



# Pegasus Health Annual Report 2016



# Welcome to Pegasus Health's 24<sup>th</sup> Annual Report

In this report, you will hear about our partnerships and collaborative work across the health system, both regionally and nationally.

You will hear about some of the ways we are partnering with people, practices, professions, businesses, organisations and the wider community, to bring the people of Canterbury the very best primary care system we can.

We have worked alongside practices, supporting them to deliver quality healthcare, guiding some through the Foundation Standard and providing additional assistance with Support Plus.

We have played a part in the Canterbury health system, working with the Canterbury Clinical Network. We have also partnered with Compass Health, Midland Health Network and Procure Health (Network 4) to deliver the Closing the Loop initiative for primary care mental health and addiction services.

Our role as a PHO sees us working closely with our community partners to further support vulnerable populations and assist them with accessing healthcare and improving their wellbeing. One example of this is our work with New Zealand Red Cross in extending our Partnership Community Workers service and offering a voucher system.

We hope you will be as proud and as excited as we are about what is happening here in Canterbury.

# Contents

## Introduction

|                                |   |
|--------------------------------|---|
| Chair's Report .....           | 4 |
| Chief Executive's Report ..... | 6 |

## Professional Partners

|   |    |
|---|----|
| Pegasus Health Nurse Membership Board Chair's Report .....                        | 9  |
| Pegasus Health Clinical Board Chair's Report .....                                | 11 |
| General Practice Professor Acknowledges Support From Canterbury GP<br>Teams ..... | 12 |
| Pegasus Health Education Programme .....  | 13 |
| Supporting Nurses in the Community .....  | 14 |

## Practice Partners

|  |    |
|--|----|
| Update from the 24 Hour Surgery .....                              | 18 |
| APEX Programme Forum .....   | 21 |
| Acute Demand Service - A Patient's Perspective .....               | 22 |
| New Opportunities for Canterbury Students .....                    | 23 |
| ERMS Reaches One Million E-Referrals .....                         | 23 |
| Health Care Home - East Care Health .....                          | 24 |
| Hosted Applications Case Study - ARA Institute of Canterbury ..... | 25 |
| First Two Practices Achieve Foundation Standard .....              | 26 |

## Community Partners

|   |    |
|---|----|
| Pegasus Health Community Board Chair's Report ..... | 28 |
| Scholarship Awards .....                            | 30 |
| Mental Health - Closing the Loop Initiative .....   | 32 |
| Partnership with NZ Red Cross .....                 | 33 |
| 'Reading In Mind' Book Scheme .....                 | 34 |
| Breastfeeding Support Groups .....                  | 35 |
| Community Events .....                              | 36 |

## Health Partners

|                                   |    |
|-----------------------------------|----|
| Homecare Medical Update .....     | 40 |
| Canterbury Clinical Network ..... | 41 |

## Financial Statements .....

|                       |    |
|-----------------------|----|
| Stats and Facts ..... | 46 |
|-----------------------|----|

|                          |    |
|--------------------------|----|
| Charitable Objects ..... | 48 |
|--------------------------|----|

# Chair's Report

PROF LES TOOP, CHAIR

PEGASUS HEALTH (CHARITABLE) LTD



From L-R: Peter Townsend; Gayle O'Duffy; Sharon Ashmore; Dr Harsed Chima; Les Toop (Chair); Hillary Gray; Nicky Scott; Andrew Hornblow; Jane Huria.

2016 has been a busy year for Pegasus Health with a number of established projects progressing and considerable work undertaken to acquire and refit new 'fit for purpose' premises.

At this time of the year we start our annual strategic planning cycle and it is time for reflection and for looking forward.

The Canterbury health system remains stretched with many of the medium term health effects of the earthquakes now becoming more evident, none more so than in the mental health arena. Pegasus practice teams have stepped up and continue to provide a first class primary care service with the practices supported by a variety of initiatives, many based within Pegasus Health.

The extra workload post 2010-11 will continue for many years and it will be compounded by the ageing demographics of both the population and the health workforce. We need therefore to develop innovative ways of delivering ever more complex care, closer to home. Half of Pegasus practices are now exploring working in more integrated and efficient ways. It is an exciting time for innovative models of care. Pegasus is also part of national coalitions with sister networks to progress this work.

Information Technology has become a significant part of our programme work and it is pleasing to see some of the products we have been key partners in developing, are being introduced in other parts of the country. HealthOne, the electronic shared record is South Island wide and the Electronic Request Management System (ERMS), built mostly by Pegasus teams, reached a new milestone recently passing one million referrals by March 2016. You can read more on this later in this annual report. We can be very proud of the fact that this too has now been rolled out to General Practices across the South Island.

We are poised to move the Pegasus teams (including Canterbury Clinical Network and Canterbury Community Pharmacy Group) and education facilities into new premises at Pegasus

House at 401 Madras Street (near the Bealey Avenue corner), with current access off Dollans Lane.

Staff will occupy the top two floors while the ground floor is being reconfigured to provide a larger and more fit for purpose 24 hour clinical facility. We hope to occupy this part in April 2017.

Discussions are underway to decide on the future of the 160 Bealey Avenue site. Recent changes to the staffing ratios have put the service on a more secure footing.

Our investment in Homecare Medical (partnered with Procure in Auckland), which resulted in the national telehealth service, has been very successful. The first year has been very well managed and the service is running extremely well. Additional services are being added regularly. A number of staff are employed in Christchurch, Wellington, Auckland and Dunedin. We will use this platform to manage after hours care in conjunction with our 24 hour service.

Congratulations to Settlers Health Centre and Cashmere Medical Practice for becoming the first two practices in the South Island to achieve the Foundation Standard. They were presented with their certificates from the Royal NZ College of General Practitioners in June 2016.

The Foundation Standard represents what is considered to be the minimum legal professional and regulatory requirements for General Practice. All practices must meet the Standard before 1 July 2017, either by undergoing Foundation Standard assessment (via their Primary Health Organisation) or by attaining Cornerstone accreditation.

I was delighted to hear that 100 practice managers and administration staff attended Pegasus Health's first Administration and Practice Management Excellence (APEX) Forum. This event gave people a chance to learn about the important role primary care teams play in the bigger picture of the Canterbury health system. The APEX programme, which was launched in February 2016, is a professional development programme for non-clinical General Practice staff. Again, you can read more about this in the Annual Report and I urge you read on.

Other highlights include the regular scholarships, awarded in May. Twenty-one students from Maori, Pacific and Culturally and Linguistically Diverse (CALD) backgrounds were awarded 2016 scholarships by Pegasus Health. With recipients studying medicine, nursing and allied health, often having faced adversity and challenges along the way, the awards ceremony is a wonderful celebration of these students' determination and success.

The breadth of activity is huge and as key partners in the Canterbury Clinical Network alliance, it is easy to see how and why we are seen by funders as a key and central component to the success of the Canterbury health system. Of course there is still much to do under ongoing, trying conditions as the rebuild continues. We are lucky to have such a willing and able workforce, supported by dedicated and skilful Pegasus teams, and I thank them all.



# Chief Executive's Report

## VINCE BARRY, CHIEF EXECUTIVE PEGASUS HEALTH (CHARITABLE) LTD

Continued support has been provided for General Practice teams and practitioners in the last year. This has included education and resources to assist practices in achieving foundation standards. Policy templates, guidelines and checklists have been made available, as well as access to our Quality Facilitator Martin Carrell. Two practices achieved the Foundation Standard and were presented with their certificates from the Royal NZ College of General Practitioners in June 2016.

We also held our first Administration and Practice Management Excellence forum. Its purpose was to help facilitate the development of high performing General Practice teams, by equipping practice management and administration staff with the knowledge, skills and ability to better support and manage their practices. You can read more about this, and other stories from the year, in the rest of this Annual Report.



As this report goes “to print”, the Board will be considering a proposal for brokerage services to further support General Practitioners with locum cover, after hours shift trading, business and HR advice. We will be able to announce this exciting development soon.

Improving after hours cover for Canterbury General Practices has been a major theme in the last 12 months for Pegasus Health. The most public of these efforts has been a campaign, delivered in conjunction with the Canterbury District Health Board (CDHB), to direct people to call their General Practice 24 hours a day to access either their Practice or advice through Homecare Medical’s nurse triage service. The campaign is a reminder to people that their first port of call for medical advice should always be their own General Practice.

The after-hours nurse triage service is proving very effective at giving people the advice they need to manage their condition or tide them over until they can visit their General Practice the next day. The service is also identifying people who need to be seen as soon as possible by a doctor at the 24 Hour Surgery or Christchurch Hospital’s emergency department. Since the ‘Care Around the Clock’ campaign started, there has been an increase in the number of calls to the nurse advice line in Canterbury.

In the last year, Pegasus Health has also purchased a new building at 401 Madras St to house the 24 Hour Surgery and Pegasus Health support services. While the 24 Hour Surgery building has served General Practice and the Canterbury public well for many years, it is now well passed its use-by-date. If we had retained the building, it would have required significant refurbishment and even then its design would not have been well suited to the needs of a modern Surgery.

To ensure that the new building works well for everyone who visits and works in it, we have held a number of user group meetings, involving patients, General Practitioners, and staff, to discuss what people want and need in the new facility. We have also done our very best to look into the future and see what General Practices will need from the 24 Hour Surgery.

When buying the new building, it also made sense to house all Pegasus Health facilities under one roof, for ease of administration and to reduce costs. The Pegasus support services teams will move into the new building in October 2016, while the 24 Hour Surgery will shift in April/May 2017, when the building’s refurbishment is complete.

I am delighted to report that Homecare Medical has had a very successful first year under the direction of Pegasus Health and ProCare. Our relationship with the Ministry of Health has also been excellent in getting this complex national telehealth service up and running through call

centres in Auckland, Wellington, Christchurch and Dunedin. In the last year, Homecare Medical has managed more than 500,000 calls. Following the start of the 'Care Around the Clock' campaign there was a steady increase in calls throughout August. This augurs well for when we introduce a new campaign, as part of our shift to the new site, and encourage Cantabrians to call before they go to the 24 Hour Surgery.

In other news, I am pleased to advise that HealthOne, the shared health record developed by Pegasus Health with CDHB and Orion Health, has now been rolled out in the Canterbury, South Canterbury, West Coast and Southern districts. The final South Island DHB, Nelson/Marlborough, is timed to receive it for next April. We will then have the entire South Island on both the Electronic Referral Management System (ERMS) and HealthOne. Laura Fergusson Trust, Insight, Access Community Health and St John have also come on board. Reports from those using the system have been exciting, with HealthOne significantly reducing the time and stress involved for primary and secondary clinicians in obtaining accurate, up-to-date patient information.

Evaluation of the Patient Management System (PMS) has taken longer than we would have anticipated but this extra time has allowed us to thoroughly examine prospective PMS options and have a lot of user input. We expect the Board to be considering the best option to present to the network in late October. In the meantime, we are trialling the migration of data across to prospective systems and in early October will have four practices working on a new system, alongside Medtech. It will be good to receive their feedback as part of the evaluation process.

In the last year, Pegasus Health has continued to support and encourage General Practice teams to re-think and re-design the services they provide under the Integrated Family Health Services programme. One of the key elements of the programme is that patients receive services at the right time from people with the right level of experience. Many thanks to IFHS project managers Jan Edwards and Mark Henare, for their ongoing work with General Practice teams as we are now engaging with 50% of the practices in the network.

Over the next couple of years, we are expecting to see significant changes in primary mental health services as a result of additional government investment. Pegasus Health is involved at a national and local level to ensure that General Practice has strong representation and that we do our very best for the implementation of a truly responsive system. We were delighted to find that some of an additional \$12 million allocated to mental health in the 2016 Budget was assigned to establishing a mental health triage system under Homecare Medical. This new service is expected to benefit about 45,000 New Zealanders each year. It will be phased in, starting early in 2017, with the intention that the entire country will be covered by the end of 2017.

Advocacy work is underway at a national level with our N4 colleagues - ProCare, Midlands and Compass. We are raising awareness of the funding challenges facing General Practice and the inequity of the current Very Low Cost Access (VLCA) model. The desired outcome of this campaign is to successfully influence Government to review the current funding model and to find a solution that ensures General Practice services are affordable and sustainable. Current indications show that this drive is gaining some traction, with the Ministry of Health now reviewing options for future funding support for General Practice.

As always, great partnerships are essential for Pegasus Health to function well. We have been advocating on a range of General Practice-related issues with national colleagues; we have a strong relationship with CDHB; and are forever grateful for the support provided to General Practice by agencies such as Nurse Maude in caring for people with chronic conditions.

I am also grateful for the ongoing guidance and hard work of the Pegasus Health Charitable Board and the senior leadership team. The next year will be an exciting one and I am greatly looking forward to the many changes on the horizon that will benefit General Practice and Canterbury residents.

# PHO facts and figures

GP members

322

Total number of nurses working in Pegasus Health practices

453

## PEGASUS HEALTH PHO FACTS & FIGURES

### Enrolled population by ethnicity 2016 Quarter 2016 Q2 (April 2016)

#### Ethnic Group

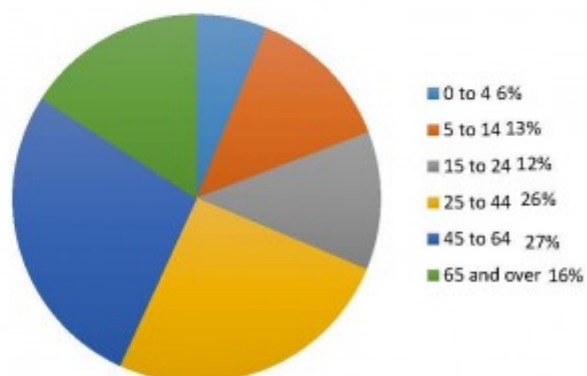
|                        |                |
|------------------------|----------------|
| Asian                  | 29,704         |
| European               | 317,613        |
| Maori                  | 31,063         |
| Not Stated             | 2,387          |
| Other                  | 4,838          |
| Pacific Nations People | 10,622         |
| <b>Grand Total</b>     | <b>396,227</b> |



### Enrolled population by age 2016 Quarter 2016 (April 2016)

#### Age Band

|                    |                |
|--------------------|----------------|
| 0 to 4             | 24,605         |
| 5 to 14            | 51,339         |
| 15 to 24           | 48,125         |
| 25 to 44           | 101,203        |
| 45 to 64           | 108,036        |
| 65 and over        | 62,919         |
| <b>Grand Total</b> | <b>396,227</b> |





## Professional Partners

### Chair's Report

NICKY SCOTT, CHAIR

PEGASUS HEALTH NURSE MEMBERSHIP LTD



*From L-R: Jeanette Hight; Jeanette Banks; Nicky Scott; Gill Currie.*

In the last 12 months, we have taken a more strategic approach to engaging with current and future Pegasus Health nurse members. I'd like to thank Pegasus Health Communications Manager Georgina Hunter for her assistance in developing this strategic path and delivering a number of initiatives to make our communications more efficient and effective.

The first step was to recognise that people naturally want to have different levels of engagement – some want to gain as much as possible from their membership, while others want to belong but don't have large amounts of time to commit to it. We also have nurses from different generations, who like to engage in different ways.

We then undertook an independent survey of members to ask them what they would like to receive from their membership and if there were any barriers to becoming a member. Overwhelmingly, the response was that nurses wanted to be better connected with each other and the Pegasus Health Nurse Membership Board.

As a result, we have started producing a monthly e-newsletter and have developed a members' website which includes an online discussion forum. Members can use the forum to start conversations and ask questions. It also allows users to email each other. For example, members might want to connect with others who work locally or who have similar clinical interests. The new website offers a wealth of General Practice resources, based on what members told us they wanted.

I would like to thank the Pegasus Health Charitable Board, Vince Barry and Michael McIlhone for their support and granting us the funding to plan and implement this strategic approach to our communications. We have needed to do this work for some time but are very mindful of Pegasus' charitable status and the many competing demands that always exist for Pegasus funding.

In March 2016, we held our annual showcase which provided an opportunity for members to come together to share ideas, innovations and any issues they had been experiencing in their daily work. This year's keynote speaker was Dr Greg Hamilton, from Canterbury District Health Board's Planning and Funding team, who spoke about the health system as a whole. This gave members an overview of where General Practice nursing fits within the big picture. The difficulty of accessing locum nurses was also discussed at the showcase. This issue has also been acknowledged by the Charitable Board and a review process is underway to see what can be done to support nurse and GP members. The feasibility of a service that would arrange locums is part of the review.

This year, Ronnie Ellis retired from the Pegasus Health Nurse Membership Board and we had Jeanette Hight join us. Ronnie, who had been part of the Board since its inception, is a great strategic thinker and was very much admired by the team. At her retirement, we heard that she also has a beautiful singing voice, which she has used to calm babies when they receive their immunisations. We are very grateful for the contribution she made over many years. We feel privileged to have had Jeanette Hight join us. Jeanette is a current small group leader in the Pegasus education programme. She has brought a wealth of skills to the team and her experience and knowledge are making a noticeable contribution to nursing practise.

We are gearing up for a membership drive in the 2016/17 year. Being a Pegasus Health nurse member provides unique opportunities to hear from colleagues about their innovations and to share experiences for the benefit of others. It offers a pathway for Pegasus practice members to grow their leadership potential right through to director roles. It also gives members a channel to the Nurse Membership Board, through which they can raise issues and provide ideas that contribute to the growth of the nursing workforce.

Nurse membership offers a unique platform for Canterbury nurses working in General Practice to grow their leadership potential. The backing that we receive from the wider organisation is also invaluable, including the Pegasus nursing team and services such as Support Plus, which assist us in our daily work.

I would like to acknowledge and thank Pegasus Health for the development opportunities it offers the nurse membership directors. On a personal note, in my role as Chairperson, Pegasus has supported and encouraged me to acquire a range of new skills through joining the Charitable Board's Finance, Audit and Risk Committee and attending the Institute of Directors Company Director's fundamental five-day course.

I would also like to acknowledge and thank all the nurse members and directors for their invaluable input over the past year. Jeanette, Gill, Jeanette and I are looking forward to an exciting year ahead and will certainly be providing you with ongoing communication about nurse membership activities.

# Chair's Report

SIMON WYNN THOMAS, CHAIR  
PEGASUS HEALTH CLINICAL BOARD



*From L-R: Dr Ramon Pink; Dr Susan Gordan; Simon Wynn Thomas (Chair); Fiona Blair-Heslop; Sue Price; Ben Hudson; Jacqui Lawson.*

Building on the outcomes of its performance appraisal, the Clinical Board has had a productive and effective year. The revision of our terms of reference has emphasised the opportunities for the Board to lead for clinical excellence. The format of the agenda for our monthly meetings has also been changed to allow greater time for the Board to be more proactive in influencing the health outcomes of Cantabrians.

This year, the Clinical Board has been briefed on the successful outcomes of last year's focus on childhood obesity.

Our focus for the 2016-17 year, in conjunction with the Community Board, will be on mental health. One particular aspect of mental health that has been of concern to the Clinical Board is the fact that mental health consumers have poor physical health outcomes. This is a complex problem with no easy solution but this topic will form the focus of the next joint Clinical/Community Board meeting. It is hoped that this will lead to some strong work in this field.

Over the last year, the Clinical Board has reviewed a number of important documents – the Hauora Māori Health Plan; the Whanau Ora approach to wellbeing; the Supporting Vulnerable Children Policy; Pegasus Health's Child Protection Policy; primary health care reports; and PHO improvement indicators. The common denominator of all these pieces of work is the sobering reality that health outcomes for Māori remain unequal to non-Māori. As always, this fact remains at the heart of our work and central to all the decisions we make.

Lynley Cook, Pegasus Health's Public Health Specialist, has once again worked immensely hard on behalf of the Clinical Board and we would like to thank her very much for all that she does for us.

The Clinical Board would be ineffective if it wasn't for the support given by Pegasus Health's administrative staff. Helen Rogers, our administrator, has retired this year. We would like to thank her for her hard work and wish her well for her retirement.

## **General Practice Professor acknowledges support from Canterbury General Practice teams**

GP Dee Mangin says her appointments as Professor of General Practice at both Otago and McMaster Universities have been a tribute to the Canterbury General Practice teams and patients that she has worked with.

"The professorships have been a nice acknowledgement of primary care – all the doctors, practice nurses and everyone else who has been involved in various research projects," she says. "Almost every patient who walks through our doors has some kind of unanswered research question attached to their care. And almost all of my research work has involved trying to improve the information available to Canterbury General Practice teams. To do this has taken a lot of input and support from them."

Prior to taking up her professorships three years ago, Dee was working as a Christchurch GP; involved in research and teaching at the University of Otago; and was Pegasus' Clinical Leader for Research, Audit and Evaluation.

Her research has included the initial evaluations of a number of the Acute Demand projects, including a randomised trial of Extended Care at Home; studies on antibiotic resistance and urinary tract infections; a study of iron deficiency and brain development in children; studies on polypharmacy reduction; and most recently a study on whether the long term use of anti-depressants is effective in preventing depression recurrence for those treated in primary care.

The anti-depressant project involved 330 patients from Christchurch, Auckland and Nelson, who had taken Fluoxetine long term to prevent depression. After following patients for 18 months, Dee and her team found that a large group of the people taking the medication could safely stop without a recurrence of depression.

The study fits with Dee's overarching interest in overdiagnosis and polypharmacy. Her work on these topics has been included in Small Group topics in the Pegasus Health education programme.

Dee says, "The average number of medicines being taken by people aged over 65 is now seven. The more pills you take the more likely you are to have a side effect or that one pill will interact with another pill or another condition."

"More harm is now done through adverse drug effects than breast cancer, colon cancer and lung cancer. In Europe it is the equivalent of two jumbo jet crashes every day, killing everyone on board."

In the last year, Dee has spent most of her time working at McMaster University – the birthplace of evidence-based medicine – on developing tools to support primary care teams and patients in rational approaches to the reduction of medicine use and polypharmacy.

"It's been fascinating to see another system at work. It offers a different perspective on primary care, and opportunities for more research to support General Practice."





## **‘Overdiagnosis’ and ‘Difficult Decisions’ tackled in Pegasus Education Programme**

‘Over diagnosis’ and ‘Difficult Decisions’ were both offered as Small Group (SG) topics in Pegasus Health’s education programme in the 2015/16 year. Antibiotic resistance, gout and part one of a two-part series on women’s health were also covered in the SG sessions for General Practitioners, Nurse Practitioners, nurses and community pharmacists.

Clinical Quality and Education (CQE) team leader Andrea Copeland says the ‘Over diagnosis’ and ‘Difficult Decisions’ topics included some controversial and challenging aspects, which sparked plenty of interest and discussion from participants.

Key points for the ‘Difficult Decisions’ module were illustrated using the case of an elderly man with atrial fibrillation. Issues included balancing management around anticoagulation choices; risk assessment; and patient priorities. Shared decision making and decision aids were also discussed, along with the part they can play in communicating risk and advising on management.

Andrea says nurses worked through the same patient cases as GPs, then discussed a series of nurse-specific examples of difficult decisions made in practice. Community pharmacists covered risk literacy and how to explain risk to patients. They used different cases from the GPs and nurses, focusing on appropriate use of medication; management of patients requesting repeated purchases of ‘over the counter’ codeine-containing preparations; and legal versus ethical dilemmas regarding emergency supply of medicines.

The ‘Over diagnosis: Too Much Medicine’ topic looked at the cultural belief that more medicine and earlier intervention are better. “There is increasing evidence that this is not necessarily the case,” Andrea says.

In the SG meetings, GPs looked at examples where over diagnosis can occur including shifting disease thresholds; over-investigation leading to incidental finding of disease that wouldn’t otherwise be of concern; cancer screening; the plays of ‘Big Pharma’; and the effects of ‘Direct to Consumer’ marketing. Practice nurse meetings covered the same issues and followed a similar format.

In their SG meetings, pharmacists were encouraged to reflect on the perils of screening; question the value of health checks; look at the impact of outside influences (such as sales representatives, product promotions and pharmaceutical advertising); and consider the role of complementary medicines and better lifestyle choices.

The 2015/16 year was the first to involve Nurse Practitioners as a distinct group in the Pegasus Health education programme. A pilot study was held from September until March to find out about the continuing education needs of Canterbury’s Nurse Practitioners and how they could be met through the CQE programme.

“They all felt quite strongly that their needs would be best met by attending Small Group meetings alongside GPs, and they are now included in GP groups.” Andrea says.



Three more multi-disciplinary groups have also been established in North Canterbury in the last year – one in Kaikoura led by nurses; one in Hurunui led by a GP; and another in the Waikari area led by a Nurse Practitioner.

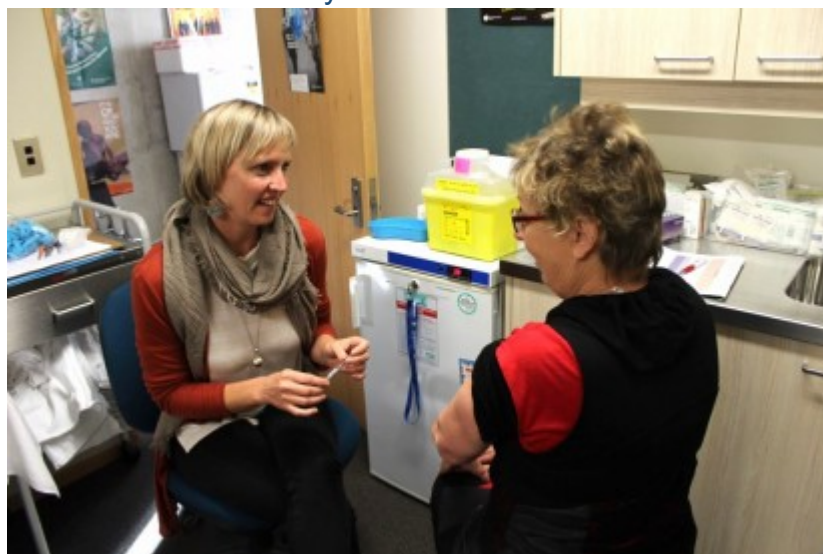
The CQE team has continued delivering its diabetes module ‘Starting patients with Type II diabetes on insulin’ to General Practice teams. A Local Community Diabetes Nurse Specialist and a GP teach the module, which is to be expanded later in 2016 to include community pharmacists.

Another significant project for the team has been updating the Preventive Care Manual, which is available on Health Pathways. “There were 147 pages to review on topics as broad as screening, exercise and alcohol, so it was not an easy task,” Andrea says.

The CQE team have recently moved from Shirley Rd back to 160 Bealey Ave in preparation for their eventual shift to 401 Madras St, with the rest of the Pegasus Health team in spring 2016. “We’re delighted to be back with everyone. Bealey Ave offers a great collaborative environment and like everyone else we are looking forward to having a fresh, new space in Madras St,” Andrea says.

## Supporting nurses in the community

### Flu vaccinations for city’s most vulnerable



*Christchurch City Mission's Community Mental Health Nurse Eloise Clayton*

Influenza vaccinations are being offered to Christchurch City Mission clients this year, thanks to a collaboration between Pegasus Health and the Mission’s Community Mental Health Nurse.

Nurse Eloise Clayton started offering flu vaccinations to clients in May 2016 and, by the end of June, had vaccinated about 70 people, as well as City Mission staff.

“The flu vaccinations came about because in previous years a volunteer GP and nurse would come to the City Mission to vaccinate staff and clients, but only clients who were able to come in that day, or who were here for another reason, were able to be vaccinated,” Eloise says.

“Many of our clients have a higher risk of getting the flu because of homelessness, smoking, drinking and using drugs. I thought if I could do the vaccinations then they could be done at any time.”

Eloise had already formed a relationship with Pegasus Health, so she knew who to ask for help with funding. Pegasus offered 50 vaccinations and the City Mission provided another 200.

Pegasus also loaned the City Mission a vaccine fridge and emergency kit, and assisted Eloise with training and certification.

Pegasus Health's Director of Nursing Michael McIlhone says the collaboration has been a success.

"It's not 'you can't do that' – it's 'how can we do that?' Eloise now has a professional support link and a number of people she can talk through issues with on a daily basis," Michael says.

In February, Eloise highlighted that she didn't have any General Practice experience, so Pegasus linked her with a practice in Ferrymead.

"She spent some time there and knows that if she has any questions, she can approach them for support," Michael says.

Eloise says that while the uptake for flu vaccinations has been slower than she expected, the feedback so far has been positive. "Many clients have been in hospital with pneumonia and most have never had a flu vaccination. There were quite a few people who first declined but then accepted it. People have said that they are pretty stoked and feel cared about."

Working autonomously, Eloise says it has been valuable having support from Pegasus Health.

"Pegasus is a great organisation. I've been really impressed with them and their willingness to work with other people in the community. It's quite amazing what you can achieve when you work together."

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### Support from Pegasus 'means everything'



*Aranui Community Trust Incorporated Society Neighbourhood Nurse Hannah Laughton*

With support from Pegasus Health, Hannah Laughton is well on her way to becoming a Nurse Practitioner.

Hannah is the Neighbourhood Nurse at the Aranui Community Trust Incorporated Society (ACTIS), a role she started in April 2015, after working for the Department of Corrections for 18 months.

She discussed her professional development goals with Pegasus Health's Director of Nursing Michael McIlhone and was put in touch with Jenny Gardner from Canterbury District Health Board, through which she was able to obtain funding to study a Post Graduate Certificate in Primary Care at the University of Otago.

Thanks to Pegasus, Hannah will be attending the 2016 South General Practice Conference and Medical Exhibition, which will give her the opportunity to connect with other health professionals and build her knowledge.

To link her with her peers, Pegasus got Hannah involved with their small group meetings. The group of practice nurses meet monthly, after reviewing their pre-reading text, to discuss topics of interest such as childhood obesity, female hormones and endometriosis.

As a result of being connected with Pegasus Health, Hannah was able to meet with Donna Hahn and Rebecca Muir from the Canterbury Clinical Network. This led to Hannah attending the monthly Model of Collaborative Care Advancement meetings, involving care co-ordinators and nurses from throughout Christchurch.

Pegasus Health's Nursing Development Coordinator Di Bos has also assisted Hannah with her practice portfolio for the Nursing Council as part of her Professional Development and Recognition Programme.

"With support from Pegasus Health and the Aranui Community Trust I'm able to develop professionally and become the best nurse that I can be. Pegasus is a huge organisation that can connect things and open doors or show me doors I can open. It makes me feel like I'm part of something bigger."

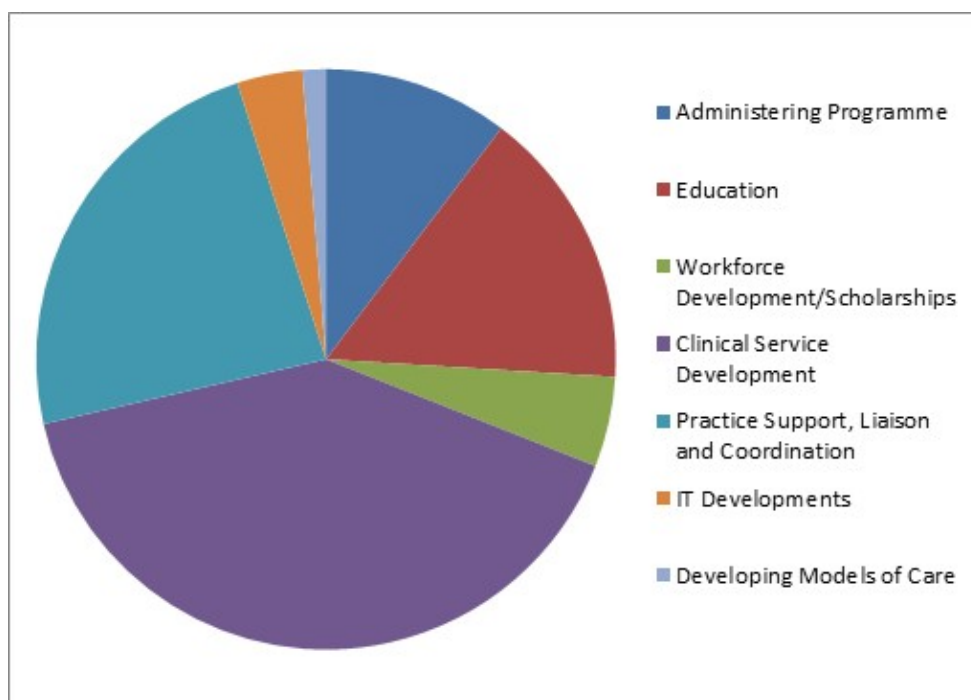
# Integrated Performance and Incentive Framework (IPIF) Funding

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.

IPIF funding this year has again provided partial subsidisation for the education programme, with CDHB funding the majority of the programme. Support for the Foundation Standard accreditation programme, cold chain accreditation, patient dashboard and the APEX forum were also funded via IPIF funding.

Next year the IPIF programme will move to one focused on System Level Measures. These measures look at integration across the system rather than individual activity at general practice level.



## Practice Partners

### Update from the 24 Hour Surgery

#### Response to Valentine's Day quake

The 5.7-magnitude Valentine's Day earthquake was a harsh reminder for the 24 Hour Surgery team of Christchurch's ongoing vulnerability to earthquakes and the need to stay prepared.

"It put our emergency response skills to the test again – and everyone rose to the occasion, as they have done many times before," 24 Hour Surgery Clinical Director, Dr Simon Brokenshire says.

The shake triggered an evacuation of the building and staff set up an emergency surgery in the carpark to allow patients to continue to be treated. "It only knocked a few things off the shelves but for any earthquake over 5.5 we require an engineer to sign off on the building, before we are able to re-enter," Simon says.

"Everyone did an amazing job of keeping the surgery going. They just rolled up their sleeves and got into it – the GPs who were there on shifts, along with the rest of the team."

While Simon, Clinical Nurse Leader Berny Hayes and Operations Manager Claire McQuilken all quickly arrived at the Surgery to help organise the re-entry process, it was three hours before staff and patients could go back into the building. "We thought it would only take 30 minutes. It was a hot day, so the team ensured shade and water were available for patients. They made good use of the canopies stored in the emergency container," Claire says.

The Valentine's Day quake prompted the 24 Hour Surgery to review its emergency response procedures. One of the most important learnings was to put in place an additional measure to ensure an engineer arrives on site immediately after a quake of 5.5 or stronger, to help staff and patients get back into the building as quickly as possible. "We had always kept an eye on our emergency procedures, but there is nothing like running through them in a real exercise," Claire says.







*(Left) Administration Manager Rachel Wright checks the Surgery's emergency response bag to ensure it contains up-to-date information.*

### Busy Christmas 2015

It was also a busy Christmas and New Year period for the 24 Hour Surgery team, providing cover for General Practices who closed over the break.

Claire says it was due reward for General Practices, who

had supported the Surgery incredibly well throughout the year: "Many GPs worked here more regularly than in previous years. July, August and September are always our busiest months, and we especially relied on GPs to get through that period."

### New location for 24 Hour Surgery

Excitement is building for the 24 Hour Surgery's shift to 401 Madras Street in mid 2017. The Surgery will occupy the ground floor of the three-storey building, while Pegasus Health offices, training rooms and education facilities will be accommodated on the other two floors.

User groups from the 24 Hour Surgery including staff and GPs have been involved in planning the design and layout of the new facility. "It's been a really exciting process and our team can't wait to move into a fresh new building that has been designed to better suit our needs and that of patients," Simon, Berny and Claire say.

### Queue Portal 'puts patients first'

The 24 Hour Surgery's new 'Queue Portal' will certainly be packed up and taken to the new facility. The queue management system was introduced in March 2016 to help improve patient wait times. It extracts data from patient management system MedTech, sorts it and then displays relevant information in real-time on touch screens throughout the 24 Hour Surgery.

The innovative system was a collaboration between the 24 Hour Surgery, Pegasus IT and Knowledge Management. It was designed to deliver more 'at a glance' information for clinical staff about patient wait times, in the context of time of arrival, age and triage codes. "As we investigated wait times, we were able to see, for example, that many children and older people were waiting longer than we thought they should be. And we're now able to do something about that and have started to see real improvements," the team says.

People who are really sick are automatically pushed to the top of the queue, avoiding long wait times. Additionally, patients who are referred by their GP for x-ray and post x-ray review can easily be identified and seen quickly, saving them an additional wait.

The system also allows staff to track patients as they move within key parts of the facility, with updates on their current status. "Previously our view was limited and required someone to look at each individual patient to see where they were. Now, we can see at a glance whether they're in the waiting room, in a consultation room, in the observation area, in the main building or the annex. It means we can tell if anyone is missing or if we've reached capacity in a particular area. This is the beginning of what will be an additional and powerful tool to assist staff in managing patient flow," Claire says.

The system also provides alerts when information is missing, so staff know to update and correct patient records.

'Queue Portal' was developed very quickly, within just six months, highlighting the successful partnership between the clinical and technical teams. "It required a lot of collaborative patient-focused decision making from a lot of people, but that's what has made this system work so well for us," Simon says.

"The system's 'at a glance' information means that it would be a great tool for any health care institution," Claire says.

## Inaugural Administration and Practice Management Excellence (APEX) Forum attracts strong turnout



About 100 practice managers and administration staff attended Pegasus Health's first Administration and Practice Management Excellence (APEX) Forum.

The forum gave people a chance to learn about the important role primary care teams play in the bigger picture of the Canterbury health care system, through workshops, presentations and networking opportunities.

APEX is a professional development programme for non-clinical general practice staff. It aims to develop a practice management and administration workforce equipped with the knowledge, skills and abilities to support high performing General Practice teams.

Launched in February 2016, the programme was set up following a summer student's research into the ongoing educational needs of practice managers and administration staff.

Forum attendees travelled from as far as Kaikoura, Ashburton, Oxford, Akaroa and Rakaia to participate in the July 2016 forum.

Workshop topics included ways to manage debt; enrolment and eligibility; improving the patient experience; and managing challenging staff issues.

Doctors on Riccarton Practice Manager Marina Chin says it was great that Pegasus Health hosted the APEX Forum as the organisation understood the issues that practice managers and administration staff were facing.

Three senior administration staff from Doctors on Riccarton attended the forum with Marina and found it "inspiring", she says.

"I believe the role of non-clinical staff is just as important as clinicians in the team delivery of patient care. The knowledge and skills required to perform the job well are growing as issues like funding, IT provisions and practice accreditation increase the complexity of the job. The availability of targeted training and education is key. My staff and I thought we were fairly

knowledgeable but we all learned things that we thought we knew, especially at the workshops. The keynote speakers were enlightening.”

Ilam Medical Centre Practice Manager Sonja Gwynne says the forum gave her staff a chance to receive specific training and they found the enrolment workshop particularly useful. “The forum was also great because it made us more aware of what was going on within the Canterbury health system,” Sonja says.

Carolyn Gullery (Canterbury DHB General Manager Planning and Funding and Decision Support), Vince Barry (Pegasus Health CEO) and Linda Hutchings (Leadership Trainer and Leadership Development Expert) were the keynote speakers.

Leigh Aston, Pegasus Health’s Coordination Team Leader, says the forum was a chance to cover many of the topics that people regularly asked about.

As part of the APEX programme, a website was launched through Pegasus World in February 2016, bringing together the professional development opportunities available in Canterbury.

“These are things that are offered through Pegasus Health, Canterbury DHB or the Canterbury Employers’ Chamber of Commerce, for example,” Leigh says. “Most are either free or low cost. A lot of practice managers and administration staff didn’t know that these were out there or that they could attend them.”

## Acute Demand service ‘reassuring’ for patients

After spending five nights in hospital with Chronic Obstructive Pulmonary Disease (COPD), 75-year-old David Ahlfeld couldn’t wait to return home.

If it wasn’t for the Acute Demand Community Nursing service, he believes he would have been in hospital for several more nights.

David was able to be treated at home by the Acute Demand team for five days after being discharged from Christchurch Hospital.

“While the hospital team were brilliant, it’s always better to be at home,” he says. “With Acute Demand, you get a more personal service. The nurses were great. They told me about the service and answered all my questions.”

His wife, Pamela, says she found the service “very reassuring”. “It was so much easier to have all the tests done at home at the same time. We knew we could call the nurses if we were worried about anything,” she says.

It was David’s first experience with the Acute Demand service.



*David Ahlfeld and his wife Pamela*

A heavy smoker from 16 to 60, he was diagnosed with COPD about five years ago. Annual tests revealed the condition was worsening, but David was able to manage with medication and rest.

In April 2016, he and Pamela were in Australia visiting their daughter when David’s COPD flared up. “I took my medications for three days there and I thought I was getting better. The day after we got home, I walked from the bedroom to the lounge and I just couldn’t get my breath. I struggled for about 20 minutes before it eased off.”

The next day, Pamela called a nurse at their General Practice for advice and was told that David should see his doctor. After a visit to his GP for advice, David was transferred to hospital.

After being discharged from hospital after five nights, nurses from the Acute Demand team visited his home daily.

“I was very impressed,” David says. “It’s the first time I’ve used the service and it gave us a lot of confidence.”

David was one of 3017 people who, in the 2015-16 year, were treated by the Acute Demand service, which manages complex medical issues in community settings. The Nursing team, supported by a Medical Director and Senior Medical Officer, observes and treats conditions such as skin infections, rehydration, asthma, pneumonia, Deep Vein Thrombosis, COPD and heart failure.

## **New opportunities for Canterbury students**

Canterbury students studying nursing, social work, health sciences and nutrition have had the chance to be placed with Pegasus Health for the first time.

Pegasus Health’s Nursing Development Coordinator Di Bos says nursing students were usually placed only in General Practices. “In 2015 we decided we could extend that, so six nursing students spent five weeks with Pegasus Health during the year.”

Students were placed primarily with the Community Respiratory Nursing team and also had the opportunity to work with the Aranui Community Trust, Christchurch City Mission, Pegasus Health’s Partnership Community Workers, and teams from the Acute Demand Community Nursing Service and Child Health Support. They also spent time with a Medication Management Service pharmacist; completed community assessments; and were involved with Health Promotion.

Each year, about 250 nursing students from the Ara Institute of Canterbury and University of Otago are placed with Pegasus Health or General Practices in Canterbury and the West Coast.

In 2015/16, Pegasus Health also started placing students studying social work, nutrition and health sciences.

Three social work students, six health sciences students and eight nutrition students were placed at Pegasus Health this year.

“As an organisation, we are always looking for ways we can support students,” Di says. “Students bring new ideas, enthusiasm, youth and a fresh face. It’s also an opportunity for us to share our knowledge and skills.”

The placements are in addition to the four fourth-year medical students from the University of Otago who take part in Pegasus Health’s annual summer studentship programme. The students spend 10 weeks with Pegasus Health, conducting research projects usually related to General Practice.

The programme has been running for more than five years and is a way of encouraging more medical students into careers in General Practice, Di says.

In the 2015/16 summer, the research projects focused on treatment guidelines for cellulitis; knowledge and attitudes towards Green Prescriptions; phone-based brief intervention for smoking cessation; and predictors for non-attendance at pulmonary rehabilitation. Research into why patients did not attend pulmonary rehabilitation, by student Dean Ramage, was awarded the top prize at the end of the programme.

## **One million e-referrals submitted**

Electronic referrals in the South Island have reached a new milestone, with the one millionth referral submitted under the Electronic Request Management System (ERMS).





Pegasus Health has been a key partner in developing and implementing ERMS. It has also provided support to South Island practices over the five-plus years since the platform was introduced by Canterbury District Health Board.

Pegasus Health's Chief Information Officer Symon McHerron says the system has now been implemented in every district, across the South Island. The one millionth e-referral was submitted in March 2016.

"ERMS is a great demonstration of how organisations can come together to provide technology that will support more efficient services and communication between them," Symon says.

"The platform provides easy-to-use, secure electronic referral forms for most services listed on Canterbury Community HealthPathways. Previously, GPs would find a referral form on their computer, print it off, fill it in and fax it to the service."

E-referrals are less likely to get lost because they are processed by one system, Symon says. Another benefit is that the directory of services is centrally managed, which means information is kept up-to-date without each provider having to do it.

"Through ERMS, we are continuing to work on replacing faxes going to private providers. These efforts will also benefit GPs who receive referrals from colleagues for special interest services."

Symon says the next step for ERMS is to offer GPs more information about the status of their e-referral. This will be done in conjunction with the public hospitals' electronic triage system project.

## New website improves patient access

The team at East Care Health have been making ongoing improvements over the past year on their journey to becoming a fully fledged Health Care Home. A new website was launched in 2015, with support from Pegasus Health, East Care GP Marie Burke says. This has made it easier for patients to contact the practice, request prescriptions and enquire about appointments. "Many of our patients don't have easy phone access. They receive our text message reminders about appointments but can't easily make phone calls because of the cost," Marie says.

For patients who do call the practice and want to speak to a nurse, the team has set up 'phone call appointments'. "What used to happen was the nurses would get messages left on their voicemail and the difficulty was that you couldn't triage the patients. You might have 10 non-urgent messages from one person and then the last message might be somebody with chest pain."

"Now, if someone calls for a nurse, the receptionists put the patient's name and urgency on a Medtech appointment template. The nurses check it regularly and then contact the patient. It gives them a much better way of managing their time. It's worked very well in terms of relieving some of the pressure on the nurses and the patients understand it as well."

East Care Health also has a new Care Coordinator, who has assisted in keeping acute and advanced care plans up-to-date. The Care Coordinator has also helped with accessing data on consultation numbers from Pegasus Health, which has led to the team making changes for their General Practitioners. "We've been working slightly differently to lighten the GP load," Marie



East Care Health GP Marie Burke

says. "Before, the default for patients would have been a GP appointment – now we can decide if that can be managed in another way."

East Care Health has also added a voicemail prescription line that is checked regularly by nurses and is being well used by patients.

The team's weekly clinical meeting between doctors and nurses has now expanded to include the practice manager, a local community pharmacist, administration staff and receptionists, Marie says. "We talk about practice news and clinical information. Sometimes we have external speakers come along, from organisations like St John and Child, Youth and Family."

Marie says the team is planning to access data on its nursing work, to see if there are any tasks that would be better suited to administration staff.

Another major project is to move East Care's patient management system to Pegasus Health's Hosted Applications service. This will mean that GPs can log in from home or any remote location to access Medtech, rather than having to go into the clinic.

## Cloud storage becoming popular among General Practices

General Practices are taking up Pegasus Health's hosted application service, giving them centrally managed and remotely accessible IT infrastructure.

Hosted Applications is offered through Support Plus – a suite of IT and HR services designed to simplify the running of primary and community care businesses.

With Hosted Applications, a practice's patient management system, desktop applications and data are stored securely in the cloud.

Pegasus Health's Chief Information Officer Symon McHerron says the feedback from practices has been positive. "It's more hands off for them and they receive a stable and robust service."

Ara Institute of Canterbury started using Support Plus in October 2015 for their Health Centre, which offers students and staff appointments with nurses, a General Practitioner and counsellors.

Ara's Chief Information Officer Mark Marshall says the Institute wanted to outsource the hosting of their patient management system, Medtech. "Hosted Applications is first class. It is everything a managed service should be," Mark says.

Hosted Applications is growing in popularity because it saves practices from relying on backups, purchasing hardware or using IT professionals to get systems up and running again, Symon says.

"It is secure and stable. People can log on when they're at work, home or any remote location."

The system is monitored from Pegasus Health's office in Bealey Avenue, Christchurch and data is mirrored to a storage area at an alternative site and backed up daily.

Symon says the next piece of work for the IT team is to look at providing a hosted telephone service. "This would be more cost effective than every practice having its own phone lines and infrastructure. Practices will get cheaper phone bills and new phone handsets, reducing their upfront investment as they would just pay a monthly fee."

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 [supportplus.co.nz](http://supportplus.co.nz) to find out about these services.



## First two Pegasus Health practices achieve Foundation Standard



*From L-R: Settlers Health staff Sue Gifford (Nurse) Matthew Tennant (House Officer), Ruth Baker (Practice Manager), Jeremy Baker (GP), Krissy Colvin (Administrator/Reception), Laura Baigent (Nurse) with baby Toby. Missing are Sara Kakoi (Admin), Barbara Casey (Reception) and a new staff member Shayra Antolin (Reception).*

Two of Pegasus Health's General Practice members this year became the first in the South Island to achieve the Foundation Standard.

Settlers Health Centre and Cashmere Medical Practice were presented with their certificates from the Royal NZ College of General Practitioners (RNZCGP) in June 2016.

Kate Wang, General Manager for Quality at RNZCGP, said the practices joined about 22 nationwide that had already achieved the Standard. Another 529 were working towards certification.

The Foundation Standard represents what is considered to be the minimum legal, professional and regulatory requirements for General Practice. It is like a quality warrant of fitness for general practice. Practices need to meet the Standard before 1 July 2017 either by undergoing Foundation Standard assessment (via their primary health organisation) or by attaining current Cornerstone accreditation.

The accomplishments by Settlers Health Centre and Cashmere Medical Practice showed that smaller, neighbourhood teams could achieve the Foundation Standard, Pegasus Health CEO Vince Barry says.

Settlers Health Centre Practice Manager Ruth Baker says the practice had the advantage of having already started working towards Cornerstone accreditation.



Their Ferrymead building was badly damaged in the February 2011 earthquakes and the team had been scheduled for their Cornerstone assessment later that year. It had to be put on hold while they dealt with quake damage and not having water or electricity for 12 weeks.

"We're a really tight, close-knit team. It's been great working with everyone to achieve the Foundation Standard," Ruth says.

Cashmere Medical Practice GP Dr David Rollinson says achieving the Foundation Standard was a "productive process". "We are proud of ourselves. It was a lot of work, but very rewarding in the end."



*From L-R: At Cashmere Medical Practice - Martin Carrell (Pegasus Health Quality Programme Manager), Vince Barry (Pegasus Health CEO), Elaine Pickett (receptionist), Dr Sandra Fountain (GP), Dr David Rollinson (GP), Jan Dunne (nurse), Cheryl Vette (receptionist) and Kate Wang (RNZCGP General Manager for Quality).*

About 56 Canterbury practices are working to achieve the Foundation Standard by 1 July 2017. 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 by Pegasus Health and made available to General Practices through its extranet website, Pegasus World.

## Community Partners

### Chair's Report

PROF ANDREW HORNBLOW, CHAIR  
PEGASUS HEALTH COMMUNITY BOARD



*From L-R: Wendy Dallas-Katoa; Rob Earle; Sandy Brinsdon; Helen Lockett; Andrew Hornblow (Chair); Peter Laloli; Michael Aitken; Peter Townsend*

The Community Board's third year was a busy and challenging one as we continued towards our goal of improving health outcomes for our community. We were informed by presentations from local health leaders and took the opportunity to provide feedback to inform the direction of their work. The collaborative approach in working with others continues and we were mindful to ensure our objectives and work programme were aligned with those of Pegasus Health, Pegasus' Clinical Board and the Canterbury Clinical Network.

Five members of the Board, who are nominated from across the Canterbury community, bring to our discussions a wealth of experience, wide networks and decades of committed community service. In addition, the three Board members who are Chairs or their representatives of the three reference groups, 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.

The Community Board has adopted child and youth health as a priority and a highlight this year was the appointment of a Health Promotion Specialist. The key objective of the role is to build on past work that was focused on improving the health of our children and young people. Much progress has been made in broadening and strengthening relationships across the health and education sectors, so that we might achieve better outcomes for future generations. The strategic document *Healthy Lives: Healthy Weight for Children* was adopted at our joint December meeting with the Clinical Board. Work continues on achieving the goals set out in the strategic work plan, which focus on both service delivery and regional and national policy initiatives. We were pleased to have the document endorsed by Professor Boyd Swinburn, who attended this meeting.



In addition to the focus on child and youth health, the Community and Clinical Boards are jointly addressing issues around integrated care for people who have a mental health illness or addiction. The Equally Well and Closing the Loop national policy initiatives have both been endorsed. Bearing in mind that general practitioners, practice nurses, partnership community workers and others in primary care have an ongoing and valued role in providing quality health services within primary care for this population, the challenge remains as to how best to coordinate and integrate care. The Community and Clinical Boards are jointly involved in discussions to identify how primary care can best contribute to delivering quality mental health services.

During the year, the Board decided to take a more proactive advocacy role on major issues facing our community. A number of submissions were put forward either by the Community Board alone or in partnership with others, including the Clinical Board and Community and Public Health. These included:

- Adoption of a position statement and advocacy proposal to fluoridate water. We continue to work with others on this controversial issue in the context of Government's stated intention to move responsibility for fluoridation from local governments to District Health Boards.
- A submission to the Productivity Commission endorsing the proposal to change delivery of social services to ensure they are more effective. This includes greater use of technology to advance service delivery in innovative ways.
- A submission put forward jointly with the Pegasus Health and Clinical Boards to the Advertising Standards Authority proposing advertising and marketing of unhealthy food to children be restricted. We expect to provide an additional verbal submission in coming months.
- Adoption of a position statement on Childhood Obesity. Together with the Clinical Board, we established a Child Obesity Working Group to look at ways to equip general practice to deal with the issue of child obesity. On this issue I was pleased to be signatory (along with a number of other Professors of Health and our Chair, Professor Les Toop) to a letter to the Minister of Health supporting a tax on sugary drinks. Advocacy in this area will continue.
- Supporting Equally Well and Closing the Loop initiatives to improve and better integrate services for those with a mental health illness.

To all Board members, a sincere thank you for your commitment and support which enables us to continue to move from aspiration to action.

On behalf of the Board, I would also like to extend our appreciation 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.

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

## Twenty-one students awarded scholarships

Twenty-one students from Māori, Pacific and Culturally and Linguistically Diverse (CALD) backgrounds were awarded 2016 scholarships by Pegasus Health (Charitable) Ltd.

Among them was fifth-year medical student Tara Millar, who has four young children.

Tara was inspired to embark on a health career by her grandmother, who was the nurse on Pitt Island for many years. "She always encouraged her grandchildren to go to university," Tara says.

Having four children, aged 10, nine, four and 18 months, means studying is often challenging but Tara says she is grateful for the incredible support she receives from her husband and family. "Our kids are amazingly helpful too, they help around the house and the big kids help with the younger ones."

"I was actually pregnant during my third year and gave birth on the day of my last exam, so I missed my exam. I was able to do it two days later though – and passed!"

The awards ceremony was held on 18 May 2016.

Māori Scholarships were awarded to seven recipients, of whom three are nursing students, three are studying medicine (including Tara) and one is studying social work.

This year's Pacific Scholarships were presented to seven students. One is studying medicine, three are studying health science, two are training to be a nurse and the seventh is studying human services.

Mārie Hutana, a nursing student and ambulance officer, received one of the Pacific Scholarships. Half Fijian and half Māori, Mārie says she wants to improve health literacy in her communities.

Seven scholarships were awarded to students from CALD backgrounds. Six are training to be nurses and one is studying social work.

Xiaohong Wang of China was one of the students who received a CALD Scholarship. She is juggling her third year of nursing study with a young child and passed her final year exam just 10 days after giving birth.

In applying for a scholarship, each of the winners had to write a 1000-word essay about their backgrounds and their reasons for pursuing a health career.

### Scholarship recipients

#### Maori scholarships



*L-R back row: Renee Eaves (nursing); Harriet Carter (medicine); Tara Millar (medicine); Vanessa Olliver (nursing). L-R front row: Sophie McKellar (medicine); Neena Woodgate (nursing). Absent: Hannah Crozier (social work)*

## Pacific scholarships

*L-R back row: Amosa Tualamalii (health sciences); Damaris Dekker (medicine/surgery); Alice Mareko (nursing); Suli Robert Tuitaupe (health sciences/nursing). L-R front row: Marie Hutana (nursing); Anshni Kumar (health sciences); Keriatu Kurene (human services)*



## CALD scholarships



*L-R back row: Ruby Sadat (social work); Jai Kyong Chung (health sciences/nursing); Xiaohong (Wendy) Wang (nursing); Dan (Chloe) Gao (nursing). L-R front row: Ferishleh Aliwaisy (nursing); Elizabeth Varghese (nursing); Jann Dee (nursing)*

# Closing the loop of support for all New Zealanders

In 2015, an opportunity arose to provide input into the way mental health is delivered through primary care. One response to this was 'Closing the Loop', an initiative developed by Network 4, a collaboration of New Zealand's four largest Primary Health Organisations: Pegasus Health, Compass Health, Midland Health Network and Procure Health.

According to Mark Liddle, Pegasus Health's Chief Operating Officer, Closing the Loop was designed to be thought provoking and bring together a shared vision of a new way of delivering mental health and addictions support.

"Mental health has become a focus for much of the health and social sector and we are seeing an increasing willingness to collaborate and fill in the gaps in the current models," Mark says.

"We've worked closely together and involved other key organisations in this journey. The NGO sector, through Platform Trust, have stated their commitment to Closing the Loop. Over the past year or so of developing this vision, we've refined our thinking but the direction hasn't changed."

At least one in six New Zealanders will be diagnosed with a mental health disorder at some point in their lives.

"Primary care can do so much more to help those with mental health and addictions issues return to wellness, limit complications and reduce the impact on individuals, families and communities," Mark says. "Mental health is not standalone and General Practice is uniquely positioned to provide and coordinate care to support physical and mental wellness."

Network 4 has set out five key themes that need to be addressed to realise the Closing the Loop vision:

1. Having a system that is responsive to the varying needs of our populations.
2. Having a model of support that enables meaningful outcomes from the first point of contact.
3. Having the enablers that effectively support the model.
4. Having well-resourced research, development and evaluation.
5. Having the right system leadership.

Collectively, Network 4 is responsible for the primary care needs of almost two million New Zealanders, including 226,545 Maori, 140,503 Pacific Island people, 162,531 non-Maori/Pacific, and 172,568 New Zealanders living rurally.



The Closing the Loop document can be found at: <http://www.closingtheloop.net.nz/#closing-the-loop>



## Partnership with NZ Red Cross to benefit Cantabrians



Pegasus Health and New Zealand Red Cross have joined forces to link vulnerable people impacted by the Canterbury earthquakes with a General Practice.

In January 2016, New Zealand Red Cross provided funding to Pegasus Health to increase the number of Partnership Community Workers (PCWs) in greater Christchurch. The funding covers two fulltime PCWs, who started in May 2016 and are based at the Linwood Avenue Community Corner Trust – one of the 14 agencies who partner with Pegasus to deliver the PCW service.

The PCWs' role is to respond to the health needs of people who are low income; Maori; Pacific; refugees; and migrants.

One of the two new PCWs works with people who are not enrolled with a General Practice and have been going to hospital or the 24 Hour Surgery to see a doctor. The other role responds to those affected by domestic violence, homelessness and any other issues that create barriers to accessing health care.

Red Cross also provided funding to extend the hours of an existing Pegasus Health PCW, based at Te Ora Hou. The increase in hours, over 12 months, will enable the PCW to work with vulnerable youth in alternative education and two Maori immersion schools, all of whom have been affected by the Canterbury earthquakes.

Melissa McCreanor, Pegasus Health's Community Liaison Access Manager, says the PCWs aim to empower people to take responsibility for managing their own health.

"The Red Cross funding has given us this exciting opportunity to look at how our PCW service is working and to target those with unmet health needs who aren't linked with primary health," Melissa says. "The funding has meant we can look at doing things in new ways."

One of those ways is through a voucher system, which Melissa says aims to address some of the barriers to accessing health services in Christchurch.



The vouchers – for healthcare, prescriptions and public transport – were launched in March 2016 and can only be accessed through the PCWs. They are for people who have earthquake-related physical or mental health issues, or are a result of the stressors of living in a post-quake environment.

Melissa says Pegasus Health began exploring a voucher system after the Canterbury District Health Board introduced a health enrolment voucher in 2015.

“We believed a similar system would assist in breaking down some of the barriers to accessing health services. Our aim was to create sustainable change, not dependency,” Melissa says.

The prescription vouchers cover the cost of obtaining prescription medication, while the healthcare vouchers can be used for enrolment and a person’s first GP visit, transferring between Pegasus Health practices, an extended consultation, and accessing the 24 Hour Surgery. The Metro Bus vouchers assist people to get to their appointments at a medical practice, hospital or other health-related service.

Pegasus Health is working with Very Low Cost Access (VLCA) medical practices to provide the healthcare vouchers. One of the six VLCA practices in Christchurch trialed the vouchers in February 2016, during which a PCW assisted six people to enrol with a medical practice and transferred another to enrol with a VLCA practice. Most recipients did not have a regular GP.

## A CLIENT STORY

PCW Vivienne Jackson shares her story about how the prescription voucher has assisted one of her clients.

“When my client first called me she was apprehensive about the PCW service because she had always been reluctant to ask for help. Her depression and other health issues had worsened since the Canterbury earthquakes, leading to her needing more medication.

“She had recently gone to her local pharmacy to fill a prescription and had not been able to afford all the items prescribed to her. The pharmacy had given her my contact details because they had heard about the Pegasus Health prescription voucher.

“After I met with the client, she was able to use the voucher to pick up all her prescription items. I assisted her to apply for a disability allowance through Work and Income New Zealand and to set up an automatic payment to the pharmacy to ensure that she could have ongoing access to her prescribed medication.”

## Empowering people to manage their own mental wellbeing

Cantabrians are set to benefit from a new scheme featuring recommended books to help people better manage their mental health and wellbeing.

The ‘Reading in Mind’ book scheme has been developed by Pegasus Health, Christchurch City Libraries (CCL) and the Mental Health Education and Resource Centre (MHERC).

People will be able to browse a list of books on the Reading in Mind website ([readinginmind.org.nz](http://readinginmind.org.nz)) and then borrow them from CCL or MHERC. The list features books that have been recommended by mental health professionals, service providers and organisations, as well as the Mental Health Foundation, CCL and MHERC.

Katie Brown, Pegasus Health’s Health Promotion Specialist, says the scheme will be available to people of all ages and backgrounds who are experiencing mild to moderate mental health issues. It is also for people who want to support family or friends experiencing mental health issues.

The books cover topics such as anxiety, depression, post-traumatic stress disorder and worry. It also includes books for children and young people.

“Reading in Mind supports health care and community service providers by giving them another resource to offer their patients and clients,” Katie says.

The book list will be reviewed and updated annually, and will take into account any feedback from readers.

Katie says people are encouraged to visit their local library and check out the books and other support available at MHERC. “Reading in Mind can also encourage people to talk about their mental health and wellbeing with their GP or community health service provider.”

The book scheme is being promoted in several ways, including through General Practices, hospitals and libraries.



*From L-R: Sheree Menzies (IT and Resource Coordinator, Mental Health Education and Resource Centre); Katie Brown (Health Promotion Specialist, Pegasus Health); Elaine Sides (Team Leader - Selection and Access, Christchurch City Libraries); and Jane Keenan (Librarian - Selection and Access, Christchurch City Libraries) at the Linwood Library*

## **Breastfeeding support for young Canterbury mums**

Pegasus Health is encouraging young Canterbury mums to breastfeed for as long as possible, through regular support groups.

Te Mahuri Breastfeeding Support Groups run weekly in Barrington and Woolston and are open to antenatal or postnatal mothers aged 24 and under. Pegasus Health funding for the Early Start Project is used to employ group facilitators and develop content and resources for the sessions.

Topics such as milk supply and infant first aid are covered in the evidence-based education programme, provided at the group sessions. The women learn that breastfeeding helps boost immunity; prevent sickness and diarrhoea; and assists babies to maintain a healthy weight, Facilitator Azalia Gove says. “The groups also help mums to connect with other mums.”

Nikki, one of the regular attendees, says that the support groups have made her feel more confident in her choice to breastfeed. “I have been breastfeeding for nine months now, which I didn't expect. It's good to know it's normal to extend feeding past 12 months. And it has given me confidence knowing that breastfeeding is more common than I thought and that more people do it in public. I keep coming back to the sessions (when I can) to socialise with the other mums and ask questions without any pressure.”

The facilitators also support the mothers through phone calls, home visits, providing transport, and answering questions on Facebook.

Early Start General Manager Hildegard Grant says a number of attendees over the years have done peer counsellor training. They act as role models and provide a secondary layer of support to the mothers by attending the sessions and assisting with facilitation and transport.

In Canterbury, there are a number of breastfeeding advocates and experts, like Facilitator Jenny Dewar, who trained as a peer counsellor between having her first and second child.

“I feel really passionate about women having access to whatever support they need to reach their breastfeeding goals and the easiest way to access that is through peers and local support groups,” Jenny says.

“I love facilitating the Woolston Te Mahuri Group, and consider it a success when a woman asks a question and others in the group provide accurate and supportive answers from the information they’ve learned from the group and their own experiences.”

A recent snapshot of the Barrington group showed that 11 of 17 mothers who had recently attended were still breastfeeding. Eight of 10 mothers from the Woolston group were also still breastfeeding at the time.



*From L-R back row: Sharmaine Cotton with Nova, Rachel Warwick with Quinn and Katrina Smith with Violet. From L-R front row: Jordan Woodward with Madison and Eli, Azalia Gove with Abel and Jasmine Clarke with Violet.*

## Out and about in Canterbury

### Health day at Ara in August 2015

Five nutrition students from the Ara Institute of Canterbury were placed with our Appetite for Life team for the Māori and Pasifika health day at the Ara campus.

The session, which focused on healthy eating, was funded in partnership with Christchurch PHO. A survey on healthy eating was also undertaken at this event.



*Some of the nutrition students participating in the Māori and Pasifika health day at Ara*



## Young Parents Expo in September 2015

Community Liaison Access Manager Melissa McCreanor and Partnership Community Worker (PCW) Deb Tooby provided information on PCWs and other Pegasus Health services at an event for Culturally and Linguistically Diverse (CALD) communities. It was a rewarding day, with many referrals to the PCWs, primarily focused on enrolling young mothers with a medical practice.

The day was spent connecting with young parents, giving out resources, ensuring people were enrolled and sharing valuable information such as free GP visits for under 13s.



*Resources available at Pegasus Health's stall at the Young Parents Expo*



*PCW Toi Smith, left, works alongside a colleague from ACTIS at the Expo*

## Children's Day in March 2016

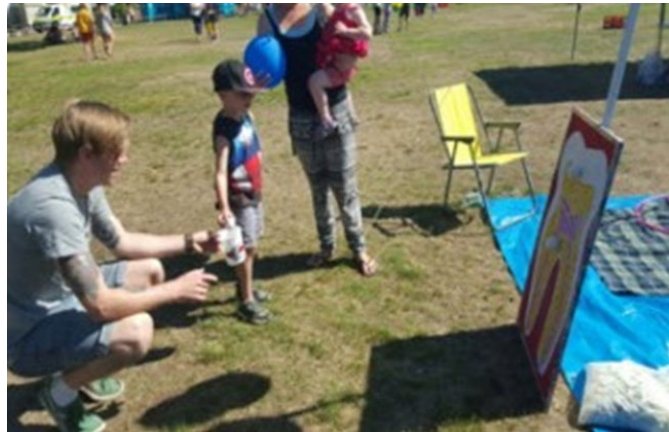
This was a wonderful opportunity to showcase some of the Pegasus Health services that support children and to share health information simply and creatively.

Pegasus Health shared a stall with the Community Dental Service and had an interactive activity for the children – “Healthy You, Healthy Whānau”. The children wrote and drew pictures about what keeps them well and what they felt was important for their health.

The event was held at Spencer Park and attracted about 11,000 people of all ages.

The day offered Pegasus Health an opportunity to connect with families in a positive atmosphere. The aims were to provide:

- an increased awareness of Pegasus Health and the services we provide, including free GP visits for children 13 and younger
- enrolment support
- increased awareness about B4 School Checks, immunisations, HPV and Partnership Community Workers.
- resources and information on general health and wellbeing, including smoking cessation, healthy eating and exercise
- answers to health service-related questions.



*Children and young people were invited to write on the canvas about what keeps them well and healthy at Children's Day*



## Appetite for Life course in April 2016



After attending the Māori and Pasifika health day at Ara, the Appetite for Life (AFL) team was approached by an Ara teacher who worked with adolescents with intellectual disabilities. She asked the team to deliver AFL to her students who were completing the Certificate in Work Skills.

The class had 24 students aged 18 to 23, most of whom were living at home. The expectation was that some would transition towards independence, while others would learn to eat better at home. The AFL team's input was to guide them to make better nutritional choices, introducing them to new and healthier food options, and broadening their palates.

The students will receive ongoing support from tutors, who will do AFL revision and practical application of their learning in their home settings.

The AFL team said that delivering the course was highly rewarding – “an opportunity to inspire young people to value their health and even if they just learnt to change one thing in their diet and to do more exercise, it was worth it!”

The team is now in the planning stages for a course for the Van Asch Deaf Education Centre in Sumner.

## Health Partners

### Relationship with General Practice essential to Homecare Medical's success

In just 15 weeks, Homecare Medical went from having an Auckland-based team of 30 to providing an integrated national telehealth service, with more than 300 staff and four contact centres across the country. In the last year, it has given free advice 24/7 to more than half a million Kiwis. The organisation, which is a partnership between Pegasus Health and ProCare, was selected in June last year by the Ministry of Health to provide an enhanced, integrated national telehealth service. It includes Healthline; Quitline; advice about poisons and immunisation; and helplines for alcohol and drugs, depression and gambling support.

According to the organisation's CEO Andrew Slater, Homecare Medical's backbone is General Practice. "As well as providing support to General Practice after hours, Homecare Medical services direct people to enrol with a GP or connect with their existing GP for their ongoing care," Andrew says.

"Our ambition is to 'virtually support kiwis to stay well and connect them seamlessly with care when they need it'. A person's General Practice is always recommended as the very best place to go for long term health care."



Homecare Medical CEO Andrew Slater

Andrew says the timeframe for getting the new integrated service up and running was "incredibly tight". "In that time, we had to employ 300 people, deliver 7,000 hours of training, establish the four contact centres, embed a national directory of 3,500+ health services, and provide a new smoking cessation programme to support 40,000 New Zealanders in the next 12 months."

Nursing and mental health and addictions health professionals are based in the contact centres in Auckland, Wellington, Christchurch and Dunedin, while more than 80 registered nurses work from home, from Kaitia to Bluff. Thirty staff are based in Christchurch at 222 Bealey Ave.

The way the organisation has been reconfigured means that whatever part of the service is contacted, callers will ideally receive the right advice from the right person at the right time – "every door into the service is the right door," Andrew says.

Staff provide 24/7 triage and advice on a range of topics such as medical emergencies, quitting smoking, dealing with poisons, alcohol and drug addiction, immunisation, depression and gambling harm. They also handle the after-hours telephone calls for 600 General Practices across New Zealand.

“Having Pegasus Health and ProCare as our parent organisations has been critical to our success,” Andrew says. “Their reputation and support have got us to where we are today. The focus has been on working together, something that I know has long been part of Pegasus’ DNA and is part of ours – working pokohiwi ki pokohiwi, shoulder to shoulder.”

“Both organisations should be immensely proud of what’s been achieved and it’s great to be able to deliver primary care centric services through a range of different tools from phone calls to text messages and web chat.”

Andrew says Homecare Medical has taken ownership of the virtual health care space in New Zealand. “The national telehealth service has put us at the forefront of the conversation and thought leadership around where we go as a health system.”

“Over the next 12 months, the focus for us will be on equity of access across New Zealand and how we can take what we’ve built and use it to solve other problems in the health sector. Conversations are also underway about how we can support District Health Boards and primary care in strengthening their mental health services.”

## Canterbury Clinical Network

The past year has seen Pegasus Health continue to partner with others across the health system, through the Canterbury Clinical Network (CCN) - a collective alliance of healthcare leaders, professionals and providers in Canterbury.

The focus of Pegasus Health’s work with the CCN is to continue to improve health outcomes within General Practice. Pegasus also hosts the CCN Programme Office.

### Care Plus funding

In the 2015/16 year, Pegasus Health has been involved in changes to the Care Plus funding distribution model, which is set to be rolled out on 1 October 2016. This new funding model, referred to as ‘Enhanced Capitation’, aims to better distribute Care Plus funds in Canterbury. The initiative has been clinically-led by a working group under the Flexible Pool Service Level Alliance within the CCN.

Enhanced Capitation provides additional funding for General Practices to support people who require high levels of care or have high needs because of chronic conditions or terminal illness. The changes to funding distribution will increase General Practice’s flexibility in how funding is applied to patients: the only expectation being that funds are used in a way that enhances the quality and coordination of care provided to patients. This will be a system-wide change that will see Canterbury PHOs work together to distribute funding to enrolled populations that need it the most.

Jane Cartwright, the CCN’s Acting Programme Director, says that the change will improve the population health outcomes for people with complex health needs by better supporting practices to care for patients.

### Smoking cessation

In its capacity as a member of the alliance, Pegasus Health’s population health specialists were among a number of experts who provided CCN with input on Canterbury’s smoking cessation programmes in 2015/16. In response to this advice and guidance, Maori and Pacific health providers have begun offering new smoking cessation programmes to their communities. Pegasus was also part of the development of CCN’s latest ‘Stop Smoking Service’ in Canterbury, which will start on 1 October 2016.

### Collaborative Care

In the last 12 months, Pegasus Health has worked closely with CCN to make it easier for community, primary and secondary health services to make the best use of Collaborative Care for patients. Collaborative Care involves community, primary and secondary health services working together to proactively manage and plan for complex needs. Coordinating input into a

single proactive shared care plan allows for improved communications and real time information. The shared care plans are accessed through HealthOne and Health Connect South.

Jane Cartwright says sharing the lessons learnt in General Practice has been one of the important elements in the success of Collaborative Care.

In the last year the focal areas for Collaborative Care have been pulmonary rehabilitation; integrated diabetes and respiratory services; creating easier access to Shared Care Records; and encouraging and promoting Integrated Family Health Services. Pegasus' resources have been used to look at a wide range of services and how accessible they are for the young, elderly and Maori people of all ages.

### Supporting General Practice

Jane Cartwright says the benefits of the CCN for General Practice teams include efforts to provide the best tools to do their work; make funding streams easier to use; offer access to subsidised procedures; and to make sure that the 'General Practice voice' is heard in any CCN conversation. She says input from primary care clinicians is needed to make sure changes to the Canterbury health system will work and "to help oil parts of the system that support General Practice." "Ultimately, any changes involving or with the potential to affect General Practice, need to be designed with patient care in mind, as well as the future sustainability of practices."



# Financial Statements

To download a copy of the Pegasus Health (Charitable) Ltd Financial Statements for year ended 30 June 2016, please click on the link below:

[Financials download \[PDF, 566 KB\]](#)

## PEGASUS HEALTH (CHARITABLE) LIMITED STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

|  | Note | Group         |               | Company       |               |
|--|------|---------------|---------------|---------------|---------------|
|  |      | 2016          | 2015          | 2016          | 2015          |
|  |      | \$            | \$            | \$            | \$            |
| <b>Current assets</b>                              |      |               |               |               |               |
| Cash and cash equivalents                          | 11   | 3,806         | 8,575         | 8,575         | 8,571         |
| Other investments – Short term deposits            | 11   | 500           | 3,500         | 500           | 500           |
| Receivables (from exchange transactions)           | 12   | 4,545         | 4,545         | 4,545         | 5,360         |
| Inventories  | 13   | 11            | 17            | 11            | 17            |
| Prepayments  |      | 386           | 372           | 386           | 372           |
|  |      | <b>9,248</b>  | <b>17,824</b> | <b>9,244</b>  | <b>17,820</b> |
| <b>Non-current assets</b>                          |      |               |               |               |               |
| Prepayments  |      |               |               |               |               |
| Prepayments  | 14   | 18,790        | 18,790        | 18,790        | 4,646         |
| Intangibles  | 15   | 1,738         | 1,422         | 1,422         | 1,422         |
| Subsidiaries                                       | 16   | -             | -             | 4,130         | 1,130         |
| Equity accounted investees                         | 16   | 1,347         | 1,347         | 1,347         | 1,363         |
| Other investments                                  | 16   | 2,360         | 468           | 49            | 49            |
| Fixed interest securities (NZ corporate – private) | 11   | -             | 1,035         | -             | 1,035         |
| Deferred asset                                     | 16   | 346           | 330           | -             | -             |
|  |      | <b>24,581</b> | <b>9,265</b>  | <b>26,054</b> | <b>9,645</b>  |
| <b>Total assets</b>                                |      | <b>33,829</b> | <b>27,089</b> | <b>35,298</b> | <b>27,465</b> |



**PEGASUS HEALTH (CHARITABLE)  
LIMITED**

STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2016

**LIABILITIES**

**Current liabilities**

|                                       |  |
|---------------------------------------|--|
| Payables (from exchange transactions) |  |
| Employee benefit liability            |  |
| Project Residual Fund                 |  |
| Provisions                            |  |

**Non-current liabilities**

|                       |  |
|-----------------------|--|
| Loans                 |  |
| Project Residual Fund |  |
| Deferred payment      |  |

Total liabilities

**NET ASSETS / EQUITY**

|  |  |
|--|--|
| Share capital                            |  |
| Revaluation surplus                      |  |
| Share of movement in associates reserves |  |
| Accumulated revenue and expense          |  |
| Net assets / equity                      |  |
| Total net assets/equity                  |  |
| Total net assets/equity and liabilities  |  |

| Note | Group         |               | Company       |               |
|------|---------------|---------------|---------------|---------------|
|      | 2016          | 2015          | 2016          | 2015          |
|      | \$            | \$            | \$            | \$            |
| 17   | 8,322         | 8,989         | 8,322         | 8,989         |
| 18   | 1,496         | 1,426         | 1,496         | 1,426         |
| 20   | 73            | 71            | 73            | 71            |
| 21   | 165           | 165           | 165           | 165           |
|      | <b>10,056</b> | <b>10,651</b> | <b>10,056</b> | <b>10,651</b> |
| 19   | 9,040         | 40            | 9,040         | 40            |
| 20   | 182           | 255           | 182           | 255           |
| 16   | 346           | 330           | -             | -             |
|      | <b>9,568</b>  | <b>625</b>    | <b>9,222</b>  | <b>295</b>    |
|      | <b>19,624</b> | <b>11,276</b> | <b>19,278</b> | <b>10,946</b> |
| 22   | 12            | 12            | 12            | 12            |
| 22   | 933           | 868           | 932           | 867           |
| 16   | 242           | 258           | 242           | 258           |
|      | 13,018        | 14,675        | 14,834        | 15,38         |
|      | <b>14,205</b> | <b>15,813</b> | <b>16,020</b> | <b>16,519</b> |
|      | <b>14,205</b> | <b>15,813</b> | <b>16,020</b> | <b>16,519</b> |
|      | <b>33,829</b> | <b>27,089</b> | <b>35,298</b> | <b>27,465</b> |

**PEGASUS HEALTH (CHARITABLE) LIMITED**  
**STATEMENT OF COMPREHENSIVE REVENUE & EXPENSE**  
**AS AT 30 JUNE 2016**

|  | Note | Group          |                | Company      |              |
|--|------|----------------|----------------|--------------|--------------|
|  |      | 2016           | 2015           | 2016         | 2015         |
|  |      | \$             | \$             | \$           | \$           |
| <b>Total revenue</b>   | 7    | 39,321         | 37,252         | 39,321       | 37,252       |
| Operating expenses   | 8    | (40,183)       | (38,437)       | (40,183)     | (38,437)     |
| <b>Surplus/(Deficit) before net financing cost</b>   |      | (862)          | (1,185)        | (862)        | (1,185)      |
| Net finance income/(cost)  | 9    | 314            | 545            | 314          | 545          |
| Subsidiary's share of Limited Partnership loss for the year  | 16   | (1,109)        | (683)          | -            | -            |
| <b>Surplus/(Deficit) for the year attributable to equity holder of parent</b>                            |      | <b>(1,657)</b> | <b>(1,323)</b> | <b>(548)</b> | <b>(640)</b> |
| <b>Other comprehensive revenue and expense</b>   |      |                |                |              |              |
| Share of equity accounted associates other comprehensive revenue and expense                             | 16   | (16)           | (117)          | (16)         | (117)        |
| Surplus/(Deficit) on revaluation of property, plant and equipment  | 14   | 65             | 38             | 65           | 38           |
| <b>Other comprehensive revenue and expense for the year</b>  |      | <b>49</b>      | <b>(79)</b>    | <b>49</b>    | <b>(79)</b>  |
| <b>Total comprehensive revenue and expense for the year attributable to equity holders of the parent</b> |      | <b>(1,608)</b> | <b>(1,402)</b> | <b>(499)</b> | <b>(719)</b> |

### Better Help for Smokers to Quit

41,139 smokers received smoking cessation advice and support from their General Practice team in the 2015/16 year, taking overall coverage to 91%. The Stop Smoking Support team, based at Pegasus, contacted 16,451 people on behalf of their General Practice team to offer brief advice and cessation support. Of those contacted, 2524 accepted a referral to a cessation support service. Referrals were made to external organisations such as Quitline or, if the practice preferred, people were referred to the General Practice for a consultation with their GP or PEGS nurse.



### More Heart & Diabetes Checks

In the last five years, 102,430 people had been assessed for cardiovascular risk, as at 30 June 2016. This represents an increase of 8882 assessments completed in the last year, with 86% of the eligible population having had a risk assessment by their General Practice team. At the same time last year, coverage was 80.7%.



### Cervical Screening

Eighty per cent of women aged 25 to 69 had received a cervical smear in the last three years, as at 30 June 2016.

### Increased Immunisation

In the 2015/16 year, 97% of all eight-month-old and 95% of two-year-old children enrolled with Pegasus General Practices were fully vaccinated on time.

### B4 School Checks



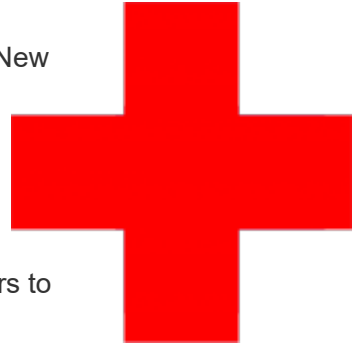
Pegasus General Practice teams completed a total of 3592 B4 School Checks in the 2015/16 year, of which 361 checks were completed in the community by the Pegasus mobile outreach B4 School Check Nursing team. The Public Health Nursing service completed 1319 checks on behalf of Pegasus General Practices which don't provide the B4 School Check. This equates to an overall coverage of 96.3% of four-year-old children receiving a check. A total of 412 dental referrals; 202 vision referrals; and 182

hearing referrals were made as an outcome of the checks. Two hundred and twenty-three children were referred to a health professional due to concerns about growth/weight.



### Increased BIC Capacity with NZ Red Cross Funding

The Mental Health team at Pegasus Health commenced a new contract with New Zealand Red Cross in December 2015. This agreement is to increase the capacity of Brief Intervention and Co-ordination (BIC) services in greater Christchurch, to respond to and address the needs emerging three to five years post the 2010/11 Christchurch earthquakes. The increased service will aim to improve the health and wellbeing of individuals who have experienced and/or are still experiencing psychological distress and/or mild to moderate psychiatric illness. Funding has been made available for two years to enable 500 patients to be seen annually. Funding has allowed 2 FTE to be contracted, and to date the service has seen 391 patients for 1330 sessions.





## 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.