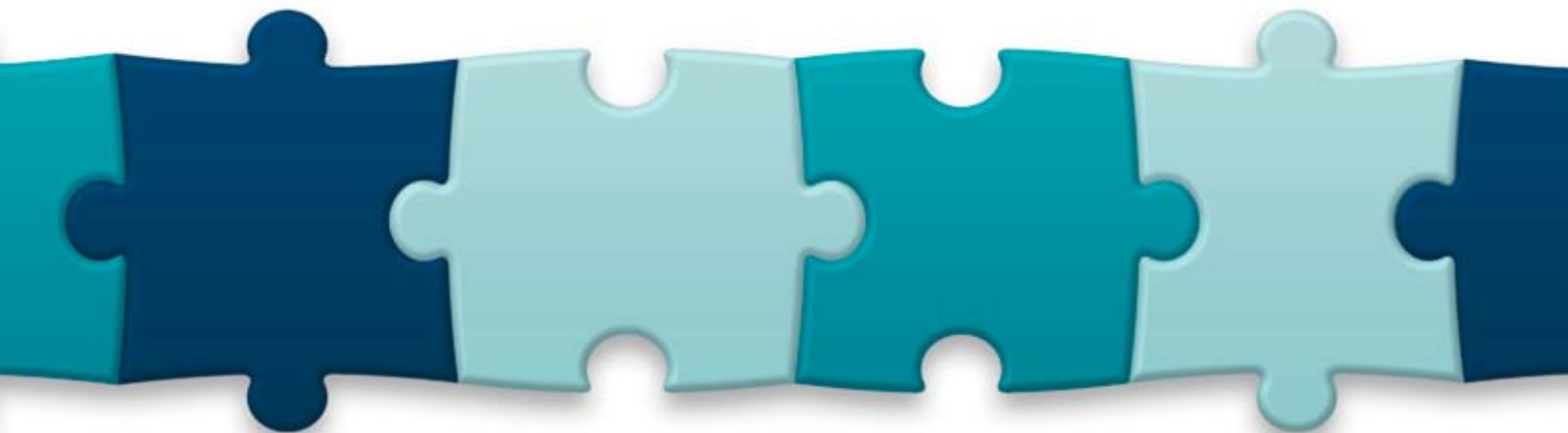


# 2012 ANNUAL REPORT



# CONTENTS

- 1 Chair's Report
- 3 CEO's Report
- 5 Clinical Leader's Report
- 6 Director of Nursing's Report
- 7 Pegasus Health Community Advisory Board
- 8 Pegasus Health Board
- 9 24 Hour Surgery
- 11 Dealing with the Fallout
- 12 Resilience Meets Ongoing Quake Impacts
- 13 Connecting Through Technology
- 14 GPVu
- 15 Evidence Central to Education Programme
- 17 Building Closer Ties
- 18 Population Health
- 19 Financials
- 21 Charitable Mission

## CHAIR'S REPORT

It has been another year of coping and recovery from the quakes for Canterbury's general practices.

The June 13<sup>th</sup> 2011 quakes struck at the end of the last financial year, once again sending practices and their patients scrambling for safety, and creating another round of damaged homes and workplaces to clean up, assess, and make safe or patch up, for the moment.

The impacts of these quakes reverberated through the system, and we soon found ourselves dealing with practices needing alternative premises, a huge amount of transience amongst patients, and a hospital looking like it might tip into gridlock at any time with winter fast approaching.

---

“We soon found ourselves dealing with practices needing alternative premises, a huge amount of transience amongst patients, and a hospital looking like it might tip into gridlock at any time with winter fast approaching.”

---

Pegasus was kept busy supporting practices to literally survive, looking at population movements, putting in place different models to meet the very many demands that a significant earthquake and winter together create, and ramp up acute demand responses to do what we could for our patients, colleagues and the wider system.

The exceptional work of practices in responding to these very difficult conditions needs to be acknowledged. Patients continued to get the care they needed, even if it meant joining forces with other teams to make it happen, or the 24 Hour Surgery stepping into the breach to fill the gap. The hospital didn't, thanks in no small part to the efforts of practices, fill beyond capacity, and the people of Canterbury continued to receive the highest levels of care from doctors, nurses and support staff who

put aside their own difficult home and work situations, and just kept on going.

In the same vein, the Pegasus Health Board continued to progress some important initiatives this year.

One of the most significant was the development of Nurse Membership - which was proposed in November, put in place by February, and up and running not long after that.

Nurses are the clinical colleagues that GPs work with most closely and most often. Their role has changed over the years, and as they have grown further professional skills and expertise, their contribution has grown in significance to practices and the wider system alike.

Pegasus Health led the way with the establishment of a nurse director position on the board in 2001. Our nursing colleagues have long been a part of the Pegasus Health Education Programme, and they play a leading role within the organisation, providing clinical leadership and input into project development and delivery.

Creating the opportunity for nurses to become fully fledged members of Pegasus Health is genuine acknowledgement of the partnership role by their medical colleagues. The establishment of nurse membership is a significant milestone in a long journey of relationship, trust and confidence building and mutual respect across two professions.

Another highly collaborative, significant piece of work for 2012 was the progress made towards the amalgamation of the functions of Partnership Health PHO into Pegasus Health. This development will go a long way towards simplifying the number and complexity of players in this arena. It is the right thing to do for the sector, and the Pegasus Board felt strongly about taking a leadership role by pursuing amalgamation.

Our aim with amalgamation is to achieve something that is a big ask - create a greater balance between clinical leadership and community engagement in the region. We are confident in our ability to get it right, with Pegasus' underlying belief in community as the best advocates. It is timely to acknowledge Margaret Austin, chair of the Pegasus Health Community Advisory Board, and her board members, for the excellent work they have done in this area over many years. Their influence and enthusiasm has greatly assisted the organisation by paving the way for what is to come.

Pegasus' strength remains in its ability to provide a connection point - for GPs, nurses and their teams; as forums for great ideas and innovation; for bright, enthusiastic, dedicated individuals to come together and support general practice by being a part of the Bealey Ave team; as an introduction point between advocacy groups and those with the power or means to make a difference; and for all of the disparate parts of the health system to find common ground.

Pegasus' connection role echoes that of the practices it exists for - sitting at the heart of the patient's care, and continuing to have a role, whichever part of the system they happen to be engaged with from time to time.

That connection function becomes even more vital as the role of community expands to meet the needs of an aging population and

shrinking workforce, and there is a need for greater integration of all of the services that exist outside the hospital.

That need for connection and greater coordination extends to the professions that make up and interact with general practice, and so it is a natural progression that Pegasus services, including its exemplary education programme, now hold a great deal of interest for other groups. A large number of pharmacists this year signed up to be part of our education programme, for example. We can expect more of these sorts of developments as time goes on.

Change is always disconcerting, but those of us who have chosen medicine as a career are no strangers to it. It can be wearing to be continuously faced with yet another set of shifts that require us to look again at the way we do things, the way we interact with others, and where our focus sits. But this is a sector that never stands still. Again, it is time for general practice to navigate the changes carefully and strategically. And most importantly, to step up to the opportunities they bring.

I would like to give a personal thanks to each of you, your nursing colleagues and your teams for the exceptional work you have done for your patients and communities in response to the disasters we have faced. You should be rightly proud of the part each of you has played in the coping and recovery, quite simply, thank you.

- Met challenges of June quakes and winter
- Nurse Membership a key initiative
- Confidence in getting amalgamation right
- Connection role still Pegasus' strength
- Time to optimise opportunities in changing sector



**Dr Martin Seers**  
Chair



# CEO'S REPORT

While 2012 was again disrupted by quakes and consumed with quake recovery, Pegasus Health's focus on the needs of general practice was unwavering this year.

Promoting general practice's role at the core of patient care, cementing its involvement at every point along the continuum of care, and maintaining and building on the strengths of the organisation so it can best support practices, remain fundamental to all we do.

Helping primary care providers to best meet the demands of a new consumer, funder and professional environment, and providing the support services they need to make the most of the opportunities on hand are core business for Pegasus Health.

To this end, there were a number of notable developments that we led, championed, took part in, or promoted within the system, on behalf of general practice.

The Canterbury Clinical Network continues to grow into its role, further developing a forum where clinicians across disciplines and across the system, can work together to achieve the most positive outcomes for patients and clinicians.

As the oft-referred to 'transformation environment' continues to evolve, signs of change are all around us. The region's two community laboratory providers were whittled down to one this year, and much of our own work was focused on achieving amalgamation with Partnership Health PHO, in order to bring even closer, clinical and community-based decision making and activity.

Integrated Family Health Centres, which were still very much in the conceptual stages at the time of last year's report, are now becoming a reality for those who wish to explore this model. These centres have been long heralded for their ability to deliver on the 'better, sooner, more convenient' philosophy. While they have been on the drawing board for a long time, their development was hastened in some parts of Canterbury in response to quake damage at practices. It is exciting to see the centres start to take shape, even if only on paper at this time, and Pegasus is excited to be able to play such a big role in helping them emerge.

Increasingly, the lines are blurring between the hospitals and services based in the community. The degree of primary care involvement in the development and ongoing running of many projects, no matter where in the system they sit, is growing. Enabling and encouraging coordinated experiences and quality clinical outcomes for patients, thanks to closer systems and working relationships between those caring for them, is the point of this work. However, there are positives for general practice in terms of broadening the scope of the offering and expanding skill sets throughout the practice team.

Better coordination of information systems to make these closer relationships easier and more effective for the patient is another key piece of work that has been progressed this year. The aim is to have patient information that is consistent, up-to-date and complete and easily shared in a secure manner. There was significant further development on the sharing of these patient records between practices and the Emergency Department, and on developing a common platform for hospital and general practice clinicians to share patient information through, on a day-to-day basis. This work, which was accelerated as a result of the earthquakes, provides the missing link to true integration of care and is being recognised as a leader across the country. The development team at Pegasus has led the further development of the electronic request management system which is now being rolled out throughout the South Island.

Closer to home, our work on GPVu, an electronic platform for GPs to see critical information about their enrolled populations including their use of the Emergency Department, came a step closer to wider rollout, with a number of practices helping out by piloting the system.

Pegasus has long led the way in promoting the role of practice nurses, and the establishment of Pegasus Health Nursing Membership Ltd is another significant step. This is another way in which Pegasus, as an organisation, continues to both reflect and lead the changes happening across the sector. It is a sensible and logical development, given the integral role that practices have in providing a connection point for all of the professions involved in patient care, and that Pegasus also creates at an organisational level.

On the same note, we were pleased this year to expand our connections with a range of professions, notably pharmacists. The Canterbury Clinical Pharmacy Group is now well settled into our building and working closely with our teams. A great deal of mutually beneficial work happens thanks to their proximity. Pharmacists enrolments into the Pegasus Health Education Programme continue to climb.

The Canterbury Clinical Pharmacy Group is an early harbinger of the benefits of truly integrating people, not just systems, always with the aim of providing better care to patients.

Next year this column will carry news of the impact that our amalgamation with Partnership Health PHO is set to bring. Thanks to the tireless and careful work of the Pegasus Health Board, management, clinical leaders and others, I am confident that this year's groundwork will provide the amalgamated entity with the framework and focus it needs to take the next steps in really making a difference for practices and patients alike.

The amalgamation has been signed off by the respective Boards as well as the Canterbury District Health Board and I would like to take the opportunity to thank Jane Cartwright, CEO of Partnership Health, as well as her Chairman Dr Andrew Hornblow for their leadership in bringing this outcome.

This year has continued to see the strengthening of the relationship with the Canterbury District Health Board, and I would like to thank both Carolyn Gullery and David Meates for their continued support and confidence in Pegasus Health being an effective partner in the development of the Canterbury Health system.

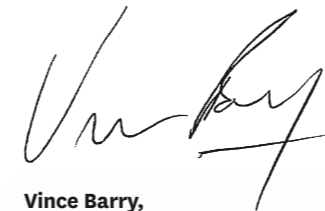
A special thanks to all the team at Pegasus including the 24hr Surgery for their outstanding contribution to the performance of Pegasus and general practice this year.

---

“The platform is now set for a strong future for general practice in Canterbury, with Pegasus Health having a central role to play in the next significant phase for the health system - the true integration of wider community-based services into every day health care”

---

The platform is now set for a strong future for general practice in Canterbury, with Pegasus Health having a central role to play in the next significant phase for the health system - the true integration of wider community-based services into every day health care, and in bringing health care closer to peoples' lives. General practice and other community-based providers increasingly need one another, and provide synergistic, not competitive, services. Our strong focus today on collaboration, our willingness to seek out partnerships, builds the strength of Pegasus and the sector. The challenge we now embrace is to ensure that general practice remains at the heart of peoples' health care.



Vince Barry,  
Chief Executive Officer

- Steadfast focus on general practice needs
- Developments support primary care in new environment
- Transformation environment changes emerge
- Expanding connections
- Collaboration key



# CLINICAL LEADER'S REPORT

The term 'a marathon, not a sprint,' comes to mind when reviewing the past year, with the effects of the earthquakes on practices now more apparent.

Battle weary practice teams requested more help and support from Pegasus Health as the long road to recovery got underway. Our colleagues tell us that it has been very helpful to have access to Pegasus self-care service, which provides subsidised, anonymous counselling, and peer-to-peer-mentoring from experienced colleagues for those GPs who feel that they need it.

Work continued in 2012 to encourage practices to focus on clinical quality initiatives. We took on board the findings of international research showing that organisations that chose a single quality aim saw improvements across many other areas. A big piece of work yet to be done in this area is support for practice accreditation, enabling people to recognise a meaningful quality mark when they walk through the door.

General practice has done very well, in this difficult year, to offer a continued high quality service in the extraordinary circumstances that the quakes created, especially given the levels of population movement that happened across the city.

“General practice has done very well, in this difficult year, to offer a continued high quality service in the extraordinary circumstances that the quakes created, especially given the levels of population movement that happened across the city.”

Migrant patients, and large numbers swapping from one practice to another, consumed a great deal of time, as teams got to know people and worked to understand their medical conditions.

Despite all the upheavals, we had a good year for immunisations, cervical smears and other preventive care work, to everybody's credit.

At a systemic level, the quakes expedited work around Integrated Family Health Centres, which will bring benefits to clinicians and patients alike. After many years of development, the shift to electronic-based communications has become more noticeable, and came not a minute too soon with the increase in transience in our population.

It was good to see Pegasus stick to its guns again this year in rewarding the things that the organisation believes there is clear evidence to support. Again and again, the question 'where's the evidence?' is asked, and incentives are developed only for those things that are clearly beneficial to patients.

There was steady growth in Pegasus representation, in both rural and urban areas, with Pegasus working more closely with doctors in the Selwyn District, Kaiapoi and Rangiora, and Papanui and Amberley coming on board as members. We look forward to representing a wider range of views, and making things better for an even larger number of patients.

- General practice supported through far reaching quake impacts
- Clinical quality initiatives emphasis
- Solid preventive care work despite quake disruption
- Pegasus grows Canterbury connections

Dr Simon Wynn-Thomas  
Senior Clinical Leader

# DIRECTOR OF NURSING'S REPORT

Nurses continue to be at the heart of practice teams, and they are also increasingly working with colleagues, broader teams and networks outside of practices. More and more we are seeing a nurse/patient/doctor partnership, which connects with others in the system. The recent developments across Canterbury command a high level of clinical engagement across the health professions, and nurses, alongside their medical, pharmacy and allied health colleagues, are being called upon to deliver additional services to their patients. We are seeing boundaries between disciplines and agencies become blurred, changes from traditional practice, and a new ethos of collaborative partnerships breaking across old barriers. Consequently the nursing role is becoming more dynamic and more complex.

The quakes saw all in the system move towards a more integrated way of working again in 2012. It was a tough winter, with high flu rates and a fatigued workforce. Nurses' professionalism, hard work and compassion came to the fore yet again, as they played a central role in ensuring people continued to receive the care they needed.

One of the most significant developments of 2012 was the establishment of Pegasus Health Nurse Membership Ltd. Nurse Membership is ultimate acknowledgement of the contribution of nurses to Pegasus and general practice. For nurses, membership opens new doors, and new ways to contribute, influence, and make a difference.

This year was a productive one for the Pegasus Health Nursing Advisory Group with a review of the organisation's Nursing Strategy and a new vision that recognises Pegasus nurses as:

- Skilled and respected frontline **practitioners** providing high quality care across a range of community settings
- Vital and valued **partners** in the multidisciplinary team, coordinating resources and skill sets to ensure high quality care
- Confident, effective **leaders** and champions of care quality with an influential voice at all levels of the organisation and health system

It is pleasing to see nurses playing key roles within the Clinical Canterbury Network, and contributing to relevant work streams and service level alliances. In my role as Director of Nursing, I sit on the Alliance Leadership Team.

At a national level, Pegasus Health's strong connections remain important to our influence and credibility within the sector. Our nursing leaders are well connected to national leadership including the GPNZ Nursing Leadership Group, General Practice Leaders Forum, Nurse Executives NZ to name a few, and I continue my role as Deputy Chair of

GPNZ and a member of the Health Quality and Safety Commission. Such linkages are important to building the capacity of nursing leadership and influencing policy and practice at a national level, ultimately benefiting patient care.

My thanks to all of our practice nurses, who have yet again gone well beyond the call of duty to care for their patients this year. Thank you to the Pegasus nursing staff including the wonderful team at the 24 Hour Surgery and the Residence Youth Health Nurses.

Special thanks to Kelly Robertson, Nursing Facilitator, who in addition to her nursing development role continues to contribute to the Canterbury Primary Response Group, and Louisa Sullivan, 24 Hour Surgery Clinical Nursing Director.

The year has been exhausting and demanding, yet once again Pegasus nurses can be proud of all they have achieved. I look forward to seizing the opportunities that continue to present as our city is rebuilt.

- Greater connection for nurses across system
- Nursing more multifaceted
- Nurse Membership brings recognition and opportunity
- New Pegasus nursing strategy and vision
- Nurses show outstanding commitment in tough year

Shelley Frost  
Director of Nursing



# PEGASUS HEALTH COMMUNITY ADVISORY BOARD

The Pegasus Community Advisory Board (CAB) is a committed group whose members have a wealth of experience in a diversity of fields and who ably contribute their knowledge and wisdom.

The CAB is very appreciative of and acknowledges the support it receives from the Chair of Pegasus Health Dr Martin Seers, the CEO Vince Barry, Population Health Specialist Dr Lynley Cook and Erin Fox. We wished Stephen Lavery well when he departed for Nelson and the CAB was pleased to welcome a new member Tanya McCall who chairs the Pacific Reference Group.

The CAB has been actively engaged in developments leading to the decision to amalgamate Pegasus Health and Partnership Health and is confident that the aims of reducing duplication of effort at governance level and engaging with the community will be achieved. The CAB has welcomed this involvement and believes that the voice of the community will enhance the operation of the new entity and be instrumental in influencing strategy and decisions through the advice it provides. We will have succeeded when people generally take greater responsibility for their health and hospital admissions are reduced, when health services are integrated and when barriers to primary care for those in need are removed.

Earthquake recovery has continued to occupy our minds and attention has been paid to providing support for vulnerable and isolated people, particularly the frail and elderly. Identifying and monitoring these people at general practice level and ensuring that information on available services as well as community support are needed. Of note is the important work done by one of our members John Patterson, in holding information fora for people in the eastern suburbs and in setting up neighbourhood 'talks over the fence'.

The CAB was very pleased to engage with the Pegasus board in its strategic planning work and is looking forward to a more direct partnership as the new board emerges. Rob Earle has made an excellent contribution as the CAB representative on the 24 Hour Surgery Audit Committee and in addition provided consumer input into Canterbury Community Pharmacy Group's Medication Management System (MMS) project. The Chair has also been actively engaged with the Pharmacy Service Level Alliance whose work is directed at developing a new service

model for community pharmacy, built on greater integration with general practice and primary care health services. The Chair also attended the Pharmac public forum at which generic medicines was recognised as a barrier to their acceptance by the public, despite evidence that they have the same effect as branded medicines.

The health sector is a diverse one and the CAB invites leaders to make presentations on their work as it relates to our agenda so that we are able to provide informed advice to Pegasus Health and feedback from a community perspective to workstream leaders. These presentations have included:

- the Community Rehabilitation Enablement Support Team (CREST), whose objective is to support people in their own homes once they have been discharged from hospital;
- Primary Care Mental Health Services including a presentation from the Suicide Prevention Coordinator;
- the Canterbury Community Pharmacy Group's Medication Management Service, whose information that many admissions to hospital are medicine-related is particularly important;
- HealthPathways which provides evidence-based information for clinicians on its website and is currently developing HealthInfo, a parallel site accessible to the public;
- Acute Demand whose facilitator works with hospital clinicians and GPs to provide quality care for patients in the community.

Associated with the latter workstream is the parallel technological initiative that will enable clinicians to share appropriate information electronically so that the most up to date information is available on their patient, thus enabling the best possible care to be provided.

The CAB was encouraged by the acceptance of its recommendations on youth health by the Pegasus board. The Green paper on Vulnerable Children was studied in detail and a submission made advocating a comprehensive approach based on Whanau Ora, including early identification and interventions; workforce development for professionals working with children; development of a Vulnerable Children's Action Plan; shared electronic records; improved links between pre-natal, post-natal and childhood services; the need for a lead carer to integrate services as well as the importance of alerting the family GP when high needs families/whanau are identified. The submission was strongly opposed to mandatory reporting on the basis of evidence that this may jeopardise the trust which is essential between the family/whanau and the general practice team.

A rejuvenated Community Board will emerge from the Pegasus Health-Partnership Health amalgamation. This will allow the new board to refocus its agenda, continue to provide quality advice to the governance board and to participate directly in this board thus providing a community voice.

It has been my privilege to Chair the CAB over the last seven years and to work alongside dedicated and knowledgeable people.

*Margaret E. Austin*

Hon. Margaret Austin  
Chair

# PEGASUS HEALTH 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

# 24 HOUR SURGERY

While natural disasters and health emergencies are never good news, the resulting deeper and more enduring connections, and fast tracked systems and processes, are making it easier to give patients the highest quality care possible.

People turn up at the 24 Hour Surgery because they can't get to see their regular practice team. Sometimes it's outside of general practice normal hours. At other times, patients will come to the facility because their own practice is overloaded or short on staff. Increasingly, the team provides a temporary service for GPs who can't find locum cover so they can get a much needed break.

Canterbury would be lost without the Pegasus owned and operated facility, which sees around 64,000 patients every year, many of them one-offs or very sporadic visitors.

"It can be tough dealing with people you've never met before, and whose medical history is completely unknown," says 24 Hour Surgery Clinical Director Dr Simon Brokenshire, "And you don't have the same connections to the others involved in their care that a regular practice might. So anything that gives us more information about the person in front of us is valuable. The quakes fast tracked some information sharing projects that have made a huge difference."

Practice teams being able to view some of the hospital notes and test results of people who have given their permission is good for people when they are seeing their regular GP or practice nurse, but becomes particularly valuable when the patient is a complete stranger with an unknown medical history.

"We were a part of the pilot," says Simon, "And within a week we knew we needed that tool. It's very empowering for the team and it makes us more confident with our decision making. Staff have been very grateful to have it over this past, difficult year, and it's been the thing that has enabled us to be able to do what we have done."

The 'what we have done' of the past year is quite amazing given that the 24 Hour Surgery was hit from every angle by the quakes and their aftermath. Staff lost homes or found themselves living in unthinkable conditions; Pegasus practice GPs, whose shifts provide the backbone of the out-of-hours service lost buildings and in some cases, significant chunks of their clientele; damage to the region's hospitals reduced their capacity and shunted the workflow downstream - and that's without even mentioning those who turned up for care in increasing numbers and often sicker than usual.

It was a year when patients and health professionals struggled alongside one another to find a new normality amidst periods of unnerving seismic reminders.

Balancing urgent and pressing day-to-day issues with a strategic, long term perspective remained front of mind of the 24 Hour Surgery management team.

"We actually got a lot of clarity this year about our direction," says Paul Abernethy, Manager, Patient Services, "The business has undergone a number of permutations over the years, dependent on what practices have needed us to be. Customer service is becoming as much of a priority as patient care, and we really do need to be able to address things like waiting times and perceptions around cost and value."

Those vexed issues, by no means unique to the 24 Hour Surgery, still require a significant amount of work. But a good deal of work in this area - which impacts staff as well as patients - was done in 2012.

As it was for all in the sector, this was a year where connectedness necessarily came to the fore.

"The relationships that have built over the years have become much closer, to the benefit of patients. We are collaborating more often with our colleagues in the ambulance service, in the Emergency Department and with specialists across a number of fields. There is a blurring now between primary and secondary care. Even those labels are fading."

---

**"The relationships that have built over the years have become much closer, to the benefit of patients. We are collaborating more often with our colleagues in the ambulance service, in the Emergency Department and with specialists across a number of fields. There is a blurring now between primary and secondary care. Even those labels are fading."**

---

Where the facility sits in the system is increasingly under question, too. This has always been a possible direction, because of the ongoing pressures on resources at a hospital level, but the quakes and their aftermath took the 24 Hour Surgery there, ready or not.

"It was a question of stepping up," says 24 Hour Surgery Clinical Nursing Director Louisa Sullivan, "There was a bit of anxiety, of course, because we didn't have a choice. But having had that experience, for example with ambulances diverting to us rather than the hospital, given the right resources we could definitely extend this service to patients, practices and the wider system. Exploring the needs of Integrated Family Health Centres, in this regard, is proving to be an interesting exercise."

Joining up the dots between patients and the various health professionals and organisations they interact with is another key driver in the system right now. As other Pegasus practices look for better ways to do this for the people they care for in a day-to-day-setting, the 24 Hour Surgery is doing its bit in acute care.

"We are moving into a new phase," says Louisa, "The hospital is under pressure, more than 100 beds are gone, but actually, most people want to stay at home, anyway, so long as they are safe. We can help make this happen by extending what we do."

Getting staff engaged in the changes ahead, and keeping them motivated towards increasing their own skill sets so they are ready, remains a big focus for the 24 Hour Surgery.

"We now have seven nurses doing post graduate studies at a Masters level," Louisa says, "With our senior medical team supporting them. We are committed to being a place of teaching excellence. The challenge now is how to find the resource to support this. The commitment our staff has to professional development, even in these very hard times, needs to be celebrated."

As for the hospital, space remains an issue for the 24 Hour Surgery.

"We're bursting at the seams now, and looking at different options for the next two to three years. We are looking at space reconfiguration and smarter ways to doing things to reduce patient wait, improve service, in tight constraints," Louisa says.

The aging GP workforce is another issue that the team is focused on addressing.

"The post-quake reality contributes to it being a tight employment market. The nature of our staffing is changing, too, with more GPs taking on 'associateships' than owning a practice. There are more demands on full-time, business owner GPs, and many are reaching an age when they don't want to be doing after hours care. We appreciate that. But they really are the fabric of this place, and their value can't be underestimated," she says.

A practice-based GP doing a shift at the 24 Hour Surgery makes a contribution that lasts long past the hours they are on the floor.

"As our doctors retire out of after hours care, it is such a loss. They cover the backs of our doctors and nurses, because they are deeply experienced. They have huge knowledge and years of experience working in teams, so their understanding of the dynamics is exceptional," Simon says.

It's not a one way street, though.

"New people can come and get experience they won't get every day in their practice. Even the very experienced GPs tell us they up their acute skills, or keep them sharp. They take that back to their own team."

"There is just no way we could do the things we do without the practice-based GPs who make up the fabric of our after-hours workforce," Simon says. "The added stresses of the last year have really brought to the fore how essential their maturity, experience, flexibility and skills are to us being able to provide quality service, day in, day out."

"Our own permanent staff, too, need to be acknowledged," Louisa says, "Like everyone in the region, their own lives are impacted, and they continue to turn up, every day, and give it their best. We are grateful, as well, to our secondary care colleagues for their openness to engage and explore new ways of working together, despite the difficulties the quakes have led to for all of us. The 24 Hour Surgery really is the place that every part of the system comes together, at some point along the line, more often. It's the way of the future, and we're excited to be a part of it already."

## IN 2012, 24 HOUR SURGERY STAFF SAW...

- 64,000 patients
- An average of 550 patients each weekend – 400 medical, 150 accident related



# DEALING WITH THE FALLOUT

Community rooms, halls and youth centres were just some of the places that became front-line mental health facilities in 2012, as Pegasus' Mental Health Team bolstered its efforts to support practices in the aftermath of four significant earthquakes and more than 10,000 aftershocks.

Twelve locations outside of 109 practices were called into commission, in a bid to bring the service closer to home for some patients, and free up in demand consultation rooms in practices.

"We took anything that worked from a privacy and workability perspective that was affordable," says Team Leader Cerina Altenberg.

"Compared with the year before, we saw nearly 30% more people in 2012, with the numbers of sessions increasing from 9,600 to just over 12,000."

On average, people who saw the mental health team had three appointments each, with practice referring about 135 people most weeks. The vast majority of those seen – 71% – were women with an average age of 42. People ranging in age from 8 – 93 were seen by the service, having been referred by their practice.

"Despite the severity of the quakes and the resulting difficulties in peoples' lives, we didn't see a big jump in the severity of illness."

---

"Despite the severity of the quakes and the resulting difficulties in peoples' lives, we didn't see a big jump in the severity of illness."

---

Pre-treatment assessments done in 2010/11 showed that around 44% of people seeking help from the team met the criteria for severe psychological difficulty. In 2011/12, even after all those quakes, the number was very similar – 43%."

Post treatment, the rates of severe difficulties remaining were also consistent – 2% in 2010/11, and 5% in 2011/12. "Still tiny," Cerina says, adding that all of these numbers are great outcomes for a service staffed by just three full-time counsellors, with a half-time administrator. The entire service is made up of less than 20 full time staff.

## THIS YEAR, PEGASUS MENTAL HEALTH TEAMS SAW...

- 30% more people than in 2011
- Number of sessions increase to 12,000 from 9,600 the previous year

# RESILIENCE MEETS ONGOING QUAKE IMPACTS

The 2012 financial year had a subdued start, just weeks after the 'heart sink moment' of June 13.

"We were not in a bad place in May 2011, and were really getting over a terrible situation when the June 13 quake struck," says Dr Phil Schroeder, head of the Canterbury Primary Response Group, which is housed within Pegasus, but supports all Canterbury general practices in emergency situations.

"Yet again there was liquefaction through medical centres and pharmacies, and we were at a really low point. So much work had been done, and then we were thrown back into emergency mode."

Practices, pharmacies and others were just getting back on their feet again when the region was hit by two big snow storms in July.

"That just created pandemonium for all of us. Patients were unable to access services again, and days of good revenues were lost.

The chronic nature of the quakes really started to take a toll in 2012.

"People have shown remarkable resilience when you think about what they have been through, but everybody has had doubting moments, no matter how strong. Often the more mild mannered, particularly well-controlled people we'd see at the surgery would find it the toughest, the folks who really like order and control. Quite a few are in a highly anxious state, and you realise that actually, what is going on is an appropriate reaction to their situation.

"So where you'd usually be reaching for a prescription pad, you're looking for other options. Quite often what is needed isn't even counselling, it's coaching, to help them understand 'this is OK, it's appropriate, given what is going on.' What we're seeing is like a grief reaction. Medication doesn't necessarily help, and can make things worse. For example, if you

do prescribe a sleep aid, before you know it people are heavily reliant on those medications."

"Sleeplessness, being on edge, and a state of anxiety are never nice things to experience. But when they go on for months on end, it can feel really nasty."

Canterbrians got a few months reprieve from major earthquakes, until December 23, the last regular working day of 2011.

Like everybody else in town, practices and pharmacies were tidying up loose ends, sorting out the last remnants of work, and making plans for a well earned rest when two large quakes, just an hour apart, rumbled through the region in the early afternoon.

As it had in the previous quakes and the two big snow events of the year, Canterbury Primary Response Team kicked into gear, well practiced by now.

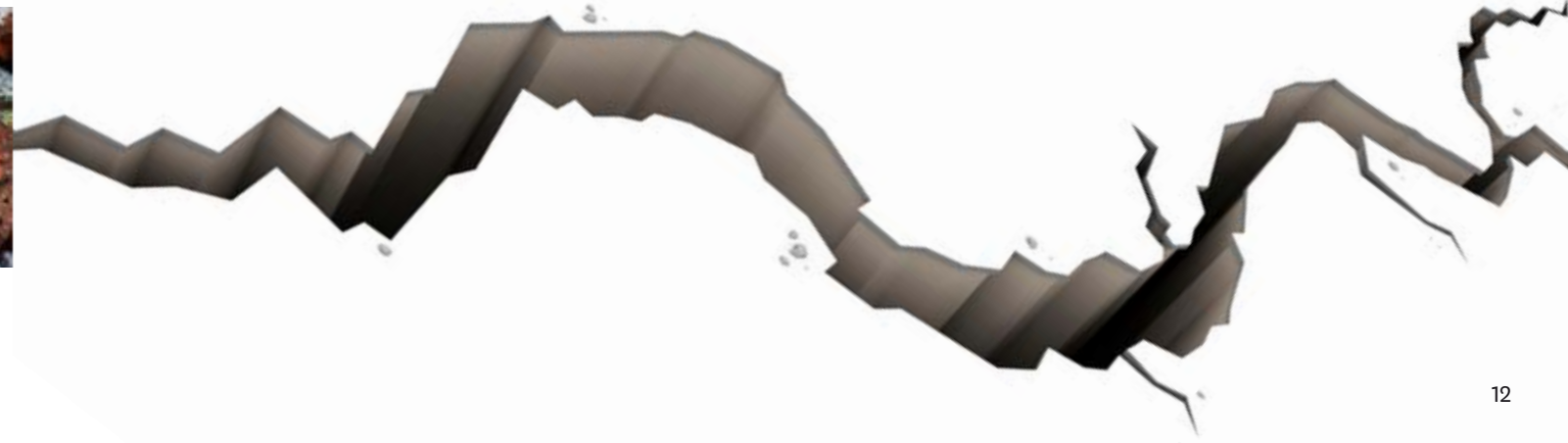
"The first thing we always do is to check in to see what sort of shape they are in, who is around, and what sorts of levels of services will be available to patients in the next days and week. Many people – patients, practices and pharmacy teams alike – just left early for Christmas, after the December quake. But in earlier big events, a lot of time was spent working out how to get water and generators and other supplies to places, and doing other logistical work to support the network."

Locum GPs were organised thanks to General Practice New Zealand, to give practice and pharmacy staff a much-needed break, when things got too much.

"Lots of people didn't want to leave, even if they were completely strung out. Understandably, they wanted to be there for their patients or clients. Sometimes we would have to say 'we've got you somebody, and you have to go.' They were always grateful afterwards. But it was hard for them at the time."

Phil says Canterbury's general practice community owes a vote of thanks to Pegasus Health and the Canterbury District Health Board, who fund the response.

"Pegasus provides us with premises, technical and admin support, and ensures we have robust mentoring and great staff. The DHB had the foresight to recognise that without having general practice up and running, the hospitals would be slammed. They were smart enough to ensure that didn't happen – and to support primary care in the process."



# CONNECTING THROUGH TECHNOLOGY

Ask IT Clinical Leader Dr Martin Wilson what his Pegasus and Canterbury District Health Board work means out there in the real world, and he'll tell you the story of a young woman he remembers vividly.

"She came to my practice for a simple check, and happened to have a smear while she was there. Everything looked to be fine, but when the results came back, it turned out she had a significant infection that, untreated, could destroy her fertility and make her uncomfortable for a life time. She needed a very simple treatment to avoid her life being wrecked - but we couldn't track her down with the information we had in our system."

Enter the e Shared Care Record View (eSCRV) system and within a couple of clicks of the mouse, Martin found new information that his patient had consented to have shared, online in another part of the health system. It was enough to help him track her down.

"It's shocking to be privy to tests results like that, without having any way of contacting the patient to let them know. You sit there and almost want to cry about what would happen. There could have been implications for other people, not just this one individual. Potentially a whole group of people were at risk."

The solution was almost painfully simple.

"Two little pills - that was all it took for her and potentially another group of people. It felt like a victory."

Stories like this are becoming more commonplace, as health providers all over the system turn ideas about secure sharing of health data, into reality.

"A classic is when you ask a patient what medications they are on, and they don't know. Or they give you half a list. I had one case recently where I asked if I could look at another system to double check the list he'd given me. He said 'go ahead'. It turned out he was on another drug that he hadn't mentioned, but didn't think it mattered. 'It's just for my acne'.

"Actually, it mattered a lot - the drug would have suppressed things so the test wouldn't have shown that he had a disease that needed treatment. It's not good enough to say 'ask the patient'. That patient, like so many others, fully believed he had told me everything I needed

to know. Others don't think it's important to tell us things, but don't recognise the implications of that."

Pegasus Health's Business Information Services and Knowledge Management divisions have long delivered solutions and support to help practices and the organisation alike to connect securely with one another, and increasingly, those outside of general practice.

Things went a step further this year when Martin Wilson was appointed to a Clinical Director, Informatics role at the Canterbury District Health Board, and the primary and secondary care roles were merged into one person.

"As Canterbury District Health Board Chief Executive David Meates says, I am an example of a very unusual person - a GP working as a Clinical Director in a hospital. It's nationally unique, and speaks to the genuinely close working relationships that are making all this work so well."

As a clinical director, Martin holds a senior position in the hospital, presenting at grand rounds and even taking some of the wisdom and experience of general practice with him.

"For example, the District Health Board is keen to look at paperless records. Many general practices have now been paperless for 20 years, so we have a lot to contribute to that thinking."

---

**"Many general practices have now been paperless for 20 years, so we have a lot to contribute to that thinking."**

---

Significant progress has been made this year in building e Shared Care Record View (eSCRV), the platform that Martin used to track down the patient at the start of this story. The 'e' is undefined electronic, emergency, essential, that kind of thing.

"Practices are now queued up to join it, even though the system is at a very embryonic stage. They see the value - it's a good tool that is useful, easy and quick to use."

Rollout through the South Island is anticipated as the Health Connect South instance from Canterbury spreads from its current Canterbury and South Canterbury base to the rest of the island.

Good progress has also been made on the region's Electronic Request Management System, or ERMS to those in the trade, which allows for fast, simple and paperless referrals between general practice and the region's hospitals, and private providers

"It's a real success story. We've had nearly 100,000 referrals go through. The next steps are to roll both systems out across the South Island, with

South Canterbury next, then the West Coast and Nelson/Marlborough, with Southland to follow. By Christmas 2013 it will be South Island wide."

Canterbury's contribution extends beyond the South Island, with Martin sitting on the National Information Clinical Leaders Group, and the New Zealand Formulary (NZF) Board working on the development of the New Zealand Formulary, along with committees developing the New Zealand Universal List of Medicines (NZULM) on which the NZF is based. The NZF is a local version of respected British National Formulary, which provides clinicians there with online, up-to-date, accurate information about medications and disease management

"Until now, Pharmac, pharmacists, GPs and hospitals each worked from different drug lists (databases). Having a single 'language' around medications (The NZULM) will help systems talk to each other with common language and eliminate the amount of guessing that goes into prescribing and dispensing, and reduce prescribing and dispensing errors, which are one of the most common causes of patient harm."

## GPVu

Pegasus Health was founded nearly two decades ago on the premise that practices could make smarter use of health resources, if they had good information about their patient population, their own prescribing and lab testing patterns, and how they compared with others.

Information systems have come a long way in that time, and Pegasus has continued to evolve new ways of presenting ever increasing amounts of data in ways that make it accessible and useful, all with the aim of encouraging business and clinical excellence. This year has seen the piloting of the first stage of an electronic platform that brings it all together in a simple tool. GPVu is relevant and meaningful to general practice, thanks to strong clinical project leadership. Development has been guided by a group of GPs, Practice Nurses and Practice Managers, chaired by GP Dr Mick Ozimek.

GPVu takes a structured approach to information flow - providing a single channel of standardised material, on a regular basis. This enables busy general practice teams not just quick access to data, but fast interpretation when they get there.

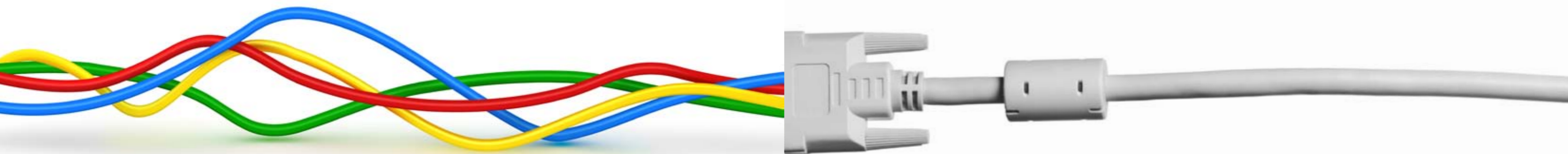
And as always, Pegasus Health's Information Technology and Knowledge Management team have made sure security is paramount, preventing inappropriate access to any of the information or systems running the platform.

The tool is still very much in its early stages, but clinically-led information will grow in time, to enable general practice to have at their fingertips, a host of critical information about their prescribing and lab testing usage, how it compares with others, as well as their patient's path through other areas of the system, such as ED presentation.

---

**"Pegasus has continued to evolve new ways of presenting ever increasing amounts of data in ways that make it accessible and useful, all with the aim of encouraging business and clinical excellence."**

---





# EVIDENCE CENTRAL TO EDUCATION PROGRAMME

“Show me the evidence’ could well be the mantra of Pegasus Health’s Education Programme. Again this year, the programme focused on what is known to work, what is known not to and what is not known, always with the underlying theme of ‘first do no harm’.

GP and Clinical Leader for the programme, Professor Les Toop, makes no apologies for the programme’s thoughtful and researched presentations of the uncertainties inherent in interpreting constantly evolving evidence. He recognises that sometimes others in the system would like to promote a simpler, apparently more certain approach to complex clinical situations.

“In addition to targeted education on how patients can be safely, and more appropriately cared for and treated at home, thereby taking the strain off our compromised hospital sector, we continue to look at the difficult areas where others fear to tread. We constantly question the reasons behind what we are being asked to do. This doesn’t always win popularity contests, and this year once again we’ve chosen some thorny issues and ruffled some feathers.”

The Pegasus education team tries wherever possible to involve secondary care. As an example, they recently identified and worked on an emerging problem with hospital-based paediatricians, the Canterbury Initiative team, midwives and Plunket Nurses. Analysis and regular monitoring of prescribing trends revealed evidence that there was an alarming increase in the number of irritable babies who were being diagnosed with, and unnecessarily medicated for, ‘reflux’, when in reality they were just going through a normal developmental stage.

“Tackling areas such as this is important, even if in the result of examining, the evidence flies in the face of local and national opinion.”

“Tackling areas such as this is important, even if in the result of examining, the evidence flies in the face of local and national opinion. A generation of children risked starting their lives taking a very powerful medication that not only doesn’t work to reduce (normal) irritability, but is harmful, and worse, for something that is not even a medical condition.”

Highlighting the poor evidence base for grommets, the importance of having informed discussions, and weighing up the benefits and harms of the use of antidepressants in early pregnancy were other controversial issues that Les and his team took a rigorous - and to some, an unpopular - look at.

Informed decision making was an emerging theme for the year. This is particularly important when considering screening. It’s crucial that with the help of those advising them, people understand the relative (and often marginal) benefits and harms of screening, and that they do so before they have the screening test or tests.

“There are so many things that are not clear-cut, and patients need to feel it is OK to say ‘No thank you’ when they have properly considered the pros and cons, irrespective of whether there’s a national target.”

Les says the success of the Pegasus Education Programme is in part a result of its maturity, something that comes with a programme with such a long history, strong participant ownership and of course the high level of enthusiasm, knowledge, skill and commitment of the education team and analysts.

“Every year I write in this column how fortunate we are to have the Canterbury District Health Board and Partnership Health as our main funders. In the early days we were funded from Pegasus Health’s budget holding reserves. Several things made the CDHB and The PHO realise what a sound investment funding the programme was. These included demonstrated effectiveness at promoting evidence informed care and in bringing about positive change in reducing variation in clinical behaviour, as well as the small group meetings providing the ‘glue’ for organised general practice.

“I believe we have some of the best informed health care providers in Australasia, in part because there is nowhere else I know of that has such a stable workforce engaged with a dedicated team of clinician researchers, facilitators and analysts supported by a superb events management team.

There are around 40 peer-led small groups for each of the year’s six education topics, and there are many additional large group sessions and workshops provided for more than 1000 doctors, practice nurses and pharmacists. It is in high demand, but space constraints limit its reach.”

The programme’s sphere of activity in spreading the word on what works and on questionable treatments is growing.

“Pharmacy is now fully on board, and the groundwork was laid in 2012 for making the programme available to all Canterbury GPs, practice nurses and pharmacists” Les says, “As we move Canterbury wide, we are

exploring various distance learning technologies.”

He says one of the measures of success is the vote of confidence from the doctors, practice nurses, and now pharmacists who continue to turn up, round after round.

“After 20 years of this programme, 80% of General Practitioners remain engaged, and after ten years so do a similar proportion of practice nurses. Pharmacy has embraced the programme enthusiastically and new groups are forming regularly.

Of course, one of the main strengths comes from tapping into the combined experience of the participants discussing the material that is prepared in advance of the meetings.

“Often wisdom comes not from simply reading or listening, but from real life application of knowledge. When you have 15 clinicians in a room, many of whom have been in practice for 25 years or more, it makes for a very thoughtful, reflective and informed discussion. This is particularly valuable in the grey uncertain areas that abound in clinical practice.

“Where else can a junior practitioner sit in a room with 15 familiar, trusted mentors and have the opportunity to both listen and participate in an in-depth discussion of a difficult and complex clinical topic, one informed by a distillation of available evidence mulled over and molded by 400 years of clinical experience? You can’t get that from a lecture, a book or a website.”

“When you have 15 clinicians in a room, many of whom have been in practice for 25 years or more, it makes for a very thoughtful, reflective and informed discussion.”

## THIS YEAR PEGASUS DELIVERED...

- 6 rounds of small group education
- 400 individual small group meetings
- 3320 total doses of education for an invited group of more than 930 GPs, practice nurses and community pharmacists



# BUILDING CLOSER TIES

Walk through Pegasus Health's Bealey Avenue base these days, and you are as likely to see a pharmacist, District Health Board Manager, secondary care physician, community leader or rural clinician as a GP or practice nurse.

It's all part of the evolution that is happening in health, the country over, as the walls come down, and providers do what it takes to bring truly connected care to patients.

Many of the people who frequent the halls and meeting rooms of Pegasus are visitors, but others are permanent or long term 'residents' of 160 Bealey Ave - organisations that work closely with general practice, and with whom the sector is looking to build even tighter ties.

Integrated Family Health Centre (IFHC) Project Manager Mark Henare is one of the newer faces around Pegasus, but one with a long history in the local health sector. Mark and the small Integrated Family Health Services team work with practices interested in exploring this concept of services.

These health super-centres of the future will pull together groups of community based services - pharmacy, physiotherapy, general practice and so on - often under one roof to make quality care more convenient for patients to get, and cost effective for the partnering businesses to deliver. Moving some traditional hospital-based services closer to the communities they serve, is also considered in this process. The aim is to create whole of system thinking, so that there is better, sooner and more convenient access to services for our communities.

To date, ten groups of general practices and their partner care providers are working towards the completion of their IFHC business cases.

Two have decided to proceed, and three are at the point of decision. Some practices are Pegasus members, some are not. The project's Rural Canterbury PHO partners are progressing three of these projects based outside the city boundaries. This is a true pan sector effort that potentially encompasses approximately 30% of the enrolled population in Canterbury.

The Integrated Family Health Services are set to be more convenient for patients, but also support the task of care process development for practices and other health providers wanting to work different to improve patient and professional experiences.

There are exciting ideas identified by the IFHC groups, Mark says.

"The creation of a management plan for those patients who need one, and the right clinician assigned to manage those plans, are the basic tools for integrating care amongst primary and community providers. In addition, exploring new ways of working within the multidisciplinary

team ensures patients benefit from the skills of all team members. I must stress, these ideas have all come from the IFHC teams themselves."

Growing stronger links to general practice every day, thanks to taking some space in its Pegasus engine room, are the region's pharmacists.

The Canterbury Community Pharmacy Group hung up its shingle at 160 Bealey Ave in 2009.

"We have office space for our staff here and we purchase services, including IT and human resources, from Pegasus for the projects we manage," General Manager Graeme Smith says, describing the arrangement, "Some staff who work across shared projects are jointly employed by Pegasus or CCN and CCPG."

"But by far the biggest strength is the strategic relationships, and the ability to have corridor conversations with key people on issues that impact both pharmacy and general practice."

More than 200 pharmacists are now part of the Pegasus Health Education programme, attending tailored versions of the sessions that doctors and practice nurses attend.

"Pharmacists value getting the same content and also the chance to further build links, which really do help us all deliver better care. For example, I had a very useful conversation in my own pharmacy with a GP that would never have happened if we hadn't both done the multiple morbidities training the previous week."

Canterbury Clinical Network Programme Coordinator Keith Wright's every working day is about collaboration. He, too, is based at 160 Bealey Ave.

"Pegasus is interesting for its multiple roles across the sector. It is a partner in lots of things, a key point of provision, and a platform, within the Canterbury Health System, that has significant intelligence and grunt. Like practices do, Pegasus also acts as something of a connection point for the many parts of the system."

The Network has in its sights the three Canterbury health system 'Vision 2020' goals - helping people take responsibility for their own health, developing services to support people in community settings, and freeing up hospital based specialists for people who are acutely unwell.

Much of the Canterbury Clinical Network's focus this year has been on aged and urgent care. The network provides a forum for clinicians to make a difference at a system level.

"They have ideas every day about how they can make things better, and by providing them with the right support, they are able to do more than vent their frustrations - they can save valuable resources that enable the system to do more for people who need it," Keith says.

The programmes that come out of the network get the job done, thanks to the involvement of strong clinical leadership in their design backed by capable management and administration - and the numbers prove it.

"The Community Based Falls project that was launched this year hit its one year target for referrals - 800 people - within half that time. It was the same story with the Community Rehabilitation Enablement Team, which got over 1000 referrals."

# POPULATION HEALTH

Ask anybody working in Canterbury about the most surprising aspect of these earthquake days, and the reply is universal: the way we all just get on with it, despite the upheaval, the fear and the uncertainty.

Things are no different in general practice, where the things that keep us all healthy have remained a priority, no matter how often the earth shook, buildings had to be abandoned or people were forced to move from one part of town to another.

"The background preventative health promotion work didn't go out the window," says Population Health Clinical Leader, Dr Kim Burgess, "It's amazing how well practices have done in breast screening, immunisation, B4 School Checks and those sorts of things. Any dip is almost imperceptible. Given the pressure everybody was under, it's remarkable."

It seems that national immunisation authorities were pretty impressed, too, sending flowers to local practices in appreciation of their efforts.

"Our two-year-old immunisation rates are back to what they were prior to the quakes. We struggled a bit with the over 65s, but we did get there in the end. It's a real tribute to practices that they have kept doing the basic, background health maintenance work through difficult times."

Dr Burgess says it's been tough for practices and patients alike. The people seeking help are sicker since the quakes. We also had the worst influenza season for 10 years, apart from the pandemic year.

"Everyone will tell you the acuity of work in practices is up. I only need to look at my own afternoon yesterday - four people were on acute demand, I was two and a half hours late leaving work. There's definitely increasing management of people who are more unwell, and we're managing more people at practice level."

Natural disasters or not, this trend towards work shifting outside of hospitals, into the community, is set to continue, as the wider system looks for ways to make better use of its resources to deal with the double whammy of shrinking health workforce and the rising health needs of an older, resource hungry population.

"We're evolving our approach so that we can make the right contribution for this point in time, across the organisation and also across the sector. A lot of the work we are doing is probably not very visible to practices at the moment, but it is essential to their effectiveness in the future and making sure we are all focused in the right areas," she says.

"It's especially challenging when our points of reference have always been, as they are for the rest of the country, standard data about geographic areas of deprivation. These hold little meaning for Christchurch now, and we can no longer work within that framework. We need to find ways to look after our high need populations, wherever they are."

And so a new way of helping those who need it the most is evolving.

"In the past we would design programmes for everyone, and spotlight the people who turned up in practices. Only then would we look at those needing special attention. We've turned it on its head and looked at those people first. It means that resources are going into the areas that give us the biggest bang for our buck."

Cardiovascular and cervical screening programmes for Maori and Pacific are two areas where this new approach has been applied this year.

Another new focus for the team is on health literacy - ensuring that people fully understand what is being communicated to them, can ask questions and get answers, and are able to act on the information and advice they're given.

"It's one way to make big gains. We've already talked about health literacy in an education round. It helps clinicians to modify their approach and gives them tools to work with groups of people with lower health literacy rates."

Providing information to help practices identify those who need the most help has long been the work of the Population Health team. It has become particularly important given how many people are living in suboptimal housing. This year the team collaborated with those working on Chronic Pulmonary Obstructive Disease to identify people who were most likely to be hospitalised so that practices could help them stay as well as possible.

What was once a Pegasus flagship remains a source of pride for the organisation - but these days the Population Health Team is more interested in sharing the credit than taking it.

"We just don't see ourselves in isolation anymore," says Dr Burgess, "Increasingly we are working in a combined model across general practice, across PHOs, and across sectors. It's the way we can get best support practices to do what they do best. And it's working."

## THIS YEAR PEGASUS PEOPLE SAW...

- 4909 children for B4 School Checks
- 92% coverage for 2-year-old immunisations



# FINANCIALS

## Statement of Financial Position

as at 30 June, 2012

	2012 \$	2011 \$
<b>ASSETS</b>		
Property, plant and equipment	4,335,125	4,152,448
Intangible assets	660,072	203,652
Investment in associate	1,369,254	1,225,628
Other investments	40,000	-
<b>Total non-current assets</b>	<b>6,404,451</b>	<b>5,581,728</b>
Inventories	9,670	11,835
Trade and other receivables	4,187,145	7,240,394
Cash, cash equivalents and fixed interest securities	13,715,236	12,726,436
<b>Total current assets</b>	<b>17,912,052</b>	<b>19,978,665</b>
<b>Total assets</b>	<b>24,316,502</b>	<b>25,560,393</b>
<b>EQUITY</b>		
Share capital	12,000	12,000
Revaluation reserve	494,066	323,003
Share of movement in associates reserves	263,111	119,485
Retained earnings	16,026,354	16,559,074
<b>Total equity</b>	<b>16,795,531</b>	<b>17,013,562</b>
<b>LIABILITIES</b>		
Provisions	160,000	160,000
<b>Total non-current liabilities</b>	<b>160,000</b>	<b>160,000</b>
Employee benefits payable	669,975	654,340
Trade and other payables	6,650,996	7,732,491
Related party loan	40,000	-
<b>Total current liabilities</b>	<b>7,360,971</b>	<b>8,386,831</b>
<b>Total liabilities</b>	<b>7,520,971</b>	<b>8,546,831</b>
<b>Total equity and liabilities</b>	<b>24,316,502</b>	<b>25,560,393</b>

## Statement of Comprehensive Income

for the year ended 30 June, 2012

	2012 \$	2011 \$
<b>Revenue</b>		
Delivery of health services	21,600,703	20,673,466
Other revenue	2,010,380	598,137
<b>Total revenue</b>	<b>23,611,083</b>	<b>21,271,603</b>
Other income – rental	254,980	248,845
Operating expenses	(25,115,817)	(22,143,608)
<b>Operating profit/(loss) before interest income</b>	<b>(1,249,754)</b>	<b>(623,160)</b>
Interest income	662,673	564,190
Unrealised gain on fixed interest securities	54,352	-
<b>Profit/(loss) for the period</b>	<b>(532,729)</b>	<b>(58,969)</b>
Revaluation of land and buildings	171,071	19,002
Share of other comprehensive income of associate	143,626	52,402
<b>Total other comprehensive income for the period</b>	<b>314,697</b>	<b>71,404</b>
<b>Total comprehensive income/(expense) for the period</b>	<b>(218,031)</b>	<b>12,435</b>



# CHARITABLE MISSION

## 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.

**Pegasus Health (Charitable) Limited**

160 Bealey Avenue  
Christchurch  
New Zealand

Phone: 03 379 1739

Fax: 03 365 5977

[www.pegasus.org.nz](http://www.pegasus.org.nz)

