



Pegasus Health

Annual Report
2013

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Partners for a new future

As long as there have been GPs, practice nurses, practice administration staff and community care workers, primary health professionals and community-based organisations have worked hand in hand to do the best by their patients.

Today's health environment, and the pressures facing the sector, however, mean more formal collaboration and even closer ties matter more than ever.

The disparate group of health and allied professionals that make up the clinical powerhouse that is primary care, can do so much more, together.

Pegasus Health's partnership model recognises that none of us can face the challenges and opportunities of the future without the others. Clinicians need one another in order to maintain the highest standards of quality care and to ensure that what they do and how they do it, will be sustainable into the future. Practices need professional IT, funding and claiming support so they can get on with the job of caring for patients, rather than drowning in paperwork. Practice teams need the strong links that community workers and organisations have, to help their patients navigate the complexities of the system. Our secondary care colleagues need a primary care workforce that is ready, willing and able to play an active role in building a different kind of health system – one that keeps patients, and the hospital, in better health by focusing on prevention and early intervention, and one that keeps professionals engaged and energised about the opportunities ahead.

Everybody needs new tools, new ways of looking at the world, new ways of doing things.

And so we enter our 21st year with renewed focus on providing the partnership and support that professionals, practices, community resources and our partner and funder organisations need, to ensure Cantabrians continue to have one of the finest primary care systems around.

On the following pages you'll read about just some of the initiatives we have undertaken in the last 12 months as that commitment continues.



PEGASUS PROFESSIONAL PARTNERS

What started as a membership organisation for general practitioners has become a powerful agent for collaboration among professions and professionals, right across the sector. GPs recognised early on the need to replicate at a system level the close relationships they had long had with practice nurses – and so Pegasus established a nursing education programme to sit alongside the GP one in 1998, appoint its first Nurse Director in 2001, and in 2012, established Pegasus Health Nurse Membership Ltd for practice nurses. Pharmacists joined the Pegasus Education Programme in 2010, and talks continue with other professions looking to be a part of Pegasus.

PEGASUS PRACTICE PARTNERS

Primary care is made up of an interconnected network of private businesses which are, in many cases, interdependent. Their practice – and business – often share the same core needs, regardless of which part of town they operate from, or what they do. And so Pegasus soon evolved into a practice-support organisation, working in smart ways to get economies of scale across the clinical and business services that nearly all primary care providers need. We have a core IT function that today provides the backbone of IT systems for 110 practices across Canterbury. Our immunisation, mental health, population health and other teams work with practices to help them help their patients – and take away a lot of the paperwork and administration, freeing them up to do more of what they do best.

Partnering for good health

Primary care has been the ultimate team environment for as long as it has existed, and right at the centre of that team is the patient.

Doctors, nurses and pharmacists have long worked together – but everything comes back to the very special, powerful bond between professional and patient. With the drive towards more self care, and care moving closer to home, that partnership matters more than ever.

PEGASUS COMMUNITY PARTNERS

Good health or illness doesn't happen in isolation of peoples' lives. And nor do the solutions to the challenges facing the health sector in forthcoming years lie solely with the sector. Community organisations, friends, families and individuals are becoming more critical in helping people stay well, and making sure everybody has access to GPs, practice nurses and hospital services when they really need them. Pegasus had an established Community Advisory Board and in 2013 it was replaced with a formal board sub-committee known as the Pegasus Community Board, following the amalgamation of Pegasus Health and the Partnership Health Canterbury PHO. Taking on the functions of a PHO strengthens links between primary care and community even more at an organisational level, and on the ground, where services are delivered.

PEGASUS HEALTH PARTNERS

Today, Pegasus is proud to be a fully fledged partner with others across the wider sector in coming up with innovative ways to meet tomorrow's health challenges. We're partnering with local organisations, the CDHB, the Ministry of Health, professional quality and accreditation organisations, software and service providers, and more – whatever it takes to ensure the people of Canterbury get the very best primary care system possible – now and in the years to come.

The 2013 year brought important change at governance level for what is now the Pegasus Health 'group'.

Pegasus Health Nurse Membership Ltd had its first full year of activity; the Pegasus Community Advisory Board evolved into the Pegasus Health Community Board; and changes were made to our constitution for amalgamation with Partnership Health Canterbury PHO, and to reflect absorbing the PHO functions into our Pegasus Health network operations.

While the establishment of Pegasus Health Nurse Membership Ltd was significant, it could not have happened without several equally significant steps along a 10-year journey. Special note is made of the leadership of Pegasus Health Director of Nursing Shelley Frost, who has worked tirelessly for nursing, both locally and nationally. Thanks are due also to Fiona Blair-Heslop for her advocacy at Board level and for her stepping into the inaugural chair role at the start of the all-important first year of this new board.

With amalgamation came the establishment of the Pegasus Health Community Board. We were fortunate to be able to call on the wisdom and experience of immediate Partnership Health Canterbury PHO Chair Professor Andrew Hornblow and are privileged that he was able to take on the role of chairman for the new board. As it was for the new nursing board, the establishment of this entity represented more of an evolution than a leap, with the work of the Hon. Margaret Austin as chair and the Pegasus Community Advisory Board colleagues having ably laid the groundwork for the new board.

While these are high-level governance changes, their impact will reverberate right down the line, as Pegasus Health works to successfully support practices, patients and communities to meet the population and workforce demands that lie ahead.

It's up to us as an organisation, and everyone on the ground, to be fit for purpose to do the best by our patients and communities, now and in the future.

In the emerging landscape of health, Pegasus Health has an increasing role of representing the broader General Practice team as the patients' 'medical home' within the broader context of the primary care workforce. We continue to strive for excellence in community based care, which requires us to take a system-wide, region-wide view.

Contributing, and learning from others, at a national level is also vital – and so Pegasus is represented in a number of forums, across the sector. A mention must be made of Pegasus Health Director of Nursing Shelley Frost, who holds a number of significant health sector appointments, including that of Deputy Chair of the Health Quality and Safety Commission and Chair of General Practice New Zealand.

As we progress the work of collaboration and integration we no longer stand back and say "that's a problem for the hospital" or "that's district nursing's problem". We all need to be part of the solutions for the issues facing the sector. And, given the strong evidence that exists around the world about just how integral a part primary care plays, we can't take our role lightly.

In the past, the role of general practice was suspended the minute that people ended up at the hospital door. But today, we can substantially influence what happens even there – to the benefit of patients and system alike.

Primary care will have an even more critical role to play with the post-quake hospital rebuild planned for the next four years, and the enormous disruption to services that will ensue. Innovative solutions will be sought for

the problems this will bring – and they're exactly the sorts of problems we were planning for, anyway, as more of our population and workforce age together, and the burden of chronic disease continues to grow.

The solutions that will work for tomorrow's communities, patients and system are those that are top of mind for us today: helping health professionals get ready for a different sort of future; drawing community services and clinicians closer together to close the gaps and reduce fragmentation for patients; being accountable for everybody in our neighbourhoods, not just those enrolled in our individual practice; getting everyone in the system better connected and involved in making sure all of the resources throughout the system are focused where they can deliver the best 'bang for buck'; the development of new ways of working and places within which to work; smarter data management and communication systems between all of the different providers who make up a patient's care team; and getting the right health professionals working in the right places, to the benefit of system and people alike.

And so in this report you'll read about the streams of activity that are happening in these areas: our closer working ties with others throughout the system and at both clinical and management level; the way we're supporting groups of health professionals towards both clinical and business excellence; the support and practical help we're providing as groups of professionals (the Canterbury Initiative, Canterbury Clinical Network) come together to find the best solutions going forward; the development of the new models of care in the Integrated Family Health concept; fast-forward IT solutions like e Shared Care Record View, Electronic Request Management System, and an electronic 'dashboard' for practices; expansion of our long-established acute demand services; and more.

Of course, clinical leadership is at the forefront of all of these advances. But none of them could happen without a strong management team who understand not only the very special business of health, but also what it takes to lead an organisation that is literally about changing its world. My thanks to Vince and the executive team and managers for their excellent work this year.

At a board level, Pegasus Health (Charitable) Ltd also saw change this year as part of the new governance structure. We gained increased independent and community representation, with the Community Board chair joining the Charitable Board, and Iwi representation with Jane Huria's appointment. We feel very fortunate to have access to Jane and Andrew's significant governance skills and experience.

At Pegasus Health, we aim to become a centre of excellence. So we are proud to be part of a regional health system that is so well regarded not just in New Zealand, but internationally.

We are fortunate to have a District Health Board with a strong respect for primary care and its pivotal role, the vision to unite health providers around a common focus and the flexibility and trust to allow us to come up with the sorts of solutions that need to happen, to meet the challenges of the future.

Increasingly, people come to Canterbury to 'look under the bonnet' to see what we do, and how we do it. It is not an exaggeration to say that the sort of work that is going on here is world-leading.

As well as the day-to-day and systemic changes that are happening, there is another, overarching goal that is part of Pegasus Health's mission as an organisation, and that is to make primary care a fun, vibrant and exciting place to be. Health is nothing without its people, and so making sure our nurses, doctors, community workers, pharmacists, allied health workers and others feel like they are part of something meaningful and lively is a big part of our job.

Pegasus Health's job, looking ahead to 2014 is underpinned by the things it always has been: doing the best by our practices and the patients they care for, the communities we serve and the wider system, so that Cantabrians can have the world-class health system they deserve, a system all the stronger for having primary care right at its heart.

My thanks to the Board, CEO and Management Team for their hard work and an excellent year. Special thanks to the doctors, nurses, practice teams, and community based health professionals who provide such world class primary care service to the people you care for – our beneficiaries – the people of Canterbury.

Thank you.

Dr Martin Seers Chair
Pegasus Health (Charitable) Ltd



1 to r: Dr Andrew Manning, Jane Huria, Dr John Coughlan, Dr Mary-Anne Bellamy, Dr Martin Seers, Dr Harsed Chima, Nicky Scott, Professor Les Toop, Professor Andrew Hornblow; *absent:* Peter Townsend.



Chief Executive’s report

VINCE BARRY CEO
PEGASUS HEALTH (CHARITABLE) LTD

Like every organisation, Pegasus Health has goals that have become part of our day-to-day-vocabulary.

Being an ‘International Centre of Excellence’ is the phrase that we use most often, when we talk about the kind of organisation we want to be.

The difference between Pegasus Health, and many other bodies which espouse excellence, though, is how big and long-lasting a difference our aspiration can make in so many peoples’ lives – through our connection to primary care providers, community groups, the wider system, and on behalf of both practices and patients.

Clinical excellence has driven Pegasus Health from its inception two decades ago. One of the first initiatives established was an education programme, recognising that an evidence-based approach would be essential to getting results and reducing waste, in order to produce the savings that would mean more and better services for more people.

Over the past decade, Pegasus Health’s work has broadened beyond clinical to embrace business excellence, with the recognition that neither area is sustainable without the other.

The Pegasus Health of today has widened its perspective even further, shifting away from islands of excellence – one clinician or practice here, another there – to being able to uniformly support practices, groups of professionals, and community-based services across an increasingly broad geographic base.

Much of the activity of the past year (and for the years ahead) has been around building our community capacity to ensure that general practice, which is such a valuable ally to community health, can be ready for the extremely close working ties and services that will be necessary for the health system of the future; that community services, in

turn, can get the best out of working with general practice; and that we have the systems, processes, feedback loops and focus necessary to fit services to the needs of communities.

General practice, with its ‘cradle to grave’ perspective, is perfectly placed to sit at the core of community healthcare delivery. Its four pillars – accessibility, continuity, comprehensiveness and coordination of care – make it the logical place to gather the information needed to make intelligent resourcing decisions, and to connect patients to the healthcare services, resources, education and support they need, outside of the doors of the hospital.

To do that, practices of the future will be somewhat different.

In the pages of this report, you will read about the ways that the concept of the general practice team continued to be redefined this year beyond the traditional GP/practice nurse/practice manager triad to partnership with other healthcare colleagues, and beyond that, even, into partnership with families and caregivers.

The irony is that most practices already work that way. What is needed, and what the Pegasus Health mission is today, is a formalisation and acknowledgement of the value of that way of working, and ways to make it sustainable into the future.

At an organisational level, a number of key activities this year continued to build the foundations we need, in order to support practices as they look to a different future.

Our amalgamation with the Partnership Health Canterbury PHO was a smooth one, with staff and services coming under one roof at 160 Bealey Avenue. The PHO functions are a logical extension of the work we do in supporting primary care in its everyday work. Having everybody under the same roof not only leads to efficiencies, but creates the sorts of streamlined, integrated solutions we all need to reduce fragmentation all the way down the line.

A number of key information technology projects that Pegasus Health either drives or collaborates on have made significant progress this year. Once again, these are pivotal to drawing clinicians closer together on their understanding of a patient and reducing the wastage and inconvenience of duplicated tests and procedures.

Also on the connection front, our new Practice Liaison Team was launched this year. This is proving to be a useful conduit for information going out from Pegasus Health, and for collecting feedback from practices.

The numbers of practices consulting with our Integrated Family Health Services Team grew this year, reflecting the growing interest from practices, which realise that new ways of working and delivering care will be necessary, to not only survive, but thrive as the load on practices continues to increase.

You can read more about all of this activity in the coming pages of this report.

My thanks to the Executive Team for its ongoing commitment to excellence across all fronts this year. Amalgamations are never easy, in any organisation. That our business-as-usual activity didn’t suffer, amid a series of significant changes, is testament to its dedication and focus.

To the Board, my thanks for your guidance. A successful implementation of strategy requires governance support and that has been very evident.

Yet again this year the Canterbury District Health Board has worked closely with us to provide the support, funding and leadership that continues to make Canterbury the health system to watch. The leadership of David Meates and Carolyn Gullery continues to allow us to innovate on behalf of the sector.

I’m proud to be a part of it, and look forward to an excellent 2014 and beyond.

Vince Barry CEO
Pegasus Health (Charitable) Ltd

Vince Barry

Pegasus 2013

PEGASUS HEALTH (CHARITABLE) LTD

GP members

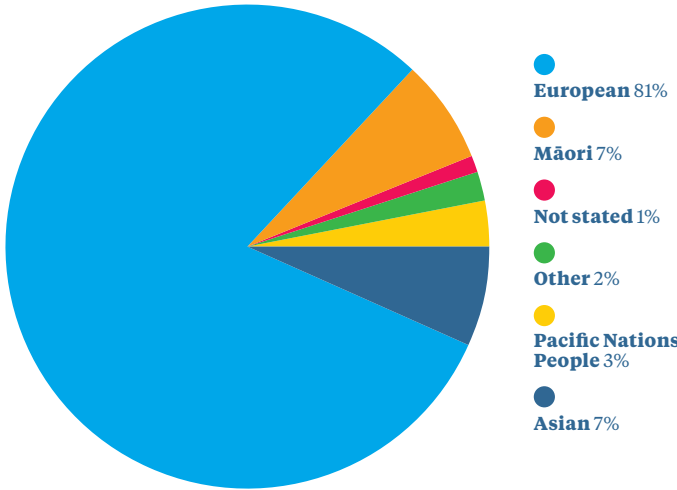
335
383

Total number of nurses working in Pegasus Health practices

PEGASUS HEALTH
PHO FACTS & FIGURES

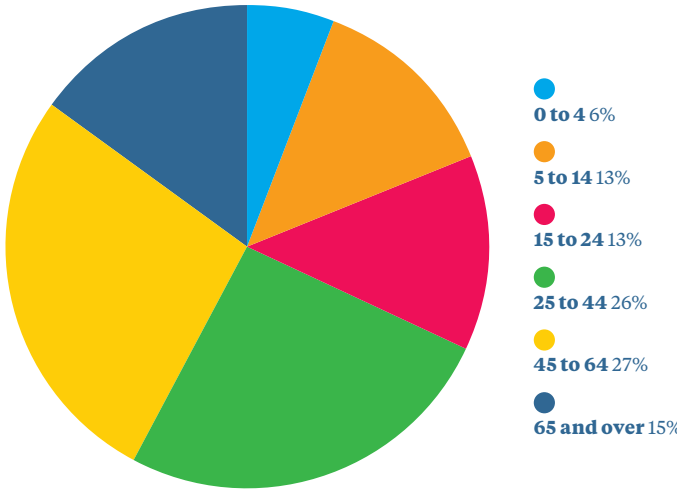
Enrolled population by ethnicity 2013
Quarter 2013 Q3 (July 2013)

Ethnic Group	
Asian	24,359
European	296,361
Māori	25,917
Not Stated	2,527
Other	8,153
Pacific Nations People	9,366
Grand Total	366,683



Enrolled population by age 2013
Quarter 2013 Q3 (July 2013)

Age Band	
0 to 4	23,530
5 to 14	46,739
15 to 24	46,599
25 to 44	94,152
45 to 64	99,873
65 and over	55,790
Grand Total	366,683



Professional partners

Twenty-one years ago, a group of Christchurch GPs came together to look at how they could do more, and better, for their patients, by joining forces and working more efficiently with the health funding available.

And so Pegasus Health was born, a membership organisation founded on clinical excellence, ethical use of resources, and innovative solutions to the traditional problems.

Today, Pegasus Health has grown beyond its original GP base to support practices, practice nurses, pharmacists, and other groups of medical professionals looking to collaborate on smarter, more effective ways of working in primary care, and across the sector.

Pegasus Health grew out of a single-minded commitment to doing things smarter and more efficiently. More than that, it was built on a foundation of uncompromising professionalism and a dedication to quality.

That commitment remains today, as more clinicians choose Pegasus Health to be their professional home.



Chair's report

NICKY SCOTT CHAIR
PEGASUS HEALTH NURSE
MEMBERSHIP LTD

The 2012/13 year was a significant one for practice nurses, with the establishment of Pegasus Health Nurse Membership Limited, and the opportunities this brings for the profession to have even greater and more meaningful input into the future direction of primary care.

Pegasus Health has built significant influence throughout the sector at a local, national and international level, over its 21 years. We acknowledge all of the hard work of our medical colleagues in establishing such a strong strategic organisational presence for primary care over that time – and are excited to now have the opportunity for nurses to be even more involved in its next iteration.

The establishment of a governance-level vehicle for nursing is timely, given the challenges facing the sector, and the critical role nurses are already playing in addressing these challenges. Finding solutions is a necessarily collaborative process as the traditional lines blur between disciplines, and nurses have the opportunity to work to their scope of practice and grow as professionals.

While it is true that a significant proportion of the nursing workforce is ageing, along with a significant proportion of the rest of the population, a new generation of community-based nurses is evolving, with a strong interest in stretching their horizons with further formal education and professional development.

It is the role of Pegasus Health Nurse Membership Ltd to be strategic in thinking, progressing nursing and the development needs of nurses, to ensure that adequate resources and support are available, and that nurses have access to the skills and leadership development opportunities they need in order to be valued partners in the primary care landscape of the future. Equally important, the

“Pegasus Health has built significant influence throughout the sector at a local, national and international level, over its 21 years.”



The Pegasus Health Nurse Membership Ltd Board
I to r: Jeanette Banks, Ronnie Ellis and Nicky Scott; *absent* Dr Martin Seers.

directors of Nurse Membership wish to inspire and motivate all practice nurses to become members and be actively involved in the development and decision-making of their future to ensure that excellent care is given to those at the heart of our practice: our patients.

This year was very much one of laying foundations and setting the path forward. In 2013 we have concentrated on optimising the benefits of and encouraging nurses to join Pegasus Health Nurse Membership Ltd, progressing nurse leadership, professional development and supporting the Charitable element of Pegasus in its objectives.

My thanks to founding chair Fiona Blair-Heslop for her excellent leadership for the first part of the year, to the Nursing Advisory Group for their hard work and to Pegasus Director of Nursing Shelley Frost, Pegasus Health (Charitable) Ltd Chair Martin Seers and CEO Vince Barry for their ongoing support and guidance.

Nicky Scott Chair
Pegasus Health Nurse Membership Ltd



I to r: Fiona Blair-Heslop, Helen Rogers, Jacqui Lawson, Dr Ben Hudson, Dr Susan Gordon, Professor Les Toop; *absent:* Dr Ramon Pink and Dr Martin Seers.

Subsequent to the recent Pegasus Health and Partnership Health Canterbury amalgamation, a new Clinical Board has been formed. This board replaces and expands the functions of the Clinical Governance Committee of Partnership Health Canterbury. The expanded Clinical Board has clinicians from a range of disciplines, principally medical, nursing and pharmacy, and includes rural, Māori and population health clinical perspectives.

The initial membership of the board: Prof Les Toop (chair), Drs Susan Gordon, Ben Hudson, Lynley Cook, Ramon Pink (Population Health and Chair TKOP) and Gayle O’Duffy (Rural), Fiona Blair-Heslop (Nursing) and Jacqui Lawson (Pharmacy). The Pegasus Health Clinical Executive supports the board: Shelley Frost, Drs Andrew Richardson and Simon Wynn-Thomas. There is currently a vacant position for a secondary care representative. The Pegasus Chair and CEO are ex officio members of the board.

The Clinical Board will provide advice to the main Pegasus Health (Charitable) Ltd board, monitor clinical activity across the sector, and work closely with the Community Board and other relevant external groups (including the DHB Clinical Board and leadership team of the Canterbury Clinical Network) on sector-wide issues. The board will promote a clinically led, community engaged, and management supported approach. Integration across the Canterbury system is improving, but there is much yet to do.

In addition to these core functions, the board is looking at a variety of possible areas to focus on proactively in the longer term. These are more complex areas of health need in the community, which require coordination with many other groups within and beyond Pegasus Health. Fluoridation has been suggested as something for the organisation to get its teeth into. We have unenviable statistics in many other areas and welcome suggestions on issues of priority on which to proactively focus.

The Christchurch rebuild offers a unique opportunity to co-advocate with our community board colleagues, supporters and partners for a healthier environment – one which facilitates

rather than works against the lifestyle advice we give daily as clinicians.

The performance framework currently under development, which will replace the existing PPP programme next year, will likely have higher level, more system-wide goals, which relate to the variation in core health statistics across the country. To address this variation locally we need a high-performing, supported and integrated system of clinical governance and clinical leadership with strong community engagement and partnership with many other agencies beyond health.

We are fortunate that Pegasus Health and the wider Canterbury health system is increasingly acknowledged, both nationally and internationally, as leading the way in innovation and leadership in all of the clinical, technical and managerial domains. We look forward to building on our successes to fulfil our vision to be “an international centre of excellence for the development and provision of primary and community based healthcare”.

Les Toop Chair
Pegasus Health Clinical Board

Member focus key to better care for patients, communities.

As Pegasus Health’s role expands beyond its founding member base, there’s one area where the spotlight remains unapologetically on the needs and concerns of GP members. Senior Clinical Leader Dr Simon Wynn-Thomas has a watchful eye on everything related to general practice. He says the demands of the present, as well as those ahead, make that essential.

“While it has been a big year with amalgamation, new governance structures, and system evolution, we’re also seeing more of our members than ever,” he says.

While Simon’s is something of a ‘member care’ role, everything that is done to support GPs has a flow-on effect.

“Clinicians with a commitment to excellence and quality and an openness to the change environment offer a win-win for everyone. They can offer, or contribute to a better working environment, attract great staff, and be more sustainable. They can do more for their patients and their local community, and deliver a high quality of care. They’re able to respond to the sorts of changes that patients, communities and the system need from them.”

There’s no doubt that GPs are feeling the impact of stress from a number of quarters – and it’s not just the change environment.

In an anonymous Wellness Survey conducted with Pegasus Health GPs and practice nurses, a third of survey respondents reported unacceptable levels of stress, 10% felt they were lacking an effective support network, and half were concerned about their fatigue levels.

Heavy workloads, longer and more complex consultations, workforce issues, space constraints and earthquake after-effects were felt to be contributing factors (see below for the solutions Pegasus has put in place).

None of this, however, stopped GP members from putting their hands up to be part of the new Clinical Board, established this year as part of the amalgamation of Pegasus Health with Partnership Health Canterbury.

“It’s especially important to have this in place now, with ever more difficult decisions facing us, as others look to influence us to focus in places that the evidence may not agree are the most productive.”

Continuing to place heavy emphasis on quality, right throughout the Pegasus Health network, is paying off.

“It was September before we got our first complaint this year, and that reflects the far more systemic view that we have. Pastoral and peer support for those who need it, combined with initiatives like GPVu, a tool that shows practices how they’re doing against others just like them, are offering new ways to address any quality issues even before they arise,” Simon says.

That’s even more crucial than ever, with national changes afoot that will ultimately require all practices to take part in a new national accreditation programme.

“Right now we are helping practices to get up to speed with what’s coming, doing a stocktake of where they are in terms of fulfilling the new ‘foundation standards’, and putting in place tools to help them be ready.”

That work, made possible by PHO Performance Programme Funding, is going a long way.

It’s not only clinical quality that is under the spotlight, but business quality, too.

“You can’t do well in one area without the other. If you offer the best clinical quality, your business can flourish. Systems need to be fine-tuned enough to be sustainable and efficient or there will be no place or framework in which to deliver that quality care to patients.”

As a result of the 2012 practice Wellness Survey:

- > a discounted rate for independent counseling for practice staff was put in place.
- > discussions got underway with the Canterbury Initiative and secondary care to set up measures aimed at easing workload. These include making systems more functional and easy to use, and reducing paperwork.
- > practices were offered support and advice on how premises could be improved.
- > a recruitment drive was launched at 24HS to increase medical locum capacity for both 24HS and practices.
- > a member-initiated website showcasing living and working in Canterbury, and what it means to be in the health sector here, got underway.

Looking ahead to a new kind of future

Pegasus Health has always been big on building nursing capability at an operational, strategic and, more recently, governance level – and for good reason.

Practice nurses are the largest professional group within the Pegasus Health network, armed with the skill sets and approach essential to delivering quality care.

The nursing contribution is becoming even more critical to the wider system as everybody looks for new ways to meet the double-whammy challenge of an ageing population that increases the number of people with chronic conditions at the same time the health workforce is declining.

Getting both workforce and practices ready for a markedly different future from the one that many entered is top of mind for Pegasus Director of Nursing Shelley Frost.

“Some nurses will be working in advanced practice roles and others will be working in new ways. There will be new careers within general practice, such as Care Coordination (coordinating the care of people with complex needs) that nurses may choose to move into; they may also be working alongside new practice team colleagues such as nurse practitioners, enrolled nurses, healthcare assistants and other allied health roles.”

As the picture emerges and opportunities turn from theoretical to real, it’s the job of Shelley and Pegasus Health’s nursing leaders to provide the educational and professional development support to ensure nurses are able to safely extend their practice.

“The establishment of Pegasus Health Nurse Membership Ltd is a big move forward.”

As well as taking part in the Pegasus Health Education Programme, many nurses are choosing to pursue higher studies.

“We’ve seen a real increase in nurses in general practice (including the 24 Hour Surgery) undertaking post-graduate study, and a number are on their Masters pathway.”

Not all of the opportunities for the future are practice-based. Increasingly, nursing is a profession that is playing a big part in shaping the future of the sector as a whole.

“It’s one of the advantages of being part of a group like Pegasus. Opportunities come to the organisation to play a part in the system-wide approach that is a feature of health in Canterbury. It’s not just with a single profession, discipline, or organisation, it’s across the board.”

The priority is in building the strategic and governance capability that the profession needs to ensure it can maximise its contribution to the sector.

Shelley has been involved in management and governance for over 15 years. Her many external appointments include Chair and Executive Director (Nursing) of General Practice New Zealand, Deputy Chair of the NZ Health Quality and Safety Commission, sitting on the Canterbury District Health Clinical Board, and the General Practice Leaders Forum. She also sits on the Ministry of Health’s Primary Health Care Nursing Sector Reference Group.

She’s seen a real shift in the contribution that nursing is making to the big picture, especially over the past year.

“The establishment of Pegasus Health Nurse Membership Ltd is a big move forward. The Pegasus Nursing Advisory Group is also worth noting. The group has made a significant contribution to the organisation this year and made gains in terms of capability and influence. Pegasus nursing is most certainly in a position to influence the Canterbury health system.”

General practice patients by enrolment status			General practice consultations (enrolled patients) by ethnicity		
	2011/12	2012/13		2011/12	2012/13
Total Consults	1,053,996	1,088,976	Asian	38,453	40,330
Enrolled patients only	990,650	1,025,053	Māori	52,643	57,635
			Pacific Island	16,724	18,877

PROFESSIONAL PARTNERS

Getting a taste for practice nursing

“Back in 2001 we ran a feature in The Press newspaper about the course, and described the practice-nursing role,” Kelly Robertson remembers. It was the weekend Pegasus’s Introduction to Practice Nursing Course was launched.

“Monday morning, the phones didn’t stop ringing. We had 75 on the waiting list by 10am.”

That was 12 years ago and the course, which was originally designed as a recruitment and retention initiative as part of that year’s Nursing Strategy, is now routinely oversubscribed.

“We wanted to raise the profile of practice nursing and allow nurses, who were contemplating a move to nursing in general practice, to get a taste of what it was like.”

Nurses raise the bar – for themselves

For many people, the first year on the job is change enough, without adding the pressures of undertaking an accreditation process.

But Glynis Dodson’s lifelong love of learning and innate desire to keep developing as a professional means she is never satisfied to stand still. This year, she’s proud to be the first Pegasus Health nurse to complete the Professional Development Recognition Programme (PDRP).

Glynis joined the 24 Hour Surgery in 2012 from Princess Margaret Hospital, where she was a Clinical Nurse Specialist with Older Persons’ Health.

Already, she holds a post-graduate diploma in Rehabilitation and another in Professional Nursing Practice, a Masters of Nursing and a graduate diploma of Management.

The PDRP programme asks nurses to gather information and indicators to attest to their capabilities of working at a certain level. Participants can choose to be rated as competent, proficient or expert.

“If you want to nurse in the long term, you really have to keep up with where health is going, and think ‘if this is where I want to go, what do I need to do?’, whether it’s skill or educational development,” Glynis says.

“For me, preparing my PDRP portfolio was about the personal challenge of doing it and making sure I am where I think I am with my skills, knowledge and practice. It also showed me how much I have learned over the past 12 months in this job, and how I’ve pulled knowledge from my previous roles through into my practice.”

Meantime, Glynis says she loves her role with the 24 Hour Surgery.

“I enjoy the high level of autonomy, the brief contact with patients in various states, and seeing them leave in a better

Today’s programme runs for 34 hours, and draws on the skills and knowledge of practice nurses throughout the Pegasus Health network, practice managers, GPs, Pegasus Health staff and others.

At the completion of each course three to four nurses secure a position within general practice and we have experienced two to three nurses being offered a position after their half-day placement in general practice. Others choose not to make the career switch, but they do go back to their regular job with a greater appreciation and understanding of general practice.

state than they walked through the door. I love the shoulder-to-shoulder work with nursing colleagues, the medical teams, receptionists and healthcare assistants. We’re all part of the same team, without the hierarchy. I really love that.”

Glynis says she’s in primary care to stay and is looking forward to developing her skills even further.

Pegasus Health works in partnership with the CDHB supporting all nurses who wish to submit their portfolio as part of the Regional PDRP Programme.

This voluntary programme provides nurses with the opportunity to assess their nursing practice against the Nursing Council’s competencies, recognises levels of practice, and supports ongoing professional development. The programme also aims to promote and reward nursing expertise and recognise the huge contribution of nurses to quality patient health outcomes. During the past year over 80 nurses from across Pegasus have attended workshops to support them to begin their portfolios.



Glynis Dodson

Bucking the trend

Marie Burke’s path to general practice ownership may not have been a conventional one – but she couldn’t be happier with the outcome.

“It feels like home. I’m certainly older than people in the past who’d be buying into a practice, and many people at my stage in their careers – nearly 20 years in – are thinking about exiting. But I wanted to feel more involved and to have a different kind of say in how things were run.”

Marie was a long-term locum at Linwood Avenue Medical Centre before buying into EastCare. She had not been tempted with partnership before, but she realised that to have more of a sense of ownership in the future, she would have to take a stake.

“This is a good community, and the practice has always been about good patient care. There are two GP and two nurse Pegasus small-group education leaders in the practice, so there’s a real focus on quality.”

Marie has been involved in Pegasus Health as a small-group leader, delivering the education programme, for the past five years.

Around the time she bought into EastCare, she also joined Pegasus Health as a Clinical Facilitator.

“I signed up with the practice, then the following Monday applied for the Pegasus job. It was a life-changing week!”

Dr Marie Burke outside EastCare Health

She says being on the other side of the desk in her Pegasus Health role is eye-opening.

“From a GP perspective, you just have no idea what goes into keeping the education programme going, even just the bulletins. A huge amount of work goes into making a quality product.”

The difference is evident to others looking in.

“A new nurse staff member at EastCare, who recently moved to Christchurch, is stunned by the quality we have here and the way that it’s delivered, especially the fact that it’s not sponsored by drug companies.”

More than in the past, Marie says general practice is a strong career choice.

“You see it in the medical students who come in here, saying things like, ‘I thought it was just kids with sore ears’. They are excited to see lots of interesting things that they just wouldn’t see in hospital.

“There are endless opportunities to do interesting things, whether you’re more clinically or business focused, or both. And that’s not just Christchurch – it’s New Zealand. You can have a portfolio career. In the UK, you buy a practice and you’re there until you die or retire. Here, you can have another focus for a time and nobody’s saying ‘why are you doing that?’”



Education not just about learning, but change

Pegasus Health’s clinical education programme has long been dubbed ‘the jewel in the crown’ – and for good reason.

It’s the lynchpin of everything the organisation does, informing and facilitating quality clinical practice, encouraging the most effective approaches for healthier communities, providing important feedback to clinicians about their professional ‘habits’ and how they stack up against the evidence, and showing them how their patients are doing when compared with their peers.

GPs, practice nurses and pharmacists now all engage with the same education topics via the programme, elements of which are also being delivered as far north as Nelson and down to South Canterbury.

“Monitoring labs and pharms utilisation is still core business,” says Professor Les Toop, who is the clinical leader for education, chair of the Pegasus Health Clinical Board and one of the original architects and founders of the programme 21 years ago.

“As well as providing crucial comparative feedback to clinicians about how they’re doing, it also helps the education team to target the important topics and the emerging areas in which we can make a real difference.”

The positive effect of the 2009 Polypharmacy small group round, which looked at the implications of using multiple medications in a single patient, is a great example.

“Polypharmacy is one of the greatest threats to growing old,” Les says. Historically, Canterbury has led the country in the number of elderly patients taking large numbers of medicines, not always to the patient’s advantage. He points to the Health Quality and Safety Commission’s Atlas of Healthcare Variation, which can be found at www.hqsc.govt.nz as a clear before-and-after visual example of what can be achieved via a carefully targeted, system-wide educational intervention.

“From leading the pack – in this instance, nothing to be proud of – we are now firmly in the middle and tracking down. In contrast, nationally many other DHBs continue to experience significant growth in polypharmacy in the elderly.”

Pegasus Health’s education programme continues its long tradition of active involvement in getting to the bottom of the issues and controversies of the day.

One area that attracted a lot of attention in 2013, and that will continue drawing attention, is that of shared decision-making.

“The whole idea of involving patients more in decisions around long-term treatments, interventions and self-care means we need to be equipped to have more in-depth conversations about the magnitude of possible benefits and harms, and about assisting patients to choose. This is especially true for preventive activities like screening, and primary prevention strategies. Those for heart disease are a good example.”

Les points out that many screening tests have harms as well as benefits.

“Polypharmacy is one of the greatest threats to growing old.”

“Prostate screening, for example, can show up very early changes which might lead on to invasive cancers or may well not develop into anything life threatening. Patients need to understand this before not after they have the tests. Similarly, taking medication to lower cholesterol, for those without obvious disease, comes with potential harms as well as possible benefits. It is okay for people to make different choices faced with the same information.”

In a complex, increasingly technologically driven and heavily marketed health environment, it seems that the human element is more important than ever. General practice team members, as probably the most trusted and accessible sources of health information, are best placed to assist in this shared decision-making.

“We need to take the benefits from all the advances that are happening, especially in the information technology area, while maintaining and developing the human element of our work. Things can look very authoritative on a square computer screen, but clinicians have a role to add the common-sense filter, and take a holistic view which supports, not drives, choices. Sometimes that informed and shared decision will be to not do some of the things recommended in well-meaning, but simplistic, single disease guidelines.”





With quality being such a strong driver across the sector, concerns about measurement, and what gets incentivised as a result, are also high on Les’s agenda.

“Searching for appropriate and relevant measures of quality is something that shouldn’t be done in isolation. There needs to be an interplay between professionally owned education and those who set quality measures. Pegasus is actively involved in that debate, both nationally and internationally, and it remains an ongoing challenge.”

Les points to participation by Pegasus Health in this ongoing debate as one of the tangible ways that the organisation adds value to profession.

“No matter what the immediate challenges of the day the education programme has taken them on. We should be justly proud of the achievements of the programme over the last two decades.”

All told, Cantabrians are some the most fortunate patients around thanks to the commitment of its primary care workforce to stay on top of their game, and also because our general practice workforce is stable.

“Often when secondary care doctors come from overseas, for example, to work in the Emergency Department at Christchurch Hospital, they remark at how impressed they are at the quality of care they see happening in our community, compared to where they have been. We have a stable workforce, so people are able to access good continuity of care often over decades, seeing the same general practice team members. In return, clinicians have the added job satisfaction and knowledge gained from looking after the same patients and families over many years. They inevitably take a long-term rather than episodic view, an approach backed up by a large body of international evidence of effectiveness, efficiency and patient satisfaction.”

PHO Performance funding

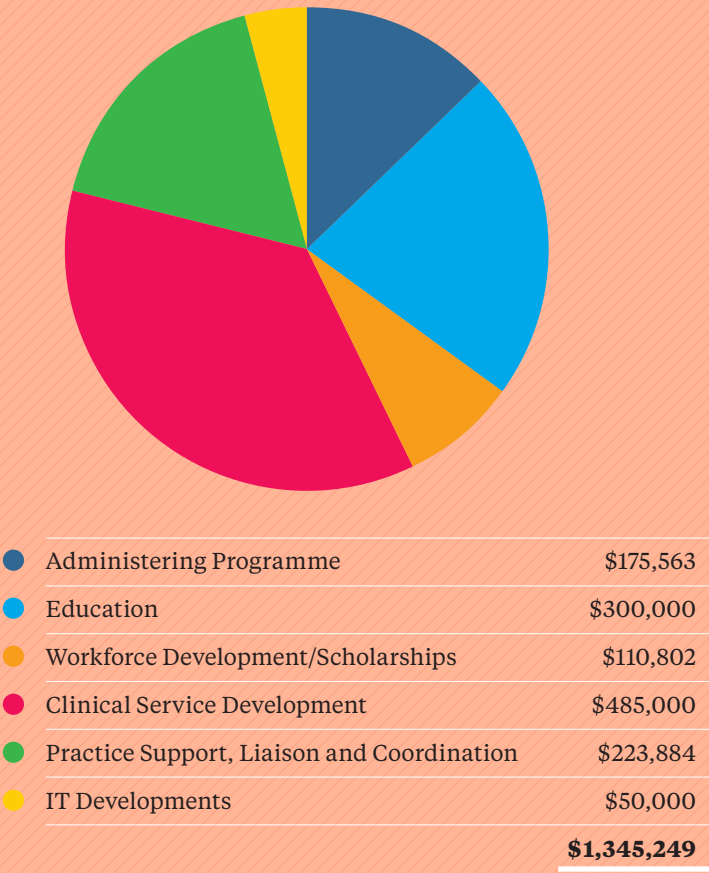
The PHO Performance Programme (PPP) aims to improve the health of communities and reduce inequalities by encouraging primary health organisations to achieve predetermined targets for certain activities. These include immunisation, mammography and cervical screening. The funding available, if all targets are met, is small per patient (\$4), but when pooled across a large organisation like Pegasus Health, is enough to fund across-the-board quality improvement activities that benefit everyone.

The PPP funding this year has provided partial subsidisation for the education programme (initially the programme was funded from ‘reserves’. Latterly the CDHB has paid for the bulk of the programme), and a small portion will be used to support practices to achieve accreditation. This will soon be compulsory.

The PPP programme will be replaced with a different performance framework from next year, with details still being finalised.

“Pegasus leadership is involved in contributing to this discussion,” says Les Toop. “Watch this space.”

PHO Performance Programme 2012/13



Practice partners

Nobody and nothing in primary care operates in isolation – it's the ultimate team environment.

Clinical and business issues are interdependent and neither can be compromised without impacting upon quality and sustainability; all of the various professions that make up this diverse workforce need one another to get the best job done. There are common needs that run across every primary care team, and it just makes sense to deliver these centrally.

In order to really make a difference, the whole-of-population and whole-of-system approaches, so necessary today, need substantial and sustained resources and focus.

Pegasus Health partners with its practices and their teams to provide support, resources and expertise in areas that are common clinical and business needs, right across the network. Pegasus Health develops and runs preventive care programmes to keep patients as healthy as possible, and supports practices in delivering Ministry of Health initiatives, including B4SC (Before School Checks), immunisation, Appetite for Life and screening programmes. It takes care of Pegasus Health patients when practices can't via the Pegasus 24HS, and provides innovative services to help practices keep their patients at home rather than sending them to hospital, when that can be done safely.

Increasingly, it is providing patient education programmes to help people manage their own conditions or care for someone with a chronic condition.

Pegasus Health takes care of much of the administration and paperwork that would otherwise tie up valuable clinician time, and supports practices as they face the challenging, exciting job of looking at different ways of delivering care and running their businesses in the future. It provides IT support to practices for their day-to-day work in seeing patients, managing and accessing records, safely sharing information, developing new tools for a new era of healthcare, and keeping hardware, software and storage running smoothly.

24 Hour Surgery

New Pegasus 24 Hour Surgery Operations Manager Claire McQuilken has been on the job just a matter of months in 2013, but she's really clear that this is a health organisation like no other.

"It's such a unique environment, this mix of salaried staff and GP members all coming together to create a really strong team, with a single focus: to provide quality after-hours care." GPs, who still work shifts at the 24 Hour Surgery, remain its cornerstone.

"Pegasus Health members still come through on a monthly roster, and we love having them here. They're what the 24 Hour Surgery is all about and our role – to be there for their patients when practice teams can't – is at the heart of everything we do."

The 24 Hour Surgery has been busy standardising systems, processes and room layouts in 2013 – just one of the strands of activity designed to make things work smoother and faster, to make for a better experience for patients and clinicians alike.

"To meet the demands of our patient flow, we need to get right the things that support that. So now, when you come to the 24 Hour Surgery, you'll find a lot more standardisation – GPs can come into the room and find the same thing, in the same place as last time. Our use of rooms will be increasingly flexible, so we can adapt to what is happening in the moment and streamline patient flow. It's not a fast process, but it's a very necessary one."

Recruitment and retention continue to be a big challenge, as it is for health providers the world over.

"So we are increasing staffing, and we are also up-skilling to meet the changing demands of the General Practice sector."

"To meet the demands of our patient flow, we need to get right the things that support that. So now, when you come to the 24 Hour Surgery, you'll find a lot more standardisation."



Claire McQuilken

We're fortunate to have a dedicated team at the 24 Hour Surgery who are happy to face change and do things differently for the best result. We're taking a lot of it back to basics and creating a really clear structure: what is our role? How do we know when we're doing it? Does each of us know where to get the support we need, if we need it?"

The reason that Claire, and everyone on her team turns up every day is evident when they walk through the door and every hour after.

"There'll be 38 patients one hour, 38 the next and maybe 12 the hour after. It never stops. One big piece of work is our waiting times project, looking at the time people spend in the facility. The demand is never the same two days running, so we are looking at how we stream people to save everyone – doctors, nurses, patients – time."



24 Hour Surgery 2013

Nearly 70,000 patients used the 24 Hour Surgery between 1 July 2012 and 30 June 2013.

In the past year we have:

- > put on 159,110 gloves
- > applied 27.8km of crepe bandages (that's the distance from Templeton to New Brighton with a jog around Hagley Park on the way)
- > used 74,100 gauze swabs
- > applied 3,607 slings
- > done 9,650 dip-stick urine tests
- > bought 1,612 elbow crutches

New roles streamline practice support

Practice Support Liaison Team Leader Pip Mason has seen many changes over the nine years she has worked at Pegasus Health.

But one thing remains the same: no matter what changes in the dynamic health system, practice teams want to have the knowledge and skills to provide optimal care for their patients.

Pip's role today sees her heading a team of six Practice Support Liaison staff who support Pegasus Health's 110 practices.

These new positions were established in July 2012 to support general practice with the growing demands they face, and to provide a strong link between Pegasus Health and general practice teams in both administrative and clinical terms.

The Practice Support team acts as a conduit between Pegasus Health and general practice, visiting practices on a regular basis to ensure practice teams are kept abreast of funding streams, key initiatives, and the technical aspects of running a business.



Pip Mason

Breathing easier

Scores of Cantabrians now breathe – and sleep – easier, closer to home thanks to Canterbury Initiative Support Services Community Integrated Respiratory team.

Established in 2009 by the Canterbury District Health Board and the Canterbury Initiative, the service expands respiratory services traditionally based at the hospital, into general practice.

Working in a team, a community respiratory physician, physiotherapist, nurses and a GP liaison member work with hospital healthcare professionals

and general practice teams to deliver a number of services.

Pulmonary Rehabilitation is a two hour, twice weekly for eight weeks programme for patients with Chronic Obstructive Pulmonary Disease (COPD). It aims to improve patients' exercise tolerance, knowledge and understanding of their condition.

There are a number of programmes run each year across the Canterbury region, in the rural areas of Rangiora, Ashburton and Amberley as well as urban city venues. A 'keep breathing' group has since been established in Rangiora, and Ashburton, along with an additional exercise class in the Eastern suburbs of Christchurch for those wanting to continue with the exercise and socialising with those who have the same condition. The Respiratory Relief Society has been established in central Christchurch for many years, but the addition of other follow on exercise groups in the surrounding community has greatly improved services for this vulnerable group of patients.

Patients with COPD who would have traditionally been admitted to hospital with their disease now have the opportunity when they become unwell

to remain at home with the support of their general practice team, the 24 Hour Surgery with support from the Acute Demand team if required, or be admitted to hospital if necessary.

A number of practice nurses and GPs throughout the region now perform their own breathing tests with a spirometer, and have received training and accreditation from the respiratory specialist services at Christchurch Hospital. This service is supported by the community team. They can now conduct breathing tests right there at the practice, with a subsidy from the DHB to offset the costs, making life easier for the patient and helping reduce waiting times. The community respiratory team is also there for practices needing a hand working up acute care plans for their Chronic Obstructive Pulmonary Disease patients (COPD).

People struggling with sleep issues are also getting some relief, thanks to the Respiratory Team, who have extended screening for sleep-disordered breathing and sleep apnea out of the hospital, and into some local practices with the collaboration and support of the Christchurch Hospital Sleep Services.



When real life solutions are needed

Picture this.

You're a 30-something young mum with five (yes, FIVE children).

You just moved to Christchurch, hundreds of kilometres away from friends and family.

Your husband has gone away for work. The kids are climbing the walls. You're sick – really sick, with pneumonia. And now you're threatened with hospitalisation, because – wait for it – you need to rest.

Not because you need specialist care, not because you need dedicated, 24/7 monitoring or medication tweaks or big tests or procedures; not because you need any of the expensive and scarce resources of the hospital, but just because there's no other way to get you flat on your back, taking it easy.

You and your GP both agree that all you really need is somebody to feed, water and watch the kids (and you), get the kids to school, make sure your intravenous antibiotics are hooked up and doing the job, and check up on you now and then.

Anybody who's ever been involved in a situation like this – clinician or patient – knows how frustratingly limited the health system response can be when the problem is medical, but a big part of the solution lies in real-life.

The costs are high: patients pay, by being removed from their everyday life and put into hospital when they really don't need around-the-clock medical or close nursing care. Practices lose touch with patients they could be caring for, and people are disrupted from their known and trusted regular care teams. And there's a hefty daily price tag to the system, for each and every high-spec hospital admission, which comes loaded with all the extras, needed or not.

Enter the Acute Demand Co-ordination Team, who solve problems like those of our young mum every day. They're there for practices 24/7, putting in place practical, as well as medical and nursing solutions, to keep people at home, who can be cared for safely there.

They're there for practices 24/7, putting in place practical, as well as medical and nursing solutions, to keep people at home, who can be cared for safely there.



Nancy Yates, Registered Nurse at the Acute Demand Service

They come up with interesting, creative solutions that involve everything from meal services, equipment and cleaning assistance to childcare, along with the medical and nursing services the patient will need.

The Pegasus Health-based service supports all Canterbury practices. It is particularly popular on weekends, especially for older people who don't need immediate hospital admission or intense observation at the 24 Hour Surgery, but who need some extra support until the non-urgent hospital services open again on Monday. Often these patients either can't take care of themselves or, for a period of time, need more support than their usual support system can provide.

Sometimes it's as simple as making sure that the house is warm and that there's milk in the fridge, until other services can pick the patient up. Others need people to help with personal care, alongside the medical and nursing support that is still an important part of the service.

Whatever it takes, the aim is to make things as safe and convenient for the patient as possible, and the system as easy for practices to use. And so this year the Acute Demand Service has focused on developing electronic claiming and referral systems in order to reduce the amount of paperwork for practices and improving the flow of communication between providers.

Closer working ties have been built with Nurse Maude, St John, after-hours practices, social services organisations and hospital clinicians, all of whom have, from time to time, a part to play in the health lives of their patients.

The Acute Demand Co-ordination Service received 25,395 referrals in the 2012/13 year – up on the 19,746 for the 2011/12 year. This means 29% more patients in Canterbury benefited from the range of services available through Acute Demand this year. Those patients received almost 30,000 consultations, 3,200 ECGs, and 1,200 sessions of intravenous therapy – all delivered by their own general practice team funded by the programme.

Smoothing the bumps in
the information highway

Ever been referred from one health provider to another, to face the same set of questions and the same tests – sometimes within a matter of hours?

Often it’s important that things happen that way. But other times, disparate and disconnected bits of the health system just aren’t talking to one another, resulting in wasted patient time, unnecessary cost to the system, and a hassle for everybody.

While the health system works overtime to connect up all its disparate parts, both philosophically and in practical terms, there’s also a momentum growing around safely and securely connecting all the different health information from practices, patients, hospitals, community pharmacies, community nursing, and so on.

New IT solutions are making referrals and transfer of notes and records easier than ever, reducing the time it takes to get information from one provider to another, eliminating the need to have the same tests done again and again, and speeding up the flow of and access to health information.

There are two major pieces of collaborative work going on in the sector that Pegasus Health is proud to be a part of: e Shared Care Record View (eSCRv), a project that is making it possible for all health providers involved in the care of a patient to (securely) see parts of their health information, and the Electronic Request Management System (ERMS), which makes it easier to transfer health information electronically between health professionals.

While enabling individual IT systems to talk to one another right across the sector may sound straightforward and logical, it is no easy task. Individual systems have been built up over the years and each speaks its own specific IT dialect.

The Canterbury earthquakes have fast forwarded both projects, speeding up the work that was in progress, and Canterbury is not the only region benefitting from this.

ERMS is now being implemented in the Southern region, as well as Canterbury, with project management, implementation support, ongoing software development and hosting services provided by Pegasus Health.

The eSCRv project has continued to build a solid foundation over the past year, with the expectation the system will be able to be utilised from broader Patient Management Systems by other health organisations and, potentially, other districts within the Southern Region.

Significant clinical input has helped take both of these platforms off the drawing board and into the real world. A deep collaboration has been a feature of the past year with clinicians, IT specialists and others working side by side in collaboration with CDHB, Canterbury Community Pharmacy Group, Nurse Maude, and Orion Health.

While sharing and collaboration were consistent themes for Pegasus’s IT services in 2013, work continues on making life as easy as possible for practices, with robust, secure, cost-effective IT and telecommunications services. The spotlight is on anything that enables clinicians to spend less time on administration and compliance, and more time with patients.

A patient ‘dashboard’ was trialled in 2013, giving GPs at-a-glance access to key information about individual patients, their medications, what screening they may be due for, and any conditions or history that might be worth taking note of. The dashboard is a big step forward in helping practice staff to break through information overload, and to get immediate access to the information they need, when they need it.

New IT solutions are
making referrals and
transfer of notes and
records easier than ever.

Bringing it all together

As practices look to the future, they are also considering different methods of working.

The idea of Integrated Family Health Services (IFHS) has been around for several years now and is gaining traction. Multidisciplinary centres, housing various health professionals on one place, can be a forum for the sharing of knowledge while providing swifter, more holistic care for patients, and helping practices to remain viable in uncertain years ahead with an ageing population and squeezed workforce.

The IFHS team, under the CCN workstream, is based at Pegasus and has spent the year working with various practices to guide them through some of the questions that

this health environment poses. How do we improve our services to our vulnerable, complex patients? What workforce does a practice need to sustain itself? How large a building do they need? What does a successful business model look like? With whom will they collaborate in the years to come? And how will that work?

A number of Pegasus Health practices have integration feasibility studies underway. Some are currently designing new practices and working on how to collaborate with professional colleagues, such as physiotherapists and pharmacists, on a more formal, strategic level. Some general practices are even talking about combining, to make the most of their individual resources.

“The reality is, we can’t just keep on doing the same things”

Travis Medical Centre is well on the path towards becoming an IFHS, as it eyes collaboration with two others, Parklands and Queenspark.

“We may not all move into the same building,” says GP David Pilbrow, “but we’re each undergoing a fundamental shift in the way that we look at things, and we agree that we can achieve more if we go forward, in some way, together.”

The future shape of Travis’s GP workforce – three partner and two employee doctors – looks much the same as it does today. What will be interesting is their planned mix of professionals.

“We are currently all sharing a care coordinator and have found her invaluable in managing complex patients,” David says. “In time we hope to have more nursing staff, as well as district nurse, care coordinator and social worker under our roof, as we really see the benefits of sharing space.”

While it sounds good, David is also cautious about the pragmatics.



l to r: Dr Arthur Collins, Dr David Pilbrow, Practice Manager Linda Adams, Nurse Nicky Scott, and Receptionist Karen Mitchell at Travis Medical Centre.

“There has to be commercial value in it for it to be sustainable, but if you’re a GP who wants to go the distance, you have to make the investment. It has to be a place where you want to keep going to work.”

In the meantime, David and his team have adopted new ways of working to manage the overload.

“The reality is, we just can’t keep doing the same old 15-minute appointments. And we’re all way too acute focused. More energy needs to go into prevention.”

To free up precious time, two members of the Travis team meet every morning to run through the day’s patient list, flag any potential problems, and identify anything else, such as screening, that could be done as part of the consultation.

“The more that we can get done at once, the better. Patients don’t have to come back numerous times, it frees up time for acute presentations, and recalls are done faster. It works at all levels.”

At Travis Medical Centre, the system is so finely tuned that some patients don’t need to be seen at all.

“About a third of people who make an appointment don’t need a face-to-face consultation. They can be helped in one of the morning or evening time slots we set aside for phone consults.”

Patients receive the care they need earlier, quicker and more conveniently, and GPs get to have a life at the end of the day – something that’s critical to sustainability.

Nursing staff are enjoying a more active, engaged role, too.

“Our nurses have been upskilled so they can do more acute care. Often by the time a GP gets to see the patient, the nurse has already nailed it. They enjoy the extra responsibility and variety, and patients are out the door, sorted, sooner.

“Everyone is becoming more involved and working more closely together. It’s much more enjoyable.”

Community partners

As the role of friends, families, neighbours, community groups and organisations becomes more significant for all in health, so does Pegasus Health's role as a connection point between the community and the health sector. The reality is, the two have always been inextricably bound in peoples' lives. Our challenge now is to bring them closely together within the system, to improve health outcomes for all.

The amalgamation of the Partnership Health Canterbury PHO and Pegasus Health in early 2013 was a significant step in that direction. Mental health workers and GPs now share the same tea-room with pharmacists, practice nurses and respiratory outreach nurses. Those planning community health initiatives now sit shoulder to shoulder with those who deliver them; those allocating the funding for programmes get to see and hear daily from the people on the ground.

Primary care is the logical home-base for the formalisation and streamlining of the informal ties that have always existed between clinicians and community providers. Its large infrastructure and wide, established networks in 100 neighbourhoods across Canterbury provide not just a distribution and connection point, but valuable feedback from practice teams working with thousands of people every day.

These doctors, nurses, receptionists and support staff are in a unique position to be a safe, independent place to consult and receive information from, and open the doors to the community. They are also the key to the education and support that will be needed if people are to take a more active role in their own care.

There is no doubt that, for the professionals of an increasingly overloaded health system, it is friends, family and patients who are its biggest allies in addressing workload issues. In turn, primary care can remain a central hub for care, and continue to advocate for the continuity of care that is such a strong part of good health.

Chair's report

PROF. ANDREW HORNBLow CHAIR
PEGASUS HEALTH (CHARITABLE)
LTD COMMUNITY BOARD

Pegasus Health's new Community Board had the opportunity to meet only four times before the 2013 financial year came to a close, but has managed to get a lot done.

Inaugural Chair Professor Andrew Hornblow says that the board's predecessors, the Partnership Health Canterbury PHO and Pegasus Community Advisory Board had laid a strong foundation on which the Community Board is now building. With the amalgamation of Partnership Health Canterbury and Pegasus Health, the Community Board was set up to lead Pegasus Health's community development. The joint legacy of Partnership Health Canterbury and the Pegasus Health Advisory Board has paved the way for the new board to get to work quickly.

"As an incoming board, we felt very fortunate to have all of that groundwork already done, with many of the issues facing the community clearly identified, and some good initiatives already in place. Credit must be given to the Partnership Health team, and the Community Advisory Board led by Margaret Austin, for their achievements."

The Community Board has a firm place in the Pegasus Health governance structure, rather than simply having an

advisory role, and contributes actively to strategic decision-making. Two Pegasus Health directors are on the Community Board, one as chair.

"Recognising the significance of diversity and equity issues in primary health the Community Board includes the chairs of advisory groups Te Kāhui o Papaki Kā Tai (TKOP), the Pacific Reference Group, and the Asian and Migrant Health Advisory Group."

The board also includes five community representatives. The appointment process for these community positions was deliberate and thoughtful.

"We went out into the wider community seeking nominations of those with a track record of community involvement and leadership. Over 30 very able people were put forward for the five vacancies. The group we have is strong across the diverse areas that make up our communities. They are experienced and committed people."

Despite being up and running only briefly, the new Community Board managed to pack a lot into its first four months, including preparing submissions on draft Local Alcohol Policies, adopting a framework to address determinants of health, looking at what needs to be done in

Itor: Helen Lockett, Michael Aitken, Rob Earle, Peter Laloli, Professor Andrew Hornblow, Wendy Dallas-Katoa, Tanya McCall, Natu Rama, Peter Townsend; *absent* Dr Matea Gillies.



the area of health literacy, and working on the start of a strategy around community engagement.

The board is ably supported by Pegasus Health staff, in particular Jane Cartwright, Pegasus Health's Community Development Programme Director and former Chief Executive of Partnership Health Canterbury, and Dr Lynley Cook, who heads the Population Health and Community Engagement Team.

Professor Hornblow says the board is an important part of the big picture for Pegasus Health as engagement with the community on major health issues complements the provision of clinical services.

"It's so important, especially with the challenges the sector faces at the moment, to be very conscious of the determinants of health, including how we live, work and play. There's a lot that needs to be done at a community level in our social and physical environment, in supporting individuals and

families in healthy lifestyles, and in changing the attitudes that contribute to preventable sickness and death."

The Pegasus Health Community Board is working closely with other health-related organisations in the region on a range of issues and initiatives, because so much of what needs to be done at a community and population level happens only in partnership with other organisations.

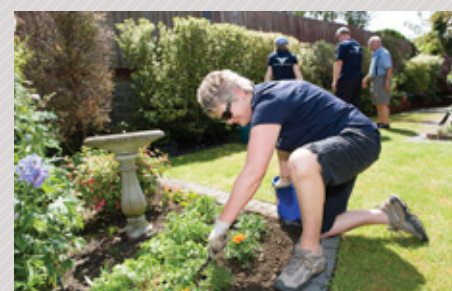
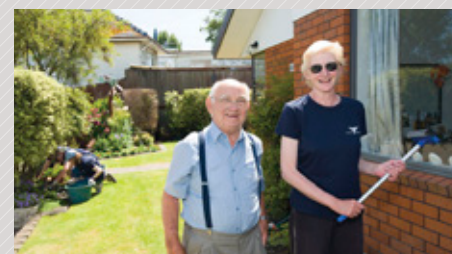
"A healthy community is a taonga or treasure we all help to create and from which we all benefit," says Professor Hornblow. "Engaging with our increasingly diverse communities, with their differing needs, cultures and lifestyles, is a challenge the Community Board welcomes as it charts its course for the future."

Professor Andrew Hornblow *Chair*
Pegasus Health (Charitable) Ltd Community Board

Andrew Hornblow

Volunteer week

Crews made up of Pegasus Health Bealey Ave and 24 Hour Surgery staff, along with Partnership Health, put in an amazing effort during Community Volunteer Week in December 2012.



Reducing barriers to care

Approximately 3,000 Cantabrians come from refugee backgrounds – mostly from Somalia, Afghanistan, Bhutan, Eritrea and Ethiopia. Access to general practice care and community services are vital to helping them settle in Christchurch.

Again this year, practice teams and community groups worked hard to help people find their feet, feel at home, and sort the practical and health-related dilemmas they face.

The earthquakes and subsequent housing shortage put a halt to routine migrant resettlement in Canterbury. However, family members being sponsored by those already here continue to arrive, under Immigration New Zealand's family reunification programme.

This made for a particularly busy year for general practice teams, who shouldered an extra burden as a result of this group not taking part in the usual six-week orientation and medical programme at the Mangere Resettlement Centre.

Business leaders forums, parenting, and strengthening families workshops held at the Christchurch Migrants Centre all contributed to the ongoing wellbeing of our migrant populations. Each of these undertakings is a collaborative exercise, involving organisations and community groups from all across the region.

Under the auspices of Christchurch Resettlement Services (CRS), Pegasus Health was once again a major funder of the annual Refugee Youth Camp. The event, which was this year held at Hanmer, focuses on healthy lifestyles and wellbeing. Pegasus Health is pleased to partner with the communities and the New Zealand Police to help make it happen.

"The camp, which is held every three years, is an incredible opportunity for young people, many of whom have never been away from home before," says Wayne Reid, Refugee and Migrant Health Manager for Pegasus Health.

"That so many parents allow their sons and daughters to participate, is also indicative of the high levels of trust that people have in Christchurch Resettlement Services."

The annual Canterbury Refugee Forum in February was attended by more than 80 people from many organisations involved in refugee resettlement, highlighting the positive manner in which these networks function.

Asian immigrants from China, Korea, Japan and, the fastest growing Asian group – people from the Philippines – now total around 29,000 in the wider Christchurch area.

The October TedX conference was a highlight for the Chinese and Korean communities, with volunteers cooking traditional dishes for the 800 attendees.

Each year Pegasus funds summer student-research projects through the University of Canterbury. Research undertaken by Kara Seers, a BSc student, was recently published in the Journal of Primary Care.

"Is it time to talk? Interpreter services' use in general practice within Canterbury" is a timely article on the (under) usage of interpreting services in Canterbury.

A second research paper undertaken by Korean researcher Bible Lee – "Knowledge of sexual health, sexual health services, and sexual experiences: Asian-born, New Zealand-born and other overseas-born tertiary students living in Canterbury" – sheds considerable light on what is often seen as a taboo subject among Asian communities.

Again this year, practice teams and community groups worked hard to help people find their feet, feel at home, and sort the practical and health-related dilemmas they face.



Annual Refugee Women's Health Day

Being there for young people in greater need

For many Canterbury adolescents, the idea of having a family practice team they see again and again is nothing new. They’ve been going there since they were tiny for checks and immunisations, or to get care when they are sick. Their local general practice team is just a routine part of life, always there when needed, and often full of familiar faces.

There are some, however, who are not fortunate enough to be connected to people who become regular and trusted allies in their health.

Sometimes it’s due to families moving around a lot, or not understanding the importance of building a good relationship with health professionals. Other young people are in circumstances that redefine their family life altogether, often leaving them at a loose end when it comes to health-care at the time they need it most.

The Registered Nurses in the Residence Youth Health Services at Pegasus Health take care of one such group of vulnerable young people living in the Child Youth and Family (CYF) residences of Te Oranga (Care and Protection) and Te Puna Wai o Tuhinapo (Youth Justice) in Christchurch. These nurses are often the first health professionals some of these young people have encountered.

Gayle Lauder, the service’s team leader, sees the team’s mission as making this first healthcare experience a positive one for her young clients in order to build on it for the future. There are 10 young people aged from 10 to 17 years residing at Te Oranga in Shirley, and the Rolleston-based Youth Justice residence has 40 young people aged from 14 to 17.

The Residence Youth Health Services is a nurse-led health service, supported by two Pegasus Health GPs, and catering for a wide range of issues.

“The young people have come from backgrounds where lots of other things are going on: struggles with mental health issues, alcohol and drug use, crime, overworked and overwhelmed families, sometimes themselves, with a history of offending.

“Sometimes they’re struggling with grief or anger. It’s great to see them work through it, find their place in the world, and eventually go out and find jobs or go back to school.”

“They might have hearing loss or vision loss that has never been picked up. They may not be fully immunised or they may have mental health concerns” Gayle says.

“These are kids who are in trouble, who are sick of being told what to do. They do have trouble trusting, understandably. Will this person stay and care for me or is it just another one who’s going to get me in trouble?”

With mental health issues such a big concern for these young people, the team plays a significant role in engaging them to get the right support and provides access to youth-focused brief intervention counselling.

“Sometimes they’re struggling with grief or anger. It’s great to see them work through it, find their place in the world, and eventually go out and find jobs or go back to school.”

The implications of not getting care when it’s needed are far-reaching.

“Health has social consequences for adolescents. If you’ve got hearing loss, maybe you’ll play up in school, drop out, and then other things happen. Dental care is a big one. We have kids who never knew their teeth could be smooth. Once you can show them that **cleaning your teeth** has a purpose, then they start to see the point.”

Breaking the silence with good data

There is no doubt Cantabrians are concerned about suicide. This is especially apparent to David Cairns, the Canterbury suicide-prevention co-ordinator based at Pegasus Health, who finds no shortage of General Practice Teams and lay people eager to help participate in suicide prevention strategies.

David’s role is in line with the goals of the New Zealand Suicide Prevention Strategy, and it also recognises that Canterbury’s suicide profile and resources are particular to this region.

“We’re getting far better data and more accurate and recent information about what’s happening in Canterbury,” says David, who works to support suicide prevention initiatives in conjunction with other mental health organisations, such as He Waka Tapu, the Mental Health Education & Resource Centre (MHERC) and Supporting Families in Mental Illness.

David’s work this year has been around rolling out throughout Canterbury the internationally acclaimed QPR programme through community organisations. Dubbed the ‘CPR of suicide prevention’, the QPR approach – which stands for Question, Persuade, Refer – helps people recognise someone who might be considering suicide and gives them the basic

skills to question a person about their intentions, persuade them to get help, and refer them to the help they need.

An advanced sister course of QPR, covering assessment and management, was offered to general practice teams.

Work is also underway at Pegasus Health, looking into how best to support people who have made a suicide attempt, and families and communities bereaved by suicide.

The aim of the over-all strategy is, obviously, to reduce the number of suicides, but success is difficult to measure, with statistics always two years behind.

One reliable measurement of progress, though, is the number of people who have attended courses.

“We’ve put 150 people so far through the QPR fundamental course in suicide-risk assessment and management, and we’re aiming to train 500 in 2013-14,” David says.

“We’re looking at an informed, co-ordinated approach to suicide prevention in Canterbury. The main thing is that there is interest and co-operation. Fortunately, we have both; it’s certainly not hard work to get in touch with organisations and talk to them about this in the region right now.”

A hearth-warming story

“Dear Sir/Madam, I want to thank you very much for my new Mitsubishi heat pump. Me and my cat are nice and warm. I am on the Invalid’s Benefit and would not have been able to afford a heat pump without your help. Again, thank you.”

Warm, dry houses mean better health all round, as the happy Canterbury customers, who have benefitted from the Healthy Homes Programme this year, will attest.

Pegasus Health is in the business of making a real difference to people’s lives, and this programme, which subsidises insulation or home heating, is more than filling the brief. Pegasus Health manages the programme with Community Energy Action, a charitable trust which assesses and manages the installation of heat pumps and insulation in formerly damp and cold houses.

The programme is good news for people with chronic health conditions, who, until now, have been living in compromised conditions. Pegasus Health’s Senior Project Manager Gill Coe says that since the programme’s inception, “there have been 900 instances of insulation, heating and home-energy advice being provided”.

There is a two-pronged approach in identifying people whose health is likely to be impacted by a damp house: through hospital admissions data and through referrals by GPs and other health professionals. Those identified by

hospitals are written to, then referred to Pegasus Health for follow-up, and referrals from health professionals are directed straight to Community Energy Action. In both instances, people are offered subsidised insulation or heating and home-energy advice.

“It’s part of a strategy to try and reduce the number of people who need to go into hospital, especially post-earthquake, when there are so few beds,” Gill says, “The good reports we’ve been getting from people say, ‘I’m not going to hospital as much’, ‘I’m not going to GPs as much’, and ‘It’s wonderful to be in a house that no longer has dripping windows’.”

“I am writing to thank you for the heat pump that you have been instrumental in granting. The heat pump is now installed and I am amazed at the difference it makes. Sitting here tonight I am basking in its warmth and comfort. I am sure it will make a huge difference to my health and comfort during the winter. Once again, my grateful thanks.”

Pegasus Health manages the Healthy Homes programme on behalf of the Canterbury District Health Board which provides funding in collaboration with the Energy Efficiency Conservation Authority (EECA), Environment Canterbury (ECan), Community Energy Action Trust, and the region’s primary health organisations.

Access solutions for wellbeing

Having top-notch health services is one thing, but if some of those most in need can't actually get to their appointments, it's all in vain.

It's an age-old problem, but one that resulted in a quick solution this year, thanks to the summer research project of a University of Canterbury Health student, and an ensuing partnership between Red Cross and Pegasus Health.

Mark Hamer's 2012 summer research paper identified that, an alarming 48 per cent of the time, Pegasus Health's Partnership Community Workers (PCWs) were the main transport providers for their clients to get to health-related appointments.

While the earthquakes disrupted the lives of many of us, others – especially the elderly, those with limited mobility or sight, and those with chronic or acute medical conditions – have been even more affected.

Changes to bus services, residential relocation, and the quake-damaged roads and footpaths which has led to loss of

confidence driving and walking are just some of the challenges they face. An alternative means of transport was critical for these clients.

As a result of this research, a working party was set up so that the PCWs in the eastern suburbs could discuss their general practice clients' transport needs with the New Zealand Red Cross.

This led to a trial period, with five PCWs using the Red Cross Community Transport van to get clients home, to hospital and to other appointments.

So successful was this book-a-ride service that it now has three vans at its disposal. The service has been extended to cover the whole city, and the new system has freed up more time for new clients.

As well as transport to medical appointments, selected organisations and agencies are now able to use the service to help clients get to 'leisure and pleasure' activities that contribute to health and wellbeing.

Game plan for childhood obesity

Healthy adulthood, and the good health of the general population, has to start with good all-round health in childhood. But until now, while the need to identify and manage obesity in the adult population has been well recognised, there has been little support for tackling childhood obesity. Change is afoot.

Jo Stewart, a Special Project Manager at Pegasus Health in Nutrition and Dietetics, has been working on developing methods to support general practice in the management of obese children.

In her time at Pegasus Health she has reviewed the Health Pathways website from a dietetic perspective and established a children's weight-management plan that was set to go live in 2013. She has created pages of dietary advice resources, which those in general practice can access with a click and print out to give to patients. These include a top-tips sheet, healthy snacks and breakfast health guidelines. Jo has also included on the website trusted community nutrition initiatives to which general practice can refer patients.

Jo's top tips include:

- > Age-appropriate portion sizes
- > Child's palm-sized protein foods
- > Child's fist-sized carbohydrate foods
- > Make half the meal vegetables
- > Limit takeaways to once a week
- > Offer fruit, vegetable sticks (eg cucumber, capsicum, carrot) or yoghurt as a snack between meals.



Role offers the best of both worlds



Pegasus Health Partnership
Community Worker Julie-Ann
Pyatt with Practice Nurse
Ronnie Ellis at Harewood
Medical Centre.

They're anywhere
you'll find people who,
for whatever reason,
aren't getting the care
they need.

Supporting older people to be able to stay in their own homes, helping people with transport difficulties to get to a practice, finding out what the barriers to good health are for young people, Māori, Pacific and those on low incomes – it's all in a day's work for Pegasus Health's Partnership Community Workers (PCWs).

They are in our schools, community centres, and out and about at the places you find the most vulnerable people in society. They're anywhere you'll find people who, for whatever reason, aren't getting the care they need.

Their mission: to connect those in need of care with the primary care professionals who can help them.

It's challenging, exhausting, but immensely satisfying work.

For Julie-Ann Pyatt, there's double the job satisfaction, as she shifts between her dual roles as Pegasus Health PCW team leader, and as a coal-face PCW at the Christchurch Methodist Mission.

Julie-Ann brings all her skills to bear in both roles, having been a social worker since 1981. Her main focus is on making a difference in peoples' lives, whether that is in helping those in the community in need of primary healthcare access or social connection, or in

supporting staff to get the best out of their own roles.

"At Pegasus my role is to provide mentoring and support for the 18 PCWs in our team," she says. "Making sure they have all the resources they need; that they have adequate clinical supervision and education, and that they establish positive relationships with medical practices and schools. Ten of them have allocated medical practices and the rest are within secondary schools or in clinics."

Another component of her role is in meeting and briefing a range of agencies about the work that Pegasus Health is doing with community liaison.

"Sixty per cent of our referrals come from the community – from allied health professionals, from other organisations, and community professionals or family and whanau."

PCWs from diverse backgrounds are invaluable in enabling smooth and direct communication.

"We have a range of workers from different ethnic backgrounds and the skills to form good relationships."

The PCWs' liaison role will be even more critical as the population grows and diversifies ethnically. Communication channels need to be a two-way street;

the free exchange of information is crucial to a successful outcome for all.

At the Pegasus Health end, this has been exemplified by the amalgamation with Partnership Health Canterbury in March 2013.

"Now we're in the same building there is good synergy and sharing of information, for example, about trends that may be coming up in general practice; information that's becoming available from our practice-support liaison staff based at Pegasus."

Out in the community, the gathering of information about the specific needs of vulnerable clients is down to the expertise of the PCWs and their ability to engage with their clients in a personal, supportive and confidential manner. The partnership with Red Cross transport services (see access story opposite) for those most in need, is a great example of the effectiveness of the PCWs in meeting the needs of the community.

"We're the 'can do' people," says Julie-Ann, "Wherever possible we support people to be as independent as they're able to be. We're not wanting to take over the roles that they can still manage, but we might help them make connections, which can give them improved health and wellbeing."

‘We paddle our waka as one’

Improving Māori health is the collective outcome all health organisations are working towards, so it makes sense to pool strength and knowledge in this area.

This is exactly what is now in place with the overarching Canterbury Māori Health Framework.

“The aim of the framework is equitable health outcomes for Māori and overall improvement in Māori health,” says Ramai Lord, Pegasus Health’s Māori Health manager. The Māori title for the framework is Kia whakakotahi te hoe o te waka. “This means ‘We paddle our waka as one’.”

The framework was formed when a group from the Māori Health Reference Group, Te Kāhui o Papaki Kā Tai* got together with planning and funding. “All the work plans for the Primary Heath Organisations come from this framework,” Ramai says, “including Pegasus Health’s work plan. Within the framework we have some shared activities and each of us also has specific activities.”

There are four priority areas for collective focus in 2013/14: cervical

cancer screening, B4 Schools Checks, Human Papilloma Virus (HPV) immunisations and child and youth oral health. Activity planned in primary care over the coming year is outlined against these local priorities.

Some of the shared activities include working with general practice and community groups to improve the quality of ethnicity data collected, increasing access to services like before school checks for Māori, and developing a comprehensive cultural competency programme for general practice teams. The delivery of Treaty of Waitangi, Te Tiriti o Waitangi training and Māori health training based on Whānau Ora as separate components of the cultural competency programme is one of Pegasus Health’s specific activities for 2013-2014.



2013 Pegasus Health Māori Scholarship Award winners.

*What’s in a name?

Te Kāhui o Papaki Kā Tai is a Canterbury-wide combined group of primary care organisations clinicians, community organisations, Māori health providers and District Health Board.

The name, Te Kāhui o Papaki Kā Tai, refers to ‘the coming together of the seas’ – Te Moana Nui a Kiwa (Pacific Ocean) and Te Tai o Rehua (Tasman Sea) – at Cape Reinga. Symbolically, ‘Te Kāhui’ refers to the coming together of all groups and ‘Papaki Kā Tai’ the place where the waves slap/crash together refers to the kōrero or discussion that occurs as a result. Reflected in the design of the tohu or logo are the local elements: Te Tiritiri o te Moana (the Southern Alps), Kā Pākihi-whakatekateka-a-Waitaha (the Canterbury Plains) and Te Moana Nui a Kiwa (the Pacific Ocean).

Chaired by Dr Ramon Pink, Medical Physician from Community and Public Health, this Māori health advisory group provides leadership, advice and influences so that Māori health is consistently considered throughout the whole of the Canterbury health system.

Pegasus Health Pacific Reference Group

Canterbury’s Pacific Reference Group has long provided leadership, in general practice, to things relating to Pacific health.

Now, like so many other primary care initiatives, its influence and scope is spreading wider, recognising the vital role that collaboration has to play.

The Pacific Reference Group, which continues to be based at Pegasus Health, also provides a connection point on Pacific health issues across the region’s primary health organisations and the Canterbury District Health Board.

In 2013, the group has been actively working in the areas of children’s health, diabetes, mental health and improving access to services for Pacific people. This year saw the release of the second

Pacific Primary Care Report for Canterbury, which will help build a picture of how the sector is doing, and how well the needs of Pacific people are being met.

Commissioned by the Pacific Reference Group and the Canterbury Clinical Network, the report asked some key questions: what do Pacific people need from the health sector, what services are available in primary care to meet their needs, and how well are they doing at addressing and improving health outcomes for Pacific people?

The findings in the report will help the group look at how health services can do better for Pacific people, what service improvements need to be made, and identify gaps in types of services that exist.



2013 Pegasus Health Pacific Scholarship Award winners.

Pegasus Health has also had an active role this year in establishing the Canterbury Pacific Heath Worker’s network, which was set up to meet the training needs of Pacific health professionals, and to provide an opportunity for Pacific health workers’ to network, share information and collaborate on projects.

Health
partners

No single part of the health sector, organisation or profession can meet the challenges facing the health system, alone – and we can’t support our practices and practitioners in delivering great, seamless care if everybody is working in silos.

Working together, for the best outcome for patients, professionals and the system, is a must.

Pegasus Health is proud to be an integral part of the Canterbury Health System, and heartened that the fundamental role of primary care is so well recognised by funders and policy makers, both locally and nationally.

We’re partnering with other health organisations, just like Pegasus, that are looking for better, more sustainable ways of delivering quality care to the people of Canterbury.

The Canterbury District Health Board, Nurse Maude and St John are three of our key partners in clinical delivery and future planning.

To make sure our practices are equipped for the fast pace of the future we all face, we partner with information technology providers, including Orion Health and Vensa Health.

Sometimes our partnership is about offering leadership or a high level of involvement. At others, we are one of many players, but our role may also be about drawing the sector closer together by providing a ‘home’ for the people, staff and resources of a project or initiative.

The Canterbury Clinical Network (CCN) and Canterbury Initiative Support Services are two major collaborative projects that call Pegasus home. Both are clinically led, and focusing on the areas of the sector most in need of change.

We’re also pleased to provide a base for the Canterbury Community Pharmacy Group, and to have them involved in the Pegasus Education Programme. Both are important ways to bring general practice and pharmacy as close together at a system level as they are on the ground.

Financials

STATEMENT OF FINANCIAL POSITION
as at 30 June 2013

	2013 \$	2012 \$
Assets		
Property, plant and equipment	4,692,598	4,335,125
Intangible assets	1,060,099	660,072
Investment in associate	1,453,354	1,369,254
Other investments	40,000	40,000
Total non-current assets	7,246,051	6,404,451
Inventories	10,672	9,670
Trade and other receivables	14,633,806	4,187,145
Cash, cash equivalents and fixed interest securities	13,837,694	13,715,236
Total current assets	28,482,172	17,912,051
Total assets	35,728,223	24,316,502
Equity		
Share capital	12,000	12,000
Revaluation reserve	679,026	494,071
Share of movement in associates reserves	347,211	263,114
Retained earnings	16,319,345	16,026,346
Total equity	17,357,582	16,795,531
Liabilities		
Provisions	165,000	160,000
Total non-current liabilities	165,000	160,000
Employee benefits payable	946,643	669,975
Trade and other payables	16,768,705	6,650,996
Related party loan	40,000	40,000
PHO project residual reserve	450,293	—
Total current liabilities	18,205,641	7,360,971
Total liabilities	18,370,641	7,520,971
Total equity and liabilities	35,728,223	24,316,502

STATEMENT OF COMPREHENSIVE INCOME
for the year ended 30 June 2013

	Note	2013 \$	2012 \$
REVENUE			
Delivery of health services		26,615,282	21,600,703
Other revenue		3,201,207	2,010,380
Total revenue		29,816,489	23,611,083
Other income – rental		282,830	254,980
Operating expenses		(30,471,175)	(25,115,817)
Operating profit/(loss) before interest income		(371,856)	(1,249,754)
Interest income		616,114	662,673
Realised gain on fixed interest securities		48,906	54,352
Profit/(loss) for the year		293,164	(532,729)
Revaluation of land and buildings		184,960	171,071
Share of other comprehensive income of associate		84,100	143,626
Total other comprehensive income for the year		269,060	314,697
Total comprehensive income/(expense) for the year		562,224	(218,031)

PRIMARY HEALTH ORGANISATION FUNCTION

SPECIAL PURPOSE STATEMENT OF FINANCIAL POSITION

as at 30 June 2013

	2013 \$
ASSETS	
Trade and other receivables	2,397,528
Cash and cash equivalents	3,652,984
Total current assets	6,050,512
Total assets	6,050,512
EQUITY	
Retained earnings	80,479
Total equity	80,479
LIABILITIES	
Trade and other payables	2,778,427
Contract funding received in advance	2,741,313
Project residual reserve	450,293
Total current liabilities	5,970,033
Total liabilities	5,970,033
Total equity and liabilities	6,050,512

SPECIAL PURPOSE STATEMENT OF COMPREHENSIVE INCOME

for the four months ended 30 June 2013

	2013 (4 months) \$
Revenue	
Delivery of health services	763,624
Other Income	22,000
Total revenue	785,624
General operating expenses	(20,812)
Governance expenses	(30,411)
Programme contracts, financial management and community engagement	(328,796)
Programme service funding	(548,518)
Operating profit/(loss) before interest income	(142,913)
Interest income	30,382
Transferred from programmes	193,010
Profit/(loss) for the period	80,479
Total other comprehensive income for the period	—
Total comprehensive income/(expense) for the period	80,479

Charitable objects

Purpose and charitable objects

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 of health and health care and facilitation of the provision of health care to individuals, their whānau/families and all the population of Canterbury;
- (b) the improvement of the health status of individuals, their whānau/families and all the population of Canterbury;
- (c) the reduction of disparities between the health of Māori and other identified groups within the population of Canterbury and the reduction of barriers to the timely access to appropriate health services;
- (d) the education of the public and health care providers as to health related issues;
- (e) the greater participation of the population of Canterbury in health related issues, through proactive consultation and communication with communities and in keeping with the spirit of the Treaty of Waitangi;
- (f) the improved availability of health related information;
- (g) the improvement of integration and liaison between health care providers and others in Canterbury to ensure that health care services are co-ordinated around the needs of the population of Canterbury; and
- (h) the creation or development of or the enhancement of co-operation with other entities that have similar objects.

Canterbury means the areas within the jurisdiction of the Canterbury District Health Board pursuant to the provisions of Schedule 1 of the New Zealand Public Health and Disability Act 2000 or such larger areas as may be determined by the Board; and Communities means and includes primarily the population of Canterbury.



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