



PEGASUS HEALTH

Annual Report
2014

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The heart of the Pegasus Network.

Partnership is at the heart of everything we do.

It starts with the very special relationship that practice teams have with patients, through to collegial relationships with professional groups, our business support relationship with practices, and growing engagement between the primary and community sectors.

Helping keep each aspect of this complex, deep network of connections alive and well is Pegasus Health.

One part cannot exist without the other — and when one falls down, the rest suffer.

You will hear the word ‘collaboration’ a lot in health. Going beyond words, into action and results, is another thing altogether.

In the pages of this, our 22nd Annual Report, you will see just some of the ways we are partnering with people, professions, businesses, organisations and the wider community, to bring the people of Canterbury the very best primary care system we can. You will also read about the things we are doing to foster a collaborative environment at every point.

You’ll see how Canterbury’s partnership-driven health system has captured the attention of international integration experts. How our education programme partners with clinicians to deliver cutting-edge professional development that also breaks down the barriers between professional groups and creates common ground. How we partner with doctors, practice nurses, community pharmacists and community nurses to build a world-leading IT system that they feel a part of. How our expanding regional and national partnerships in this area are helping shape strategy and development. How some of the outcomes from our Integrated Family Health team have now been translated into bricks, mortar and better patient services in two Pegasus Health practices. And how we are using the information we get to better assess the needs of our increasingly diverse community.

If you have picked up this Annual Report, the chances are that you are a Pegasus Health partner, in some way or another.

We hope you will be as proud and as excited as we are about what is happening here in Canterbury and the part that Pegasus Health and its partners are playing.



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 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, appointed 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 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 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.

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.



CHAIR’S REPORT

DR MARTIN SEERS CHAIR
PEGASUS HEALTH (CHARITABLE) LTD

The 2014 year was one of consolidation for Pegasus Health, following the many changes of the year before and the upheavals caused by the earthquakes still impacting health services and patients almost four years on.

What has changed, however, is that we continue to be better off, as a result of the quakes, in a number of ways. It is ironic, but true, that the health system is performing better as a result of the adaptations it had to make over this time. These changes have been lasting, and continue to be built on.

While Pegasus Health’s focus fans out to encompass a wider spectrum of professions and community, everything we do still has a very clear-cut connection back to our practice teams. At Pegasus Health, we firmly believe that this group of professionals, due to their close relationships with patients and their ‘hub’ position in the system, hold the key to both excellent patient care and a well-oiled primary care system. No matter how many other places across the system we work to help them achieve this, we never lose sight of this key nugget of our capability.

In 2013, we took on the functions of a PHO following our amalgamation with Partnership Health, established Pegasus Health Nurse Membership Ltd, and made a number of changes at governance level that have further strengthened our connections with the community and the many diverse groups of people that call Canterbury home.

A full year into our new structure, our ‘Partners’ focus is more evident than ever.

Of course, partnership has been at the core of primary care for as long as doctors, practice nurses, managers and administrators have worked under the same roof. General Practice has always been the ultimate ‘team’ environment. Close professional ties with secondary care colleagues and community-based services have meant that partnership,

for the good of the patient, has also long been a feature of working life.

Over the years, even informal links with pharmacists, allied health workers and others have grown closer, as information systems and changing patterns of health care usage have made them more essential.

On a location-by-location basis, these sorts of connections have always worked well. However, there have also been impediments, and obvious ways that things could be done better, more efficiently and more cost effectively, if people could work more closely together in a systematic way.

Pegasus Health’s role, over the past 22 years, has very much been about helping that happen.

Now, our focus on growing closer partnerships with, and between, professions, our teams, communities and organisations, covers every facet of the system that impacts patient care and professional practice. Pegasus is now in a position to positively influence all of the areas that make a difference, via primary care, to individual patients and the community as a whole.

Given that General Practices are the widest-spread community-based health provider, there is no better place for this influence to sit.

In 2014, we have again built on the aspects of Pegasus Health’s operation that support and enhance partnership,



I to r: Nicky Scott, Dr Martin Seers, Jane Huria, Dr Harsed Chima, Dr Mary-Anne Bellamy, Professor Les Toop, Dr Hillary Gray, Professor Andrew Hornblow; absent: Peter Townsend and John Coughlan

“ Pegasus is now in a position to positively influence all of the areas that make a difference, via primary care, to individual patients and the community as a whole. ”

between practices and other health and community professionals, professionals and their educational needs, individual health practitioners and patients, and more.

The technology now exists to give people more control over their health information, and therefore more control over actions and thinking that influence their health. This has enormously positive implications, when implemented thoughtfully, in helping patients become true partners in their own health care.

Having more, and more useful, information available also extends to others caring for patients, reducing unnecessary tests and interventions, minimising medication errors, and saving everybody time and money.

Given the enormous changes that are going on at a system level to enable all of this to become a reality in a safe, productive way, it is fitting that a full 25% of the Pegasus group’s activity is now happening in the information technology area.

The sorts of solutions that are now being developed with day-to-day input from practice teams would have been hard to imagine when Pegasus Health was founded 22 years ago, before the Internet was even widely available to the public. Smart phones and tablets, the devices driving so much of the consumer access age, were still the stuff of science fiction.

We are now close to having a workable Patient Portal, which will enable patients and health professionals alike, to access records in real time. Already, health professionals throughout the system can view and update patient notes, and our practices are able to make electronic referrals. In a sector of multiple platforms and systems, getting everybody on the same page, technologically speaking, has been no small feat.

What has been developed already, with e-Shared Care Record View and the Electronic Referral Management System is nothing short of spectacular. Everyone we talk to says, ‘I want it tomorrow.’ It is fundamentally changing how health care is delivered in Canterbury, and these tools are not just limited to practices. Pharmacists, ambulance

drivers, ED doctors and district nurses can now see information to help them better care for the patient. Right down to the medications the patient is on, what was actually collected after it was prescribed, the last consultant’s letter, hospital investigations and so on. It’s cloud based, and in real time.

The benefits stretch way beyond Canterbury, with the referrals management software now rolled out across most of the South Island. The software that enables patient records to be viewed by anyone caring for them is not far behind — so no matter where our patients go in the South Island, their records can be accessed. We look forward to the day when we will be able to say the same about the whole of New Zealand, and are proud to be supporting and contributing to the IT work that is happening.

Strengthening ties between the people who make up the health system remains a big part of why Pegasus Health exists. We were founded on the premise that individual professionals could do more, for more people, by coming together. Today, that principle remains the same, it’s just the range of participants who have broadened and grown.

Our clinical education programme has long been about bringing small groups of people together to provide a safe forum for these sorts of discussions that make for better patient care. By hosting at Pegasus Central groups including the Canterbury Clinical Network and the Canterbury Primary Pharmacy Group, we come to better understand one another and find more effective ways to work together for the benefit of patients.

Our amalgamation with Partnership Health and the creation of the new Pegasus Health Community Board has also enabled closer understanding from each perspective, and lead to new focus in this area. Removing the layers between planning and delivery and bringing into play our powerful Population Health function has given us greater impetus in the areas of Māori, Child and Youth Health. A key aim for the Pegasus Health Board now is to enable equitable access and health outcomes for Māori and improve Child Health statistics.

Our practice teams can be extremely proud of their performance in 2-year-old immunisations, where we have achieved a staggering 98% vaccination rate of consented children. Just two Māori and eleven European Canterbury two year olds are not immunised — testament to the hard work and dedication of the teams and the support Pegasus has given them in this area.

It is a wonderful set of statistics to ‘go out’ on.

This will be my last report after seven years as Chair. So much has changed over that time. The environment has, with no small contribution from Pegasus, shifted to one that is collaborative rather than competitive in nature, and whose unique combination of flexibility and capability have enabled so much progress in such a short space of time.

On the subject of change, this year saw Andrew Manning leave the Pegasus Health Charitable Ltd Board after five years of service. Andrew has worked tirelessly for Pegasus Health over the years in a number of roles, including as a Small Group Leader. His pragmatic approach will be greatly missed around the board table.

We were happy to welcome Hillary Gray, a GP and past manager of the 24 Hour Surgery. Hillary’s close ties to the aged care market and past experience bring a unique skill set to the table.

My best wishes to the Board moving forward, and thanks to Vince and the Senior Management Team for yet another extraordinary year. I look forward to watching Pegasus continue to grow and continue to change towards an even more integrated future, where those working in community based services come to enjoy the sorts of close, collegial relationships General Practice has built over the years. I also look forward to being involved in this evolution, in new and different ways.

Dr Martin Seers Chair
Pegasus Health (Charitable) Ltd



CHIEF EXECUTIVE’S REPORT

VINCE BARRY CHIEF EXECUTIVE PEGASUS HEALTH (CHARITABLE) LTD

The focused, positive growth in activity continued across Pegasus Health this year, as we transitioned the PHO functions into the network and more closely integrated community based functions to help our practice teams do an even better job for patients.

The opportunity to work more closely with our various community partners strengthens and widens the concept of General Practice as the ‘health care home’, a central point from where most people will receive their continuous, coordinated and comprehensive care. Increasingly, this also includes a virtual ‘home’ for information and communication about health care events.

This ‘home’ — physical and virtual — sits most naturally and appropriately within General Practice with excellent links to other primary and community providers. Keeping it strong and effective for patients is a big reason why the fundamental Pegasus Health partnership continues to be that between the organisation and its practice teams. It has been that way since we were founded, and it remains a sacrosanct principle that runs through everything that we do.

It is reflected in the high levels of participation from GPs and practice nurses, and now also community pharmacists, in our clinical education programme, one of the cornerstones of engagement between the organisation and those it supports. Important work streams around Information Technology, the future of practice ownership, and exploring different models of care and business delivery, are heavily weighted with clinical and administrative input from those working with patients, every day.

Those who care for patients can more easily get access to information from Pegasus Health, and give us feedback. This year saw our Pegasus World Intranet, for example, rolled out across practices, giving connection to the big picture that is just a few clicks away.

Having the PHO functions in-house has meant that feedback from practices is able to be integrated into the work more quickly and that new initiatives are workable at a practice level. This is especially true in the valuable community programmes that we contract, including the highly effective Partnership Community Workers, as well as the

administrative functions of contracts for first level and additional services.

Our Acute Demand programme continues to grow, reflecting the ongoing evolution of services beyond the hospital doors. Led by the Pegasus Health Community Board, we have done a lot of work in the area of Child and Youth Health. The Pegasus Health Board has commenced a programme of enhanced engagement with our Māori communities and continued our strong support, in many ways, of the activity of the Canterbury Clinical Network.

As primary care continues to take an ever more active role in acute care, developing a new 24 Hour Surgery facility that is large enough, and fit for purpose in today’s environment, has been a priority for 2014. Its strategic importance to the system and the dependence of so many others on it, means that it cannot be developed in isolation. We have commenced a process with our partners Ngāi Tahu and the Canterbury District Health Board (CDHB) to explore the opportunities to develop a facility on the ‘Old’ Christchurch Women’s Hospital site in Colombo Street. This development will, if successful, provide the opportunity to work very closely with our very important clinical partners, Nurse Maude and St John.

Once built, it will provide a truly integrated campus for community-based health care, including the ability to deliver patient education, which is such an important part of the road ahead for the system.

Yet again this year, our teams have delivered excellent results, with backing from Pegasus Health support staff. A highlight has been the continued focus on giving our children the best possible start to their lives. As you have read in the Chair’s Report, our immunisation rates are at an all-time high.

Practice Nurses provide the bulk of the grass-roots efforts in areas like immunisation, and they continue to grow both in role and influence.

This is in no small part due to the efforts of Pegasus Health Director of Nursing, Shelley Frost, who leaves us this year after 17 years.

I want to personally thank Shelley for her extraordinary dedication and express special thanks to her family for the sacrifices that would have been made to allow Shelley to contribute all that she has.

Many people and organisations support Pegasus Health to be the ever more effective force that it is, in the local,

regional and national health landscape today.

Progressive leadership from the CDHB — especially their willingness to allow Pegasus Health to continue to innovate towards new solutions — continues to be a hallmark of the Canterbury health system, and the reason why so many international commentators have become so interested in the progress of our region’s health services. We have by no means achieved the very ambitious goal of having a truly integrated system, but we are well on the journey.

Our partnership with Nurse Maude remains strong and they are a crucial partner organisation for Pegasus Health into the future. St John Ambulance and the Canterbury Community Pharmacy Group are also key players in the integration space, and we will continue to build on our already strong relationship.

Looking forward to 2015 and beyond, we will ensure that our relationship with our rural partners is strengthened. To that end, we have employed a Rural Health Manager to ensure that connection develops as strongly as our urban connections.

We are delighted to welcome Kaikoura, Methven, Southside and Durham General Practices to the network from the 1st July 2014. Being able to work with these practices and their communities strengthens further the rural voice within the network.

Finally, the Canterbury Clinical Network (CCN) has again this year been a place where the whole system can debate, design and agree on the most effective programmes to deliver a better service for all Cantabrians. The leadership of the Alliance Leadership team, an integral part of CCN, creates a place where the inevitable organisational and personal silos that still linger in health from time to time, can be put aside for the betterment of our community. This has been a great leap forward. It is hard work, but the outcomes benefit every consumer of health care in the region. And that is no small thing. We are both proud, and grateful, to have the opportunity to host the CCN here at Pegasus Health.

My thanks, as always, to Martin and the Board for their wisdom, guidance and support this year, and to the Executive and Leadership Teams for their professionalism and flexibility. Pegasus is on an exciting journey, more than two decades on, and I am proud to be a part of it.

Vince Barry CEO Pegasus Health (Charitable) Ltd

[Signature]

Pegasus 2014

PEGASUS HEALTH (CHARITABLE) LTD

GP members

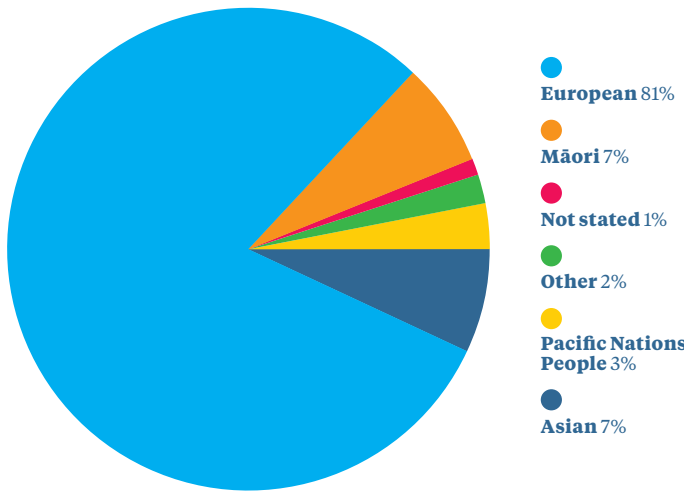
Total number of nurses working in Pegasus Health practices

336
428

PEGASUS HEALTH PHO FACTS & FIGURES

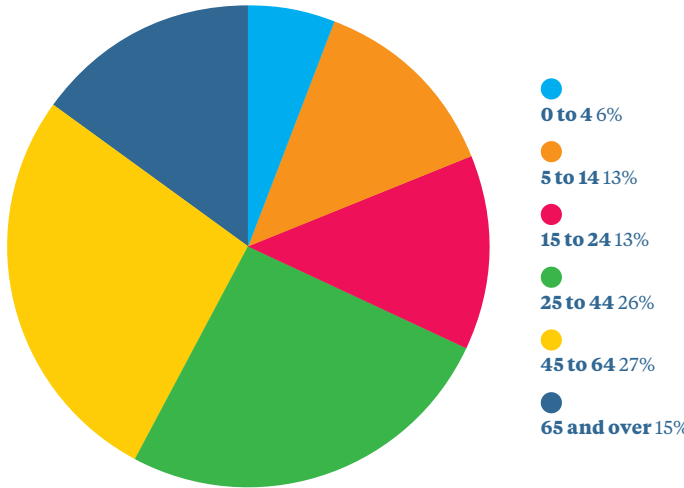
Enrolled population by ethnicity 2014 Quarter 2014 Q2 (April 2014)

Ethnic Group	
Asian	25,109
European	294,715
Māori	26,315
Not Stated	2,456
Other	8,104
Pacific Nations People	9,390
Grand Total	366,089



Enrolled population by age 2014 Quarter 2014 Q2 (April 2014)

Age Band	
0 to 4	22,950
5 to 14	46,768
15 to 24	46,125
25 to 44	93,436
45 to 64	100,087
65 and over	56,723
Grand Total	366,089



Professional partners

More than 20 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

Now in our second full year of Nurse Membership it really feels like we are starting to gain momentum. When introducing something new things takes time to develop and with the prospectus now in place for the Limited Company, this year we have looked at some of the more complex issues facing the profession across the sector and provided nursing input to the key decisions. We have also focused on determining the value of being a member and have been encouraging nurses to take up the opportunity. We have 118 members so far.

Nurse membership is not only about what nurses can benefit from being a member but also about what nurses can give to benefit others. Membership continues to provide a valuable forum for practice nurses to get together, strengthening our collegiality and voice to discuss current and future issues affecting patients, nurses and general practice. Members have the right to stand as a director on the membership board or to vote for nurse directors. The chair of the board then represents nursing on the Pegasus Health Charitable Board. Not everybody chooses to embark on a leadership pathway, but there are many opportunities for nurse members to get involved in various committees, focus groups and working parties including attending conferences and bringing home the learning to share with others.

So why should I be a member and “give” you might ask. Nurses as a professional body have a responsibility foremost to our patients’ wellbeing now and into the future and also to our next generation of nursing colleagues. So it’s about having the opportunity to have your say equally and alongside our GP colleagues. On the strength of these collective decisions we can help to shape the future.

We have been focusing on engaging with practice nurses and our members in a variety of ways. Ronnie, Jeanette, Victoria and myself attended a small group education round to talk to nurses about membership and encourage them to join. We now have a section on the Pegasus World extranet with a video to explain membership and the process of becoming one. We now post feedback on issues discussed after a Board or Nurse advisory group meeting. We have also sent out newsletters and we encourage nurses to contact us to discuss ideas or issues. We have much more to do yet to improve our engagement. We plan to do a nursing survey soon to help us with this.



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

The membership of the Board remained stable this year, with the addition of Victoria Leov, a new Director welcomed to Pegasus Health Nurse Membership. Victoria brings vibrancy and a wealth of experience both in practice nursing and as Programme Manager of the Collaborative Care Programme.

We congratulate Gill Currie, who graduated as a Nurse Practitioner this year; being the first to do so in General Practice in Christchurch. This is a great achievement and the Nurse membership support her on her journey.

We also would like to acknowledge the outstanding contribution to nursing that Shelley Frost gave over the past 17 years. Supporting and encouraging the development of practice nursing, nursing leadership and team culture are some of Shelley’s many achievements. Shelley’s work on promoting practice nursing on the local, regional, national and now international stage has left a great platform for those following her in leadership roles.

We thank our members for their valuable contributions to discussions this year, which have helped determine decisions made at the Pegasus Health Charitable Board table. Next year we look forward to increasing our membership and to enlisting the help of current members to encourage others to join and participate in various ways, so we can, as an integral part of the General Practice team, shape our patients’ and nurses’ future.

Nicky Scott Chair
Pegasus Health Nurse Membership Ltd

CHAIR'S REPORT

LES TOOP CHAIR
PEGASUS HEALTH CLINICAL BOARD

The first full year for the Pegasus Health Clinical Board has been interestingly characterised by a reaction to external events and pressures, and thoughtful reflection on where we want to head. There remains much interest in the clinical developments at Pegasus Health nationally and increasingly internationally.

The Board at present has three GPs, two practice nurses, a pharmacist, and Pegasus Health support staff, together with Population Health, Māori and Public Health specialists. The Board brings together a wide range of clinical opinions and considerable experience.

Ensuring Pegasus Health input into the new National Integrated Performance and Incentive framework (which replaces the PHO Performance Programme) has been, and will into the future represent, an important piece of work for The Board this year. The stakes of getting this wrong are high and strong clinical leadership from the sector is required. The new programme should facilitate integration, alliancing, increased clinical governance capacity, closer working with the community and a

wise use of finite resources. Initial system level measures will focus on a healthy start and healthy ageing; Canterbury is very much involved in developing the latter system level measure.

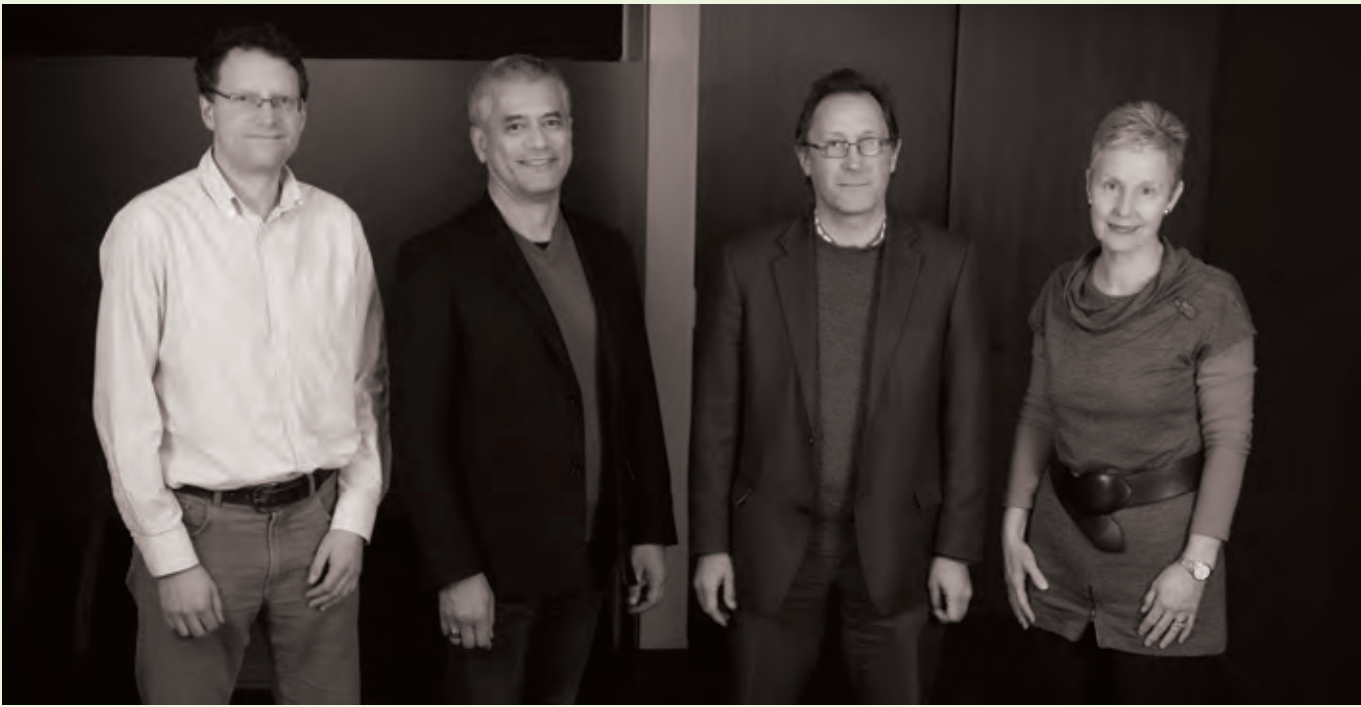
The Clinical Board supported the Community Board's priority of children, recognising the important foundations that the early years provide towards health in later life. One of 2014's biggest success stories, from a clinical perspective, was the extraordinary success of our practices in the area of two-year old immunisation. As you will read in other parts of this report, by the end of the reporting year, all but 13, (that's 98%) of the children enrolled with Pegasus Health practices in this age group were fully immunised (excluding those whose parents actively declined). This result is a

tribute to the effort of everyone involved — practice teams, Pegasus Health staff and those resourced to focus particularly on this area.

General Practice workforce issues continue to be front of mind, however the general mood in practices seems to be more positive than a few years ago and this is reflected in record levels of junior doctors choosing General Practice as a career. This positivity is in no small part locally due to the supporting environment encouraged by organisations like Pegasus Health and is in stark contrast to what was evident on a recent trip to the UK, where the mood was very sombre, with many clinical staff feeling undervalued, overworked, and in many cases, actively planning on early retirement as a result.

Still, a degree of anxiety about sustaining the future workforce lingers in Canterbury, particularly given the high numbers of people reaching retirement age over the next few years.

Under the amalgamated Pegasus Health structure, we have worked



1 to r: Dr Ben Hudson, Dr Ramon Pink, Professor Les Toop, Dr Susan Gordon; absent: Fiona Blair-Heslop, Jacqui Lawson, Dr Martin Seers

“ One of 2014's biggest success stories, from a clinical perspective, was the extraordinary success of our practices in the area of two-year old immunisation. ”

closely this year with the Pegasus Health Community Board. This will allow us to extend our successes in integrating primary, secondary and more recently, community based services beyond health, and into social issues. This activity is just unfolding, and with so many of the determinants of health being in the social, rather than strictly health-related realm, it is very beneficial to have closer and more regular ties at a governance level.

Next year will no doubt bring the usual mix of challenges and opportunities, and as a Board we relish both.

My thanks to the members of the Clinical Board and the Clinical Executive who have supported it: Shelley Frost, Andrew Richardson and Simon Wynn-Thomas. In particular, I add my thanks and best wishes for the future to Shelley Frost who is pursuing new

opportunities in Wellington. Thanks also to the superb work of Helen Rogers who so ably keeps us all organised and on track.

Les Toop Chair
Pegasus Health Clinical Board



Reflecting on 17 years of change

It was in 1997 Shelley Frost joined Pegasus Health as Nursing Facilitator.

In the years before, Shelley had been in a variety of roles, including over sixteen years of practice nursing, as a Post Graduate Tutor in Practice Nursing and Editor and Director of the Primary Health Care New Zealand Journal.

She leaves Pegasus Health this year having undertaken a raft of national and strategic appointments over the years as well as making a significant contribution to practice nursing in the region.

When Shelley took on the role of Nursing Facilitator back in 1997, it was a significant step for what was then a ‘GP organisation’, to have that level of focus on and commitment to, the profession and practice of nursing.

As the years progressed, the nursing perspective become more important as the team approach to General Practice became central. One of the first nursing developments was a clinical education programme established for Pegasus Health practice nurses, alongside their GP colleagues.

In 2002 Shelley became Pegasus Health’s first Nurse Director, and alongside Pegasus Community Advisory Board Chair David Caygill, was one of the first non-General Practitioners to hold a seat at the Pegasus Health Charitable Ltd Board table. Today, Pegasus Health has a full nursing governance body in Pegasus Health Nurse Membership Ltd, and lay and community directors are an essential part of its rich fabric.

It’s quite a journey, for 17 years.

But as Shelley says, for the profession, the journey is really just starting.

“If we look forward another 17 years, the skill mix will be different again, especially in terms of the General Practice team, where our focus is becoming a lot broader. We are embracing more of the integration of health and social care, and more collaborative ways of working with other providers and other disciplines. As an example of nursing leading the charge and developing new models for the care of those in greatest need in our communities, we are seeing new Care Coordination roles emerging.”

These are roles that were not even on the drawing board when Shelley started with Pegasus Health.

“We didn’t even envisage them — or anything wider than the traditional core team of doctor/practice nurse/ practice manager. We are also seeing much closer working relationships with our community pharmacy colleagues, and other disciplines of community nursing. And of course, we are very proud of those who have achieved Nurse Practitioner status, the peak clinical nursing role.”

The work that has been done since Pegasus first formally welcomed practice nurses into the organisation first at an advisory, then senior management and finally at a governance level, has built good foundations for the work ahead.

“We’ve done extremely well in nursing education,” Shelley says, referring to Pegasus Health’s world-renowned small group

education programme, which has included nurses since 1997. “Big strides have also been made in ongoing professional development, and in building the infrastructure for effective nursing leadership.”

As a result, Pegasus Health is now able to support and nurture new nursing leaders, and ensure a new generation is always coming up through the ranks, providing fresh and relevant perspectives.

“We’ve created an environment where nurses can step up and be on alliance teams, governance boards and assume other leadership roles. We now have a growing pool of nurse leaders and aspiring leaders.”

The Pegasus Health ‘name’ is a real draw card to new and experienced nurses alike. Its Introduction to Primary Care Nursing courses, which offer Registered Nurses the opportunity to see what working life is like in primary care and the community, are routinely oversubscribed. Student nurses are also exposed to practice nursing, the Pegasus Health way, through good relationships with educational training institutions.

“We make every effort to facilitate a good experience for student nurses in our practices. Pegasus Health has championed practice nursing as a career of choice and given them a good experience of it. Such investment in the nurses of the future is hugely important and has helped bring us to the point today where we have many new graduate

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We’ve created an environment where nurses can step up and be on alliance teams, governance boards and assume other leadership roles.

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We’ve done extremely well in nursing education. Big strides have also been made in ongoing professional development, and in building the infrastructure for effective nursing leadership.

”

nurses seek a career in our practices and 24 Hour Surgery.”

The many external connections, both locally and nationally, that Pegasus has built over the years, also add to its strong reputation.

Shelley’s own focus, as her Pegasus career has unfolded, has expanded beyond even the Canterbury region, to a number of important national roles.

She is Chair and Executive Director (Nursing) of General Practice New

Zealand, and Deputy Chair of the NZ Health Quality and Safety Commission.

When Shelley looks back at the past seventeen years, she can see that every step of her Pegasus Health career also helped prepare her for the leadership roles that were to come.

“I’m so grateful for the investment that Pegasus Health has made in developing me as a primary care leader. To be elected to lead a General Practice organisation as National

Chair, and to be appointed by the Minister of Health as Deputy Chair of the NZ Health Safety and Quality Commission, is in no small part, due to that. My experience as Nurse Director on the Board of Pegasus Health Charitable was significant for the organisation, but huge for me personally, too. It sparked a real love of working at governance level.”

“I’ve invested a lot in Pegasus, and Pegasus invested hugely in me, too.”

Nurse Practitioners Expand Traditional Role

Gill Currie, Pegasus Health’s first Nurse Practitioner in General Practice, may only be a matter of months into her new role, but she brings 30 years of nursing experience to it with 13 of them spent in primary care.

“I didn’t originally think that I would become a Nurse Practitioner — I just started out with the hope of increasing my knowledge, improving myself as a nurse, and getting better patient outcomes. It was a natural progression to continue the journey.”

Gill is the first Pegasus Health nurse to progress to the new role in urban General Practice, a relatively new position in New Zealand, which only has around 130 Nurse Practitioners. Those who aspire to the role must complete a Clinical Masters degree and undertake a gruelling programme of study and advanced clinical practice, which includes the submission of a portfolio to the New Zealand Nursing Council, followed by a panel interview and presentation.

Nurse Practitioners have autonomy when it comes to diagnosis and treatment of some conditions that they would not have without the qualification. Recently, Nurse Practitioners have become ‘Authorised Prescribers’, allowing them to write prescriptions, and so further increasing their scope. While the role involves independence, it also lends itself to a very collaborative approach with GP colleagues, as well as practice nurses, secondary care clinicians, community providers, pharmacists and staff in non-government organisations.

Gill acknowledges the support she has had along the way, both from her Ferry Road practice and from Pegasus Health. “I get tremendous support from the GPs and two nurses I work with. Very importantly, even

though my role has changed, we are still a very good, strong nursing team.”

As an emerging one, the Nurse Practitioner role is not without its challenges.

“It’s very much about educating people, from patients to other providers. Because this is still a relatively unknown position, and there aren’t too many of us, it is a matter of time before this role will become established in primary care in Canterbury.”

However it will be worth it in the end — with vast benefits for patients, including increased access to General Practice services during times when the appointment books are full and doctors are unavailable.

“I think the benefits for the patients are huge. They’re getting a really good service, we can see them autonomously and still give them really good care.”

“

I didn’t originally think that I would become a Nurse Practitioner — I just started out with the hope of increasing my knowledge, improving myself as a nurse, and getting better patient outcomes. It was a natural progression to continue the journey.

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Great start for nursing grads

Keeping patient fees down where primary care is needed the most is the aim of the Ministry of Health’s Very Low Cost Access (VLCA) Scheme — an initiative that provides subsidies to practices with high proportions of patients with high health needs.

This year it also granted a one-off scholarship fund for new graduate nurses to work within VLCA General Practices. The advantages of these scholarships have been two-fold — firstly, it has put more nursing resource into communities of people with the highest need, and secondly, it provides career opportunities in the community for new graduates.

Two nurses who have benefited from these scholarships are currently working in Pegasus Health practices Te Rawhiti Family Care in Aranui and Piki Te Ora in Linwood.

New graduates Jana Bolton, at Te Rawhiti and Emma Ferguson, at Piki Te Ora had both decided early on in their training that primary care was the place they wanted to be.

“Throughout my training I had always planned on working in primary care, especially with the most vulnerable communities and those with high needs, and the VLCA funding scheme has given me that opportunity,” says Jana.

Both nurses are thrilled with the support they’ve received from their colleagues. As Emma puts it, “Being

able to tap into the knowledge of the fellow nurses I am working alongside, and working in an environment where the whole team is supportive and willing to teach, has been a great experience”.

Jana and Emma have settled into their new Practice Nurse roles and are embracing both the opportunities and the challenges on offer.

“The position is full on and there is so much to learn, but I love it. The team I work with is amazingly supportive, I felt welcome straight away. I enjoy the diversity working in a VLCA practice offers and I’m looking forward to the year ahead,” says Jana.



Nursing Graduates Jana Bolton and Emma Ferguson.

Telling the Pegasus story at home and abroad

More than 20 years since the founding of one of New Zealand’s most innovative health organisations, Pegasus Health people are in great demand to speak at conferences.

This year, the Canterbury region hosted the annual National Conference for General Practice, allowing Pegasus Health staff the privilege of telling the Pegasus Health story, on home ground. Fittingly, given the region’s reputation for being a leader in integrated care, nationally and abroad, integration was the focus for Clinical Leader Simon Wynn-Thomas’s presentation.

“That led to a visit to Pegasus Health from Nick Goodwin, the Chief Executive of the International

Foundation for Integrated Care, which promotes the concept in Europe. As the result of that visit, I was asked to be the Keynote speaker at the International Federation of Integrated Care conference in Brussels in April.”

Four hundred delegates from thirty two countries heard Simon talk about the Canterbury experience, with a particular emphasis on primary care.

Simon’s presentation looked at how the Canterbury Earthquakes provided a catalyst to accelerate the local integrated care journey, following the loss of hospital beds. The years of work that had preceded the quakes had provided the foundations for growth, and had meant the region was already quite advanced in its integration efforts. Initiatives and programmes put in

place in the years before also meant that relationships — the bedrock of integration — were already strong, and success was proven through solid programme outcomes.

“In reviewing progress since the quakes, people were very interested in our IT initiatives — e-Shared Care Record View and the Electronic Referrals Management system. It’s not hard for clinicians to picture the difference it makes, when you have an elderly person lying on a trolley in ED who has had a blood test taken in the community that afternoon, for the doctor to have immediate access to those results on the spot. It really captivates people’s attention.”

Simon also talked about the local conditions that made it possible for primary and secondary care to break down the barriers, in the interests of patients.

“There was also a great deal of interest in hearing about how the permissiveness of our District Health Board and the Ministry of Health has allowed us to just get on with this work. Our strong sense of clinical leadership and the fact that we have achieved the things we have through ‘alliance contracting’ is also very impressive to these audiences.”

Following the conference Simon visited centres for integrated care in London, Utrecht in Holland, and Paris as part of a study tour.

“Probably the main impression I was left with was how far ahead we are in integrated care. We are a real ‘centre of excellence’,” says Simon.

Four hundred delegates from thirty two countries heard Simon talk about the Canterbury experience.

Clinical Education

Pegasus Health’s flagship education programme grew again in 2014, reflecting the organisation’s expanded offering on three fronts: its support for primary care professions beyond the traditional core General Practice team; its extended geographic reach; and its availability to those who are not already Pegasus Health members.

The education team is now 13 strong, with the addition in 2014 of a fifth pharmacist and for the first time, a physiotherapist.

This reflects the expanding role of General Practice as a ‘hub’ for the patient in accessing other primary care professions. Just as health professionals are working more closely together out in practices and the community, professional development is also being integrated. Pegasus Health’s long experience, well developed infrastructure and world class reputation as an educational provider makes it the natural base from which to develop this further across the primary care sector.

21 years on, the Pegasus Health Education Programme is still unique in New Zealand, and even in the world. Part of what makes it so effective is its independence and integrity, in contrast to most other places where clinicians are reliant on drug companies to provide funding for, and sponsor, programmes.

In addition to growing its capacity and extending the programme across the whole Canterbury health system, the Education Programme explored the value it could bring to other professional groups. Fittingly, given the Pegasus Health Education Programme’s unrelenting commitment to an evidence-based approach, a qualitative research analyst was taken on this year to





ensure that the programme’s effectiveness continues to be well evidenced.

A number of rurally based health professionals joined the programme in 2014 from North Canterbury, Ashburton and Oxford. Because of this, some different models of delivery were explored, including groups of professionals being combined and video conferencing trialled.

There was also a focus in 2014 on threading some common themes throughout different topics, including health literacy, shared decision making and teamwork. Taking this approach means that GPs, practice nurses and pharmacists are concentrating on the same things not just through educational activity, but when they interact through their everyday work.

There continues to be a rational, measured approach to the topics that are invested in, on behalf of programme participants. On the list this year was kidney failure, psychiatric medications, cardiovascular risk assessment and end of life issues.

Some of these areas, like cardiovascular risk assessment and smoking cessation, are important national priorities. Others are identified as being local priorities or come to the attention of the education team through feedback from participants or education programme leaders, or as a result of regular analysis of prescribing and laboratory testing patterns.

Issues that are front of mind for clinicians and the sector are also woven into the programme.

Innovations like e-Shared Care Record View, which give clinicians access to information that helps them help the patient, is one example. The education perspective considers how this content affects clinical practice, rather than the method of delivery, and how these areas interlink. A big question for the education team is always, ‘how can we integrate this into the team?’

Programme topics are set with very strong input from doctors, nurses and pharmacists. As a result of how in touch the education team is with what is going on on the ground, it has an uncanny knack of starting an

education round on an issue just as it starts to get high profile media coverage.

This is not surprising given that the areas the programme tackles are clinically tricky — often grey areas where new or conflicting evidence is coming out that clinicians are not quite sure about yet.

Attendance numbers remain high. In 2014, approximately 60% of GPs, 65% of practice nurses and 85% of pharmacists that registered for them, came to education sessions. The relatively high rates of pharmacist attendance reflect the newness of this offering to this professional group.

While the education programme itself is the obvious motivator for participants, as important can be the sense of collegiality and connection with colleagues that naturally ensues. Programme participants attend sessions with the same small group on each occasion, giving them a trusted forum in which to compare perspectives and experiences.

Personalised data is provided to those taking part in the programme regarding their own prescribing, test

ordering and other patterns, enabling them to discuss and compare where they sit, alongside their peers, with their peers. This sort of learning and feedback is a very good way to support professionals, particularly when it comes to variations in utilisation. This gets down to an individual level, showing how patterns in their prescribing compare against others.

Once clinicians can see variations, they’ll compare themselves to their colleagues and talk about different ways to approach clinical issues. It’s a safe environment to talk about what is appropriate, compare oneself to colleagues, and for those who might be defined as ‘outliers’ to adjust their habits. When the data is analysed three, six or twelve months down the track, the positive

influence that this peer interaction has had is highly evident.

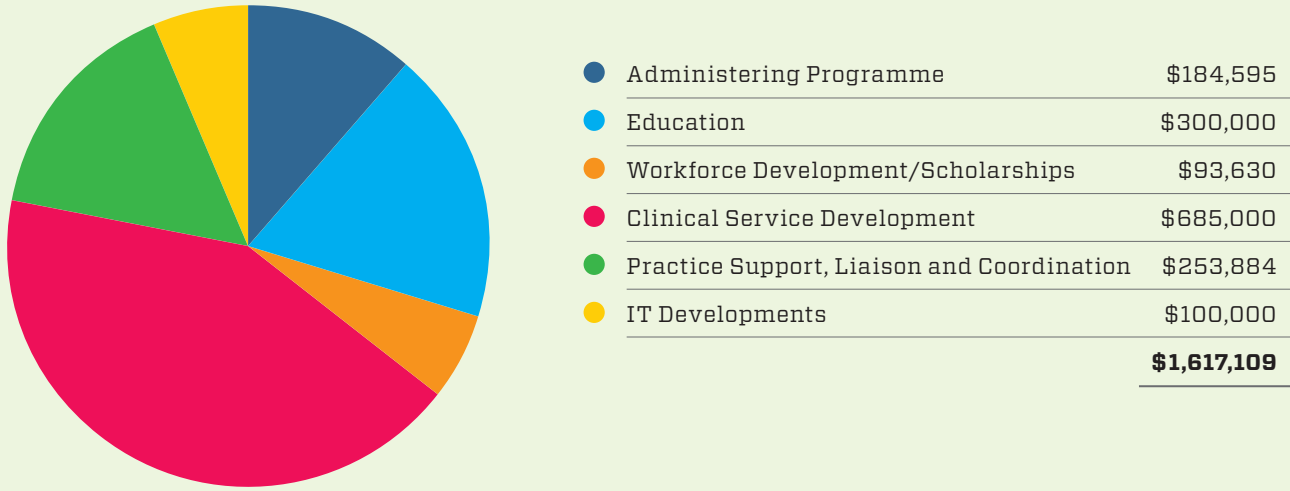
The education team spoke at a number of conferences, including the 2014 RNZCGP Education Conference, where six members of the team presented papers. As always, feedback to the approach Pegasus Health is taking, the work it is doing and the results it is getting is very positive.

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, cervical screening, cardiovascular risk assessment, smoking cessation advice and support. The funding available, if all targets are met, is small per patient (\$4.00), but when pooled across a larger organisation like Pegasus Health, is enough to fund across-the-board quality improvement activities that benefit everyone.

The PPP funding this year has again provided partial subsidisation for the education programme, with the CDHB funding the majority of the programme. Additionally this year, support for the Foundation Standards accreditation programme, cold chain accreditation, patient dashboard and practice administration training were also funded via the PPP funding that was received. Next year the PPP will transition to the new Integrated Performance and Incentive Framework (IPIF).

PHO Performance Programme 2013/14



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 patients when practices can’t via the Pegasus Health 24 Hour Surgery, 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.

Right people, right place, right work

As the amalgamation of Pegasus and Partnership Health bedded down, a mid-year review was undertaken of the structure and resources needed to get the most out of this new arrangement. An internal restructure looked to ensure that the right people were in the right places, doing the right work in a way that best supports practices. As a result, teams are working more closely together and more able to create services to suit the needs of practices and link practices to them. Practice, community and Pegasus Health based staff are working more closely together, with a great deal more awareness of the full range of services on offer to practices. One-stop-practice support Two years since Pegasus Health’s Practice Support Liaison service was relaunched, it is hitting its stride as an entry point for practices to access Pegasus support services. As well as helping practices find the right help with everything from IT, claiming and patient services queries, and the development of Integrated Family Health services (IFHS), the Practice Support team is increasingly focused on quality improvement, in particular, bringing the growing body of knowledge that is coming out of this integration, into the mix. The Practice Support service is also helping Practices explore ideas, including ‘lean thinking’, better use of data, and ways to meet priority health targets.

Giving patients and health professionals a clearer view

2014 brought a significant milestone in information sharing for patients and their carers, with the rollout of the Electronic Shared Care Record View (eSCRV) system across the Canterbury region. This revolutionary IT system allows health professionals anywhere — from the back of the ambulance to the GP consult room to the Emergency Department or hospital ward — to access appropriate, relevant health records. Everything, from blood tests to visits, test results and what has been prescribed, and what is dispensed by a pharmacy, can now be viewed through the e-Shared Care Record View platform. The next step is the development of a consumer portal that enables people to view their own records, putting an end to the days of information overload leading to consultation confusion, and patients not being able to view their own test results. While the system will open new doors for patients, there is a lot of testing to be done and a lot of things to take into consideration — including the wisdom of viewing

results without advice or context and privacy issues. For these reasons, development will be necessarily slow and steady, and involve a great deal of clinician and consumer input. Still, as in many other innovations, Canterbury is expected to lead the way and be one of the first regions in New Zealand to have a fully functioning suite of information systems that literally change the way we see — and deal with — our health. Smashing the numbers The 2014 year proved to be a stellar one, in terms of Child Health targets. All but just a handful of Pegasus Health two year olds were immunised and our practices exceeded the Ministry of Health’s target for Before School Checks with a 90% coverage rate. In addition to the extraordinary job that Practices did, additional mobile nurses deployed via Pegasus Health helped contribute to these numbers. There were three mobile nurses and a new coordinator on board for 2014, heading out into the community to go to those who couldn’t get to, or be contacted by, their local practice. Also on the Child and Youth Health front, Pegasus Health employed a Child Healthcare Liaison. Nikki Nute, a former kindergarten teacher provides a resource for practices to refer children and families struggling with behavioural or parenting issues. While these are areas that are not directly health related, they very often impact health status. Helping practices run smoothly Thriving, well-run General Practices help ensure that the people of Canterbury continue to have access to all-important primary care services when they need them. This is even more important than ever, given the ageing profile of the sector’s workforce. We need our clinicians to stay in the sector, stay in business, and be able to focus on the job of taking care of patients. To do this, they need great systems, processes and infrastructure, and great people supporting them. In addition to the many ways that Pegasus Health supports practices with IT and other essential business services, it also supports them with professional development and training opportunities tailor made for the busy General Practice environment. This year, Pegasus ran two successful educational courses for practice managers and administrators, adding these very important members of the practice team to the list of professionals who now have access to Pegasus Health’s renowned professional development programmes.

Growth continues for 24 Hour Surgery

Being ready to respond to the needs of the over 76,000 people who walk through the doors of the 24 Hour Surgery has required a multi-faceted approach. It has been about having the right people, working in the right way, at the right times.

The 24 Hour Surgery plays an integral part in the health care system in Christchurch in both primary care and intermediate care roles, assisting both General Practice and hospitals when they are at capacity.

Patient demand is changing. The population of Christchurch is increasing, and it's made up of different groups of people, from long term residents to short term rebuild workers.

More health care is available in the community, as more diagnosis, care and treatment can be outside of the hospital. The 24 Hour Surgery works with secondary care in innovative ways to provide safe care in the community for patients who would otherwise be admitted to hospital.

This means there is a more convenient service to patients, the flow on of which is that the numbers and level of complexity of patients continues to grow, so having the basics right is very important. One of the most essential elements is getting, and keeping, enough of the right staff on the ground.

This year has seen the successful recruitment of additional Medical Officers and nurses. Augmenting the existing multi-national team, with recruitment from New Zealand, Singapore, Philippines, Canada, America, Portugal, England and Australia. This matches the broader migration into Christchurch from across the country and the globe.

The working environment at the 24 Hour Surgery has proved to be so positive for these new recruits that a number have extended their contracts.

“We’ve worked intensively to put an induction and support package around them,” says 24 Hour Surgery Operations Manager, Claire McQuilken. “They tell us that they

love the interesting work, but also the collegiality and the great support that they get here.”

The 24 Hour Surgery has a dedicated team of supporting staff without which the surgery could not function. The reception team has coped amazingly well with the significant increase in numbers over the past 12 months, whilst the administration team keeps the wheels turning in the background, managing the all-important rosters, ACC, debt, stationery, food and the myriad of other things that can be less visible than the clinical, but without which we’d quickly grind to a halt.

With the increase in demand, 24 Hour Surgery this year continued its work to understand what was happening between demand and capacity and confirmed that while there was consistent staff capacity across the day, patient demand was very inconsistent.

To maximise efficiency and ensure a positive patient experience, a number of systems were trialled based on real data and real time analysis. Following some very effective work over a busy series of evenings and weekends, a new roster model was adopted for the winter season.

The most significant change resulting from the new model came from altering the shift structures, effectively allowing staff to keep up with patient presentations, rather than catch up. The effect on patient flow was vast, with a significant reduction in long wait times.

The team is quick to stress that the new initiatives were a collaboration between Pegasus Health Knowledge Management and the 24 Hour Surgery. This collaborative effort has had a direct impact on the patient journey at the 24 Hour Surgery.

Small gestures have also made a big difference. During the hectic Christmas period, the team worked the waiting room with a new approach.

Claire McQuilken says, “We want to help people understand what’s happening with their wait time, but it’s really hard to walk around to people and say, ‘Hi, we know you’re waiting, this is why...’. It’s awkward for people. Instead, the team began to take out a drinks trolley with tea, coffee and milo, as well as water and occasionally lemonade iceblocks for kids on hot days.”

And the initiatives have paid off, with the number of complaints received by the 24 Hour Surgery dropping significantly during the last year.

The Senior Management Team says, “The 24 Hour Surgery started with a strong base, and we’ve augmented this over the past year. We have a vision for an incredibly skilled, forward-thinking clinical team, and we want our reputation to reach the point that joining the 24 Hour Surgery Team is something that people will compete to do. That’s what we want to continue to build on.”

Patient demand is changing. The population of Christchurch is increasing, and it’s made up of different groups of people, from long term residents to short term rebuild workers.

Acute Demand Service busier than ever

Pegasus Health’s contribution to the Acute Demand service saw another jump in usage numbers this year, as appropriate care moves from hospital based services and into General Practice.

Since its launch fourteen years ago, the programme has been building the capacity, capability and resources to be able to manage more complex cases in a community setting.

“Acute Demand originally started with relatively simple conditions — skin infections, rehydration and asthma care” says 24 Hour Surgery Operations Manager Claire McQuilken. “It grew to accommodate a wider range, including pneumonia, and Deep Vein Thrombosis (DVT).”

Across the board, GP referrals remain strong as the Acute Demand programme provides a back up for General Practices when they are closed over the weekend, after hours or on public holidays.

“We still see our share of skin and soft tissue infections however the patient mix has changed to include patients with Chronic Obstructive Pulmonary Disease (COPD) and Heart Failure. The team started caring for people with COPD in 2012 and Heart Failure in 2013 after very careful clinical planning and the creation of new care pathways and are now seeing about 50 patients with heart failure a month.”

Most referrals for these two new services come from Christchurch Hospital.

“It’s a reflection of our growing capability and experience, and also of the ongoing aim of treating people as close to home as is safely possible,” says Claire.

“The conversation is always ongoing, and it needs to be had carefully when we bring on new clinical pathways. New services must be set up and run well, and be best for the patient and best for the system.”

With COPD and Heart Failure the aim is to reduce the rate of readmission to hospital.

Between a quarter and almost a third of people with these two conditions were being readmitted, often as the result of needing more active intervention at home post discharge.

“They now receive follow up from a nurse who calls or visits up to five to seven times post discharge. The nurse also makes sure that the patient gets an early review with their own GP. These two steps alone are helping people to better manage their medications and monitor important signs like fluid retention so they can remain well enough to stay out of hospital and have any problems attended to early on.”

Like everything the 24 Hour Surgery does, success is all about team work, and this extends to relationships with others closely involved in patient care.

“We work closely with St John’s Ambulance, for example. If the ambulance is called out they can get the information to make a judgment call on whether the patient is a candidate for Acute Demand Community Nursing. This cross-team approach has real benefits for the patient.”

With a number of part timers on board, Acute Demand staff numbers are the equivalent of ten nurses, a full-time and a weekend Medical Director.

“The workload is huge. They are taking care of the equivalent of a virtual ward, and at 35 patients on an ongoing basis, we are pretty much full.”

The 24 Hour Surgery based Observation Unit contains five beds and provides a quiet and comfortable place for patients who are not well enough to go home, but for whom a hospital admission is not necessary. The team are seeing some complex cases and are providing more active treatment, rather than observation. This can include pneumonia, asthma, and heart failure, along with migraine, dehydration and similar cases that are expected to improve rapidly with the right treatment.

Having the right people is a must.

“We have great people on the team. We need very experienced and confident nurses and it’s hard work, but people love it when they get here.”

At the 24 Hour Surgery in 2014 we ...

Put on 181,412 gloves

181,412

Rolled over 15.6km of bandages

15.6km

Used 79,800 gauze swabs

79,800

Applied 3,661 slings

3,661

Performed 12,050 dip-stick urine tests

12,050

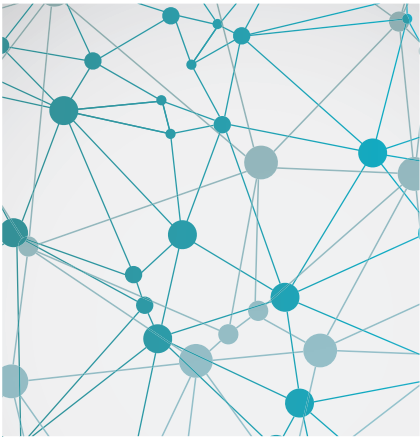
The IFHS service — bringing it all together

Pegasus Health this year boosted its Integrated Family Health Services (IFHS) team — a group working with practices to help new models of care and business to better meet patient, community and practice needs in the future.

The development of Integrated Family Health Centres — or even just the application of IFHS type thinking — is about much more than having other patient services on site. From the way that practices plan their day, including accommodating

walk- ins, to applying ‘lean thinking’ to their administration processes and making the most of their nursing workforce.

While Pegasus Health provides the people-power to help work through the solutions, it’s the practices themselves who establish what best suits their needs. Each practice that gets support from Pegasus Health’s IFHS team in turn helps others considering this significant, and extremely rewarding, change.



Silver Lining for quake hit practice

Cracked walls, uneven floors, water and power issues, and falling patient numbers are just some of the struggles that Gayhurst Medical Centre faced during the past few years in the wake of the earthquakes.

Things turned a corner in 2014, however, with the move into a brand new building on the corner of Marshlands and Prestons Roads which is not just changing the way the practice teams work, but who they work with — to the benefit of patients.

Today, known as Marshlands Family Health Centre, the practice is one of the first of a new breed of Medical Centre offering something of a one-stop-shop for patients.

The new facility is purpose-built to accommodate not only General Practice services, but others that work closely with GP teams, and to whom patients are often referred, including a physiotherapist and podiatrist, who are both ‘busier than ever’ since moving into the new Marshlands Centre, according to Practice Manager Bernice Hey.

While the local pharmacy had been next door to the original site, it has now moved under the same roof, too. Bernice says it’s better for everyone.

“The pharmacists can just pop through to ask the doctors and nurses questions whenever they need to, and vice versa. It makes things faster, and it makes it easier to get things right when there are the inevitable questions.”

Recognising the important role that Plunket plays in the health of young families, the new Family Health Centre approached them to run some clinics from the new premises.

“The practice team really wanted Plunket operating from the same building for some time, and it has made such a difference, especially when the practice nurses and their Plunket counterparts can work so closely together.”

A Plunket Nurse now works out of the practice three times a week, also making it easier for young Mums and Dads to get that all-important visit into their already busy days.

Bernice says just having health professionals under the same roof has notably changed the way that work gets done.

“We have a shared staff room for everyone, which is already helping to form relationships between teams. In turn, the patient experience will be more streamlined, and better communication definitely means better patient care.”

The big move took place on 26th May 2014 and the first month of operations, from the beginning of June, saw the Centre hit the ground running. The Centre’s patient numbers are building all the time, a relief to the former Gayhurst team, who had seen 23% of their patients forced out of the area due to their homes being red-zoned.

As Bernice puts it, “Each week just gets better and reinforces that we’ve made the right decision to move on.”

Despite all the setbacks along the way, Bernice says the practice team has been incredibly resilient, going above and beyond for their patients. “After the earthquake, they were amazing. They saw to patients who were in need of help in the carpark because it wasn’t safe to go inside.”

It might be in part because of stories like this that the new Centre has held on to a large number of patients, despite so many leaving the area.

“Many have stayed with us, even though they’ve moved a long way out of the area. They’re very loyal to the practice team, and many of the patients are as excited about the new building as we are.”

With full appointment books, the outlook at the new Centre is very positive.

“Since the shift, the staff have never looked back. We’ve moved on physically and mentally, and we’re happier than ever.”

‘One stop shop’ for patient care

The new Rolleston Central Health opened its doors this year, providing a new model of care for patients as an Integrated Family Health Centre (IFHC).

As Rolleston GP Dr. Phil Schroeder puts it, the idea of an IFHC is to provide something of a ‘one-stop shop’ that offers patients a full range of health services under one roof or in close proximity to one another. The turmoil and upheaval brought about by the earthquakes provided a unique opportunity for a different approach to General Practice services.

“Back in 2011, I was heading up the earthquake response, working alongside the Canterbury District Health Board and we were discussing where Canterbury was potentially going to be caught short with primary care as the population shifted away from the Centre and

into North and South Canterbury,” Phil says.

“Obviously I’d much rather it hadn’t taken a tragedy, but in a perverse way the earthquakes did force our hand into thinking about how we could be providing access to primary care in a better way.”

After three long years and a lot of effort, the new Centre opened its doors in the heart of the Rolleston Township in mid 2014. With the ongoing drive for more patients to be treated closer to home, the timing was right for the efficiency and specialist services offered by an IFHC.

“It’s very different to the traditional notion of going to see one doctor and having them tend to everything. We have a whole team, which means we can offer patients specific services for specific needs.”

The team includes a podiatrist, physiotherapist, osteopath, counselor and a dietitian — as well as a nursing team who have been upskilled to provide patients with more services than they would have in the past. As well as providing these specialised services, the IFHC offers extended hours for patients and a weekend service.

Having been a rural GP in Rolleston for 23 years, Phil sees the move to the new model of care as a logical one, given the growth in the area and the shift in area.

“We were very much the ‘hick’ little rural practice in the early days! But as time’s passed we’ve become a lot more suburban. We were either going to have to start turning patients away or pioneer this new approach, and I’m very pleased we have — it feels like home.”

‘The Showcase’

The idea for Rolleston Central Health’s new direction came about in part from a real life ‘model’ when Pegasus Health had the opportunity to link up its IFHC work with work the Canterbury District Health Board were doing to help design new facilities. A mock-up practice was set up to help work through the logistics of improving the patient experience.

Housed inside a warehouse — ‘The Showcase’, as it became known — was constructed out of giant

cardboard walls and created a 3-dimensional plan. The life-size model gave practitioners the chance to measure everything up and establish how big rooms needed to be to comfortably house certain facilities, and generally test everything before making it a reality.

Since its initial test run, the showcase model has been used by other practices looking to refit and redesign their facilities.

Child Health Fast Facts:

B4 School Checks



3,141

checks completed by Pegasus General Practice teams.



1,336

checks completed by Public Health Nurses on our behalf.

266

Dental referrals made.

468

Vision and hearing referrals made.

88%

of our 4 year olds had a B4 School Check.

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 tearoom 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 Community Board has now completed its first year under the new company structure. As reflected in our terms of reference, the key purpose of the Community Board is "to ensure that influential recommendations from a community perspective are made to the Pegasus Health (Charitable) Ltd.'s Board in order that the best possible decisions on health and primary/community based health care are made to improve health outcomes".

As there are crossover issues of relevance there is a close liaison with Pegasus Health's Clinical Board. This ensures that the goals and objectives of the respective Boards both inform and align with the Pegasus Health Board's objectives and strategic direction.

The health sector is complex and it is unfortunately the nature of health that there are never enough resources to go around. Bearing in mind the need to optimise these scarce resources the Community Board received a number of evidence-based reports on a wide range of options. These drew on a population health perspective which also took into account the wider determinants of health, in order to enable members to make an informed decision regarding the board's immediate focus. Members took into account what influence Pegasus might have and the work being done by other organisations before deciding that children and youth are not only the population in greatest need, but where our resources might be concentrated to make biggest impact.

It is acknowledged that issues facing children and young people are significant and it is important that the health system provides them with as much support as possible at the top rather than at the bottom of the cliff, given evidence has shown that early intervention is significantly more cost-effective for the whole community. Young people in Canterbury post-quakes, particularly those who have been dislocated from their usual schools or networks, are struggling with many issues that can manifest not only in physical health issues but mental health and behavioural problems.

To narrow its focus the Board decided on five areas of activity, recognising that in order to reach children and young people it is important that we work with the family/whānau and in partnership with other organisations when feasible.

1 ORAL HEALTH

The Community Board endorsed the approach to work with the Community Dental Service and Partnership Community Workers to look at how primary care can assist children to access dental appointments, advocate to reduce consumption of sugar sweetened beverages and to fluoridate community water supplies — this work is ongoing.

2 MENTAL HEALTH

The board advocated for education sessions for health professionals on the two programmes identified as most relevant to youth, being SPARX for depression and BRAVE for anxiety. Both are evidence-based online programmes, with links for users to make contact with GPs or mental health professionals as necessary. The board also supported the promotion of parenting programmes through HealthPathways and HealthInfo and additional resource to support current programmes including parenting programmes.

3 ACCESS TO PRIMARY CARE HEALTH SERVICES

A number of work streams are in progress to improve access to primary care, especially for high-needs families; in addition a research project has been initiated with a children's home to look at barriers to access to health services for vulnerable families. →

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





4 CHILDHOOD OBESITY

The board has moved from an earlier position of advocacy to focus more on actions — these include education sessions for primary care clinicians on nutrition, physical activity and brief interventions, involvement in the church-based Pacific Champions project which aims to encourage healthy lifestyles, and partnering with organisations on the Healthy Families initiative.

5 A HEALTHY START

It is proposed to contribute to the work being done by Canterbury Clinical Network, on their Maternity Working Group objectives, including supporting the seamless handover of mothers and children as they move between maternity, General Practice and Well Child providers.

To determine the key question — ‘have we made a difference?’, a reporting template was developed which sets out objectives and success measures against each work stream.

In addition to these five key areas, the board received a number of briefings from leaders across the health sector. These included a presentation that emphasised the link between mental health and employment status, which highlighted that helping people get back to work earlier aids recovery from mental illness. The board was pleased to receive confirmation that an overarching Canterbury Māori health framework has been developed and we commend those involved with this work. A proposal to provide a wide range of community services on new campuses being developed in the eastern sector was considered and the board contributed toward a literature review to investigate various health models for the sites. Diabetes is a major contributor to disease and was a constant theme through our discussions. The board supported nutrition and exercise initiatives, which are suitable for all ethnic groups.

The Community Board also put forward position statements and submissions on major issues facing our community, including for the Canterbury District Health Board’s smoking cessation policy and the Christchurch City Council’s draft alcohol policy and draft psychoactive substances policy.

All this work has been done in close liaison and with input from the three Canterbury reference groups, Te Kāhui o Papaki Kā Tai, the Pacific Reference Group and the Culturally & Linguistically Diverse (CALD) Advisory Group, all of whose chairs or their representatives sit on our Community Board.

Regretfully during the year we said farewell to two people who have been very influential in the local health and community sector, Pegasus Health’s Community Development Director Jane Cartwright and Clinical Leader Māori Health Dr. Matea Gillies.

Jane was Chief Executive of Partnership Health Canterbury PHO for six years. Following the amalgamation Jane’s work to ensure Pegasus Health made a smooth transition to being a PHO and her leadership in establishing the Community Board has been equally invaluable. Her integrity, drive, people skills and knowledge of the work of primary care and community organisations have been critical in helping the Community Board get up to speed and we are indebted to her for this. We look forward to staying in touch with her through her ongoing health sector roles.

Matea has made a significant contribution over many years to strengthen Canterbury’s health sector’s strategic approach to addressing health inequities and improving health outcomes to Māori. His vision and work over this time has been untiring and while Te Kāhui o Papaki Kā Tai will nominate a member to take his place on the Community Board, we recognise that replacing his mana, wisdom and experience will be a challenge.

I would like to acknowledge the work, contribution and enthusiasm of all board members — each of our ten members brings a unique set of professional, business, community and in some cases sector experience. Thanks to the Pegasus Health’s Board Chair Dr. Martin Seers and the executive team so ably led by CEO Vince Barry for their support.

The Community Board is fortunate to have had excellent support from Pegasus’ Population Health Specialists and administrative staff. This support has enabled strategic directions to be clarified, drawing on complex and wide ranging analyses of available research and initiatives to be set in place which reflect Pegasus Health’s strengths, capabilities and opportunities to partner with other organisations. The board is grateful for this support and the shared vision to improve health outcomes across our region.

All in all it has been a busy year and we are pleased that good progress is being made toward meeting the goals set by the Community Board. We look forward to building on this work in the forthcoming year and reporting on further progress in 2015.

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

Quake impacts continue on

More than three years on from the start of the Canterbury Earthquakes, Pegasus Mental Health Services Team Leader Cerina Altenburg is still seeing the ongoing effects on people’s mental wellbeing, although there has been a shift away from the more acute issues seen in the period directly after the quakes.

“We’re now seeing what I’d call more secondary issues coming through. People are feeling very worn down by the lingering effects of the quakes and associated issues with insurance and EQC. The stress and strain that people are under is manifesting itself in all sorts of ways, whether it’s harmful use of alcohol, relationship issues or a level of disengagement with family and friends.”

With insurance battles still ongoing for many and uncertainty over the future of houses, Cerina believes that people are feeling much less able to influence decision-making than they did directly after the quakes, resulting in a slow, low-grade acceptance, frustration and feeling of discontent.

“Some people are feeling like there’s no resolution in sight and that can put a big strain on relationships, financial hardships, resulting in some people shutting themselves off from loved ones.”

Despite all this, Cerina sees a lot of positive trends in post-earthquake Canterbury, with some of the stigma surrounding psychological support services eroding away, as well as more men coming forward asking for

assistance and accessing services. Community services from health, education and social agencies have been working in a more integrated manner, which ensures that the limited resource to support the community is allocated for best outcomes for the patient.

Mental Health support agencies, including MHAPS Peer Support, the Mental Health Education & Resource Centre, and Warmline Canterbury, are also hugely helpful for Practices, as mental health consultations are specialised and can be time-consuming. The services on offer ensure that the right person can be allocated for the right piece of work.

“The need for psychological support is much more out in the open now and more acceptable. People know that we’re here and that it’s okay to access mental health services; it now seems that there is less stigma or negative perceptions about accessing mental health services than previously thought,” says Cerina.

“It means it’s not as hard for people to come and see us when they need to next time around, if they have a positive experience during their first point of contact.”

People are feeling very worn down by the lingering effects of the quakes and associated issues with insurance and EQC.

Cerina Altenburg

Aranui Health Day

The fifth annual Aranui Health Day was once again held in Winter this year and proved to be a success, with over 300 people packing into the Aranui High School hall for the event.

“We want people in the community to take charge of their own health. We want them to stay well and to go to the doctor when they might be only mildly unwell, rather than waiting until things get really bad and they may end up in the Emergency Department.”

Jenny Herring

Aranui Community Nurse Jenny Herring has been involved from the beginning through Aranui Community Trust Incorporated Society (ACTIS) and says the event gets better every year. With nearly 30 stalls covering everything from mental health, nutrition, oral health, alcohol and drug awareness, diabetes, sexual health and more, visitors to the event have the opportunity to have their information taken and scans (cervical smears and mammo-grams) can be arranged. Blood pressure checks, diabetic finger prick testing and cholesterol checks were also done this year and any concerns from these tests were able to be followed up. As Jenny puts it, the goal of the day is a fairly simple one: educating people about their health. “We want people in the community to take charge of their own health.

We want them to stay well and to go to the doctor when they might be only mildly unwell, rather than waiting until things get really bad and they may end up in the Emergency Department.” Aranui High School has been hugely supportive of the event, which ran in the school hall for the second year in a row after previously being held at the Aranui Community Hall. “We really wouldn’t be able to do it without the help of the school. The children are great, they help us set up and serve people tea and coffee during the event.” As Jenny says, the educational benefits for the students are vast. “It’s really good for them to be able to ask questions, and to know that they don’t have to feel embarrassed. The people behind the stands are so approachable, they make it very easy for them.”



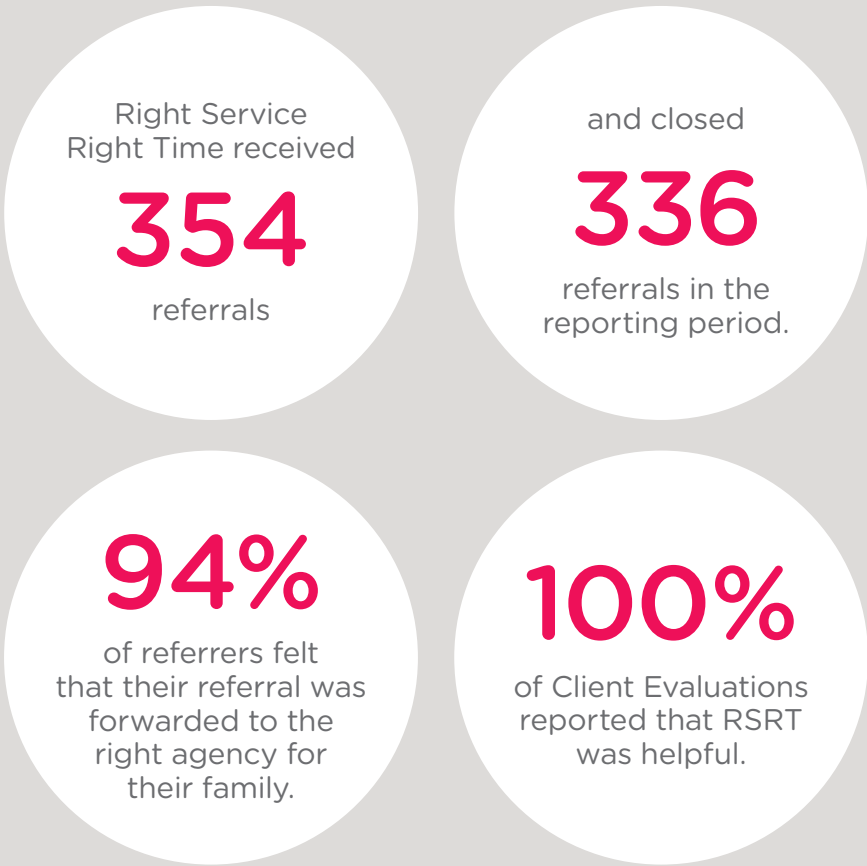
Right Service Right Time

Right Service, Right Time (RSRT) is a collaborative enterprise set up in 2009 between a number of non governmental organisations across Christchurch, with the aim of helping to improve access to care and social services for families with children and young people up to the age of 25.

RSRT Coodinator Susan Smith says the initiative is yielding good results especially for families who were unfamiliar with accessing social services until more recently, post earthquakes. One parent said that they “felt their son’s care plan was tailor-made to address his needs and that hadn’t been the case with other services” the parent had previously approached. Pegasus Health allocates funding to Right Service Right Time to ensure there are no barriers for families wanting to access services. Funded referrals are made to partner agencies that are not fully funded by Government Departments.

“Part of my role is unpacking what’s going on within a family’s situation. Parents who are dealing with multiple stressors may not be aware of the cumulative impact on their children.” This year, strong links have continued with health providers, particularly primary health, with 56% of referrals coming directly from health providers. A wide range of agencies are involved with Right Service Right Time, including Barnados, Christchurch Methodist Mission, Presbyterian Support and the Department of Child, Youth and Family. Feedback this year has been positive, for example, 80 Agency Evaluations reported that family wellbeing had improved as a result of intervention. “It should provide a quick and simple pathway to a service. People say to us that they feel they’ve been heard and listened to, and this might be the last stop they need for access to services,” says Susan.

In the year to 31st June 2014:



Cultural Competency Programme

This year Pegasus Health implemented a new cultural competency programme. The programme is modular and topics are wide-ranging. Modules delivered so far include:

Te Tiriti o Waitangi and its application to health care (8 workshops)

Working with Interpreters (2 workshops)

Deaf Awareness (1 workshop)

Working with diverse communities (2 workshops)

A workshop on Pacific Health is due to be delivered in the first half of the next financial year.

The Treaty of Waitangi is a core module of the cultural competency programme. While this module has helped to increase understanding around the Treaty of Waitangi, it also provides practices a practical application of the principles of the Treaty.

Our diverse enrolled population includes:



Connecting people and practices

The Partnership Community Work (PCW) Team form a diverse network based in community organisations and high schools. They work in collaboration with General Practice Teams and their local communities to further develop pathways into primary health services. The PCW Team focus either on people who are not enrolled in General Practice or who are enrolled but are not visiting their General Practice teams as often as they need. They focus on identifying and managing the barriers that a person/family/whānau may have in accessing health care. In this period transport continues to be the most significant barrier followed by lack of information, money, Mental Health and then language.

The PCW service has remained at full capacity with 20 PCWs (13.5 FTE) working across 15 partner organisations. The PCW funding includes 1FTE from Refugee Health Funding. The School Based High School PCW positions (2.25FTE) work across six high schools.

Achievements:

During 2013–2014, there was a steady increase in referrals: 4382 clients were seen: 1975 new referrals (45%) and 2417 ongoing clients (55%).

1592 referrals from General Practices (36%) and 2789 referrals from the community (64%). There were increased referrals from community providers as the initiative has become more established.

Total PCW Hours in 2013-14 was 8640.

96% Enrolled 4% Not enrolled.

3112 community organisations contacted by PCWs.

394 referrals to GPs and 2083 referrals to other community providers.

31 client evaluations and 43 referrer evaluations forms were received.

Māori Scholarships



Photo from left to right: Ricki-Lea Aitchison, Sam Ruhi, Chivala Heal, Ben Wilkinson, Wendy Dallas-Katoa, Jayden Ball, Anika Tiplady, Nicholas Buckley, Kennedy Sarich. Inset: Shannon McNoe with her mum.

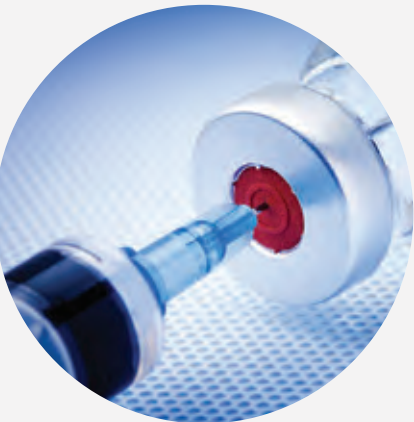
An awards function was held at Pegasus Health on Friday 13 June, 2014 to congratulate the nine successful recipients of these Pegasus Health Māori Scholarship Awards for 2014. There were approximately 50 invited guests in attendance including staff, friends and whānau. To date Pegasus Health has awarded 70 scholarships to outstanding Māori students studying medicine, nursing and allied health. This year there were a record number of 8 medical students. All students expressed the desire to work with our Māori people and improve their health and wellbeing. The future looks promising for primary care and Māori health.



The successful students were:

Ben Wilkinson	Te Ati Awa	5th year Medicine
Kennedy Sarich	Ngā Puhī, Te Rarawa, Ngāti Porou	4th year Medicine
Anika Tiplady	Kāi Tahu	4th year Medicine
Nicholas Buckley	Ngāti Raukawa	4th year Medicine
Samuel Ruhi	Ngāti Kuri, Ngāti Tūwharetoa, Te Arawa	4th year Medicine
Ricki-Lea Aitchison	Ngāti Kahungunu, Ngāti Porou	4th year Medicine
Jayden Ball	Te Ati Awa	4th year Medicine
Chivala Renee Heal	Kāi Tahu	4th year Medicine
Shannon Elle McNoe	Ngāi Tūhoe	3rd year Nursing

Immunisation



95% of all 8 month
and ...

98% of consented 2 year olds
were immunised.
Just 2% of consented Pegasus
2 year olds were not immunised.

Child Health Support Service

This service aims to improve the health, social, behavioural needs and well-being of children 0-17 years. We work alongside the general practice team, offering a home visit to understand needs, provide brief interventions, provide information and link family, whanau and caregivers to services for ongoing support.



CVD Risk Assessment

67,286 people have been assessed for cardiovascular risk in the last five years, as at 30 June 2014. This represents an increase of 37,496 assessments completed in the last year, with 61.8% of the eligible population having had a risk assessment by their general practice team.

67,286 people have been assessed for cardiovascular risk in the last 5 years



Smoking Cessation Advice & Support

Pegasus General Practice teams had provided smoking cessation advice and support to 27,665 smokers in the year to 30 June 2014, taking overall coverage to 76.5%. At the same time last year, coverage was only 29.3%. 3995 people received help to quit smoking through the PEGS programme in 2013/14.

3,995 people received help to quit smoking through the PEGS programme.

Health partners

‘Healthy professionals, healthy practices, healthy communities, healthy partnerships’ is the theme of this annual report for good reason. Each of those elements is vital to create a primary care system that can provide excellent care and a good experience for patients.

Pegasus Health is at the heart of it all, providing support, resources, innovation, services, professional development and importantly, the thinking, to help support the various components from a uniquely General Practice led perspective.

Increasingly, our role echoes that of our practices, acting as a connector that brings together all of the disparate parts of the primary care system into a functional whole.

We are partnering with other health organisations who are of a similar mind – those looking for better, more sustainable ways of delivering quality care. This year we joined forces with the Auckland based General Practice organisation, ProCare in a joint entity known as Homecare Medical, which provides after hours nurse triage and other General Practice support services.

Again this year we were proud to host the Canterbury Clinical Network (CCN) including the Integrated services (Community respiratory and diabetes) teams within our Bealey Avenue facility.

Locally, 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.

We’re also pleased to provide a base for the Canterbury Community Pharmacy Group as practices and pharmacies come closer together, for the benefit of patients and the system.

Financials

STATEMENT OF FINANCIAL POSITION

as at 30 June 2014

	Group	Company	
	2014 \$	2014 \$	2013 \$
Assets			
Property, plant and equipment	4,820,903	4,820,903	4,692,598
Intangible assets	1,318,870	1,318,870	1,060,099
Investment in subsidiaries	–	1,130,004	–
Investment in associate	1,480,954	1,480,954	1,453,354
Other investments	1,152,138	49,214	40,000
Fixed interest securities	509,702	509,702	–
Deferred asset	314,151	–	–
Total non-current assets	9,596,718	9,309,647	7,246,051
Inventories	11,828	11,828	10,672
Trade and other receivables	6,111,270	6,111,266	14,633,806
Cash, cash equivalents	4,914,795	4,910,664	2,637,694
Short term deposits	9,500,000	9,500,000	11,200,000
Total current assets	20,537,893	20,533,758	28,482,172
Total assets	30,134,611	29,843,405	35,728,223
Equity			
Share capital	12,000	12,000	12,000
Revaluation reserve	829,616	829,616	679,026
Share of movement in associates reserves	374,811	374,811	347,211
Retained earnings	15,998,951	16,021,785	16,319,345
Total equity	17,215,378	17,238,212	17,357,582
Liabilities			
Provisions	165,000	165,000	165,000
Deferred payment	314,151	–	–
Total non-current liabilities	479,151	165,000	165,000
Employee benefits payable	1,232,520	1,232,520	946,643
Trade and other payables	10,759,925	10,760,036	16,768,705
Related party loan	40,000	40,000	40,000
PHO project residual reserve	407,637	407,637	450,293
Total current liabilities	12,440,082	12,440,193	18,205,641
Total liabilities	12,919,233	12,605,193	18,370,641
Total equity and liabilities	30,134,611	29,843,405	35,728,223

STATEMENT OF COMPREHENSIVE INCOME

for the year ended 30 June 2014

	Group	Company	
	2014 \$	2014 \$	2013 \$
REVENUE			
Delivery of health services	31,575,113	31,575,113	26,615,282
Other revenue	3,202,595	3,224,671	3,201,207
Total revenue	34,777,708	34,799,784	29,816,489
Other income – rental	225,246	225,246	282,830
Operating expenses	(36,018,215)	(36,017,457)	(30,471,175)
Operating profit/(loss) before interest income	(1,015,261)	(992,427)	(371,856)
Interest income	701,499	701,499	616,114
Realised gain (loss) on fixed interest securities	(6,632)	(6,632)	48,906
Profit/(Loss) for the year	(320,394)	(297,560)	293,164
Revaluation of land and buildings	150,590	150,590	184,960
Share of other comprehensive income of associate	27,600	27,600	84,100
Total other comprehensive income for the year	178,190	178,190	269,060
Total comprehensive income/(expense) for the year	(142,204)	(119,370)	562,224

Financials

SPECIAL PURPOSE STATEMENT OF FINANCIAL POSITION

as at 30 June 2014

	2014 \$	2013 \$
ASSETS		
Trade and other receivables	1,449,522	2,397,528
Cash and cash equivalents	3,575,081	3,652,984
Total current assets	5,024,603	6,050,512
Total assets	5,024,603	6,050,512
EQUITY		
Retained earnings	267,432	80,479
Total equity	267,432	80,479
LIABILITIES		
Trade and other payables	2,340,108	2,778,427
Contract funding received in advance	2,009,426	2,741,313
Project residual reserve	407,637	450,293
Total current liabilities	4,757,171	5,970,033
Total liabilities	4,757,171	5,970,033
Total equity and liabilities	5,024,603	6,050,512

SPECIAL PURPOSE STATEMENT OF COMPREHENSIVE INCOME

for the year ended 30 June 2014

	2014 (year) \$	2013 (4 months) \$
Revenue		
Delivery of health services	2,286,584	763,624
Other income	32	22,000
Project residual funds	32,656	–
Total revenue	2,319,272	785,624
General operating expenses	(43,715)	(20,812)
Governance expenses	(121,644)	(30,411)
Programme contracts, financial management & community engagement	(886,955)	(328,796)
Programme service funding	(1,703,600)	(548,518)
Project residual expenses	(32,656)	–
Operating profit/(loss) before interest income	(469,298)	(142,913)
Interest income	87,756	30,382
Transferred from programmes	568,495	193,010
Profit/(loss) for the period	186,953	80,479
Total other comprehensive income for the period	–	–
Total comprehensive income/(expense) for the period	186,953	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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