clinical and Business Quality Project. The Maori Health Advisory Group, Te Kahui o Papaki Ka Tai, and the Pacific Reference Group have also reported on issues which have affected their communities.

Our goal for the period 2010-2012 was agreed as "more efficient delivery of healthcare and greater personal ownership of health outcomes" against the guiding principle of "breaking down social and cultural barriers to health and wellbeing in the community." In order to provide quality advice to the Pegasus Board, a process of problem identification, evidence gathering, deliberation and recommended action was agreed. The Youth project was completed and the recommendations adopted by Pegasus Health. The major project for 2011 has been a focus on building community self-reliance with particular reference to the elderly. Engaging with the Pharmacy Service Alliance, greater integration of general practice with other health service providers and better use of information technology are all being considered.

The Community Advisory Board has taken an interest in the importance of information sharing so that patients and their health professionals can work together to improve quality of care and access to services. Raising public awareness about available services is likely to take on great importance as people move away from suburbs which will not be rebuilt, and as people take more responsibility for their healthcare. The Advisory Board will continue to engage with the professionals and to focus on how best to integrate family health services.

Hon. Margaret Austin
Chair

There were a series of terrible earthquakes.

We lost family. Friends. Patients Colleagues. Homes. Jobs. Life as we knew it.

It's been a year of unthinkable sorrow. But also a year in which all that is good in people has come to the fore.

Scratch the surface of the life of most Cantabrians over the past year, and chances are you'll hear a remarkable story of courage, hope, survival, heroics, resilience and grace under extraordinary circumstances.

The stories of our practices and the people they took care of throughout the darkest days of 2010 and 2011 could fill a book. We have room for just a few of them.

As you read them, do so knowing that these represent the experiences of many of our doctors, practice nurses and the practice teams and Pegasus staff who support them.

It was with a great deal of sorrow that Pegasus Health received the news that a number of staff and patients of The Clinic were killed in the CTV building in the February 22 quake.

Pegasus Health remains in close contact with the families of the medical, nursing and support staff who were lost. We hope that, on behalf of our members, we have been able to offer some comfort and practical support to those left behind.

Our thoughts remain with the families of The Clinic staff and patients and the owners of the practice.

The Clinic staff lost were:

Dr Maysoon Abbas
Dr Hussan Al Ani
Dr Dominic Bell
Dian Falconer
Jane Grant
Marion Hilbers
Faye Kennedy
Teresa McLean
Dr Allan Sinclair
Trish Stephenson

Quakes Bring Unique Challenges

A disaster plan is a disaster plan is a disaster plan, right?

Wrong, says Rolleston GP and primary care's go-to disaster guy, Dr Phil Schroeder, who has spent about as much time out of his surgery and in disaster-planning and response mode in the past three years, as he's spent in it.

"When the first big quake hit in September I was still heading up the Canterbury Primary Pandemic Group," Phil explains. "We were still in pandemic mode but looking to widen our experience and resources out to a more global emergency response."

"The process of broadening out our focus began when the dust settled after the September quake. We'd all been feeling pretty good about it. We kept hearing, and saying it ourselves – 'weren't we lucky?' The quake had happened at 4am on a Saturday morning, there were not great numbers of people in the central city or out in schools or workplaces. There were injuries, but not things that, by and large, required hospitalisation."

The more Phil and the rest of his group looked at what had happened in September, the more they realised they were luckier than they knew.

"It struck us that we really had nothing in place to deal with a mass casualty event. Something quite distinct from what we'd prepared for in our pandemic work, which involved setting up flu clinics and things like that, quite controlled things that you could plan for and that you had the luxury of a reasonable warning."

"That was in the face of just about everyone else having plans for it. The hospital has plans for a mass casualty event, Civil Defence, St John, and even Community and Public Health did. So primary health was the one area relatively uninitiated in all this."

On Thursday 17 February, after months of work with the Canterbury District Health Board and others to establish where primary care sat and how it could best coordinate in the event of a large scale, mass casualty event, Phil took a long deserved break in the North Island.

He was waiting for a flight home from Rotorua Airport on the afternoon of February 22 when a hush descended in the terminal and all eyes in the usually noisy and bustling airport were averted to a TV screen.

A combination of rental cars and quickly arranged alternative flights saw Phil winging his way back to Christchurch early the next morning.

"It was the most awful flight I've ever been on in my life. The plane was packed, and everybody was incredibly sombre. We sensed what we were heading back to, and we knew it wasn't good. The cabin crew were trying to be as cheery as possible. But it was pretty difficult. "

Phil was uncertain what role he would have to play on his return to Christchurch, 20 hours after the big quake.

"I went straight to the 24 Hour Surgery after I'd been home to check on the family and collect some things. I walked into where they'd set up their Emergency Operations Centre and there was a collective sigh of relief as they handed the whole lot over. They had done an amazing job, and I couldn't have done much more until those first 24 Hours – which are probably best described as mayhem in any situation like this – had passed."

The first step was to ascertain what sort of shape primary care was in. Many months down the track it is clear that those days are seared into Phil's mind, with the figures rolling off his tongue instantly.

"When we did a ring around of that first day, we could only ascertain that a third of practices were open, and only 21% of pharmacy. We were able to keep going every day with the intel, and the graphs got better until on day ten, 96% of practices and 94% of pharmacies were open."

Forty percent of practices and pharmacies, however, were working in extremely trying circumstances.

"If it wasn't for the fact that this was a disaster, they shouldn't have been open. These were teams working without basic things like power and water and sewerage."

The immediate emergency response lasted three months, being downscaled as time went on.

Ten different projects were set up and run by the Canterbury Primary Response Group over the months following February.

"For example, we looked at the Eastern suburbs and the sorts of support they needed. We had a programme looking at vaccination, and what would be the most useful at this time. We determined that influenza vaccination would have the most impact if we could increase it across the whole population. As it happened we were granted the under 18's as an affordable target group."

"A few general practices were particularly badly damaged and needed relocating – especially those within the cordoned-off CBD, so we helped them with relocation to new temporary premises. And we also had a team working on the viability of businesses following such massive disruptions."

Phil and his team had a key role in taking care of the people impacted by the displaced businesses.

"We could see that it wouldn't be long before some practices and pharmacies would be in the awful position of having to lay off staff due to depopulation in their areas, while others were run off their feet. So we acted as something of a broker for staff. We even cross-placed some individuals into other medical centres, so that staff could job share for a time."

The team also coordinated the resources generously supplied by other parts of the country.

"We worked to plug the gaps with doctors and nurses who came from up North and from across the South Island. They were invaluable in places like welfare centres."

"We rose to the challenge as best as we could. If this had happened any other place but Canterbury, I fear for how it would have gone. We may not have been prepared for this exact sort of event, but we did have the structure in place to know where to start. And that really put us ahead."



The 2010/11 earthquakes brought into sharp relief the vital role general practice plays in the communities it serves. And in turn, how important community support is to general practice.

Doctors, nurses and support staff all over the Canterbury region found themselves working under unprecedented conditions, extended way beyond their usual role to help those they care for and about. Often the only way to get access to the basics was to call on the resources of others in the neighbourhood.

Flushing toilets, running water, passable roads, electricity and a good night's sleep became luxuries for days, weeks, and in some instances, months on end.

In many suburbs, practice teams helped one another to stay or get up and running, calling on family and friends, patients and neighbours to patch together solutions.

GPs and practice nurses took on the job of emergency workers, heading out of their practices to tend to the injured. Patients were triaged in car-parks, police fielded 111 calls from the makeshift facilities, and local surf clubs and other community groups banded together with fleets of four wheel drive vehicles to get the most seriously injured to safety.

Generators were begged and borrowed from wherever they could be found. Practices doubled up, offering one another makeshift conditions to accommodate homeless colleagues. Servers were picked up, dusted off and taken to wherever they needed to go to ensure patient records were available – even if that meant a trek across broken roads and around piles of liquefaction in a wheelbarrow.

Water tanks, water pumps and portaloos were secured, and the technical nous to hook them up supplied by local tradespeople who were patients, friends or family of patients, or simply good people ready to help in any way they could.

In isolated suburbs all over town, who you knew in your neighbourhood became the difference between opening the doors in the morning and them staying firmly shut.

And people from further afield who knew about your plight, were vital in keeping the kids of your community warm and dry. In the North Island and across the South, community groups knitted beanies like there was no tomorrow.

Inner Wheel and Rural Women New Zealand were just two of the groups who banded together to make sure Christchurch kids stayed as warm as possible when the chill of winter started to bite, sending woolly hats and beautiful quilts and blankets for distribution via the Pegasus network.



Lives were brightened by all kinds of donated goods, including this colourful quilt.

Left to right: Shelley Neutze and Viv Acker, Inner Wheel and Karen Carpenter, Eastcare Health

“Building teams in ways you’d never imagine”

“If we wanted to do a team-building exercise, the earthquakes would be the most effective ones ever,” Louisa Sullivan notes, not without a hint of irony.

“We built new versions of ‘team’ in places you’d never imagine – with our neighbours, the private hospital over the road, other Accident and Medical facilities, the emergency department, other Pegasus practices...”

As the 24 Hour Surgery’s Clinical Nursing Director, Louisa Sullivan dealt with the immediate impact of all three big quakes at close quarters. Along with Clinical Director Dr Simon Brokenshire, she also saw some extraordinary acts of professional generosity, as doctors, nurses and others from across the health sector turned up at the 24 Hour Surgery.

“The morning of September 4 the CDHB’s Chief Medical Officer turned up early on, along with St Johns’ Regional Operations Manager and South Island General Manager,” Simon remembers, “Pegasus Health’s Board Chair, Martin Seers, John Coughlan and other board members were there. All these networks and connections that we have built and nurtured over the years were suddenly visible.”

Existing connections were strengthened, and even new links were forged in the heat of the moment and the days that followed.

“Under normal circumstances we see other Accident and Medical providers at conferences and in the course of professional development, but there’s always been a competitive aspect underlying

the relationship. Now we have a co-ordinated plan and are working together on responding to emergencies jointly – and the fact that we are spread across the city serves the population well in times like these,” he says.

The February 22 quake, in particular, brought together people who would not usually cross paths on a normal working day.

“Once the shaking stopped on February 22nd, we went across the road to Southern Cross Hospital to see how they had fared, their staff and patients were all out in the carpark,” Louisa recalls, “There were teams of people already geared up for surgery who could help us. It only took about 10-15 minutes before doctors, theatre nurses and anaesthetists were over working with us, followed by other surgeons who arrived in a continuous stream of police and army vehicles. While their secondary colleagues were not able to offer definitive care, the 24 Hour Surgery team were relieved to have extra pairs of hands to take on patients who had been triaged and stabilised.”

As much as the 24 Hour Surgery was on receiving end of support, it was there for its practices and their patients.

“September happened in the middle of the night when GPs were less able to be there for people, so we were the first port of call. The February quake happened at lunchtime, and so practices were open

and often operating on their own and dealing with things they’d never usually see in a normal day. Others lost their premises, and we were happy to be able to provide a base or even take care of the entire patient load, as was the case for The Clinic, which tragically, lost a large number of staff in the February quake.”

Simon says the 24 Hour Surgery is now more prepared than ever, as Canterbury adjusts to life in a seismic hotspot.

“After each big quake we learned more and became better prepared for the next. By the time June hit we had a tested plan, kits ready to go, a 15,000 litre water tank on site, portaloos, and our place was wired for a generator to be plugged in. This was largely due to the tenacity of Manager Paul Abernethy, who, within a day of the February quake had a tanked water supply organised and plumbed in. It was water and sanitation that was a big hurdle in those initial hours and days.”

Some emergency response activity is now commonplace at the 24 Hour Surgery.

“We have an ambulance based with us now and they’re permanently working out of two of our rooms,” Louisa says. “It’s been really beneficial to get to know each other when we’re really working together, rather than just in a rushed resus room handover.”

Caravans to Rescue at Edgware Practice

"In September a few things fell over, we shut the doors for a couple of days, got tidied up and then back into it. February was different. An internal brick wall started coming down and most of the windows were popping and shattering around us. It was very frightening and we were lucky nobody was hurt," Edgware GP Dr Mark Rogers remembers.

The personal and professional challenges of February 22 quake were immense.

"Most of us had family to sort out. My wife was working in the city and I was worried about our children who were in different places. We were unable to secure the practice, so a physiotherapist who worked with us offered to stay until the windows were boarded."

Like so many other Canterbury businesses, Mark and his ProMed colleagues found themselves literally out on the street that day.

"We had all sorts of extension leads running to a little old caravan that belonged to a friend of one of the doctors. There was real excitement when one of our staff brought in a luxury one. The hairdresser across the street also allowed us to use a spare room. However, despite the convenience of having a haircut between patients, it was clear that things could not go on like this."

There was no choice but to hit the road and find a more sustainable solution.

"I drove round the outskirts of the city and called in everywhere I could think of. It turned out the last place I went to – the Pegasus Health 24 Hour Surgery just down the road from us – said we could use their

administration and residential flats next door. We were very fortunate."

ProMed is one of many medical practices who have found themselves having to modify temporary premises to make them suitable for use.

"We have had a few changes already, such as putting in ramps and removing a wall between the flats. Six months down the line there are still a number of improvements that need to be made to satisfy college guidelines and resource consent."

In what has become a common refrain for Canterbury, a tug-of-war between the insurer and landlord means there is no clear end in sight for ProMed's displacement.

Patients, however, have been largely accepting about all the disruption.

"The patient load was low for a while. People either left town or just wanted to stay at home. Fortunately, our patients soon found us again with the help of signs, phone redirection, and information on our website. Most of our patients are in the green zone (Christchurch-speak for having homes on land that is OK to rebuild or repair on) but there are many houses with significant damage. We had expected more people to attend with psychological problems, but there is a strong community spirit which has helped people to be quite resilient."



The reception area, waiting room and consultation rooms of ProMed, immediately post-quake.

Unravelling the Sticky Ball

Pegasus Primary Mental Health Team Leader Cerina Altenberg has a term for what she and her colleagues started to see a few months after the February earthquake.

"We call it the sticky ball. A tangled mess of pre-existing conditions, stress, frustration, relationships, drink. Quite different to September."

"In the acute stages, no matter what you were seeing people for in general practice, it had an earthquake overlay. It was acute, and quite a sense of feeling overwhelmed and lost, a lack of direction and all of those unknowns. People were struggling. As time has passed, there are people who have ended up in a low socio-economic situation with their jobs and their business on hold. We're seeing high levels of fatigue and multi faceted presentations. You can never do a short consult."

General Practice's role in educating and raising awareness about harmful drinking became even more necessary as a result of the quakes.

"We're seeing harmful alcohol use in people whose drinking isn't normally problematic. Healthy, conscientious people, using it for relaxation. If they believe it's their only resource, they become reliant. The next day it has a rebound effect on their anxiety, and they're more desperate for a drink come 5pm."

Thanks to generous funding from the Canterbury District Health Board, GPs haven't had to skimp on time, and the vast majority of people seeking mental health assistance have been able to be seen by doctors and nurses they know, in their own practice.

"Within the Primary Care Mental Health service it is generally middle-aged women, usually employed, with anxiety. They're often professionals, used to having control and being thoroughly organised. They rely on their organisational ability and their ability to keep all the balls in the air."

"A small portion of those seen at general practice are referred on to our team. We get about 75 referrals a week, with each of those clients having an average of three appointments – enough to keep a single full time person busy for an entire year."

To the credit of both general practice and the Primary Mental Health team, backed by the DHB funding, referrals to secondary care mental health services have not increased significantly as a result of the quakes, even though demand remains high for psychological support in the community.



CAB Members Raise Spirits with Lunches

Once a week, Margaret Austin unpacks her ornaments, and puts them back around the house. And there they stay – at least until lunch is over.

It's Margaret's way of restoring normality to a situation that's anything but normal, as she prepares to host yet another lunch for quake displaced older people.

"We just have to hope there won't be an earthquake while they're up there," Margaret, the Chair of Pegasus Health's Community Advisory Board jokes.

The series of lunches, started by Margaret and Community Advisory Board Ambassador John Patterson, after the February earthquake, bring together groups of older people impacted badly by the quakes for a meal and company.

The initiative was purely the pair's own doing – however the spirit of it reflects so much of what the Board is about, and their connection came about as a result of years of working together in that forum.

"People were bringing food around the streets of the most affected suburbs. I wondered what would happen if we reversed the process and invited people from those suburbs to a meal away from all the dust, mud, smells of sewage and so on," John explains, "I immediately received an email from Margaret telling me to send a carload of people to her house for lunch."

"Margaret opened up her house to strangers and gave them a couple of hours of feeling normal again. Carload followed carload. She is truly a good and caring person who is not afraid to get stuck in and help wherever she can. She's not a health professional, but helps in the overall health care of others wherever she can."

Margaret says she has gained a lot from the lunches.

"I feel I've got 60 or 70 new friends, my life is now full of stories and experiences that I never thought I would have. What is absolutely inspirational, is peoples' abilities to deal with extremes of distress and the deprivation of services that we just take for granted."

The youngest of Margaret and John's lunch guests is 65, the eldest, 92. One of those who helps others get to the events is himself in his 80s.

"We talk about all sorts of things - portaloos, chemical toilets, how adept we have become at using a shovel for cleaning up liquefaction. Nobody is embarrassed, and we are all able to laugh at ourselves."

John says the flow-on effects from a simple thing like a lunch can be profound.

"People leave feeling better about themselves, and they take that back out into the community with them."



American Ambassador David Huebner joins a group for lunch.

Practice Becomes Hub for Community Services

Cantabrians have many memories about the difficult and messy days following the big quakes - including the unusual places they had to go to access day-to-day services.

For the people of the hard hit suburb of Dallington, the carpark of the local medical centre became everything from a bank to a Work and Income branch.

"We started operating from the carpark until we could get a structural assessment that the building was safe," recalls Gayhurst Medical Centre GP Dr Jan Whyte, "It wasn't long before Work and Income (WINZ) joined us and the banks came in and operated via the EFTPOS machine in the surgery. Having them there helped get the information out about what the community needed, as well as giving people access to those services.

With limited access in and out of the suburb, the practice became a focal point for those needing emergency medication and urgent care.

"Those who could get there were cared for by the 24 Hour Surgery or the Emergency Department. We could suture, but not plaster. We saw a lot of emotional upset, especially as things went on and peoples' circumstances changed."

Jan says suburban practices have a pivotal role to play in events like the quakes.

"It is vitally important to be open so people have somewhere solid to come and go from. The community themselves got organised on their own. And it was very useful to have facilities like WINZ on site, as well as physiotherapy, counselling, podiatry and pharmacy services so that people didn't have to drive for miles. The roads and bridges may be broken and the buses can stop running, but people can still get there on foot in a small community."



Some of the damage at ProMed's premises in Edgeware.

Finding the Most Useful Place to Be

'Know where your energy is best spent' is one of the key pieces of advice that Mt Pleasant GP and Pegasus Health Senior Clinical Leader Dr Simon Wynn Thomas now gives others who ask about learnings gained from living in a seismic hot spot.

"The severity was immediately obvious," says Simon, recalling the moment the February 22 quake rolled through his surgery, "We were not far from the epicentre, and when I ventured out onto the street there were fallen rocks, significantly damaged buildings and ripped up roads."

"My first thought was: there will be lots of injured people in houses. I'd better stick around, but nobody came. In hindsight that made sense – most Mt Pleasant people worked in town. After a while I started to check damaged houses in the streets adjacent to the surgery, looking for injured people. But during a sizeable aftershock it dawned on me - 'I'm going to die doing this'. Which raised the question: do I stay here looking for people who need medical assistance, or do I head to the 24 Hour Surgery, where I might be of some use? I felt incredibly guilty leaving. But I wasn't doing anyone any good where I was."

That sense of isolation and futility also brought home to Simon a dilemma being faced by practice staff all over town.

"It's something we all faced that day as health professionals – getting on and doing your job versus checking that your family is OK. And no matter how professional you are, I just don't think that you can function effectively until you've touched base with your loved ones." For Simon, that meant a three-hour walk home (it would have taken four by car), a journey that would take no more than 20 minutes on an ordinary day) "So I could see my family in the flesh" before jumping on his bike and heading to the 24 Hour Surgery, where he found himself among a large group of doctors, nurses and others who had likewise presented themselves there.

"It was a good feeling to know I was deployed in the best way I could be."

There are some things he would definitely do differently, if he was put in that situation again – and mostly they are communications based.

"Firstly, do all you can to stay in touch with your family. Rely on texting, which was, in our experience, more stable than cellphone calls. And get to know your professional neighbours. Get the cellphone numbers of other doctors in your area – if we'd had this up and running in February I could have texted 'Mt Pleasant very quiet' – and others could have responded if they needed a hand. As it turned out, a GP in the neighbouring suburb of Sumner could really have done with another pair of hands. But with the phone lines down, I had no way of knowing. Instead of walking for three hours back to town I could have made my way down the road to help him out."

Being prepared to be plunged into an information vacuum is an important part of disaster readiness, Simon says.

"You can't access patient notes, you may not even be able to get into your premises or they may be uninhabitable. You need to be smart about back up systems – having them in another part of the city or off site, having a generator to hand and so on."

Like so many others in general practice, Simon's notion of 'team' changed significantly as a result of the quake response.

"The firefighter three doors down, the anaesthetist who just turns up on your doorstep – they're all part of your team now. And the role of the GP is to be the team leader."



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