

PEGASUS HEALTH

Annual Report
2015



GP members

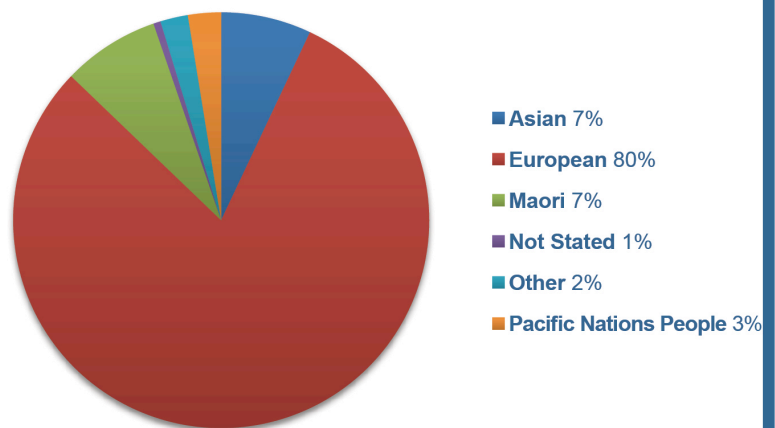
Total number of nurses working in Pegasus Health practices

333
453

PEGASUS HEALTH
PHO FACTS & FIGURES

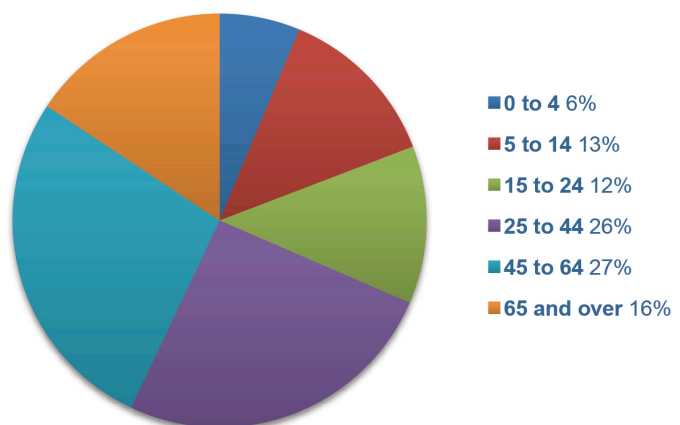
Enrolled population by ethnicity 2015
Quarter 2015 Q2 (April 2015)

<i>Ethnic Group</i>	
Asian	27,145
European	309,720
Maori	29152
Not Stated	2162
Other	8304
Pacific Nations People	9915
Grand Total	386,398



Enrolled population by age 2015
Quarter 2015 (April 2015)

<i>Age Band</i>	
0 to 4	24,332
5 to 14	49,804
15 to 24	47,596
25 to 44	98,681
45 to 64	105,387
65 and over	60,598
Grand Total	386,398



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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 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 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 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.

Established in 2013, the Pegasus Health's Community Board's goal is to improve health outcomes for our community. The Board takes a collaborative approach, working with many groups and individuals and ensuring its objectives and work programme are aligned with those of Pegasus Health, Pegasus' Clinical Board and the Canterbury Clinical Network.

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 Canterbury DHB, PHOs throughout the country, 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



Back L-R: Dr Hillary Gray, Dr John Coughlan, Peter Townsend, Nicky Scott, Prof Andrew Hornblow
Front L-R: Jane Huria, Dr Gayle O'Duffy, Prof Les Toop, Dr Mary-Anne Bellamy
Absent: Dr Harsed Chima

PROF LES TOOP, CHAIR

PEGASUS HEALTH (CHARITABLE) LTD

The last year has passed very quickly. Even though I have been on the Board for several years, until I became Chair, I had no idea just how many initiatives Pegasus was involved in! My thanks to Martin Seers, who stood down this time last year, for his many years of innovative leadership. It has been a pleasure to welcome Gayle O'Duffy as a new director. Her governance experience and knowledge of rural issues have been invaluable.

In the last 12 months, Pegasus has made significant progress on a number of tricky issues that have been perplexing the Board. A new fit-for-purpose home for Pegasus Central and our 24 Hour Surgery has been a top priority for several years and we soon hope to have this development underway. Our membership is aging and the challenges this brings have been brought sharply into focus. We have done our very best to come up with solutions that ensure the integrity of the system, support older members and importantly encourage our younger colleagues to share in the joys and accompanying responsibilities of providing the high quality, comprehensive and continuous General Practice care that characterises the Christchurch and Canterbury system. Pegasus members, both medical and nursing, should be proud of the huge contribution they and their organisation make to so many aspects of our integrated health system, which is winning national prizes left and right.

There is much still to do. In order to continue our path of innovation and manage the ever present tension between our hard-earned professional independence and our clear successes in system integration, we must continue to make ourselves indispensable to the system and, as best we can, politically agnostic. The best example of this in the last year has been our partnership with our northern colleagues at ProCare and the subsequent successful bid of our joint venture Homecare Medical Ltd to win the new comprehensive **Telehealth service contract**. This may seem an unusual activity for general practice on the face of it. However, this large and long-term opportunity will allow us to improve many things including after hours triage and support nationally. It will in time, return resources we can use to pursue other core activities and importantly provide a sophisticated platform to innovate in the ways we deliver care, both within and after hours.

Much work continues in supporting the reconfiguration of practices and models of working. More than half of our practices have used the services of Jan Edwards and Mark Henare, who run the supportive Integrated Family Health Service programme. Exciting results have been achieved in some practices, with much change planned for the future.

Pegasus has also formed closer ties with other large networks around the country. These partnerships are already delivering rewards through sharing expertise and innovation. Our world-class education programme is expanding and aspects of our IT work are being adopted elsewhere - a tribute to both teams.

It has been a pleasure to chair the Board this first year and I look forward to updating you next year on the further development of our projects and programmes. We are lucky to be part of such a robust and high values organisation, one that continues to lead the sector locally, nationally and internationally. I thank all those involved - members, staff, fellow directors and community partners - who add vibrancy to the unique Pegasus DNA.

Chief Executive's Report

VINCE BARRY, CHIEF EXECUTIVE

PEGASUS HEALTH (CHARITABLE) LTD



The 2014/15 year ended on a high note with the announcement that our youngest offshoot, Homecare Medical, is to partner with the Ministry of Health in developing and delivering a better national telehealth service.

Homecare Medical is the product of a collaboration between Pegasus Health and New Zealand's largest Primary Health Organisation, ProCare. From November this year, it will be based in Christchurch and Auckland.

This exciting development, which is set to transform the country's major health lines and telephone triage, is one of many examples of Pegasus Health playing an increasing role in the fabric of the New Zealand health system.

Collaborating with other PHOs, as we are with our network of Compass, ProCare and Midland Health, is putting primary care at the forefront of establishing a well-integrated and more durable national system. The Healthcare Home, which features later in this Annual Report, is a striking example of

what can be achieved when New Zealanders take a partnership rather than adversarial approach and work together to tackle common issues.

Another collaboration that is progressing well is the co-sponsorship by Pegasus Health and the Canterbury District Health Board of the Canterbury Patient Portal. By the middle of 2016, half of all Canterbury practices are expected to be using the portal, allowing patients to make doctors' appointments online, order repeat prescriptions, check test results and send private messages to their General Practice.

Pegasus Health has also continued to contribute at leadership and operational levels to the Canterbury Clinical Network. Among this year's highlights have been progress with the Population Health Plan for Primary Care in Canterbury; supporting the development of an improved model of funding for rural practices; and assisting progress towards Kaikoura's Integrated Family Health Centre.

Support Plus is now up and running, following requests from the Pegasus Health network for more support in managing primary and community care businesses. The assistance we are providing ranges from Human Resources advice to IT support and is tailored to suit individual business needs. Businesses only pay for what they need at any one time, keeping the cost to a minimum and ensuring the assistance is targeted directly at what people need.

It was exciting to see the conclusion of the Canterbury Healthy Homes programme late last year and the success it achieved. More than 1300 homes were made warmer and drier as a result of the initiative, which aimed to improve people's health and reduce the impact of the Canterbury earthquakes on health services. This was the result of another successful partnership. On this occasion, between the region's three PHOs, Canterbury District Health Board, Environment Canterbury, the Energy Efficiency Conservation Authority and Community Energy Action.

Once again, Canterbury General Practice teams have performed exceptionally well. Both immunisation targets for 8 month and consented 2 years olds were exceeded, achieving a result of 96%. 93% of our 4 year olds received a B4 School Check. 2015 also saw a large increase in those patients discussing their cardiovascular health and associated risk with their general practice team (81%).

This last year we have enjoyed working with our new rural practices who joined the Pegasus network on 1 July 2015. We are delighted to now welcome Oxford Community Health Centre to the network and look forward to working closely with them.

With the 24 Hour Surgery requiring more space and the need for us to house Homecare Medical's Christchurch team, we are looking for land for a community-based healthcare campus. At this stage, it seems that the old Christchurch Women's Hospital site will not be available but we are looking at other options nearby. We will keep all of our partners informed when there is more news to share.

At this exciting and often challenging time, I would like to thank our General Practice teams for their willingness to consider new ways of working and improving the services that the health system provides to Canterbury people. Your resilience, thoughtfulness and innovative thinking continually impress me.

I would also like to thank the senior leadership team who work with me and continue to enthusiastically pursue opportunities that will benefit Pegasus members and further our collaboration with other health partners. Congratulations, in particular, to Michael McIlhone for a successful start to his role as Pegasus Health's Director of Nursing. Michael, who took up the position in November 2014, has truly embraced his new role and is already one of the cornerstones of our team.

Since our last annual report, we also have a new Board Chair, Professor Les Toop. Prior to his appointment, Professor Toop had been a director of the Board for nine years and Deputy Chair since 2012. I would like to thank him and our other Board members for their ongoing support and guidance. This is a time of incredible opportunity for Pegasus Health and our strong governance team will be critical in ensuring that we can grow the organisation to be as effective and influential as possible at a local and national level.

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



From L-R: Dr Simon Wynn Thomas, Fiona Blair-Heslop, Dr Susan Gordon, Dr Ramon Pink, Jacqui Lawson, Dr Ben Hudson.

SIMON WYNN-THOMAS, CHAIR

PEGASUS HEALTH CLINICAL BOARD

It has been a pleasure to become Chair of the Clinical Board this year. The calibre of the board members is amazing and I am certain there is potential for the Clinical Board to be even more effective in improving health outcomes for Canterbury people.

Our Clinical Board members have clinical backgrounds and governance skills that equip them well for their role. Their expertise covers General Practice, practice nursing, pharmacy, rural health, population health and academic General Practice.

Heading into the next year, the Board's efforts will continue to focus on clinical quality. This year has been spent grappling with how to define and measure clinical quality in the complex primary healthcare system. Improving equity in healthcare between Māori and non-Māori remains a major focus.

The Board self appraisal this year has given us a renewed sense of purpose and we will continue aiming to move from a reactive to proactive approach.

This year, we have been supporting Pegasus Health to help members achieve the upcoming Foundation Standard, which represents the minimum legal, professional and regulatory requirements for General Practice. It will be a challenge to ensure that all practices achieve this by 1 July 2016. There are some 65 Canterbury practices that still need to complete the Foundation Standard, but with Pegasus Health starting early in providing support, General Practices are in a good position to meet the timeframe.

It has been a pleasure this year working alongside the Pegasus Health Community Board, particularly around the measures that can be taken to tackle childhood obesity. In future, this will involve liaising with other organisations and joining them in their advocacy roles.

A fruitful 2016 for the Clinical Board would include successfully implementing projects to curb childhood obesity and introducing a meaningful clinical quality account.

Finally, I would like to acknowledge Helen Rogers for her administrative support, Andrew Hornblow (Chair of the Community Board) for his involvement, the Pegasus Health executive team and, in particular, Ramai Lord for supporting the board.

Chair's Report

NICKY SCOTT, CHAIR

PEGASUS HEALTH NURSE MEMBERSHIP LTD



From L-R: Nicky Scott, Jeanette Banks, Gill Currie, Ronnie Ellis.

In the last year, our focus has been on providing opportunities for Nurse Members to share their work and support each other to meet the challenges of increasingly dynamic General Practice settings.

In many General Practices, working environments are changing rapidly and we are being encouraged to work closer to the top of our scope of practice. Things that we may have done previously, that do not require clinical expertise, are being passed to others. At the same time, we are being presented with a myriad of training opportunities to learn new skills or bring ourselves up-to-speed in areas where we may not have regularly worked before.

As a result of all of this change, there are some amazing things happening in General Practice – many of them generated by nurses. Being a Pegasus Health Nurse Member provides unique opportunities to hear from colleagues about their innovations and to share our own experiences for the benefit of others. In the last year, many members have also taken the opportunity to attend national conferences and share their expertise on various committees as part of Pegasus Health's paid leadership pathway programme.

At the heart of being a Pegasus Health Nurse Member is valuing quality care for patients and taking an interest in how General Practice Nursing is evolving. All General Practice nurses, whether we have already had a long career or are just starting out, need to be engaged in discussions about the future of nursing. As nurses, we also need to take up the opportunity to have our say, equally and alongside GPs, on issues that affect Pegasus Health as an organisation and thereby nurses. This feedback is provided directly to the Pegasus Health Charitable Board monthly meetings via the Nurse Membership Board Chair. All Nurse Membership Board directors also attend the organisation's annual strategic planning events.

This year, the Pegasus Health Nurse Membership Board has had one Board Member change. We thank Victoria Leov for her time with us and welcome Gill Currie. We feel very privileged to have Gill join us. Last year, she became the first Pegasus Health Nurse to become a Nurse Practitioner in urban General Practice. There are only about 130 Nurse Practitioners in New Zealand.

We'd also like to acknowledge Kathryn Hellyer in her new role as rural Nurse Practitioner on the Pegasus Health Nursing Advisory Group. Her appointment is important in bringing a rural nursing perspective to discussions about the evolving role of Canterbury's General Practice Nurses.

Thank you to all nurse members for their valuable input over the last year. Jeanette, Ronnie, Gill and I are looking forward to an exciting year ahead, especially in the further development of Integrated Family Health Centres, which are offering many opportunities for nurses to contribute and grow their skills. We will continue to look out for items of interest and ideas that are important to our members and look forward to speaking to you throughout the year.

Pegasus Health's new Director of Nursing



Michael McIlhone

New Director of Nursing Michael McIlhone brings with him a bird's eye view of the Canterbury health system that will serve him well in providing strategic nursing leadership at Pegasus Health.

Michael joined the organisation in November 2014, after several nursing leadership roles in Canterbury and overseas. His most recent positions have been Nursing Director, Women's and Children's Health Division of the Canterbury District Health Board (CDHB) and then Project Specialist, North Canterbury Hubs, also with CDHB. In his last position, he was responsible for engaging with North Canterbury General Practices to develop a sustainable model of health care and supporting infrastructure for the community.

CEO Vince Barry said at the time of Michael's appointment that his understanding of clinical issues across the entire health

system and his passion and commitment to nurse leadership made him a clear fit for the nursing director role. "His experiences provide us with a great opportunity to play an even stronger role in developing an integrated nursing response to the challenges ahead of the health system in Canterbury," he said.

Michael takes up the nursing director role from Shelley Frost who had held the position since it was created in 2002. As well as building on the work that Shelley has done, Michael is looking at new ways the Director of Nursing can support primary care nurses. "The role is now full time, rather than three days a week, which allows for more time to provide professional leadership and address strategic issues," he says.

Spending time in General Practice is a priority for Michael. "I am aiming to visit at least one General Practice each month, to meet the nurses and rest of the team. People seem to really appreciate it. I always say I'm coming to spend some time rather than to just visit, so that I really get to listen and talk to people. I am finding that many of the challenges and stresses that nurses face are similar, whether it be in General Practice or in other areas of the health system."

He says one of the biggest challenges currently facing primary care nurses is the increased focus on caring for patients closer to their homes and in the community. "To accommodate the increasing number and complexity of patients, nurses are recognising the need to work towards the top of their scope of practice and General Practices are assessing what skills are needed in their teams to meet changing models of care." He says that while it has its challenges, he believes providing health care closer to home, using all aspects of primary health care, is the way forward. "Nurses are a key part in making this model work," he says.

As well as supporting Pegasus members, Michael is responsible for the professional leadership of any nurse working for Pegasus Health. "We have many experienced nurses working as nurses in the organisation and a wider group who are nurses but using their knowledge in other areas," he says. To help keep everyone up-to-speed professionally a team-wide update is held every four to six weeks. Michael is also encouraging any primary care nurse with a professional practice issue to contact him if they "have hit a brick wall" in trying to solve it.

As part of his new role, Michael has recognised the toll that the earthquakes have taken on all health professionals. "It's a strange thing but the aftermath of the quakes hasn't finished yet. It's believed that everyone who continued working through the quakes and is still working, has lost 150 days of wellness – time they would have spent relaxing or taking care of themselves if they were unwell," he says. "People are finding they don't have the same physical drive and neglecting themselves compounds the issue. If we need to spend longer hours at work to temporarily get through a heavy workload, it's important that we compensate for it."

Michael will be working hard at maintaining his own energy levels in the next year. "Primary care nursing is a very exciting career at the moment and I see my role as helping to maintain that sense of excitement and provide leadership that will support nurses to work in new ways. Pegasus Health is very well placed to influence the future of nursing here and around the country. It's a fantastic time to be in this role."

NetP (Nursing Entry to Practice) Awards Winners

JANA BOLTON



Jana Bolton

It was a very proud moment for Jana Bolton from Te Rawhiti Family Care Centre, when it was announced she had won the NetP James William (Bill) Frew Memorial Award for 2015.

The award is made to the NetP nurse who has achieved overall excellence, including competency and professionalism, team participation and promotion of the NetP programme.

Jana was unaware her preceptor Jeanette Hight had nominated her for the Award, until her name was read out at the Awards ceremony, along with her accomplishments for the year. "It wasn't until then that I really realised how much work I had done," she says.

Rather than do the 50 hours of study required of her for the programme, she did 300 because she "just kept finding more courses that would be useful for us at Te Rawhiti". Instead of studying some of the prescribed topics that she says were better suited to hospital nursing, she sought permission to study child health, addiction issues, sexual health and youth health.

She says support and encouragement from her boss Dr Paul Hercock, Pegasus Nursing Development Coordinator Kelly Robertson and especially her preceptor Jeanette were crucial in being able to do the study that she wanted and to take study days away from work. "With their help and support I really made NetP work for me."

Now that she is into the swing of studying, Jana says she would like to learn more about nursing in young high-needs cross-cultural communities, where she wants to continue to work. Jana has been employed to support the low cost access scheme at Te Rawhiti, since she graduated in nursing from Nelson Polytechnic at the end of 2013.

ANN RIDDEN

Vivid memories of her own time as a new graduate have influenced award-winning preceptor Ann Ridden in her support of new graduates at the Pegasus Health 24 Hour Surgery

"I was an older student, starting out in a new career. Having a preceptor was great for my practical skills and confidence."

Ann was awarded the 2015 preceptorship and clinical teaching prize for the NetP programme for her work with graduate nurse Rochelle Pereiro. In her nomination Rochelle said Ann has "strong teaching and clinical skills which make it easy on a student nurse to learn and develop under her guidance. Her obvious genuine care for her nursing practice makes her a nurse to aspire to".



Ann Ridden

Rochelle also shared a personal story about having had her laptop stolen with her NetP work on it. "Ann made a care package for me with food and treats for the whole weekend, so I would be able to just get into rewriting my essay. She is thoughtful and kind."

Ann says she has been a preceptor for several undergraduates and feels privileged to be in the role. "It's delightful to see new graduates flourish and develop their skills. I really enjoy seeing that confidence growing and those positive ah-ha moments."

She says integrating new graduates into a work environment, especially one as busy as the 24 Hour Surgery, requires a whole team approach. "Everyone needs to be prepared to support the new person and allow the preceptor to at times work a little slower or take time out to advise the new graduate. The 24 Hour Surgery team is really good at that."

Ann says Rochelle is a great nurse. "She has a natural aptitude for nursing and has a wonderful set of skills including a fabulous rapport with patients."

Another great year of learning provided by the CQE team



Pegasus Health's Clinical Quality and Education (CQE) team continued to respond to primary care learning needs, through a rich education programme in the 2014/15 year.

Team leader Andrea Copeland says that more than 1100 Canterbury General Practitioners, practice nurses and community pharmacists were invited to attend each of six Small Group meetings held throughout the year. This year's Small Group topics were heart failure; the placebo effect; frailty, falls and fractures; youth health; antibiotic resistance; and chronic back pain.

Small Group meetings are the core of the Pegasus Health education programme and are accredited by the Royal New Zealand College of General Practitioners, Pharmaceutical Society of New Zealand, and Nursing Council of New Zealand as contributing towards the requirements of Annual Practising Certificates for GPs, pharmacists and nurses.

Each Small Group has about 15 members. Meetings are interactive and involve evidence-informed discussions of about 60-90 minutes. The meetings are tailored for different professional groups and are peer-led. While CQE team members are registered health practitioners, they also call on the expertise of primary and secondary clinicians throughout Canterbury.

Andrea Copeland says Small Group topics are chosen as a result of requests from primary care teams and activity that indicates further education might be valuable. The Pegasus Health Knowledge Management Team supports the CQE team by scrutinising prescribing data, laboratory test ordering and other datasets. Their work helps to ensure topics covered by the CQE team are topical and relevant.

For example, analysis of local antibiotic dispensing prompted the CQE team to encourage GPs to note on a prescription, if it was only to be filled if a patient's condition worsened. As well as minimising unnecessary use of antibiotics and helping to prevent antibiotic resistance, this ideally improves communication between GPs and pharmacists, ensures consistent messages are given to patients, and helps with continuity of patient care.

Andrea says the last year has largely been one of consolidation for CQE, after bringing the team up to capacity in 2014. "The addition of a Qualitative Analyst to the team has meant that we have put greater emphasis on evaluating the impact of the education we provide," she says.

As well as delivering Small Group meetings, the team has organised some Large Group meetings for lecture-style learning and contributed to wider education planning for Pegasus Health staff and health professionals across the region. "Although our focus is on clinical issues, we also support the newly established Training and Education Guidance Group, which looks at broader education across Pegasus Health," Andrea says. In the last year, the CQE team has cast "a quality and evidence-based" eye over a number of courses including those on the Vulnerable Children's Act, the Foundation Standard, and cultural competency.

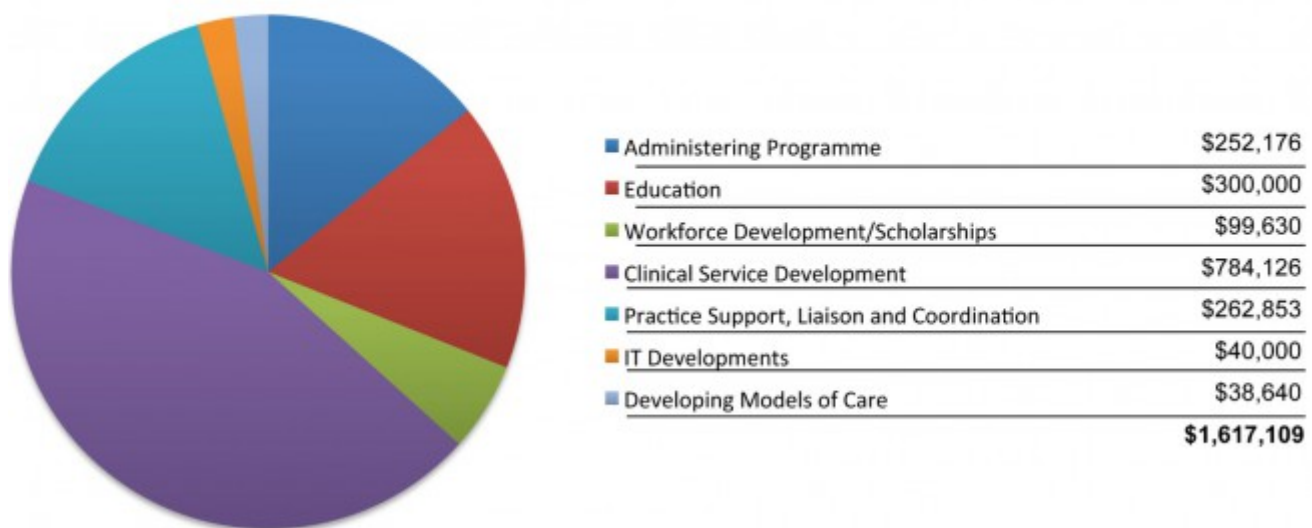
CQE has relationships with the Canterbury Initiative, Canterbury Clinical Network, Canterbury Community Pharmacy Group, Nurse Maude and other organisations across the sector. The groups work together on some projects and liaise to avoid duplication or missing topics of importance for local health professionals.

Integrated Performance and Incentive Framework (IPIF) Funding

The Integrated Performance and Incentive Framework 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 (\$5.33), but when pooled across a larger organisation like Pegasus Health, is enough to fund across-the-board quality improvement activities that benefit everyone.

The IPIF funding this year has again provided partial subsidization 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 IPIF funding that was received.

IPIF Funding 2014/15



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.

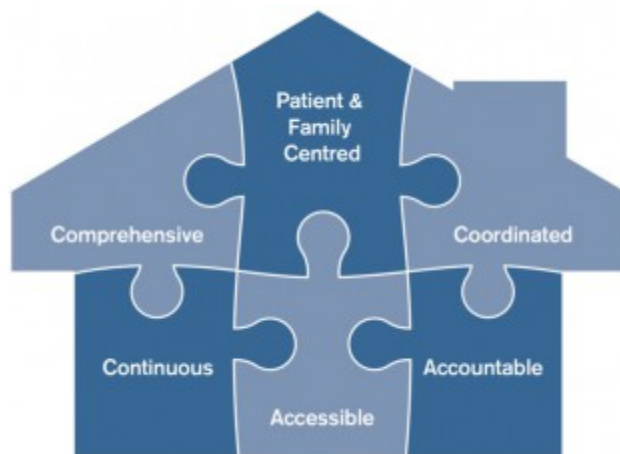
In order to really make a difference, the whole-of-population and whole-of-system approaches, so necessary today, need substantial and sustained resources and focus.

Pegasus Health partners with its practices and their teams to provide support, resources and expertise in areas that are common clinical and business needs, including administration and paperwork that otherwise tie up valuable clinical time. It also 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.

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.

This year has seen a further extension of support for business owners through initiatives such as the Business Owners Forums and the launch of the Support Plus suite of services. These initiatives, developed in response to requests from our members, aim to make practice ownership easier and more attractive, and are available for those who choose to utilise them.

Integrated Family Health Services and the Health Care Home – enhancing primary care capacity for full integration



The Health Care Home is a national initiative, developed in partnership with Compass Health, Midlands Health Network and ProCare. Led by primary care clinicians and supported by expert facilitators it is built on the philosophy of providing patients with the right services, at the right place and by the right professionals.

Here in Canterbury, we have for several years been working on the Integrated Family Health Services (IFHS) programme that is part of the Canterbury Clinical Network and hosted by Pegasus Health. The IFHS has seen some

real improvements in access to care and the patient experience, as well as efficiency gains and time benefits for practice teams.

As described by Pegasus Health CEO Vince Barry, “The Health Care Home is a developing NZ model for building primary capacity and capability to contribute to the full integration of services that Canterbury aspires to deliver via its IFHS model. As the Health Care Home is a national initiative and to ensure consistency of language, you will hear us refer to Health Care Home, however, in Canterbury, we will still strive via our IFHS comprehensive programme to support the integration of our whole system.

The Health Care Home concept, to have one place that connects people with the broader health and social system through their General Practice, delivers the key benefits as follows:

- Enables people to self-manage and have more involvement in their own care
- Provides a focus on people in greatest need and ensures they receive health care and support when and where they need it
- Integrates health and social services around people
- Maintains the continuity that people value
- Releases general practice resources to be available to those in most need
- Ensures the integration of previously siloed health professionals
- Releases secondary care based specialist resources to be responsive to episodic events and provide support to primary care

It builds on the principle that the point of continuity for care for most people is their general practice, and by coordinating care from the Health Care Home, we strengthen this principle.

Part of the Health Care Home programme will support general practice to redesign the way they deliver services. This involves reorganising resources including clinical and business processes to improve health services; making better use of public and private funding; and rebalancing acute care with proactive and preventative care in the community. And there is support and guidance to achieve that.

Pegasus Health, under the IFHS programme, and Midlands Health, under their Models of care redesign programme have already started to introduce Health Care Home at a local level. ProCare

and Compass Health are also now underway, with the total coverage being 450 general practices and 1.9million New Zealanders.

Another part of the programme will be to accredit practices against standards and ultimately this will ensure sustainable and effective general practice for patients and professionals.

Vince says, "Health Care Home will make General Practices more effective, sustainable and beneficial for patients."

In a Health Care Home, patients will be able, for example, to get a same-day appointment if needed (acute care); access services online (proactive care); and receive support to stay well (preventative care).

As a result of reorganising the models of care the expectation is that we will create up to a further 30% capacity. This will mean that extra services can be delivered to those who need it the most.

Health Care Home is not about buildings. What we have learned through the IFHS process is that the improvements and changes are based on how things are done and the relationships across providers rather than bricks and mortar.

Pegasus Health IFHS project managers Jan Edwards and Mark Henare say the need for a model such as Health Care Home comes from the enormous challenges facing the New Zealand health system – "challenges that have become more and more significant over the last decade, and are quickly becoming acute."

They say, "a growing and ageing population, combined with workforce and financial pressures in the health system, along with people wanting to be more involved in managing their health, means that a fundamental shift is needed for primary health care to be sustainable."

Better management of same-day appointments, frees up GP time and improves patient access



From L-R: Sue Thomas, Sian Colnut, Mich Brooks, Mary West, Karen Carpenter, Fiona McDonald, Dr Philip Frost, Jeanette Banks, Dr Maree Burke, Jane McLeod, Brana King

As part of becoming a Health Care Home, the team at East Care Health have changed the way they manage same-day requests to see a doctor and made some startling improvements for patients and staff.

East Care GP Marie Burke says simply booking GP appointments for patients who requested to be seen that day meant that some people who could wait longer were being seen immediately, while others who had more pressing health issues were waiting because there wasn't a slot available. "We also found some patients requesting same day appointments didn't need to see a doctor but could be treated by one of our four nurses," she says.

East Care's solution has been to introduce a nurse-led triage system and nurse appointments for people assessed as needing to be seen that day. At least three nurse triage appointments are set aside in each GP's Medtech calendar every day.

Marie says that nurse-led triage means that decisions about who needs to be seen urgently are made by the clinical team. Some patients are booked to see a doctor or nurse that day and others are booked for an appointment later in the week. Most people booked to see a nurse, also see one of East Care's four GPs but time spent with the GP is usually shorter because of the initial nurse assessment.

"Often a nurse will say, 'I've got someone in the treatment room, can you please take a quick look'. Sometimes it's as simple as giving advice on a dressing or deciding whether a wound should be

sutured," Marie says. "The system works really well for parents who might just be a little worried about a sick child and want some advice and reassurance."

Rather than needing to interrupt a GP consultation to say there is someone in the treatment room, nurses can send a message via Pegasus' instant messaging system, Jitsi. East Care's GPs are also using it to ask questions of local pharmacists and reception staff can keep in touch with nurses about patients in the waiting room.

One of the popular aspects of the new same-day appointment system is that appointments are cheaper when people don't need to see a doctor. "Patients also like the fact that the notes taken during the initial nurse triage are available during their consultation, so they don't have to tell their story from the beginning," Marie says. "I haven't heard anyone say they didn't want to see a nurse or that they had to jump through hoops to get an appointment."

While Marie says days can be more pressured for East Care's nurses, they are now working closer to the top of their scope of practice and passing on work that doesn't require clinical input to the administration team. The system is also freeing up GP time and Marie says they are "running a lot less behind these days".

The extra time available to GPs means that they can afford to spend more time with high needs patients. East Care has twice as many patients with high health needs as most other Christchurch General Practices. "Some patients are always going to take longer than 15 minutes to see and this system allows more time for them to receive the care they need," Marie says.

The changes at East Care have been a team effort and often guided by the "big picture view" of care coordinator Sian Colenutt. "We all get on well together and there aren't any barriers to people raising something or suggesting a new way of doing things. We have a weekly clinical meeting to discuss these ideas, amongst other things," Marie says.

To ensure the system doesn't break down when one of the nurses is away, East Care employs the same locum nurse who Marie says "understands the new way of working and enjoys working at the top of her scope of practice".

Becoming an IFHS improves patient care and job satisfaction at Travis Medical Centre



The results achieved by Travis Medical Centre in becoming an Integrated Family Health Service (IFHS) have been so good that IFHS project managers had to check and re-check the data to make absolutely sure it was correct.

“We couldn’t believe it at first but it’s all true,” Pegasus Health IFHS project manager Jan Edwards says. “They are a star practice with really strong leadership and have achieved their success with a clear vision that’s all about the patient.” The results achieved by Travis Medical Centre in becoming an Integrated Family Health Service (IFHS) have been so good that IFHS project managers had to check and re-check the data to make absolutely sure it was correct.

In the four years that Travis Medical Centre has been working towards becoming an Integrated Family Health Service, it has increased its capacity by between 9 and 30 per cent (depending on individual GPs), while at the same time increasing its enrolment by 18 per cent. It has also improved patient access to care by lowering the average cost and

improving immediate access to the clinical team, when needed.

Despite the rise in enrolled patients, the number of Travis patients using acute hospital services has not increased. And while the Practice’s purchase and expense patterns have changed, there has been no overall reduction in income.

Dr David Pilbrow, one of Travis Medical Centre’s three General Practitioners, says changes at the practice have been made at a slow but steady pace, involving everyone in the team – nurses, doctors, receptionists - at every step along the way.

“Just before the quakes we’d had a meeting with Queenspark and Parklands (General Practices) about working together and rationalising a few things. Then the quakes happened and Jan and Mark Henare (an IFHS project manager) from Pegasus Health came and asked us if we wanted to push things along a bit.”

“We’d got to the point that our way of working wasn’t very satisfying and was potentially unsustainable. Just churning through 15-minute appointments every day didn’t feel like we were doing the best for our patients or anyone working here.”

Changes initiated by the practice have been focused on improving patients’ experience and service; making the GPs’ working life more sustainable; and making better use of the nursing team’s skills and experience. “We also didn’t want to lose our small practice feel and wanted to continue to be a training practice, hopefully encouraging people to work here in the future,” David says.



L-R: Nick Scott, Jackie Cooper, Sue Peers, Shelley Hall

The first step to becoming an IFHS was for the Travis Medical Team to take part in a series of workshops with teams from two other local general practices and two local pharmacies. IFHS facilitators at the workshops helped them consider new ways of working, a view of the future for their health community and how they could develop a new model of care.

Jan Edwards says that while there was an initial focus on co-locating and sharing a building, the work that was identified was much more about the ways that General Practice organised themselves, as well as their relationships with partner providers.

One of the most profound discoveries for Travis Medical Centre was that 55 per cent of patients were presenting acutely. As a result, acute slots were introduced before 8.30am for telephone consultations between patients and GPs or practice nurses. "We have found that by talking to people over the phone, rather than immediately booking them, we are often able to give advice that means the person doesn't need to come in that day or may not need to come in at all. We can also arrange for tests prior to a visit," David says.

Another change that the Centre made was to, each morning, preview the records of patients booked for appointments. This might result in a longer appointment with a doctor or nurse or involvement from Care Coordinator Jackie Cooper, who assists the team to identify patients who could benefit from being linked with other health and social services. The local pharmacist, who is now better linked to the Practice through the electronic messaging tool Jitsi, might also be involved in a patient's preview.

Upskilling nursing staff to work closer to the top of their scope of practice has also paid dividends for Travis Medical Centre. Nurses are now more involved in the management of people with chronic conditions and regularly assess patients, prior to them being seen by a GP.



David Pilbrow

really inspired us and kept us motivated with some really good ideas. We wouldn't have made as many changes without them."

David says patients have been delighted with the changes at Travis Medical Centre, particularly the increased access they have through telephone appointments. "It has been a great new way of working for this neighbourhood, where we have a higher number of people needing to see their General Practice regularly."

"I'd never want to go back to the old way of working," he says. "I don't have days when I see 35 to 40 patients anymore. I work just as hard but it's much more enjoyable."

David says Jan Edwards and Mark Henare are to be congratulated for their role in Travis Medical Centre's success. "They are legends. They

Partnership with GPs is key to the 24 Hour Surgery



Twenty eight years since it opened, the purpose of the 24 Hour Surgery remains the same - to support General Practitioners to deliver after hours care to their patients or provide support when they are at capacity in their own practices.

“General Practitioners care for their patients 24/7 through their practices and the 24 Hour Surgery supports them to do that,” 24 Hour Surgery Operations Manager Claire McQuilken says.

Research done by the 24 Hour Surgery has found that people associate the 24 Hour Surgery with their own GP. They’re advised to go there by their GP, if they are unwell after hours, and are also directed there if they call their general practice outside business hours. People also recognise and trust the Pegasus Health 24 Hour Surgery brand. Their relationship is often generational. “I used to come here as a kid and now I bring my children here.”

In the last year, the 24 Hour Surgery has employed 14 to 17 Medical Officers and 40 to 45 nurses, depending on the time of the year. A number of Healthcare Assistants are also on the staff and everyone is supported by a strong administration team.

Clinical Director Dr Simon Brokenshire says the 24 Hour Surgery is able to cover 95 per cent of weekday/evening shifts, 50 to 60 per cent of weekend shifts and 70 to 73 per cent of public holidays, so that during the week, GPs belonging to Pegasus Health or the Pegasus PHO, can focus on their own practices. “During the weekend GPs come and work shifts here, supported by Medical Officers and the nursing team – that’s the partnership,” he says.

“We really value the expertise GPs bring and we’re also pleased to provide them with Medical Officer and nurse support in areas they may be less familiar with, such as orthopaedics.” Patient notes are sent overnight from the 24 Hour Surgery to GPs to ensure patients have seamless care between the Surgery and their own general practice.

The number of people visiting the 24 Hour Surgery has risen in the last year. “An average weekday used to be 150 to 180 visits and now it is 180 to 250. The weekends used to be 280 to 300 and now they are 280 to 350,” Simon says.

“It is especially busy during the winter flu season but it is also busier across the board – a phenomenon that I know most General Practices are experiencing as well.”

The Annex at the 24 Hour Surgery



The 24 Hour Surgery's new Annex is providing additional clinical space during the Surgery's busy periods.

Operations Manager Claire McQuilken says The Annex at 933 Colombo Street opened in December 2014, with some staff concerned that the team would be split across the car park. "However, within a few weeks we were getting requests to work there, particularly from GPs who enjoyed being in a more familiar General Practice setting," she says.

The house, which had been used by a General Practice following the earthquakes, has been organised to accommodate up to four GPs and a nursing team, with the layout and resources standardised to be just like the main 24 Hour Surgery. A staff education room is also available and being used for Advanced Care Life Support Training, offered to General Practice.

Claire says families love The Annex, especially the fact that it is child friendly and they can sit out in the garden while they wait. "One day we had a family with three children who had chicken pox. The Mum and Dad set up a picnic on the lawn, while they all waited to see a doctor. It was just so much better for them than being cooped up in the main waiting room."

To be treated at The Annex, patients need to be clinically safe, stable, ambulatory and unlikely to need an X-ray. Claire says it is always the patient's choice to go to The Annex but many say they like it because "it is quieter and a bit more relaxed".

One of the consequences of opening The Annex has been that the 24 Hour Surgery's main waiting room is often much less busy. "Some Christmases we have had standing room only but last Christmas everyone thought that we were having a quieter time. When we checked the figures, we found that we had actually been busier than the year before but couldn't tell thanks to The Annex."

By the end of the financial year, 5100 patients had been seen in The Annex. "We'd be lost without it now," Claire says.

Acute Demand service impresses patient



David Morgan

some bandages and soldiered on.

When David Morgan's lacerated elbow became infected after a 2.5-metre fall onto a concrete floor, he received care and treatment from the Acute Demand service rather than needing to go to hospital.

The North Canterbury man was at the building site of his new home when the ladder he was climbing slipped and sent him tumbling to the ground.

Not wanting to make a fuss of his injuries - a wounded elbow, damaged achilles tendon and bruised head - David slapped on

A week later, the gash on his elbow had become inflamed and painful. "Every time I'd turn over in bed I was crying out in pain."

With encouragement from his wife, David went to the 24 Hour Surgery, where he was given oral antibiotics for the infection and had an x-ray taken of his injured foot. But 36 hours later, his elbow wound had worsened.

David returned to the 24 Hour Surgery and was given IV antibiotics for what doctors told him was now a cellulitis infection. He then visited the Acute Demand Community Nursing service in their clinic rooms, which are based at the 24 Hour Surgery, every day for five days to receive more IV antibiotics.

"I can't fault the service. They were absolutely wonderful. They kept me fully informed. Before they did anything they explained what they were going to do and they asked me how I was feeling. They were on time as well," David says.

David is one of 2829 people who this year were treated by the Acute Demand Community Nursing service, which manages complex medical issues in a community setting. The team, supported by a Medical Director and Senior Medical Officer, observes and treats conditions such as skin infections, rehydration, asthma, pneumonia, Deep Vein Thrombosis (DVT), Chronic Obstructive Pulmonary Disease (COPD) and heart failure.

Christchurch Nurse Working with Ebola Patients



Sahra and her colleague Edwin outside the Treatment Centre

Nurse Sahra Ahmed said she didn't do a lot of research about Ebola before she put up her hand and headed to Sierra Leone with the Red Cross.

"What I saw in the media was very scary and I just knew I wanted to help out. I also didn't want to intellectualise it or tell too many people, so that I could be put off."

On 25 January 2015, Somali-born Sahra flew to Madrid for two days training with the Spanish Red Cross, before flying to Sierra Leone and starting work in a Red Cross treatment centre, four hours away in Kenema.

She left with the blessing of her husband, her 12-year old daughter Raha, and her colleagues at Pika Te Ora Health Centre. Her mother was not quite as supportive. "She told me that I was mad and that death came to those who went looking for it. I knew she was just worried and we're OK now," Sahra says.

In Kenema, Sahra's role was initially to care for 12 nurses and a driver, who had been in contact with a young male nurse who had died of Ebola. The isolation period was 21 days but as two more nurses became sick with Ebola their time in quarantine extended to 36 days. "They were completely cut off from their families and going up the wall," she says. "They were also very close as colleagues and really affected by the nurse's death."

For the rest of her time in Kenema and Kono, Sahra's role was Community Health Mobilisation team leader – a broad public health position that involved looking after the psycho-social wellbeing of Ebola sufferers; ensuring that the bodies of those who died were treated with dignity and handled safely; and delivering survivors back to their villages, with the message that it was safe to welcome them back into their communities.

She says as people came into the Treatment Centre she would check that they understood how Ebola progressed, why people were wearing Personal Protection Equipment (PPE) and the treatment they would receive. Blood tests were taken to confirm whether the person had Ebola and after 24 hours they would either go home or stay at the centre.

Sahra says everyone leaving the Treatment Centre, whether they had recovered from Ebola or not had it, would have to shower in a chlorine solution and be given a new set of clothing. People who had survived Ebola would also receive a package of food, clothing, condoms and a little money to tide them over for the next few months, while they were recovering. "It was the best feeling in the world telling people they could have the Happy Shower and then taking them home to their village," Sahra says. "We all felt so happy that they had survived."



Temperature checks being administered at the Treatment Centre

Daytime temperatures of more than 30°C and heavy PPE made working conditions difficult at the Treatment Centre. "The full PPE was so hot that it was another 20 degrees warmer inside the suit. We were only allowed to wear it for 35 minutes and at the very longest an hour. And we could only wear it twice a day," she says. "As a team we were very safety conscious – no touching or hugging people - which is very hard in our profession. But the number one thing was to not spread Ebola." Sahra said the establishment of a second treatment centre at Kono had saved many lives. Previously people who had become ill with Ebola, or any other disease, had travelled four hours from Kono to Kenema in an ambulance. The ambulance would take five to ten people at a time over rough terrain. "Some would die on the way and people who didn't have Ebola when they left would certainly have it by the time they arrived in Kenema."

Sahra was also involved in preparing bodies for burial and liaising with the victims' families and village chiefs when they died. "People were switched on. They knew how Ebola infection happened but the way things had to be done, especially the burials, really upset the families," she says. "One of the worst things for them was that every death, even if it was from diabetes or a heart attack, had to be treated as an Ebola death as there was no way to be sure it wasn't."

Sahra says that aside from fearing for her life when she became ill with a stomach bug in Kono, she has coped well with her experience. "You really have to wear mental PPE when you are working there. I went to help and make the community feel that there were people who cared about what was happening. You just want to help make life a little easier for them."

Meeting the Foundation Standard



Pegasus Health started early in helping General Practice prepare for the upcoming Foundation Standard.

All member practices will need to meet this standard by 1 July 2016. Effectively, it is like a warrant of fitness for General Practice, representing the minimum legal, professional and regulatory requirements.

“In achieving the Foundation Standard, a practice will have also demonstrated its commitment to safety for its patients and staff,” says Martin Carrell, Pegasus Health Quality Programme Manager. The Foundation Standard is the result of a collaborative effort by members of the Royal New Zealand College of General Practitioners, Primary Health Organisations and organisations with an interest in General Practice standards.

“Many practices already have Cornerstone Accreditation, which means they automatically meet the Foundation Standard,” Martin says. This level of accreditation is needed in order to be a teaching practice hosting GP registrars on the RNZCGP education programme.

However, some 65 Canterbury practices still need to complete the Foundation Standard. Pegasus Health began meeting with General Practice teams in July 2014 to identify resources that would help them successfully achieve it. As a result, policy templates, guidelines and checklists were developed.

Most General Practices have now spent several months making any necessary changes. “By starting early, we have helped to ensure most practices will be in a good position to meet the timeframe,” Martin says.

What will practices need to do to meet the standard?

To achieve the Foundation Standard, a practice will need to provide evidence it is achieving 85 criteria that are grouped under:

- Patient experience and equity
- Practice environment and safety
- Clinical effectiveness
- Professional development.

For example, in the first category, a practice will need to show it meets the requirements of the Code of Health and Disability Services Consumers’ Rights 1996 and the Health Information Privacy Code, both of which are aimed at safeguarding patient safety.

Assessment will be a two-fold process: a formal self-assessment, followed by a site visit from an assessor. It is anticipated assessment for the Foundation Standard will occur on a three yearly cycle with some form of mid cycle quality activity.

The Foundation Standard is included as the entry level standard for General Practices in the Ministry of Health’s Integrated Performance Incentive Framework and in the PHO Services Agreement.

A copy of the current Foundation Standard and Interpretation Guide is available at the Royal New Zealand College of General Practitioners website: rnzcgp.org.nz/foundation-standard-2

High St City Health prepares for Foundation Standard



Sue Denton

The team at High St City Health started looking at what they needed to do to meet the Foundation Standard in September last year.

Practice Manager Sue Denton says Dr Mick Ozimek, who is Pegasus Health's clinical leader for the Foundation Standard, was understandably keen to ensure his workplace met all of the requirements.

She says three members of the City Health team – herself, Mick and practice nurse Ginnie Taylor – meet every Thursday morning to check their progress on reaching the Standard and take any new ideas to the practice's monthly staff meeting.

"One of the major things we have done is convert our standard processes into written policies, meaning that anyone who comes to work here knows how we do things and why."

City Health has used many of the pre-written policies available on Pegasus World, (Pegasus Health's partner focused intranet), as the basis of their new policies. As each new document is produced, staff members are required to look at it and sign a sheet to say they have read and understood it.

Sue says being able to access the Pegasus policies has been a godsend. "It's saved us all so much time."

In working towards the Foundation Standard, the City Health team have also been on several courses, provided by Pegasus Health, on topics such as the Treaty of Waitangi, Infection Prevention and Control and Vulnerable Children's Act.

Their heightened awareness of health, safety and privacy issues has encouraged them to make a number of changes to the way they work.

Women patients now have a more private room for smear tests; patient files are now stored in more secure cupboards away from the waiting room and reception area; and an incident book is being used to record any issues that have threatened staff or patient safety. Anything recorded in the incident book is discussed at the next team meeting.

Sue says meeting the Foundation Standard is a work in progress but City Health is confident that it will be "well and truly ready" for its assessment next year.

Getting it right in business



With the Pegasus Health Board resolving that the organisation would not move into practice ownership and feedback from members indicating many wanted more assistance with managing the business side of their practices, Pegasus has been focused on providing further support to general practice business owners through initiatives designed to make the ownership of practices more attractive.

One of these initiatives has been the development of the Business Owners Forums which started in April 2015. These forums are an opportunity to further engage with business owners to offer information and education on topics that are directly relevant to General Practice owners. For the April meeting these included human resources issues resolution, the Foundation Standard and an update on legislative changes.

“We were delighted at the response,” says forum organiser and Pegasus Health Quality Programme Manager Martin Carrell. “It was an excellent turnout and showed just how much interest there was in learning more about the business aspects of practice management and ownership.”

To build on the momentum of April’s forum, Pegasus Health is now offering a Business Owners Forum to members across Canterbury three times a year.

Feedback from members at each forum determines what topics will be covered at future events. Dr Mick Ozimek who is providing clinical leadership to the initiative says. “Forums will also be evaluated to ensure quality and relevancy remain high. It also enables us to get ideas from business owners on topics they would like to know more about.”

“Holding these forums is a great way for members to meet informally, learn about key aspects of business and management practice, ask questions and discuss issues with their peers and the team from Pegasus Health,” Pegasus Health Chief Operating Officer Mark Liddle says.

If there is enough demand, additional workshops will be arranged to meet the needs of particular business owners.

Members can also seek assistance from Pegasus Health through Support Plus, which provides expertise in many areas including HR and IT.

Support Plus - helping you manage your business



Jane Lavery, Receptionist,
Methven Medical Centre

General Practices now have access to Human Resources (HR) and Information Technology (IT) assistance, through Pegasus Health's Support Plus initiative.

Support Plus is a suite of services designed to simplify the running of primary and community care businesses that leverages off the expertise and health sector experience from within Pegasus Health.

Pegasus Health's Director of People and Capability, Margaret Eccleton, says Support Plus was created after members of the Pegasus network were canvassed to identify how Pegasus Health might further support general practice. The response identified the need for assistance in managing certain aspects of their businesses, particularly in the areas of people management and IT support.

Methven Medical Centre was one of the first to start using Support Plus. The team approached Pegasus Health for assistance with employment relations in December 2014. A Support Plus HR professional visited the centre to conduct a review, then provided the team with a report that included recommendations on how to resolve employment relations challenges.

Methven Medical Centre Co-Owner Dr Gayle O'Duffy says one of the recommendations was to hold a communications workshop for staff, which Support Plus was able to facilitate. "They also suggested some training pathways, which we have taken up and have proved to be very useful."

More recently, Methven Medical Centre has used Support Plus to assist with recruiting a new receptionist.

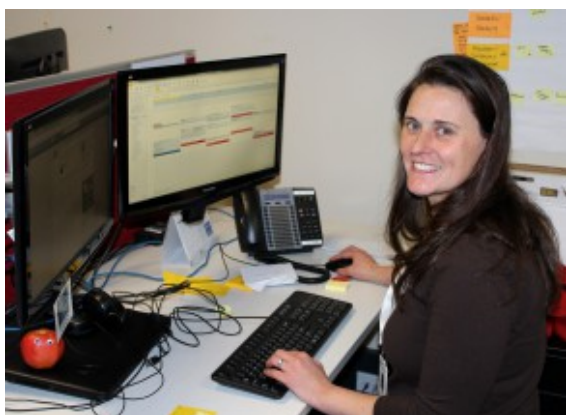
"We told Support Plus what we needed," Gayle says. "It has taken away all the worries we would have otherwise had, such as where and when to advertise, screening applicants and conducting interviews. It's been delightfully effortless on our part."

With a team of dedicated and experienced health sector HR and IT professionals, Support Plus can assist with a range of services including recruitment, HR consultancy, health and safety and employment relations, hosted applications and much more.

Visit www.supportplus.co.nz to find out about these services.



Canterbury Patient Portal to be launched



Katie Verd

Canterbury people are a step closer to having a patient portal for making doctor appointments online, ordering repeat prescriptions, checking test results and sending private messages to their general practice.

The Canterbury Patient Portal, an initiative co-sponsored by Pegasus Health and the Canterbury District Health Board, is moving into the next phase. The project is currently about to enter the formal procurement process to select an appropriate vendor. Katie Verd, Programme and Product

Manager, has been working on the Canterbury Patient Portal initiative for eight months. She says

that while about seven practices in Canterbury are using a portal, most patients in Canterbury can't access their medical records easily or quickly. She hopes the Canterbury Patient Portal will be ready for primary care providers to use in early 2016, which will initially provide online General Practice appointments and repeat prescribing, and that by mid 2016 half of all practices in Canterbury will be using a portal of some kind. Future stages could see the availability of secure messaging between patients and health providers, and access for patients to their lab results.

Katie says the portal will benefit both patients and health professionals by keeping patients informed and aware.

"People can't take responsibility for their own health without the appropriate information. The portal will arm them with the right knowledge to take care of themselves and their families, with the support from health care teams."

For general practices, the portal will free up time spent on the phone making appointments and ordering repeat prescriptions.

The portal will be made available to practices that are members of Pegasus Health, Christchurch PHO and Rural Canterbury PHO.

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.

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 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



Back L-R: Robyn Wallace, Tanya McCall, Peter Laloli, Michael Aitken, Peter Townsend.

Front L-R: Natu Rama, Wendy Dallas-Katoa, Andrew Hornblow (Chair), Helen Lockett, Rob Earle.

ANDREW HORNBLOW, CHAIR

PEGASUS HEALTH COMMUNITY BOARD

The Community Board's second year has been a busy and challenging one as we continue towards our goal of improving health outcomes for our community. Based on strong information and presentations from key people from across the health sector, the Community Board was in a good position to move to a more proactive approach to achieve this goal. The Board took a collaborative approach in working with others, while ensuring its objectives and work programme were aligned with those of Pegasus Health, Pegasus' Clinical Board and the Canterbury Clinical Network.

Continuing with our focus on children and youth, the Community Board endorsed a number of initiatives involving children and youth. These included:

- Oral health: The Board recognised that education in schools is a key to achieving better oral health for children but also that fluoridation will assist, particularly in terms of equity of outcomes for vulnerable children. A considered and collaborative approach is required to meet this challenge.
- Mental health: The Community Board endorsed a number of different workstreams, including Equally Well. It also supported a range of initiatives such as education/training for General Practitioners and nurses in skills to identify and manage childhood behavioural problems.
- Access to primary care health services: The Board's proposal to the Pegasus Health Board to recruit an additional Child Health Coordinator to support the existing role was endorsed and we are pleased to advise, that at the time of writing this report, the appointment of the new Coordinator was imminent.

- A healthy start: The Board supported continued promotion of parenting programmes through HealthPathways and HealthInfo. It was also pleased to see a significant improvement in the number of B4 School Checks completed and issues followed up.
 - advocate on issues associated with childhood obesity;
 - collaborate with the Canterbury Clinical Network's Child and Youth Workstream to ensure mechanisms are in place for the identification, referral and treatment of children who are overweight or obese;
 - develop a schedule of education sessions for primary care clinicians on nutrition, physical activity and brief interventions; and
 - promote brief interventions to support positive behavioural change in General Practice.
- Child obesity: Addressing child obesity is a major challenge and a multi-faceted approach is required, given the significant impact on children's current and future health and the impact on health services. The Community Board endorsed the Child Obesity Action Plan which proposed a number of approaches including that we:

We are pleased to advise that progress is being made towards addressing this issue. A joint working group has been formed with the Clinical Board to identify key areas of action.

- Advocacy: During the year, the Board endorsed the formalised advocacy areas and collaborations to which Pegasus Health is a signatory including Smokefree Aotearoa 2025, Canterbury Family Violence Collaboration and Healthy Christchurch. We also supported Pegasus Health working towards becoming a signatory of the Child Friendly Cities programme in Christchurch. In addition, submissions were put forward to:
 - Christchurch City Council, endorsing the Psychoactive Products Retail Locations Policy, subject to expanding it so that retail premises were not situated close to sensitive sites. We are pleased to report our submission was reflected in the final policy adopted by Council.
 - The Productivity Commission's proposal for More Effective Social Services.

Another major issue considered by the Community Board was the Vulnerable Children's Act 2014 and its implications for everyone working with children. We were pleased to endorse Pegasus' involvement in the Canterbury Children's Team, formed to provide oversight of the Children's Action Plan.

Five members of the Board, nominated from across the Canterbury community, bring to our discussions a wealth of experience, wide networks and decades of committed community service. The Chairs of the three reference groups, as Board members, help us take into account the goals of our Māori, Pacific, and Culturally and Linguistically Diverse (CALD) populations to improve the health of these communities. During the year we welcomed Robyn Wallace from the Māori Health Advisory Group Te Kāhui o Papaki Kā Tai as a member.

To all Board members, a sincere thank you for your commitment, which is moving us from aspiration to action. On behalf of the Board, I would like to extend our gratitude to all Pegasus staff who work with us. Thank you for your excellent reports and presentations; for imparting your knowledge of the health sector and the wider community; and for your strong and ongoing administrative support.

Our key purpose 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".

The Community Board looks forward to another year representing our community and advocating for its interests at regional and national levels.

Students from many cultures awarded scholarships

Eighteen health students from Māori, Pacific and culturally and linguistically diverse (CALD) backgrounds were awarded Pegasus Health's annual scholarships in July 2015.

The students, studying medicine, nursing and allied health, were selected from what organisers said was "an almost overwhelming number of entries".

Pegasus Health CEO Vince Barry says, "The people that were chosen were of a very high calibre. They were from incredibly diverse backgrounds and will contribute greatly to the cultural and linguistic richness of the health sector."

The Māori Scholarships were awarded to seven recipients, of whom three were nursing students and four were studying medicine. This year's Pacific Scholarships were presented to five students. Two were studying health science, two were studying medicine and the fifth was training to be a nurse. Six scholarships were awarded to students from CALD backgrounds. Four were training to be nurses, one was studying medicine and one was studying social work.

In applying for a scholarship, students had to write a 1000-word essay, saying how they would make a difference to the community in their careers.

Medical student Jayden Ball, who was awarded one of the Māori Scholarships, said having grown up on the east side of Christchurch, his main aspiration was to complete his degree, with the best results he could, and give back to his community by working there when he graduated.

Lurita Kurene, who is training to be a nurse at CPIT, said her personal experience of caring for her grandparents inspired her career choice and her long-term aspiration was to qualify as a Nurse Practitioner. She was awarded a Pacific Scholarship.

Fifth year medical student Uddaka Wijesinghe, who received a CALD Scholarship, said as a future Canterbury doctor he felt he could make a difference, given his migrant background and commitment to culturally competent care, advocacy and evidence based solutions.

Pegasus Health Chair Professor Les Toop says, "It was wonderful to see the high standard of entries and to know that these students would soon be joining the health workforce in our communities."

To date Pegasus Health has awarded more than 70 scholarships to outstanding Māori, Pacific and CALD health students.

The successful students were:

Māori Scholarships

Anika Tiplady (medicine); Kennedy Sarich (medicine); Jayden Ball (medicine); Chivala Heal (medicine); Andrea Wicks (nursing); Lilian Neena Woodgate (nursing); and Vanessa Olliver (nursing).



Back L-R: Kennedy Sarich, Andrea Wicks, Chivala Heal, Jayden Ball and Vanessa Olliver.

Front L-R: Lilian Neena Woodgate, Anika Tiplady.

Pacific Scholarships

Beaudicia Carrasco (medicine); Marcus Bentley (medicine); Lurita Kurene (nursing); Noman Mene-Vaele (health sciences); and Suli Tuitaupe (health sciences).



Back L-R: Noman Mene-Vaele, Marcus Bentley, Suli Tuitaupe.

Front L-R: Beaudicia Carrasco, Lurita Kurene.

CALD Scholarships

Uddaka Wijesinghe (Sri Lankan, medicine); Susan Yu Gao (Chinese, nursing); Shannon Solomon (South African, nursing); Yasmin Abdulkadir (Somali, nursing); Anna Francisco (Filipino, nursing); and Chang Hun Yu (Korean, social work).



Back L-R: Natu Rama - Chair, CALD Reference Group, Susan Yu Gao, Shannon Solomon, Uddaka Wijesinghe.

Front L-R: Anna Francisco, Chang Hun Yu.

Absent: Yasmin Abdulkadir.

Pegasus Mental Health Service recognised for cross-sector collaboration

The Pegasus Mental Health Service continues to be well integrated into General Practice.

In the last year, the service received about 5000 referrals, averaging 110 per week from General Practice. About 65 per cent of these patients were women aged between 40 and 50 years, with a primary presentation of anxiety and/or depression.

Cerina Altenburg, Service Leader Primary Care Mental Health Service says most people are seen by the Mental Health Service within three weeks of being referred by their GP. This includes BIC (Brief Intervention Coordination) appointments, for psychological support, which continue to be in high demand.

An increased number of requests for mental health services has also been generated by workers involved in the Christchurch rebuild. "We've seen a noticeable increase in the number of migrant workers seeking support, who are not enrolled with a General Practice," Cerina says. "They come to the 24 Hour Surgery for their care, so we have set up a mental health clinic as part of the package of services we provide."

A highlight for the mental health team last year, was the recognition of their collaboration with the Emergency Department and Richmond Services Ltd, in exploring how frequent attenders to the ED with mental health issues, could be better supported in the community. The initiative was awarded Highly Commended at the 2014 Canterbury DHB Quality Improvement and Innovation Awards. "As a result of the initiative, many patients have been re-connected to General Practice as their Health Care Home, rather than accessing ED for their non-acute health needs," Cerina says.

This year saw the operational management of the Pegasus Mental Health Service being transitioned to "Direct to Patient Services" under the managerial umbrella of the 24 Hour Surgery. 24 Hour Surgery Operations Manager Claire says she sees another big year ahead for the Mental Health Service Team. "There is certainly plenty of demand out there but we're fortunate to have an outstanding team of dedicated people to deliver the service."

A case study from our Mental Health Service - Jason's story



Jason* (24) had travelled to New Zealand from England with a friend to work on the Christchurch rebuild.

He presented to the 24 Hour Surgery saying he had headaches, a sore neck, general tiredness and malaise, which had resulted in him not going to his job as a builder's labourer. He also complained of "not feeling right", after smoking marijuana about a month before and having a panic attack.

Jason was particularly concerned about feeling disorientated, preoccupied, nervous, not wanting to be alone and physically unwell. He had googled his symptoms and came with up psychosis as a diagnosis, which had added to his worries.

After the clinical team at the 24 Hour Surgery had excluded any physical health concerns, he was referred for psychiatric assessment, diagnosis and treatment.

Jason was able to be seen promptly by a Mental Health clinician at the 24 Hour Surgery for free. A mental health status evaluation was undertaken to explore his psychiatric history

and family history; investigate the possibility of a serious psychiatric diagnosis; and offer treatment and support as quickly as possible.

Although there were no symptoms that suggested a psychotic disorder, Jason had been under a lot of stress as a result of leaving home; had taken psychoactive substances; was at an age when psychotic illness can present; and had a family history of psychiatric illness.

He was seen for five appointments and it was thought that he had a mild anxiety disorder that was beginning to impact on his ability to function and work. As a result, he was provided with some strategies in cognitive behavioural therapy that have been successful. He has also significantly reduced his alcohol intake and no longer takes drugs.

If a Mental Health clinician had not been available to Jason in a community setting he would have been referred to another agency such as the Emergency Department or Specialist Mental Health Services. Or he would have presented to these services in an acute state. The delay to be seen as a non-emergency referral is many weeks.

Instead, Jason received high quality care in a timely manner. He was also provided the gold standard of treatment for free. An effective and efficient use of health resources.

** Jason's name has been changed to protect his privacy.*

Voice for Wellness

Pegasus Health is supporting the health and wellbeing of Canterbury's refugee and migrant communities through an initiative that will hit the airwaves soon.

Voice for Wellness, a six-part health-related series, is being recorded in five different languages, which will then be aired on local radio station Plains FM. Voice for Wellness will provide information and useful contacts to help people access health support in the community.



Wayne Reid and Simi Desor

The radio programme is the brainchild of Registered Psychologist Simi Desor, who works as a paediatric psychologist for the Canterbury District Health Board. As an Indian woman, who grew up in India and Canada and moved to New Zealand in 1997, Simi is passionate about supporting people from refugee and migrant backgrounds.

"Often, people from refugee and migrant backgrounds will arrive in New Zealand and think they're fine, that they're out of the worst. But in reality they're not in some ways. They may have physical safety, but there's post-traumatic stress or there's emotional fallout from having lost family and friends or having left them behind. So, a lot of that is part of what we're trying to address. We want people to know, if you're feeling any of these feelings, get in touch."

Voice for Wellness will cover six topics - social, emotional, physical, vocational, spiritual and intellectual. Since December, Simi has spent hours preparing the scripts, interviewing health practitioners and editing and transcribing the recordings.

Along with an English series, the programme will be broadcast in Mandarin, Nepali, Farsi, Arabic and Somali. Pegasus Health has provided funding support for the recording time and translation services.

Simi and Pegasus Health's Refugee and Migrant Health Manager, Wayne Reid, worked closely with the Christchurch Migrants Centre to identify the issues affecting the region's diverse migrant communities when deciding what topics to focus on.

Choosing the languages was based on the city's largest communities and smallest, most vulnerable communities, Wayne says.

"Many people, particularly women from refugee backgrounds, cannot read or write in their own language and will never learn English, so the only way to communicate with them is through spoken language," Wayne says. Once aired, Voice for Wellness will be available as podcasts and on DVDs. The series will also be given to Health Information Providers from Christchurch Resettlement Services to take out into the community.

The DVDs will also play a part in the new collaboration between Pegasus Health and CPIT. Wayne became an official part of CPIT's nursing programme this year, providing cultural training to third-year students.

Canterbury homes warmer, drier

Before the Tauveli family took part in the Healthy Homes Programme, their six-year-old son hadn't gone a year without being in hospital for his respiratory issues.

The family's home in southwest Christchurch was one of about 1400 homes in the region that were made warmer and drier in the past three years, thanks to the Healthy Homes Programme - a partnership between several organisations, including Community Energy Action Trust, Canterbury District Health Board and Pegasus Health.



Talasinga Tauveli

The programme, which started in late 2011 and finished in late 2014, provided insulation and heating installations to people who frequently visited their family doctor or local hospital for conditions or illnesses including diabetes, asthma, chronic obstructive pulmonary disease, lung cancer, heart disease, chronic depression and rheumatoid arthritis.

The Tauveli family received ceiling and underfloor insulation and thermal curtains in mid 2014.

Talasinga and Veisia Tauveli found out about Healthy Homes through Christchurch Hospital, which referred them to the programme because of their son's regular hospital visits.

"When we first moved into our house, there was no underfloor insulation. I put in plastic sheets and foil insulation, but we couldn't afford to install ceiling insulation so we just cranked up the heat pump," Talasinga says.

Since their home has been made warmer and drier, the family of seven have hardly used their heat pump and only use their logburner in the evenings.

Their son no longer needs regular trips to hospital, as his respiratory issues are under control. In fact, the entire family is healthier and happier, Talasinga says.

The organisations behind the Healthy Homes Programme wanted to provide warm and dry homes to improve the health and wellbeing of Canterbury people and reduce the pressure on health services.

In late 2011, Canterbury District Health Board and the region's three Primary Healthcare Organisations formed a strategic partnership with Environment Canterbury, the Energy Efficiency Conservation Authority and Community Energy Action Trust to develop and implement the programme.

The programme was set up in response to rising demand for hospital and emergency department services due, in part to the 2010 and 2011 earthquakes, and the limited impact other programmes had on environmental determinants of health, like housing.

Funding from the partnering organisations provided 1396 insulation installations and 399 heating installations.

According to a survey of people who took part in the programme, benefits included:

- improved physical health, mental health and/or an improved general state of mind/wellbeing
- reduced use of health services
- the holistic benefit of living in a warmer, drier home, which extended to other family members living there.

The Healthy Homes Programme has led to other initiatives, such as the Christchurch City Council's Complex Insulation Upgrade Programme, which targets clients with high health needs living in council houses and flats.

The Community Energy Action Trust continues to work with people with high health needs who require insulation and heating upgrades.

Health Partners

Healthy professionals, practices, communities and partnerships are vital to creating a primary care system that can provide excellent care and good experiences 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.

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 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.

Nationally we are collaborating with other PHOs, drawing on each other's knowledge, expertise and relationships to ensure we continue to develop a well-integrated national primary care system. And further on the national front, this year we have secured the national telehealth service contract through Homecare medical, our joint venture with Auckland based PHO ProCare.

Pegasus partners with ProCare to run New Zealand's largest Telehealth service



After purchasing 50% of Homecare Medical Limited (known as HML) in March 2014, Pegasus Health and Auckland PHO ProCare formed a partnership under the brand of Homecare Medical to enhance the delivery of 24/7 nurse lead telephone triage in New Zealand.

When the government announced the formation of a new national telehealth service that brought together the existing Healthline, Poison Line, Immunisation Advisory Centre, Quitline, Alcohol and Drug Helpline, Depression and Gambling Helplines, Homecare Medical responded to the tender with a model involving a collaborative of these help and advice lines and Homecare Medical as the lead provider.

This successful bid saw Homecare Medical named the Ministry of Health's provider for the development and delivery of a new enhanced and integrated, national telehealth service.

Pegasus Health Chief Executive Vince Barry says that over the coming months Homecare Medical, will collaborate with technology providers and the other health agencies to provide a more integrated and personalised service for callers that will go live on November 1st 2015.

There will be little noticeable change for the public, who will continue to use the same phone numbers for Healthline, Poisons Line, Immunisation Advisory Centre, Quitline, Alcohol and Drug Helpline, Depression and Gambling Helplines. The 24/7 nurse triage for General Practice will also remain the same.

"The current phone lines are working well but there are opportunities for them to better connected and for us to significantly improve the services that they offer," Vince says. A number of initiatives are already underway including access to shared records, working with St John to connect patients to their General Practice and other projects that support new models of care. Telephone advice is also being made available 24/7 for depression, gambling and poisons issues.

Vince says better use of online tools and technology will be among the keys to improving the service, which will be founded on a platform of after hours nurse triage, run from Christchurch and Auckland. "As well as using phones, websites, emails and texts, the telehealth service may in future provide opportunities to connect via video calling or mobile applications. We want access to the service to be as easy as possible and for people to use it in a way that best suits them."

Care provided through the service will also become more personalised. "In the future, we envisage the type of scenario where someone with a chronic condition calls the telehealth service and finds that their general practice has left directions for their overnight care. Or if appropriate, that a caller is linked to a pharmacist, counsellor or other health professional near their home."

The suggested adjustments to the telehealth service are the result of consultation with a wide range of people, prior to Homecare Medical submitting their proposal to the Ministry of Health in February 2015. Current service providers, consumer organisations, nurses, pharmacists, doctors, counsellors and other health professionals were among the groups that gave their views on the best design for the service.

Vince says, “The level of collaboration and goodwill from everyone involved in establishing Homecare Medical has been outstanding. We are all committed to ensuring that the service is working at its very best and that users receive consistent service, no matter where or how they make contact.”

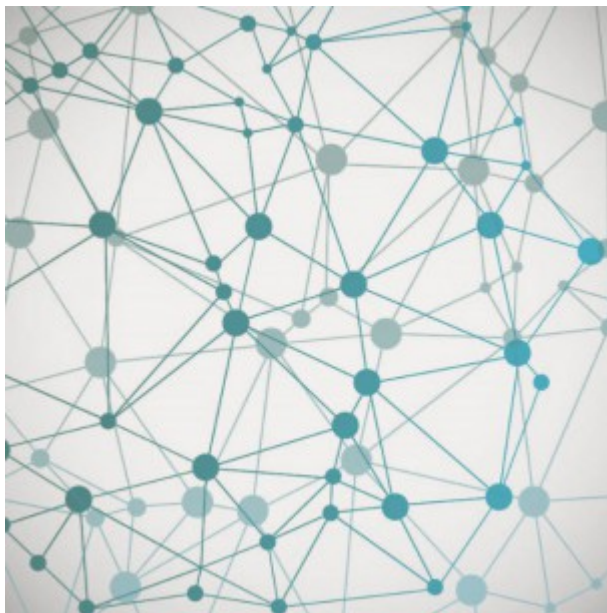
The population-wide benefits of the enhanced telehealth service are expected to include less acute and unplanned care, which will reduce emergency department admissions and pressure on ambulance services. Other predicted outcomes are improved health and wellness support for users; better health literacy; more care delivered close to home; more self management; and getting the right advice from well-trained staff.

Partnering across our health system in Canterbury

Canterbury people are receiving better health care, thanks to an enduring partnership between Pegasus Health, the Canterbury District Health Board (CDHB) and other Canterbury health service providers who are part of the Canterbury Clinical Network (CCN).

As a partner in the Canterbury Health System, Pegasus Health is continuing to work with CDHB on a range of local initiatives, which last year contributed to almost 30,000 people being able to receive treatment and care for acute medical conditions in their own home, rather than in hospital.

CCN Programme Director Kim Sinclair-Morris says Pegasus Health makes a strong contribution to the CCN at a leadership, clinical and operational level.



As a result of the partnerships, Canterbury people are increasingly taking greater responsibility for their own health and accessing care in the community closer to their homes. This has enabled shorter waits for care, higher rates of elective services and reduced pressure on hospitals. A range of conditions that were once treated purely or mainly in hospital are now provided in general practice and older people are staying in their own homes for longer.

Pegasus Health CEO Vince Barry says highlights of Pegasus' involvement with the CCN, in the last year, have included continued progress in integrating and coordinating mental health services, the Population Health Plan for Primary Care in Canterbury; supporting the development of an improved funding formula for rural practices; and assisting progress towards an Integrated Family Health Service for Kaikoura.

Mental Health

The Mental Health Leadership Workstream is working to make the experience of accessing mental health services better for people, their families and whanau. This involves improving coordination and integration between health services and other social service agencies. One way we're doing this is by assisting health professionals to better support children and youth to have improved mental health and wellbeing. A focus area is developing a series of mental health patient pathways specifically for children and youth. Patient pathways are a set of guidelines that health professionals formally agree are the best methods for caring for patients. In Canterbury, these pathways are stored on a portal called HealthPathways, which health professionals use to guide them in providing the best possible care for their patients.

Population Health Plan for Primary Care

A working group supported by CCN has reviewed population health activities across the region with the three Canterbury PHOs and Community and Public Health (Canterbury District Health Board). The group has been investigating services that improve accessibility of primary care and health promotion efforts required at a population level and the ways general practice can be funded to deliver them. From this, a three year strategy is being developed to support people to take greater responsibility for their own health and to stay well - for example, supported quit attempts, improving physical activity and nutrition.

Kaikoura Integrated Family Health Service

A team of health professionals will shortly move into Kaikoura's new Integrated Family Health Centre, following three years of work on developing an integrated model of care that will transform health services for the district. The work has been led by local people, with support from the CCN; including Pegasus Health and the Canterbury DHB. Work is continuing on developing comprehensive and integrated health services and health infrastructure that will work best for the people of Kaikoura.

Subsidies for rural practices

A new funding formula for Canterbury's rural practices was agreed and implemented near the end of the 2014/15 financial year.

This was developed in response to the Ministry of Health's requirement for Rural Funding Service Level Alliances (SLA) to recommend the allocation of rural subsidy funding to rural general practices.

The rural funding subsidises the costs of providing access to urgent after hours services and supports the sustainability of these services for rural general practice. For the new funding formula to be accepted at least 75 per cent of rural general practices, accounting for 75 per cent of the enrolled population, needed to agree to it.

The Rural Funding SLA, including membership from rural general practices, CDHB, Pegasus Health, and the Rural Canterbury PHO led a transparent process to develop and refine the model, consulting with rural general practitioners and ensuring that rural general practice would receive appropriate funding to sustain high quality primary care.

Other Initiatives

Other collaborative work between Pegasus Health and the CDHB in 2014/15 has included the [Canterbury Patient Portal](#), which is expected to be used by half of all Canterbury general practices by mid 2016, and the [Healthy Homes programme](#) which has resulted in more than 1300 homes being made warmer and drier between 2011 and the end of 2014. We are also continuing work with the CDHB to create a 'safe zone' that enables data to be shared at different levels of detail depending on that need. This collaboration, called HealthSafe, means we can safely and freely share appropriate information to not only deliver high quality care, but to allow for planning for future health needs.

Care closer to home

In Canterbury we're working towards an integrated health system that keeps people healthy and well in their own homes and communities. During 2014-15, Canterbury people increasingly took greater responsibility for their own health and accessed care in the community closer to their homes. This has enabled shorter waits for care, higher rates of elective services and reduced pressure on hospitals. A range of conditions that were once treated purely or mainly in hospital are now provided in General Practice and older people are staying in their own homes for longer.



25%

Patients with COPD who were attended by Ambulance services were managed in primary care rather than in the Emergency Department



28,905

referrals for urgent packages of care accepted by the Acute Demand Management Service



1686

new referrals to the Community Based Falls Prevention Service



1678

subsidised spirometry tests in the community without the need for a hospital visit



3150

Steroid injections without having to wait for a hospital orthopaedic appointment



2743

referrals to the Medication Management Service



4196

hits for diabetes-related pages on HealthInfo



96%

ED attendances waited less than 6 hours

PEGASUS HEALTH (CHARITABLE) LIMITED

Financials

STATEMENT OF FINANCIAL POSITION

as of 30 June 2015

		Group		Company	
	Note	2015 \$	2014 \$	2015 \$	2014 \$
Assets					
Property, plant and equipment	4	4,646,248	4,820,903	4,646,248	4,820,903
Intangible assets	5	1,421,659	1,318,870	1,421,659	1,318,870
Investment in subsidiaries	17.1	-	-	1,130,004	1,130,004
Investment in associates	17.2	1,363,737	1,480,954	1,363,737	1,480,954
Other investments	17.3	468,744	1,152,138	49,107	49,214
Fixed interest securities	8	1,034,894	509,702	1,034,894	509,702
Deferred asset	17.1	330,027	314,151	-	-
Total non-current assets		9,265,309	9,596,718	9,645,649	9,309,647
Inventories	6	16,807	11,828	16,807	11,828
Trade and other receivables	7	5,731,479	6,111,270	5,731,479	6,111,266
Cash, cash equivalents	8	6,075,453	4,914,795	6,071,394	4,910,664
Short term deposits	8	6,000,000	9,500,000	6,000,000	9,500,000
Total current assets		17,823,739	20,537,893	17,819,680	20,533,758
Total assets		27,089,048	30,134,611	27,465,329	29,843,405
Equity					
Share capital	9	12,000	12,000	12,000	12,000
Revaluation reserve	9.1	867,511	829,616	867,511	829,616
Share of movement in associates reserves		257,594	374,811	257,594	374,811
Retained earnings		14,675,417	15,998,951	15,381,614	16,021,785
Total equity		15,812,522	17,215,378	16,518,719	17,238,212
Liabilities					
Provisions	13	165,000	165,000	165,000	165,000
Deferred payment	17.1	330,027	314,151	-	-
Total non-current liabilities		495,027	479,151	165,000	165,000
Employee benefits payable	10	1,426,022	1,232,520	1,426,022	1,232,520
Trade and other payables	12	8,989,050	10,759,925	8,989,161	10,760,036
Related party loan	16.2	40,000	40,000	40,000	40,000
PHO project residual reserve	22	326,427	407,637	326,427	407,637
Total current liabilities		10,781,499	12,440,082	10,781,610	12,440,193
Total liabilities		11,276,526	12,919,233	10,946,610	12,605,193
Total equity and liabilities		27,089,048	30,134,611	27,465,329	29,843,405

PEGASUS HEALTH (CHARITABLE) LIMITED

STATEMENT OF COMPREHENSIVE INCOME

for the year ended 30 June 2015

		Group		Company	
	Note	2015 \$	2014 \$	2015 \$	2014 \$
REVENUE					
Delivery of health services		33,315,190	31,575,113	33,315,190	31,575,113
Other revenue		3,699,048	3,202,595	3,699,048	3,224,671
Total revenue		37,014,238	34,777,708	37,014,238	34,799,784
Other income – rental		238,564	225,246	238,564	225,246
Operating expenses	2	(39,120,652)	(36,018,215)	(38,437,289)	(36,017,457)
Operating profit/(loss) before interest income		(1,867,850)	(1,015,261)	(1,184,487)	(992,427)
Interest income		515,049	701,499	515,049	701,499
Realised gain (loss) on fixed interest securities		29,267	(6,632)	29,267	(6,632)
Profit/(Loss) for the year		(1,323,534)	(320,394)	(640,171)	(297,560)
Revaluation of land and buildings		37,895	150,590	37,895	150,590
Share of other comprehensive income of associate	17.2	(117,217)	27,600	(117,217)	27,600
Total other comprehensive income for the year		(79,322)	178,190	(79,322)	178,190
Total comprehensive income/(expense) for the year attributable to owners of the company		(1,402,953)	(142,204)	(719,493)	(119,370)

Primary Health Organisation Function

Financials

SPECIAL PURPOSE STATEMENT OF FINANCIAL POSITION

as of 30 June 2015

	Note	2015 \$	2014 \$
ASSETS			
Trade and other receivables	3	1,533,189	1,449,522
Cash and cash equivalents	4	4,001,448	3,575,081
Total current assets		5,534,637	5,024,603
Total assets		5,534,637	5,024,603
EQUITY			
Retained earnings		395,898	267,432
Total equity		395,898	267,432
LIABILITIES			
Trade and other payables	7	2,284,201	2,340,108
Contract funding received in advance	8	2,528,111	2,009,426
Project residual reserve	13	326,427	407,637
Total current liabilities		5,138,739	4,757,171
Total liabilities		5,138,739	4,757,171
Total equity and liabilities		5,534,637	5,024,603

SPECIAL PURPOSE STATEMENT OF COMPREHENSIVE INCOME

for the year ended 30 June 2015

	Note	2015 \$	2014 \$
Revenue			
Delivery of health services		2,397,369	2,286,584
Other income		-	32
Project residual funds		81,209	32,656
Total revenue		2,478,578	2,319,272
General operating expenses	2	(94,201)	(43,715)
Governance expenses	2	(90,600)	(121,644)
Programme contracts, financial management & community engagement		(837,232)	(886,955)
Programme service funding		(1,978,495)	(1,703,600)
Project residual expenses		(70,273)	(32,656)
Operating profit/(loss) before interest income		(592,223)	(142,913)
Interest income		87,571	87,756
Transferred from programmes		633,118	568,495
Profit/(loss) for the period		128,466	186,953
Total other comprehensive income for the period		-	-
Total comprehensive income/(expense) for the period		128,466	186,953

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.

Better Help for Smokers to Quit



34,074 smokers received smoking cessation advice and support from their general practice team in the 2014/15 year, taking overall coverage to 87.6%. During May-June 2015, the Stop Smoking Support team based at Pegasus contacted 3440 people on behalf of their general practice team to offer brief advice and cessation support. Of those contacted, 290 accepted a referral to an external cessation support service.

More Heart and Diabetes Checks



93,548 people have been assessed for cardiovascular risk in the last five years, as at 30 June 2015. This represents an increase of 26,262 assessments completed in the last year, with 80.7% of the eligible population having had a risk assessment by their general practice team. At the same time last year, coverage was 61.8%.

Increased Immunisation

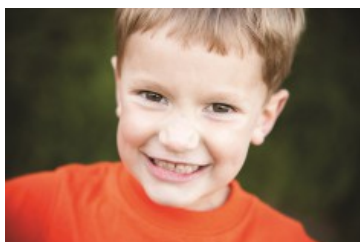
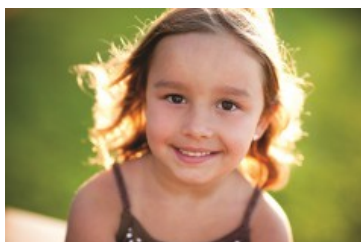


In the 2014/15 year, 96% of all 8-month-old and 2-year-old children enrolled with Pegasus general practices were fully vaccinated.

Cervical Screening

79.5% of women aged 25 to 69 have received a cervical smear in the last three years, as at 30 June 2015.

B4 School Checks



Pegasus general practice teams completed a total of 3365 B4 School Checks in the 2014/15 year, with the Public Health Nursing service completing 1435 checks on behalf of Pegasus general practices. This equates to an overall coverage of 93% of 4-year-old children

receiving a check. 508 dental referrals; 334 vision referrals; and 297 hearing referrals were made as an outcome of the checks.

Child Health Support Services



This service aims to improve the health, social, behavioural needs and well-being of children 0-17 years. Working alongside the general practice team, this service offers a home visit to understand needs, provides brief interventions and information and links family, whanau and caregivers to services for ongoing support. As of June 2015 in the last year, the service has seen 385 referrals and has completed 250 home visits.

The Child Health Support Service is valued by general practices in Christchurch and there continues to be a real demand for this service. With four new rural general practices joined Pegasus Health in the last year, Pegasus Health has received numerous requests enquiring as to whether the Child Health Support Service would be available to their enrolled populations and other non-urban practices. An additional 1 FTE Child Health Coordinator is being advocated for to increase the capacity of this service and support extended service provision to rural practices.

