



years



PEGASUS HEALTH ANNUAL REPORT 2017

CELEBRATING **25 YEARS** SUPPORTING PRIMARY HEALTH CARE IN CANTERBURY

Welcome to Pegasus Health’s 25th Annual Report

This year we celebrate 25 years of supporting primary health care in Canterbury. A significant milestone for everyone involved in Pegasus Health since its 1992 beginnings and something we can all be very proud of.

In this report you can read about moving the 24 Hour Surgery to its new home at 401 Madras Street where it sits as part of Pegasus House with our support functions.

We share a powerful story of a young man who came face-to-face with death and is grabbing his second chance at life with both hands. Response and resilience shown by our health professionals after the Kaikoura earthquake is highlighted with some very poignant imagery.

Stories of how new technologies and support systems are helping make both the general practice team and patient experience better, are also showcased. You’ll find out about the award winning HealthOne and BeeFoundNZ, a GP locum finding tool.

Although we are celebrating the past and the pathway that has led Pegasus Health to this point in time, we’re also looking to the future, investigating solutions for our maturing health workforce and the effects of digital disruption.

We invite you to reflect back on the history of primary care and continue along with us on this evolving journey.



Professor Les Toop
Chair, Pegasus Health Board



Vince Barry
Chief Executive, Pegasus Health



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Chair's Report

Professor Les Toop
Pegasus Health (Charitable) Ltd



From L-R: Jane Huria, Dr Sharon Ashmore, Dr Harsed Chima, Peter Townsend, Prof Les Toop (Chair), Dr Simon Wynn Thomas, Dr John Coughlan, Dr Gayle O'Duffy, Prof Andrew Hornblow (Absent: Nicky Scott) (Dr Hillary Gray resigned during the year).

It was fitting that after exactly 25 years since beginning, Pegasus Health and the 24 Hour Surgery moved into new premises. The new, joint location will allow us to provide better care for our patients and better support for our member practices, well into the future.

The new 24 Hour Surgery has been carefully designed to allow a high standard of clinical care for patients and provide a much better experience for both users and those of us working there. The logistics of the overnight transition from Bealey Avenue to Madras Street, whilst providing uninterrupted care, was meticulously thought through and impressively executed, requiring an immense amount of behind-the-scenes work from the team at the 24 Hour Surgery, as well as Pegasus support staff. Congratulations and thanks to everyone involved.

Overall the individual commitment from GPs to provide after-hours shift cover has reduced, thanks to the increased number of younger colleagues now available for the roster and the good numbers of highly competent employed medical officers. Locum cover will hopefully be easier to arrange with the increasing adoption of the new Pegasus locum-finding service [BeeFoundNZ](#). This is one of a range of services being offered through Pegasus' [Support Plus initiative](#) and it is planned to extend the facility to include practice nurse and administrative cover. [GP Plus](#) is another new offering that will assist in maintaining a strong workforce at the 24 Hour Surgery and in practices. This service is focused on recruiting doctors and finding placements for them in Canterbury practices. Each doctor is placed into a fixed term position in a practice for three days a week. They are also required to work a weekend shift at the 24 Hour Surgery.

With a maturing workforce, it is important that we look ahead and engage young colleagues, knowing that they will become our future clinical leaders. In the last year, efforts have been made to engage with and involve young doctors in discussions about the future of Pegasus Health and general practice in Canterbury. We intend to ramp this up and actively plan for clinical leader

development. There are also leadership opportunities that from time-to-time become available through the Pegasus education programme, HealthPathways co-development and the Canterbury Clinical Network.

At a national level, along with our sister organisations, we are pushing hard for a full review of primary care funding, towards a model that targets available funding to those who would benefit the most; that supports care closer to home; that delivers more equitable outcomes; and acknowledges the increasing administrative burden that has resulted from moving prioritisation activity from hospital to general practice. Support is also needed to deliver innovations in models of more integrated interdisciplinary care.

On your behalf I, together with the other large network chairs and their CEOs and other national representative bodies, have been part of many discussions on the issues that need addressing. We have been speaking with government and opposition policy makers and politicians to advocate on behalf of our patients for high quality, sustainable general practice/primary care. There is growing consensus that we need a smarter, more equitable model that encourages new and more efficient ways of managing increasing demand, whilst maintaining the core values of continuity and comprehensiveness of personalised evidence informed care - the hallmarks of quality family practice.

The pace of technological change seems to be entering another exponential phase and General Practice will appropriately and inevitably be caught up in the latest wave, as will all individuals and society in general. Our challenge is to harness these tools to enhance our work rather than (as some would have us believe) replace the essence of good General Practice – our one to one (or one to few) relationships that we have built up and cherish with our patients. Artificial Intelligence is amongst us already and again there will be many opportunities to harness this self-learning technology to free us up to have more time do that which we do best.

We plan that Pegasus Health will remain a leader in technological change, and that innovation in our world is seen as “constructive” rather than “disruptive”. Our involvement as 50% shareholders (along with Procure in Auckland) in the Homecare Medical (HCM) group is proving to be very successful. It is another example of technological innovation facilitating immediate personal connection that is linked back to general practice/primary care and the delivery of a world class service to our patients (throughout New Zealand) at times of need and stress. You can [read more about HCM later in this Annual Report](#).

I am proud that Pegasus Health continues to be a major innovator in healthcare in this country. Our world-leading model for designing and delivering primary care education has stood the test of time. It is receiving increasing national attention and is being rolled out in several other areas of the country. HealthOne, our system for electronically sharing clinical patient information, is now available throughout the South Island and we will be looking at opportunities in the next year for it to have even wider application. The Electronic Referrals Management System (ERMS) has been similarly successful in wider application throughout the South Island. These initiatives are good examples of our strong and mutually beneficial relationship in co-development with Canterbury District Health Board and others.

Our focus on pastoral care for members is a special feature of Pegasus Health and showed it's worth at the end of last year, when the organisation was able to offer support to General Practice teams coping with the aftermath of the Kaikoura earthquake. In Christchurch, the 24 Hour Surgery is also there to support General Practices after hours, during busy times of the year, and when they need to close for public holidays or unforeseen circumstances.



Twenty-five years of providing mutual support, whilst cementing the position of organised general practice as a core and key component of our health system, through good times and bad, deserves a hearty celebration. Because of the immense amount of work required to shift the 24 Hour Surgery this year, it has been decided that the publication of our history and an event to mark this milestone will take place in the New Year.

On behalf of the board, I offer a heartfelt thank you to all Pegasus General Practices, leadership and teams at Pegasus central, and to the many others who worked as partners with us to make this last year such a success. Have a good break over the festive season and the summer, 2018 will I am sure provide both further opportunities and challenges.

[Watch Les Toop online](#)

Chief Executive's Report

Vince Barry

Pegasus Health (Charitable) Ltd

In this summary of the 2016/17 year, I would firstly like to thank everyone, particularly our General Practice members and staff, who have through their everyday work and contribution to new initiatives, helped to make primary care services better for our community.

Moving Pegasus Health and the 24 Hour Surgery into new premises was one of the year's biggest endeavours. The 24 Hour Surgery shift, which was executed at the unusual hour of 1am to minimise disruption to patients, went without a hitch. The moving team, led by Simon Brokenshire, Bernie Hayes, Claire McQuilken and Janine Money, all deserve a generous round of applause. The shift had little impact on patients on the night and because of the well-planned and delivered communications, we have had very few people mistakenly arrive at Bealey Ave. Our Communications Manager Georgina Hunter and her team deserve special thanks for this.

While the new 24 Hour Surgery is much more respectful to patients and provides better working conditions for staff, most of what makes the 24 Hour Surgery run so smoothly was already in place before the shift. However, we now have a great model of care being practiced from a well-designed facility that is better suited to 21st century medicine. Having Prime Minister Bill English come to open the facility was wonderful recognition of the high standard of care delivered at the 24 Hour Surgery and its ongoing commitment to the Canterbury public and General Practice.

Another highlight of the year was the introduction of a number of new services to better support General Practice. We have known for some time that General Practice teams have wanted more support in areas such as GP recruitment, finding locums, and HR. Meeting this need has been a major focus for Pegasus in the last couple of years. We have now developed a suite of services, with this year's additions including GP Plus, which focuses on recruiting doctors and finding suitable placements for them, and BeeFoundNZ, which helps to put locums and practices together. Stories about both of these services feature elsewhere in this report. We have also built an online buy/sell area for people wanting to buy or sell a General Practice in Canterbury. Access to these services and others, including HR and IT support, are available through the Support Plus website, re-launched at the GP CME conference in August 2017.

Sourcing and planning a future focused Patient Management System (PMS) has been a major piece of work for the organisation in the 2016/17 year. Evaluating all potential options took longer than anticipated but it is worth taking our time to find a system and company that suits us. Importantly, we will be able to work in partnership with them, so that we can configure the system



Vince Barry, CEO

to suit the needs of Pegasus members, now and in the future.

The highlights of this project for me have been the exceptionally good diligence, very thoughtful management and incredibly supportive Board, who recognised the importance of this substantial investment. The feedback from practices at the Sirius roadshows is heartening. Ninety per cent of practices have been represented at the events and ninety per cent of them said they liked the look of what the new system could offer.

The introduction of Sirius is not just about a new IT system but providing General Practice with an important tool to support the changes that have been occurring in the last 10 to 12 years, through work such as the Integrated Family Health Service (IFHS) and Health Care Home. It can easily be configured to support innovation and is designed to support clinical and business management. It will allow practitioners to access and contribute to patient information on the move; practices to be more efficient with workflows; and offer increased opportunities to collaborate with other health providers. Sirius will also allow patients to access their General Practice through a portal, enabling them to make appointments, order scripts and see their clinical records, if supported by the practice.

The success of Homecare Medical is another highlight of the year. Its transition to being the national telehealth provider has gone incredibly well. A total of 573,000 contacts were made across various channels including text, email, call and webchat in the past year to National Telehealth Service helplines.

It has been pleasing to see that other services are being added to the platform. Homecare Medical has recently won a contract for the Early Mental Health Response Service that allows callers to 111, who are in psychological or social distress, to be transferred directly to a dedicated team of mental health nurses.

The newly launched national mental health and addictions helpline – '1737, need to talk?' for people seeking mental health and addictions advice has also been launched in the last year. It has been well publicised and is already off to a great start with more than 2000 contacts made via text or call in the first two months.

Homecare Medical has also been selected as the coordination services provider for the National Bowel Screening Programme and been awarded the contract to develop and operate the 24/7 national helpline for New Zealanders affected by sexual violence.

Despite all of our activity, I am pleased to say that Pegasus Health will end the year in a financially strong position. With so much expenditure required for shifting to Madras St, this is very much a tribute to our clinical, managerial and finance teams.

Thank you again to everyone who supports Pegasus Health, including our staff, our partners, the Canterbury public, and most importantly, our members. Lastly I would like to acknowledge Pegasus members in Kaikoura and those who supported them following the 2016 earthquake. Your care and support for the Kaikoura community was a vital part of the initial earthquake response and will be crucial in the area's ongoing recovery. My very best wishes for the year ahead.

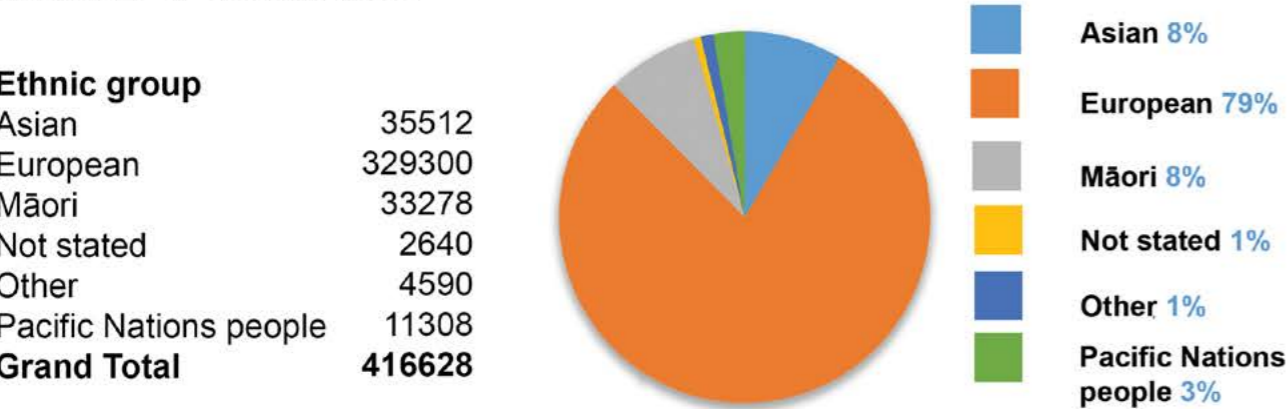
[Watch Vince Barry online](#)

PHO facts and figures

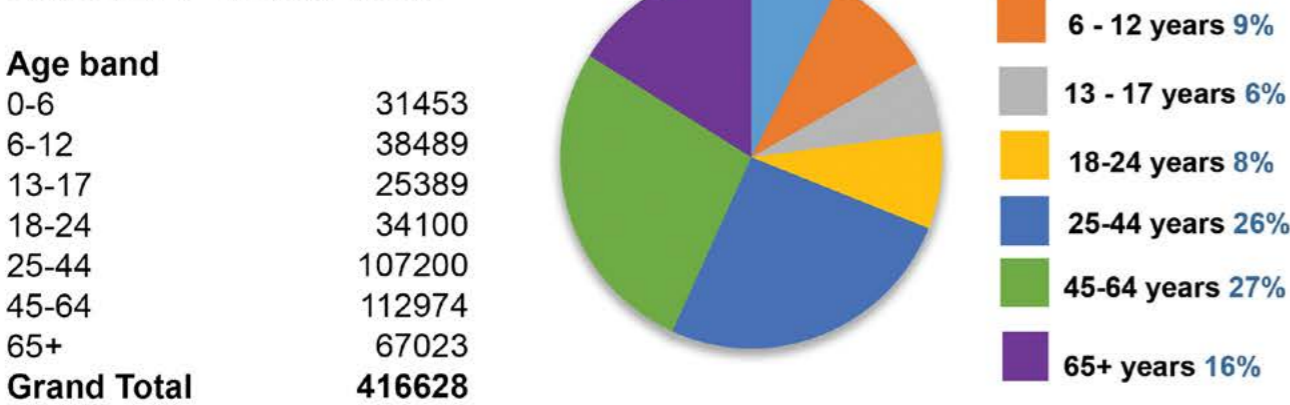
GP members **324**

Total numbers of nurses working in Pegasus Health practices **426**

Enrolled population by ethnicity 2017
Quarter 2017 Q3 (July 2017)



Enrolled population by age 2017
Quarter 2017 Q3 (July 2017)



Clinical Board Chair's Report

Dr Simon Wynn Thomas, Chair

Pegasus Health Clinical Board



From L-R: Sue Price, Dr Susan Gordon, Dr Ben Hudson, Dr Simon Wynn Thomas (Chair) Jacqui Lawson, Fiona Blair (Absent: Dr Ramon Pink, Prof Les Toop)

Clinical quality has been top of the agenda throughout the last year for the Pegasus Health Clinical Board.

Our focus has been on defining how to measure clinical quality so that this information can be shared with our practice teams. Having this information is helpful to allow clinicians to be able to reflect on the outcomes they are achieving for their patients and communities.

Developing clinical quality indicators has been a major part of this work and I would like to acknowledge the efforts of Pegasus Health's Public Health Specialist Dr Lynley Cook and Director of Nursing Michael McIlhone in progressing this. These indicators offer a new way of thinking about quality and the way Pegasus works to capture information. At the end of the day, they will help us to achieve better health outcomes in our community, particularly for those who are disadvantaged.

Improving health equity for vulnerable people has remained an important focus for us. Māori health is a special priority, as is the health of vulnerable groups such as refugees and people with little or no income. Social issues, such as poor housing and low income, play a significant role in people's health and are something that we and others in the health sector are particularly concerned about at the moment and keen to advocate on.

The Clinical Board and Community Board have been looking at having a closer relationship and work is underway on better defining the form and function of both bodies. A change in the structure and function of the Boards will get underway towards the end of 2017.

I would like to thank our Board members for their energy and thoughtfulness, and regularly giving up their time, despite their busy working lives. I also need to acknowledge Susan Taylor for the wonderful administrative support she has provided the Board in the last year. We are looking forward to an exciting and productive year ahead.

Nurse Membership Board Chair's Report

Nicky Scott

Chair, Pegasus Health Nurse Membership Ltd



From L-R: Jeanette Hight, Kerrie Hutchings (intern), Nicky Scott (Chair), Gill Currie, Professor Les Toop

In the last year, the Nurse Membership Board has adopted a more strategic approach to its work for nurse members and Pegasus Health in general.

Dr Sheryl Doig assisted us to plan our new direction by helping us to look at who we are; what our purpose is; how we might fulfil this; and where we can be influential. A half-day workshop fired us up and got us thinking about our role at a local, national, and even international level.

As a result, we know that our focus needs to remain on leadership and governance, ensuring that we have a thriving board, membership and nursing workforce into the future. We will do this by supporting and encouraging our members to strive to reach their potential for the benefit of our patients and communities; to lead change where it is needed; to share their innovations with other members; and express and discuss their opinions.

Having the Ministry of Health's Chief Nurse Jane O'Malley speak at our Special General Meeting (SGM) was one of the year's highlights. Her presentation centred on the updated New Zealand Health Strategy including the social determinants of good health. She said improving health outcomes by focusing on wellness and early intervention was something primary care nurses could have a major role in achieving. We heard that the ultimate goal was for people to be "born well and stay well".

Jane also emphasised that we need to think innovatively, engage in clinical leadership and work together as a non-hierarchical team with our other health colleagues, whānau, individuals and community groups. This fitted well with the work that is happening in Canterbury's Integrated Family Health Centres (IFHC), which are establishing a much higher level of trust in nurses' abilities to lead and change systems for the better.

Jane spoke of the shame of having experienced nurses being undervalued, under-resourced and bored in their work. She also highlighted the value of adding the fresh enthusiasm of newly qualified nurses to the workforce.

As part of our focus on improving the sustainability of the Nurse Membership Board, we introduced the position of nurse intern director in early 2017 and appointed Kerrie Hutchings, a practice nurse at Parklands Medical Centre. Kerrie initially received a membership scholarship in 2016 to attend a leadership course. After that, she continued to demonstrate a keen interest in leadership, prompting the creation of our new position. Kerrie has brought a younger perspective to our work and at the end of 2017 she will be able to put her name forward to be a full director of the Board. To hear more about Kerrie's first six months on the Board, read her story later in this report.

Space on the Board became available when long-serving Board member Jeanette Banks stepped down. Jeanette, who is a practice nurse at Eastcare Health, has been an outstanding director who has always encouraged other nurses to reach their potential and we thank her for all her hard work. In her own practice she has focused on constant improvement for patients and is a role model for our membership.

Another role model this year was former Nurse Membership director Fiona Blair Heslop, who was the first Pegasus Health practice nurse to be accepted at an expert level for her PDRP (Professional Development Recognition Programme) portfolio. A big congratulations to Fiona for this wonderful achievement.

While there is still considerable variation in Pegasus nurses' scope of practice, there have been some great examples in the last year of nurses thinking innovatively and contributing to significant advancements in patient care. One such example has been Oxford Community Health Centre's contract to provide nursing services to Ngāi Tahu Farming Kaimahi (employees). Read the full story later in the report. The story fits well with Jane O'Malley's advice to us at the SGM that if we see a need, we should take the lead and do it.

We know Pegasus Health nurses are working hard and in the last year, we have organised a trip to the movies and a Bridle Path walk to help people get together, despite their busy schedules. We have also kept in touch through bi-monthly newsletters and would like to see greater use of our interactive site on Pegasus World. Very few people are using it at the moment but it has huge potential to be a wonderfully supportive and collaborative space.

It was a big year on the Board, with so many things happening for Pegasus Health, including the shift to the Madras Street facility and new initiatives such as the new Patient Management System (PMS), Sirius, which will be rolled out from later in 2017. As usual, I would like to thank our very hard working Board members and the wider Pegasus organisation for its unstinting support of us and what we do.

Collaborative care gives Pauaherua a second chance at life

A 15-year-old resident at Youth Justice Facility, Te Puna Wai o Tuhinapo, has been given a second chance at life thanks to a collaborative care approach led by Pegasus Health nurses.



At 9.40am on Monday 3 April, Pauaherua had a cardiac arrest and collapsed in the day room, due to an infection in his heart. Annie Hofmeester, Residential Youth Health Service Team Leader, says it was a “real shock”, as medical checks by staff on his arrival at the facility hadn’t identified anything abnormal. “While we work in a unique environment where our residents have complex health needs, we never expected we’d have to deal with a cardiac arrest.”

Sarah Hadley was the first nurse on the scene.

“Pauaherua was lying on the floor, unresponsive and with no pulse. I started chest compressions while another staff member commenced rescue breathing. When the defibrillator arrived, shocks were administered.”

Paramedic teams then arrived onsite. Pauaherua was intubated and placed on life support. He was then transferred to Christchurch Hospital, via ambulance and put in an induced coma.

Yet Pauaherua has made an incredible recovery, returning to Te Puna Wai after only three weeks in hospital. “All the nursing staff and cardiologists were amazed at how well, and how quickly, he recovered,” Annie says.

Annie says the Pegasus Health Residential Youth Health Service at Te Puna Wai is focused on providing socially-motivated, primary health care to its residents. “It’s about looking after the patient in every context,” she says. As well as receiving care at Te Puna Wai – courtesy of the Residential Youth Health Service, onsite care staff and his case worker, Pauaherua has also needed support from external providers. This included the cardiology team at Christchurch Hospital; the Brain Injury Recovery Service at Burwood Hospital; and various mental health services. “It’s a great showcase of what can be achieved with co-operative care,” Annie says.

This co-operative approach to Pauaherua’s recovery allowed Annie and her team to make sure the Te Whare Tapa Whā model of health care, developed by Sir Mason Durie, was followed closely throughout. The model relates health to the four walls of the Whare, with each wall having an equally important role in holding the structure together. The four walls are taha hinengaro (mental and emotional wellbeing), taha tinana (physical wellbeing), taha wairua (spiritual wellbeing) and taha whānau (social wellbeing). For Pauaherua, the Te Whare Tapa Whā model also honoured the strong connection he has with his Māori culture.

As Pauaherua was preparing to be discharged, the Pegasus Health Residential Youth Health Team worked closely with health services in his community – including his field worker, a community-based nurse and a representative from Ministry for Vulnerable Children – to make sure he continues to receive the care he needs. “We have also been in regular contact with his family,

providing them with the resources needed to support Pauaherua in his ongoing recovery.”

The decision to have Pauaherua rehabilitated back at Te Puna Wai was also a major factor in his recuperation, Annie says. “Initially, we thought the best thing for Pauaherua would be for him to be with his family in Motueka. But, having Pauaherua here meant he could get to appointments, as well as rest and eat well.”

Pauaherua can’t remember much about his cardiac arrest, but says the incident has given him a much-needed wake-up call about his health. Pauaherua now monitors his heart health daily using a heart monitor. The monitor takes an electronic reading of Pauaherua’s heart and sends data automatically to Christchurch Hospital so that action can be taken quickly if anything is found to be abnormal. “It’s just part of my daily routine now – it’s no big deal,” he says.

Now that he is back with family, Pauaherua is concentrating on maintaining a healthy, drug-free lifestyle. “I wanted to make a change for the better. I never want to be back in that hospital bed,” he says. The near-death experience has also given Pauaherua’s family a new perspective on life. Tirisa, Pauaherua’s mum, says the family has made some changes, including Pauaherua’s father giving up cannabis, and a focus on staying active and eating healthily. “Pauaherua has been doing great since he’s been home. He’s been going to the gym and is looking really fit. The relationship with his Dad has never been better. We’re so happy to have him home.”

Having completed NCEA Level One during his recovery at Te Puna Wai, Pauaherua is looking at pursuing a career in social work. “It’s a chance for me to give back to young people – to take what I’ve learned and pass it on to the next generation.” But for now, he is just grateful to have a future in front of him. “I know I wouldn’t be here today if it wasn’t for the nursing staff here. Having the support of Te Puna Wai through my recovery has been a privilege – I can’t thank them enough.”

First intern director embraces her role

It didn't take much for Parklands Medical Centre practice nurse Kerrie Hutchings to agree to be the first intern director on the Pegasus Health Nurse Membership Board.

"I had started thinking to myself, how can nurses get more involved in leadership roles? And how can our role be different in General Practice? I was really excited when the opportunity came up."

Kerrie became part of the Nurse Membership Board in January 2017 and as an intern director is a member of the Pegasus Health Nurse Advisory. She received a scholarship, through the Board, to do a two-day course on leadership in primary healthcare, run by the College of Nurses. And in the last year, she has completed a nurse management leadership paper through Otago University, as part of her post-graduate nursing studies.

While she's been incredibly busy, Kerrie says her challenging year of professional development has been "interesting, rewarding and valuable".

She says she is particularly interested in looking at the different ways nurses can contribute to healthcare, so that patients can have improved access to care. "I think nurses are incredibly underutilised. If nurses increase their scope of practice they can help to change patient flow, which benefits both the patient and the practice."

In the last year, her mentors have included Jackie Cooper (Care Coordinator), Michael McIlhone (Director of Nursing) and Nicky Scott (Chair of the Nurse Membership Board), who she says have provided ongoing support, encouragement and advice.

One of her current goals is to establish a nurse clinic for diabetes at Parklands Medical Centre. In the future, she says she would like to see more nurse clinics for issues such as nutrition and smears. "As nurses we have such an important role to play in preventing disease, if we can just increase the scope of our practice."

So what does Kerrie have to say to other young nurses?

"Get involved. There are so many opportunities for us to grow our leadership skills. See what you can do in your workplace to advance the role of nurses. You won't believe what a difference you can make."



Kerrie Hutchings, Practice Nurse

Pegasus programme offering broad education to primary care teams

Practitioner self-care, travel health and a survey to test the effectiveness of multidisciplinary groups were among the features of the 2016/17 Clinical Quality and Education (CQE) programme.

CQE team leader Andrea Copeland says as usual many of the topics in the programme were based on requests from primary care. A large group session on Parkinson's disease and Multiple Sclerosis was, for example, in direct response to requests from General Practice for an update on caring for people with these diseases.

The session was one of four presented in a large group format. Other topics included opioids in palliative care; fertility; and rehabilitation and community reintegration following traumatic brain injury.

The first of the year's small group rounds looked at different referral patterns for various conditions and between practices. It was followed by part two of a focus on women's health that covered perimenopause.

Practitioner self-care was the third topic of the year. It was based around a survey the CQE team ran through August and September that asked more than 500 general practitioners, nurses, nurse practitioners, and pharmacists how they looked after themselves. Among other questions, participants were asked, were how many sick days and holidays they had each year and whether they worked while they were sick.

Andrea says an overwhelming number of people said they worked while they were sick because they couldn't always find cover. "It was a particular issue for pharmacists who legally can't open their businesses if they can't find locum cover. And it was almost as big a problem for GPs and nurses." A paper on the survey and its findings has been accepted for publication by the Journal of Primary Health Care.

The fourth small group session covered Type 2 Diabetes and aimed to challenge thoughts on its management, particularly in relation to using the HbA1c test to determine a patient's treatment. "We wanted people to have a broader view of diabetes management, ensuring that it is individualised to each patient, rather than simply treating to a target HbA1c," Andrea says.

Travel Health was the last topic for the year. This small group was based around travel case studies about people travelling overseas last minute to visit friends or relatives; trip of a lifetime travellers; and those returning from travel with either a fever or a skin condition.

In preparation for this session, members of the CQE team met with the Canterbury Pasifika Network. The network's input helped inform the content on travelling to visit friends and relatives. "For example people who live in New Zealand and travel home to the Pacific Islands may consider there to be few health risks, despite increased hazards such as dog bites and skin infections; more stress while they are away; and issues such as change of diet, lack of insurance and medication changes."



The CQE team will continue to work with members of the Pasifika Network to produce and distribute information for people travelling home to the Islands.

In the last year, the CQE team has also investigated how multidisciplinary small groups could be established in North Canterbury and then successfully set up groups at Methven; Culverden/ Hanmer Springs; and Amberley/Cheviot.

Before setting up the groups, the team surveyed the existing multidisciplinary small group at Oxford and found that the model worked and was valued in rural areas. The CQE team has now formalised the multidisciplinary format and edits the educational material before it is sent out to groups.

“We believe our programme is breaking new ground and may be unique in providing evidence-based continuing professional development for health practitioners in a multidisciplinary setting,” Andrea says.

Oxford Community Health Centre working with Ngāi Tahu to improve healthcare access for farm workers

Oxford Community Health Centre (OCHC) has begun providing nursing services to Ngāi Tahu Farming kaimahi (employees) to enable them access to on-site healthcare.

The relationship between Ngāi Tahu and OCHC started when nurse manager Lin Thomson and practice manager Chantal Woodham attended a meeting regarding a community initiative, run by Ngāi Tahu Farming, to promote Whānau Ora.



Pegasus Health staff at Oxford Community Health day

Along with Pegasus PHO representatives, a number of other health providers contributed to creating a fantastic Oranga Pāmu Health Day in September 2016.

Following the Health Day, OCHC wanted to continue to build its relationship with the community at Te Whenua Hou (Eyrewell Forest). Team meetings were held on how it could further its relationship with Ngāi Tahu Farming and practice nurse Brigid Sinclair came up with the idea of running clinics.

Chantal and Claire Bourne, Ngāi Tahu’s General Manager – People and Development, met on several occasions to discuss clinic options and were excited to implement a contract in June 2017. Brigid now delivers the contracted nursing service for four hours each week to Ngāi Tahu kaimahi, tauira (students) and whānau that live at Te Whenua Hou.

The OCHC team identified the need to connect Ngāi Tahu Farming kaimahi and their whānau with quality medical services from the Health Day that Brigid attended.

“We found there were a lot of people with health needs that weren’t being met, and some big access problems to healthcare – both geographically and financially,” Brigid says.

“It was important that what we were attempting to do benefited Ngāi Tahu Farming people and was in line with OCHC and Pegasus’ goals – and I think we’ve ticked each of those boxes.”

Brigid says the clinic is focused on providing patients with healthcare for their individual needs. “Some are not enrolled with local GPs, so encouraging them to take that step is important – whether it’s enrolling themselves at the OCHC, or at a practice of their choice. It’s really about giving them the resources and information needed to take control of their own health outcomes.”

While still in its infancy, the clinic’s focus has already shifted, Brigid says.

“I went in focused on preventative care and health promotion but some of the workers have complex health needs and have had difficulty accessing healthcare. Building trust has been really important.”

Pegasus Health has been available to support Brigid and the OCHC team throughout the project.

“I was initially unsure whether I was the right person for the job but my practice manager assured me that I was. I know I can contact Di Boss (Nursing Development Coordinator) and Ramai Lord (Māori Health Manager) from Pegasus, for guidance if needed.”

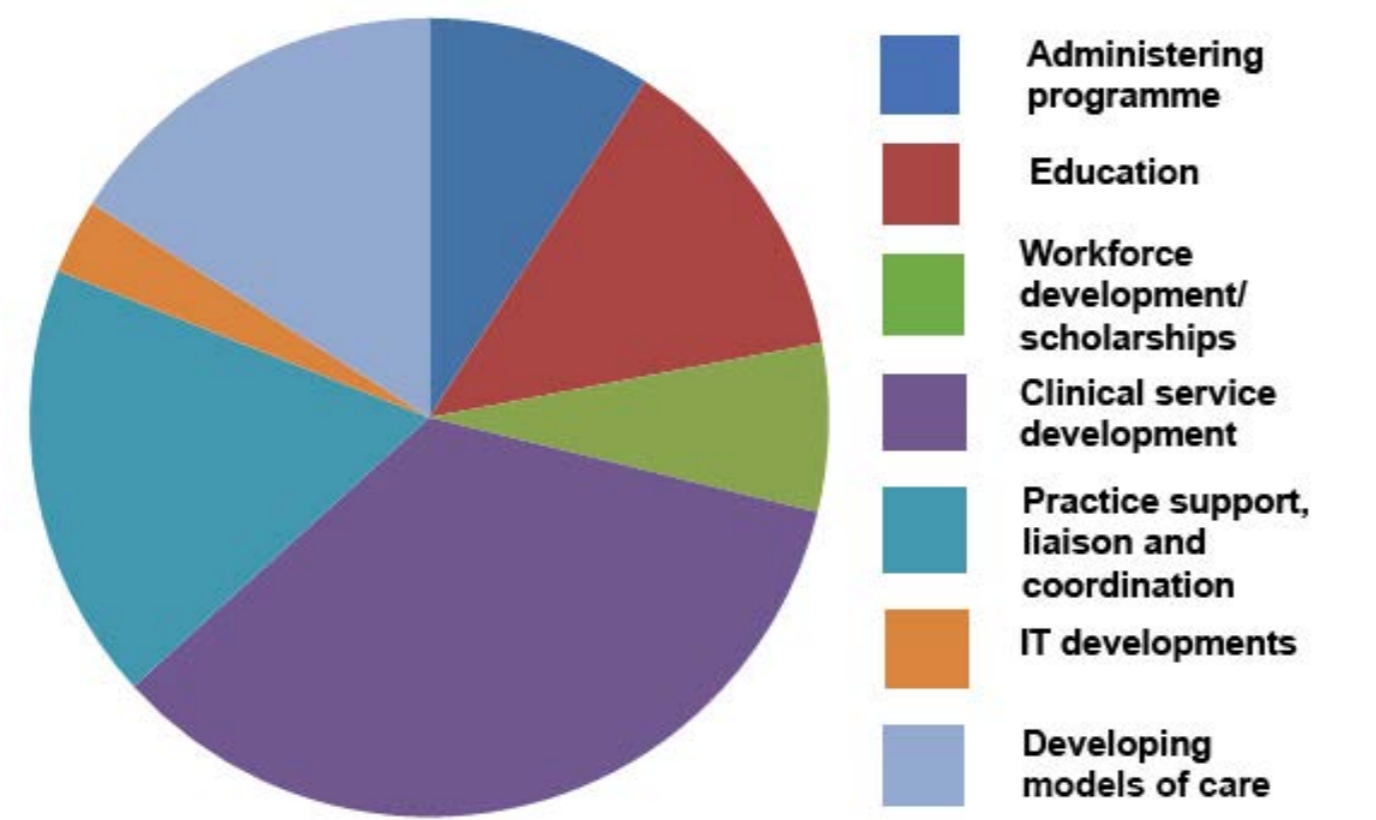
Chantal reported the project will be reviewed after a three month period. OCHC hopes its relationship with Ngāi Tahu continues to blossom and Ngāi Tahu Farming has more accessible healthcare for the people at Te Whenua Hou.

System Level Measures funding

As part of the new System Level Measures framework, Pegasus, along with other Primary Health Organisations (PHOs), receives a portion of Canterbury’s funding which is provided both to build capacity and to achieve quality improvements across the system. As demonstrated in the pie chart (below), most of this funding is allocated to quality support, education and innovation in planning new ways of working.

Increased income on last year reflects the maturity of our capability and capacity across the Canterbury Health System to deliver improvements in the System Level Measures.

Pegasus has been influential in the development of the System Level Measures (which largely replaces the old PPP single disease targets, which are being retired) and pleasingly the Ministry has used our processes as exemplars for the fledgling national programme.



24 Hour Surgery - moving a service that's open 24/7

Moving the 24 Hour Surgery from its historic location in Bealey Avenue to Pegasus House in Madras Street in May was a huge logistical exercise. The move was made all the more complex by the need to make sure patient care was not interrupted.

So how do you move a service that never sleeps?

“With an awful lot of pre-planning!” says Claire McQuilken, Operations Manager for the 24 Hour Surgery.

“The move was all about providing better care for our patients from the reception right through each part of their journey. We had been on Bealey Avenue for nearly 30 years and had outgrown it. We now regularly see around 1600 patients per week.”

“Patients will notice that the new space is larger and its layout is very different. It is much easier to move between treatment areas and the rooms are bigger. Additionally all the clinical services are now provided on the ground floor,” says Claire.

“To ensure this new facility provides the best experience for patients as well as our staff, 24 Hour Surgery clinical team members worked closely on the design with an advisory panel of general practitioners who work shifts at the 24 Hour Surgery.”

“We wanted to ensure that this facility would provide the most optimal space for patients and clinicians alike. As with every health care service in New Zealand, we are very mindful of providing our patients with the best quality care,” says Claire.



Simon Brokenshire, Clinical Director of the 24HS (seated) shows the Right Honourable Bill English, Prime Minister the information technology available for use in the 24 Hour Surgery

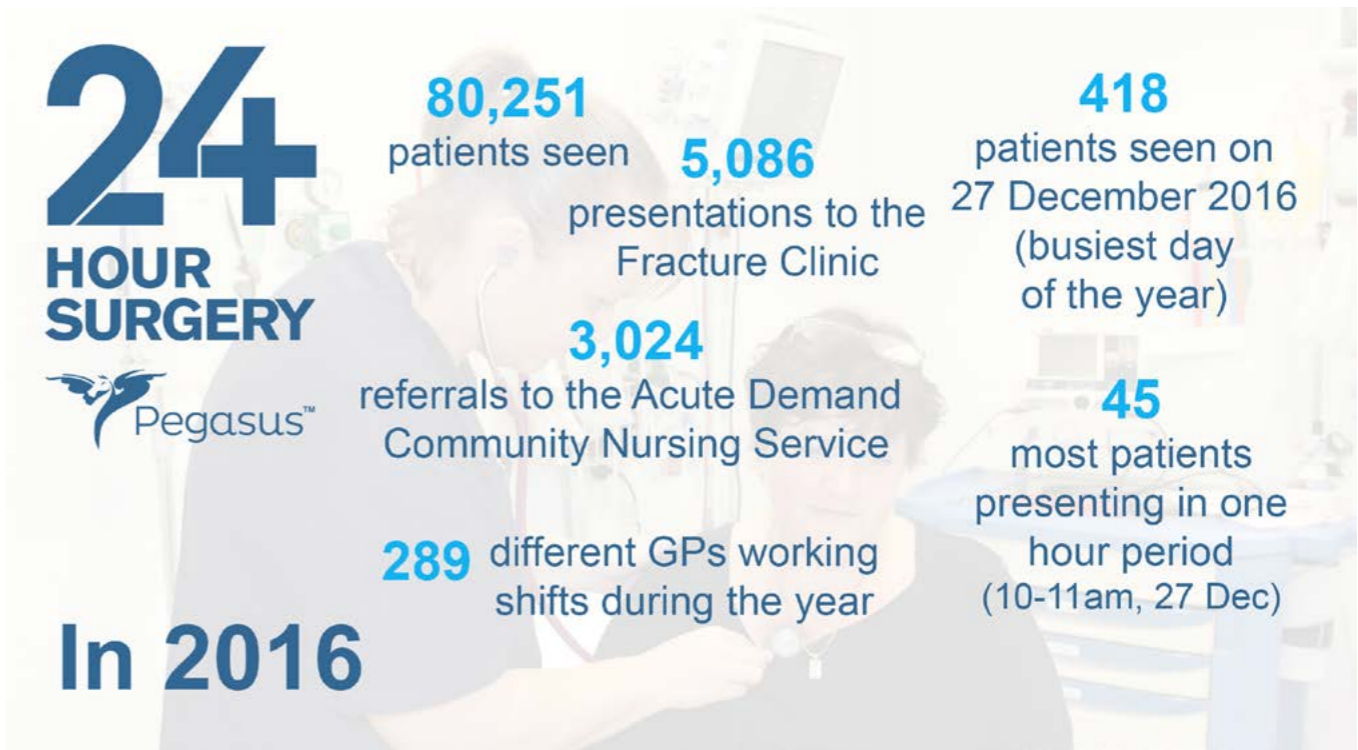
The facility opened its doors in stages. Pegasus staff took part in a blessing of the new facility and ‘He Taonga Rongoā’ – a Kawakawa pounamu gifted to the 24 Hour Surgery, on Monday 1 May. This taonga has been provided to maintain the mauri (life force) within the facility.

Prime Minister, the Right Honourable Bill English officially opened the facility on Friday 5 May. He said the new facility is a key part of the regeneration of Christchurch and thanked all of those who have been caring for the Canterbury population post-earthquakes. The doors slid open for its first patients at midnight on Tuesday 9 May.

Simon Brokenshire, Clinical Director for the 24 Hour Surgery, says that staff and GP members

have settled in well to the new facility.

“We’ve had feedback from clinicians that it is light and airy, flows well and is surprisingly quiet even at times of high demand,” says Simon Brokenshire. “Patient numbers are tracking at about the same level as last year although this winter we’ve seen an increase at weekends, with an average of 15 more patients being seen each weekend day compared to last year. We’ve also had some complimentary comments from patients.”



APEX programme grows in its second year



Developing and supporting education and qualification opportunities for general practice staff has been the focus of the second year of Pegasus Health's Administration and Practice Management Excellence (APEX) programme.

The APEX programme is working alongside the Practice Managers and Administrators Association of New Zealand (PMAANZ) to promote practice management as a career pathway. Pegasus Health's Coordination Team

Leader Leigh Aston says, "It's important to raise the profile of practice managers, particularly to practice owners, so that they understand the importance of supporting personal development opportunities in the same way they do for clinical staff."

As part of this work, Pegasus Health offered three sponsorship packages, for practice managers and administrators from its Primary Health Organisation (PHO) practices, to attend the annual PMAANZ national conference in Wellington in September 2017.

The APEX Programme has also been working with Careerforce, an Industry Training Organisation (ITO) for the Health and Disability Sector, to promote the NZQA approved qualifications it has developed for Business Administration and Primary Care Practice Assistance. "We're looking at ways we can support people undertaking these qualifications, such as bringing workplace assessors into practices," Leigh says.

In the last 18 months, there has been an influx of people coming into practice management from a variety of sectors. The APEX Programme is planning to hold a session later in 2017 to give those new to the position an overview of Pegasus Health's role as a PHO, and provide opportunities to build their professional networks.

At time of writing, planning is well underway for the second annual APEX Forum to be held at Pegasus Health's new Madras Street building on 12 August. More than 100 practice managers and administration staff are expected to attend the forum, which will be focused on customer service and quality improvement.

Among the keynote speakers for the event will be Health and Disability Commissioner Anthony Hill and Principal Health Policy Advisor at the Privacy Commission, Sebastian Morgan-Lynch. Workshop topics will include continuous improvement, customer service, working with ACC, infection control and Pegasus Health's new patient management system.

The forum will be free of charge and open to administration staff and practice managers from all practices in Canterbury, not just member practices. "This is about workforce development for the Canterbury primary health care system as a whole," Leigh says.

The APEX programme, which was set up in 2016, was inspired by a summer-student research project that looked at learning needs for administration and practice managers. It aims to develop a practice management and administration workforce, equipped with the knowledge, skills and abilities to support high-performing general practice teams.

Cellulitis sufferer congratulates Acute Demand team on "awesome" service

Thanks to the care and support she received from the Acute Demand Community Nursing Service, Janine Morris has recovered from a debilitating bout of cellulitis and is ready to return to the golf course.

Ever since the ordeal in June 2017, Janine says she's been telling all of her friends about the service and its remarkable staff. "The whole lot of them were awesome," she says.

The usually fit and active 74-year-old was stunned at the way cellulitis affected her. Her ordeal began with a cortisone injection in her right shoulder. All appeared to be well until about ten days later when the muscle in her upper arm became red and swollen.



Janine Morris

Despite taking antibiotics, the infection didn't clear up and her doctor sent her to the 24 Hour Surgery. Two lumps had formed on her arm and Janine was feeling very unwell. To recover she needed intravenous antibiotics twice a day for about five days.

Because she required the antibiotics morning and night, her son would initially take her into the 24 Hour Surgery in the morning and a nurse would visit her at home in the evening. When it was discovered that one of the nurses from the Acute Demand team lived near Janine's home in Lincoln, the nurse took over both duties, popping in to administer the injection on her way to work in the morning and on the way home in the evening.

"I didn't know how it all worked until I got sick," Janine says. The alternative, she says, would have been a stay in the hospital, away from the comforts of home and the lazy boy chair she "spent a great deal of time recovering in". "I can't speak highly enough of the service I received. The nurses were so bright and breezy. I really appreciate what they did."

Janine was also impressed with being told to contact the 24 Hour Surgery straight away should anything concern her. "I haven't needed to though. I'm a healthy old bird and I'm hoping I can get back to golf soon, even if it's only for nine holes."

[See Janine's story online](#)

BeeFoundNZ connecting General Practices with locums



Eirlys Beverley-Stone, Digital Platform Manager

[BeeFoundNZ](#) is part of the Workforce Cover service offered through [Support Plus](#) – a suite of IT and HR services designed to simplify the running of primary and community care practices. An online tool to assist general practices in Canterbury to find [short-term GP locums](#) has been delivered by Pegasus Health in the last year.

Eirlys Beverley-Stone, Digital Platform Manager, says general practices consistently struggle to find locums. In November 2016, she began looking for an online platform to help combat the issue, eventually partnering with a Scottish developer to create a New Zealand version of their BeeFound site.

The tool offers huge benefits to both general practices and locums, Eirlys says.

“BeeFoundNZ gives practices access to multiple locums with one simple search, without having to pay the fees charged by locum agencies,” she says. “For locums, the site allows them to build their own schedule. They can choose how often they’d like to work and at what practices. With the mobile app, they can also confirm bookings and update availability while they’re on the move.”

Eirlys says that feedback from locums and practices has exceeded expectations since the site launched in June 2017. “More than 30 practices registered in the first week and locums quickly started receiving bookings through the site.”

As a member benefit, BeeFoundNZ is free to use for all Pegasus practices. Locums can also register themselves on the site at no charge.

Eirlys and her team worked closely with Fiona Fidow, Talent Acquisition Partner with the Support Plus Team, to make sure the site would work for locums and general practices. “Fiona has a lot of experience in recruitment and validation of locums, so it was great having her as a sounding board,” Eirlys says.

With the success of the site to date, she says there is an opportunity to take BeeFoundNZ to the rest of New Zealand. There are also plans to enhance the site by adding nurse locum bookings to assist general practices to source practice nurses.

With a team of dedicated and experienced health sector HR and IT professionals, Support Plus can also assist with a range of other services including recruitment; HR consultancy; health and safety; employment relations; and hosted applications. To find out more about these services, visit supportplus.co.nz.

[Watch the BeeFound story online](#)

GP Plus strengthens GP recruitment in Canterbury

Pegasus Health has strengthened its GP recruitment services through the addition of GP Plus. Hosted through [Support Plus](#), [GP Plus](#) focuses on recruiting doctors and finding suitable placements for them in Canterbury practices. The service is available to both Pegasus member and non-member practices.

Fiona Fidow, Talent Acquisition Partner with the Support Plus Team, says the GP Plus programme has created a more efficient way for practices to connect with doctors.

“We now have a variety of doctors coming through – from those who have just completed their training and are looking to experience a different health care system, through to more experienced doctors wanting a change after many years working in their own practice.”

Seven doctors have been recruited through the programme to date, all of whom are from overseas. Each doctor is placed into a fixed-term position at a practice, where they work three days a week. They also cover a weekend shift at the 24 Hour Surgery.

“The doctors love the variety of doing GP work, as well as urgent care,” Fiona says.

“Cover provided by these doctors at the 24 Hour Surgery, has the added benefit of reducing shift obligations for member GPs. For many of our GPs, fitting in a shift at the 24 Hour Surgery with their already busy schedules can be tough. The GP Plus programme does ease this commitment and provides a solution that is a real win-win for everyone,” she says.

“We put a lot of thought into matching doctors with the right practices and making sure they are well supported when they arrive,” Fiona says. “We assist doctors with registration and immigration, and provide them with a two-week orientation period at the 24 Hour Surgery. This is really beneficial to the practice and means that when they start they are familiar with the Canterbury health system and are ready to hit the ground running. We’re also looking at ways to help the new doctors connect with each other, including facilitating a networking group.”

Fiona says feedback from the new doctors has been overwhelmingly positive.

“Some of them have enjoyed their time here so much that they are looking to stay on, which is great.” She says the number one source of new recruits has been referrals from doctors who have come here as part of the GP Plus programme and returned home at the end of their contract.

In February, Pegasus Health became a talent accredited employer for Immigration New Zealand. Fiona says this will provide a quicker and smoother pathway for anyone wanting to join the Pegasus team from overseas and looking to make New Zealand their permanent base.

For more details about the GP Plus programme, visit supportplus.co.nz.



Fiona Fidow, Talent Acquisition Partner

Health partners deliver “fantastic” support for post-quake Kaikoura

When the magnitude 7.8 earthquake hit Kaikoura just after midnight on Monday 14 November 2016, the new Kaikoura Health Te Hā o Te Ora facility became a comforting beacon for local people.

“People had put so much effort into fundraising for our new facility and have been so proud that it has stood up to the quake and aftershocks,” says local GP and rural hospital medicine specialist Dr Andrea Judd.

“Most of the town was in darkness but this big, solid, year-old building still had its lights on and there was plenty of activity around it.”

“As well as coming up to the facility for medical attention, people made the most of the fact that it still had Wi-Fi and power, so that they could let family and friends know they were safe. Even St John and Civil Defence shifted up here for a while, when the tsunami warning was in place,” she says.

When the earthquake hit, Andrea was in Christchurch but caught a helicopter back to Kaikoura as soon as possible to assist her colleague Dr Chris Henry, who had been on call. “By 5am, the initial wave of people with major injuries had been seen by Chris and others from the facility, as well as a team of UK doctors and nurses who were holidaying in Kaikoura,” she says. “The staff worked like Trojans through that time, across the whole facility. Many of them didn’t do anything with their own places for a long time, until they knew we had plenty of relief staff.”

Because of the comprehensive nature of Kaikoura Health, a variety of additional staff was needed to provide cover and deal with the extra demand for services. The facility provides primary care, palliative care, community nursing and midwifery, as well as acute management of medical and surgical conditions. It has six acute beds, two observation beds and a 14 bed residential wing for older people.

Immediately after the earthquake, one of the first priorities was to move people in the residential wing out to Christchurch, so that the rooms and beds could be used for acute admissions, if needed. Andrea and Chris, the two most senior doctors at the facility, were primarily involved in making sure health services were running smoothly and that people who needed medical attention were receiving it.

“We knew the people and networks and could direct the skilled doctors that were coming through to deliver the care that people needed. For example, a lot of rural GP colleagues came to help out and are still supporting us, along with rural nurses and admin staff from throughout the country.”

Andrea says Kaikoura Health’s partnerships with Pegasus Health and the Canterbury District Health Board (CDHB) proved invaluable. “We had fantastic support. I had no idea how it would all click in to place. Within a day, Jenny Ewing (Emergency Planning Manager - CDHB/ WCDHB) and the emergency response team had arrived with primary and secondary care people from Canterbury and Wellington; out of the blue an IT person arrived to help us out



Dr Chris Henry, Psychologist Cynthia Spittle, Community Nurse Dee Guthrie and pilot/ farmer Tony Flint in helicopter on mission to Kaikoura
Photo credit: Andrew Spencer

with communications; and having the psychosocial team here meant that as soon as people came in with emotional or psychological issues, we were able to direct them to trained professionals. The CDHB also sent logistics specialists to help us get people and supplies in and out because we were completely reliant on planes and helicopters.”

“Pegasus was right there in so many ways and directed the Canterbury Primary Response Group, which coordinated all of the offers of help from doctors and nurses. If anyone rang or emailed, we directed them straight to Simon Brokenshire (Clinical Director for the 24 Hour Surgery) and his team and let them organise it.”

Six months on, the team at Kaikoura Health has had to adapt to a changed population, with different health needs. “Quite a few people left after the earthquake including some elderly people who had their confidence shaken and moved to residential care in Christchurch. A number of families have also shifted away and our tourist numbers are down,” Andrea says. In their place have come the North Canterbury Transport Infrastructure Recovery (NCTIR) workers, who are living in Kaikoura while the roads, marina and rail links are rebuilt – “300 in a specially built village and about another 300 living in motels and baches”.

Many of them have arrived with “not insignificant health issues”, particularly diabetes. “One week, our pharmacist had 11 scripts for insulin faxed to him from around the country and we’ve have two major diabetes-related incidents,” Andrea says. The practice has been encouraging workers, who are going to be in town for a year or more, to register with it as their primary health provider, and has established an extra clinic on Wednesday nights, specifically for people who are working on rebuilding the town’s infrastructure.

Many workers have also brought their young families to Kaikoura. “Our pre-school groups are very multi-cultural at the moment and there’s a lot of work being done by the local Plunket organiser to make sure these families are being incorporated into the town,” Andrea says.



Outside the Kaikoura Medical Centre post-earthquake
Photo credit: Andrew Spencer

While still “very, very busy”, the team at Kaikoura Health are gradually making time to go back to where they were before the earthquake and look at how the new facility can make the most of its people and resources.

“We’ve learnt so much but we’re still working on things like getting the governance group and community advisory group up and running. It’s not the way you would do things in ordinary times, but we’re making good progress,” Andrea says.

IT team prepares for new Patient Management System rollout

In the last year, the Pegasus Health Business Information Systems (BIS) team has initiated one of its biggest ever projects – the sourcing and establishment of a new Patient Management System (PMS) to address the needs of patients, providers and the wider health system.



Chief Information Officer Symon McHerron says the organisation wants to ensure local General Practices have the choice of a future proofed PMS system. “To find that system has involved a rigorous global search,” he says.

Earlier this year, Intrahealth’s platform, which includes the Profile PMS, was selected by Pegasus as a future preferred provider, because of its ability to support innovation, an enhanced patient experience and clinical and business management. “It is well able to meet the challenges of modern day patient management from both a patient and practitioner perspective,” Symon says. “It is also an open platform that will allow us to work innovatively with third parties.”

The team at Pegasus is further developing the Intrahealth platform to ensure it is customised for the local General Practice environment, integrating with other local systems such as the Electronic Request Management System (ERMS) and HealthOne. In order to set it apart from the original Intrahealth platform, the service has been branded as Sirius.

Sirius will allow practitioners to access and contribute to patient information and history on the go, meaning that wherever a consultation is held they will be able to locate and update files from their phone or other mobile device.

The system will enable Pegasus to automate common clinical and business workflows, increasing practice efficiency. It will also integrate with other business management products such as clinical self-monitoring tools and financial systems.

Sirius’ patient portal will allow patients to make online appointments, order repeat prescriptions, and engage in secure messaging, if practices allow it.

Practices will also have the option of collaborating with other health providers through the system. “As an example, it might allow a pharmacist to send a security applied message to a practice if they need clarification on the validity or details of a prescription,” Symon says.

“One of the big pluses for general practices that decide to use it is that Sirius will be centrally hosted, with 24/7 availability support from the Pegasus IT team. All upgrades, security and backups will be looked after and all material will be safely stored in the data centre.”

“Pegasus practices have the choice to migrate to Sirius. Pegasus plans to continue to provide a Medtech32 support service for at least the next three years,” Symon says.

Since the business case for the new PMS was signed off in April 2016, the team at Pegasus has selected a data centre and infrastructure provider, set to work building the new service, and most recently established a training and migration team to ensure that practices that choose to migrate will receive all the support they need with Sirius during and after its implementation.

A clinical reference group of GPs, practice nurses and a nurse practitioner has been set up to

advise on whether the new system will meet clinical requirements. A practice management and administrative reference group is also being established.

At the time of writing, the team was preparing the system for its test run in September 2017. “A practice that is already using Intrahealth Profile has kindly agreed to let us trial it with them,” Symon says.

Pegasus intends to have Sirius ready to roll out later in the year. Pegasus anticipates that once a rollout begins, it will scale up to a rate of about five new practices each month for about a two-year period. A comprehensive and ongoing training programme will be part of the rollout including training days, online content and videos.

“In the future, as practices develop new ways of working, the technology behind Sirius and the Pegasus team will be there to support them with their changing requirements,” Symon says.

Updates on the Sirius rollout timing are being provided through Pegasus World and emails to practices.



Pegasus Health Community Board Chair's Report

Professor Andrew Hornblow



From L-R: Wendy Dallas-Katoa, Peter Laloli, Michael Aitken, Peter Townsend, Prof Andrew Hornblow (Chair), Tanya McCall, Sandy Brinsdon, Rob Earle

Pegasus Health's Community Board is continuing to provide governance and guidance to support improvements in the health and wellbeing of the Canterbury community. Our four priority health areas in the last year were child healthy weight, mental health, oral health and access to primary health care services.

The Community Board was informed on key health issues facing our community through presentations and information provided by local health leaders, as well as Pegasus staff. Our five Board members nominated from within the Canterbury community brought to our discussions their experience, networks and commitment to their community and to health.

The three reference group representatives on the Board furthered our understanding of the needs and goals of the Māori, Pacific, and Culturally and Linguistically Diverse (CALD) populations. We welcomed Sandy Brinsdon to the Community Board as our CALD representative and Dallas Hibbs as our Māori representative.

In 2016, the Community Board oversaw the successful implementation of Pegasus' Healthy Lives: Healthy Weight for Children Strategic Plan (2016-2018). This supported a General Practice approach that addresses obesity and supports healthy weight. It also advocated to address our 'obesogenic' environment and promote healthy weight in children and their families. We undertook a joint submission with Pegasus Health's Clinical Board on the Advertising Standards

Authority's review of child advertising codes and signed an open letter to Cabinet – at the request of Professor Boyd Swinburn - to support a sugar tax. Our support was based on strong evidence that price is a key factor in changing behaviour. We also advised on the development of a 'sugary drinks in schools' project, with Pegasus working in partnership with Healthy Families, Community and Public Health and the Community Dental Service to encourage the removal of fizzy drinks from our schools. As Pegasus Health's Community Board, we believe we are in a uniquely, independent position to use our voice and help to make changes in these important areas of public health.

To support Pegasus to use its 'independent health voice', we also initiated the development of Pegasus' Position Statements on Health and Wellbeing that includes position statements on health equity, mental health, housing, alcohol, healthy weight, smoking and water fluoridation. These were endorsed by the Pegasus Health Board. We also endorsed other joint Clinical-Community Board submissions including Christchurch City Council's (CCC's) Local Alcohol Policy, the Healthy Homes Guarantee Bill, CCC's Multicultural Strategy, Ethnicity Data Protocols, CCC's Draft Housing Policy and the Ministry of Health's Regulation of e-Cigarettes.

We continued to support and advise on the implementation of the Equally Well initiative to improve the physical health of people experiencing mental health and/or addiction problems, and endorsed the Closing the Loop primary mental health and addiction support plan. Given the increasing diversity of our Canterbury population, the Chair also met with the three Pegasus reference groups to better understand the issues around accessing primary care services for people with mental health issues, within the Pacific, Māori and CALD communities.

At the request of the Community Board, and in collaboration with internal Pegasus and external IT specialists, Rob Earle developed a useful and informative paper on existing and emerging information technologies that could contribute to the Board addressing its identified priority areas. Work in this area will continue throughout 2017.

Discussion at the annual Pegasus Health strategic planning meeting in October endorsed current Community Board priorities and also considered how best the Community and Clinical Boards could support Pegasus Health's strategic directions over the next five years. As a result, we are now focused on several areas that are complementary to the strategic objectives of the Pegasus Health Board: quality improvement; consumer and community engagement; advocacy; and Canterbury and national health sector relationships. We will work to enhance and expand our engagement within the community; advocate strongly on those issues most important to Canterbury communities; and apply an 'equity lens' to the activity of Pegasus and the wider health sector to support and promote health equity.

To all the Community Board members, I thank you for your commitment, your time and your support, as we continue to strive for better health outcomes for our Canterbury communities. I would also like to extend the Community Board's sincere appreciation to all Pegasus staff for your excellent reports and presentations, and for sharing your knowledge of the health sector and the wider community.

The Community Board looks forward to addressing the opportunities and challenges of the year ahead.

Pegasus Health celebrates diversity in health workforce at annual scholarship awards



All Scholarship Recipients: Back row - From L-R: Benya Ickenroth, Yufsei Jin, Mohamud Osman, Joshua Leota, Samantha Tihoi Jackson, Brogan Maoate, Maria Zawari, Faamele Tuipulotu, Emma Te Raki and Suli Tuitape, Front row - From L-R: Naofumi Osata, Charlotte Fakahau, Stacey Lambert, Mosana Evagelia, Cherina Lugtu, Folasade Iposu, Dame Susan Devoy, Siobhan Marks and Hafsa Abdulhamad

Pegasus Health awarded its annual scholarships to 21 students from Māori, Pacific and refugee and migrant backgrounds on Thursday 11 May 2017.

Race Relations Commissioner Dame Susan Devoy, who was the guest speaker at the event, congratulated the recipients and urged them to celebrate their achievements, which for many had involved overcoming difficult obstacles.

Each year, a number of scholarships are awarded by Pegasus Health to the highest calibre of applicants from incredibly diverse backgrounds, with the aim of enhancing the cultural and linguistic richness of the health sector.

In applying for a scholarship, each of the recipients had to write a 1000-word essay about their backgrounds and their reasons for pursuing a career in health. Professor Les Toop, Chair of Pegasus Health Board says the awards are a highlight in the Pegasus calendar.

"This annual event is a real celebration of overcoming adversity. Recipient's personal stories of how they have come to be involved in health care, things that drive and inspire them, are so powerful. There's often not a dry eye in the house," says Prof. Toop.

Māori Scholarships

Māori scholarships were awarded to seven recipients, three of whom are studying medicine, two are nursing students, one is training to be a midwife, and one is studying human nutrition.

Medical student Stacey Lambert hopes to use her passion for community health to make a real difference to health outcomes for Māori. Stacey has been involved with a number of Māori mentoring programmes and says she has been grateful for the opportunity to talk about important issues such as smoking, diabetes, cervical cancer and having a healthy lifestyle.

Originally from the Hawkes Bay, she hopes to take up a role in a rural town once she graduates.

“I want to continue to learn as much as I can and I think you might get to see a lot more as a junior doctor in a small town than you would in a big hospital.”

Aroha de Bie, a third-year nursing student, was another recipient. She aspires to work in primary care, before specialising in mental health.

Erin Waldron, a third-year Applied Science student studying human nutrition, is a part-time personal trainer. Erin intends to pursue a career that explores her interest in Kia Kaha health and wellness in prisons.

Pacific Scholarships

This year’s Pacific Scholarships were awarded to six students. Three are studying medicine, two are studying psychology and the other is training to be a nurse.

Psychology student Joshua Leota is one of the six and says he is aiming to work with young Pasifika people who, like himself, have struggled with finding their way in life. Joshua says he started tertiary study straight out of school but found it too overwhelming and took some time out to do other things before returning to university in 2015. Last year, he received the University of Canterbury’s 200-Level Psychology Prize for top student.

“Being a clinical psychologist is my big goal. I’ve always been drawn to helping people who are trying to find their way through problems and I am becoming more and more involved in the Pacific community.”

Another to receive a scholarship is Mosana Evagelia, a fourth-year medical student. Mosana is a member of the Pacific Island Health Professionals Students Association and is interested in following a career in obstetrics and gynaecology.

Second-year psychology student Faamele Tuipulotu has recently served on a volunteer mission in Indonesia. Faamele aspires to turn her interest in mental health into a career as a psychotherapist.

CALD Scholarships

Eight scholarships were awarded to students from Culturally and Linguistically Diverse (CALD) backgrounds. Five are nursing students, two are training in medical imaging and one is studying medicine.

Folasade Iposu is a second year nursing student who had completed a microbiology degree, emigrated to New Zealand, and had four children before discovering her passion for nursing.

Nigerian-born Iposu came to New Zealand with her husband, who was completing his PhD, and their children in 2004. To juggle her family commitments, she opted to work as a hospital aide, until she had time and money to add to her microbiology qualifications.

Instead, she fell in love with nursing. “My Mum always told me that I should go nursing and she was quite right. I want to be a community nurse eventually but I also really like being able to give people quality care at the end of their lives. I love it, absolutely love it.

Scholarship recipient Naofumi Osato, of Japanese descent, says she plans to continue advocating for improved quality of health care for the LGBTQI community.

Mohamud Osman, of Somali descent, is a fourth-year medical student. Mohamud also does community work with refugees.

Full list of scholarships awarded

Māori Scholarships: Stacey Lambert (medicine); Samantha Tihoi Jackson (medicine); Samuel Ruhi (medicine); Aroha de Bie (nursing); Emma Te Raki (nursing); Siobhan Marks (midwifery); Erin Waldron (human nutrition).

Pacific Scholarships: Mosana Evagelia (medicine); Brogan Maoate (medicine); Charlotte Fakahau (medicine); Suli Tuitaupe (nursing); Faamele Tuipulotu (psychology); Joshua Leota (psychology)

CALD Scholarships: Mohamud Osman (medicine); Benya Ickenroth (nursing); Naofumi Osata (nursing); Cherina Jhen Lugtu (nursing); Hafsa Abdulhamad (nursing); Folasade Iposu (nursing); Yufei Jin (medical imaging); Maria Marziah Zawari (medical imaging).

New mental health service supports patients with complex needs



A new service is available to Canterbury general practice patients with complex mental health needs.

The service which features a team of four Enhanced Recovery Practitioners (ERPs) – two mental health nurses, a social worker and a psychologist – was set up by Pegasus Health to provide longer term support than was available through the Brief Intervention Coordination (BIC) service.

“Some GPs had been telling Pegasus that BIC didn’t meet everyone’s needs and the ERPs team was set up to begin addressing that,” Enhanced Recovery Practitioner Lynere Wilson says.

The new service is available to people who are not currently under the care of the Specialist Mental Health Service but have complex mental health issues that are difficult for general practices to manage. The complexity of their issues also makes them unsuitable for the BIC service.

“Most of the people we are seeing have a combination of mental health issues and other difficulties such as poor physical health, social isolation and relationship problems. They are not usually in work and may be

living in an environment where those around them are contributing to their issues,” Lynere says.

There is no time limit for supporting these patients. “Their difficulties aren’t going to go away in a hurry, but we may be able to assist them to get to a better place, where they have more self confidence and self belief, which may help them to make different choices for their lives,” she says. The team typically works with people in their own homes.

Lynere says another important aspect of the service will be to assist practice nurses to better support patients with complex mental health issues. “Sometimes simple supportive conversations don’t happen for people with mental health issues because others don’t know what to say. We want to build nurses’ capacity to have those discussions without feeling out of their depth.”

General practices can contact the team through Pegasus Health on (03) 379 1739.



Enhanced Capitation gives General Practice more freedom in assisting patients with complex needs

Important changes to the distribution of Care Plus funding took effect in October 2016, providing Canterbury General Practices with a regular monthly payment rather than needing to register patients and claim for the funding. Enhanced Capitation gives general practice more freedom in assisting patients with complex needs.



A service level alliance within the [Canterbury Clinical Network \(CCN\)](#) developed the new funding distribution model called Enhanced Capitation. The aim of the new model is to improve patient outcomes by supporting General Practice to better coordinate the care of people with complex health and social health needs.

Enhanced Capitation improves on the former Care Plus Funding system by providing practices with more flexibility in the use of funds; reducing the administration burden on General Practice; and increasing the total Care Plus funding available to General Practice.

Dr Martin Seers, a clinical lead in the change project, said the new funding distribution model recognised that General Practice is best placed to determine the most appropriate care for patients with complex health and social needs.

A reduction in High Use Health Care (HUHC) registrations has assisted in boosting the funding available through Enhanced Capitation for distribution across all general practices. “Further reductions have been encouraged and general practices have risen to the challenge, with a substantial decrease in registrations since October 2016,” Canterbury Clinical Network Enhanced Capitation project lead Linda Wensley says.

“Getting Enhanced Capitation up and running was very much a collective effort, involving the PHO (Primary Health Organisation) clinical leaders in building the proposal and communicating the change to general practice; PHOs in the implementation details; and GPs supporting the change” she says. “While acknowledging we are still in the early stages of implementation, we have had very positive feedback so far.”

Linda says early indications are that practices have been using the funding in a variety of ways, from reducing consultation costs for those identified as having complex needs; employing staff to assist in the coordination of care; and funding patients to access other services. As people share ideas about how they are using the funds we anticipate further innovative approaches being taken by practices to support their patients with complex needs.”

A toolkit of information about Enhanced Capitation, including examples of how practices can apply the funds to improve patient care, is available on the CCN website: www.ccn.health.nz/EnhancedCapitation

Practices are also encouraged to visit the same link to pass on ideas, share success stories and seek advice/suggestions in relation to how their practice has allocated funds to support patients with complex needs.

The National Telehealth Service

- its ambition; to virtually support kiwis to stay well and connect them seamlessly with care when they need it.

7 channels – phone, txt, email, web, webchat, Facebook, blogs

1,000,000 contacts with New Zealanders in the first 20 months, more than 1 per minute

Over 1,600 contacts every day. This includes over 600,000 contacts to Healthline, 141,000 to mental health and addiction services, 150,000 to Quitline and 43,000 for poisons advice

How people get in touch		Depression	Alcohol Drug	Quitline	Gambling
	Inbound calls	72%	94%	85%	62%
	email	11%	3%	2%	8%
	SMS Text	16%	3%	13%	6%
	Webchat		1%		
	Inbound referrals			24%	

GP after-hours nurse triage service Jan-Dec 2016

248,554 contacts with NZers - supporting over 600 GP practices nationwide

These services are operated by

Canterbury and West Coast practices first in New Zealand to have electronic standing orders attached to clinical pathways



Thirty-three standing orders for 18 different conditions are now available on HealthPathways to improve access to care for patients and support practices that are devolving responsibilities across their teams.

A [Canterbury Clinical Network \(CCN\)](#) standing orders development group has been working on the project since

November 2015. Pegasus Health is one of 12 partners in the CCN District Alliance and hosts the CCN programme office.

CCN Programme Manager Ruth Robson says each of the new electronic standing orders is linked to an electronic learning package to support nurses in “their competency to work under standing orders”.

While the standing orders are many and varied, there are a number for acute conditions such as chest pain, anaphylaxis and acute pain in children and adults that allow rural nurse specialists or nurses working in isolated locations to respond quickly in an emergency. “Impetus for the new standing orders has largely come from rural nurses, particularly those working on the West Coast and in rural Canterbury,” Ruth says.

“In an urban environment, some of the standing orders that nurses might use regularly are those for the emergency contraceptive pill, treatment of uncomplicated urinary tract infections, tonsillitis and sore throats – things that regularly come through the door in General Practice, but don’t necessarily need to be seen by a doctor,” she says.

Uptake of the standing orders has been steadily increasing across Canterbury and the West Coast as more nurses are given the autonomy to work at the top of their scope of practice. General practitioners and nurse practitioners can issue them and there are examples of nurse practitioners leading teams of nurses in some isolated parts of New Zealand.

The CCN group has had positive feedback on the standing orders from Canterbury and West Coast practices as well as health providers in other parts of the country. “We’re the first in New Zealand to produce an electronic standing orders framework and other regions are looking at how they might be able to do the same,” Ruth says.

“Most Primary Health Organisations are involved in supporting their practices with paper-based standing orders and Pegasus has had a history of doing that,” she says. “When we developed the electronic standing orders, we used some of the work that Pegasus had done in the past, particularly for the 24 Hour Surgery, where there is a real need for advanced nursing practice in triage systems.” Belinda van Gruting, Senior Medical Officer - Acute Demand, 24 Hour Surgery, is on the standing orders development group.

Although work on the new standing orders is coming to a close, the team will have an ongoing job as standing orders need to be reviewed every year. “This means that people using standing orders need to make sure they check Healthpathways regularly for any changes,” Ruth says.

“One of the bonuses of this work for General Practice is that up-to-date policies and procedures around standing orders are Cornerstone and Foundation standard requirements. Doing this practice by practice would have been a huge amount of work, whereas now all Canterbury and West Coast practices can access supporting resources on Healthpathways that meet all the regulations and medico-legal requirements for standing orders.”

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Pegasus Health (Charitable) Ltd Financial Statements Commentary Year Ended 30 June 2017

The financial statements for the year ending 30 June 2017 illustrate what has been a good year for the company. Highlights of interest include:

- The fit out of the new clinical space in Pegasus House for the 24 Hour Surgery, which has been welcomed by both patients and people working there;
- Extending the delivery of our Workforce Solutions programme to the members under the Support Plus Banner. This includes the BeeFoundNZ locum matching service which is being generally well received and gaining momentum;
- Increased advocacy on General Practice funding concerns at a national level in conjunction with our Network 4 Partners; and
- Commencement of the Sirius programme. A transformational programme that will replace the PMS in those practices that choose to adopt it as well as enabling changes to enhance patient care, improve business efficiency and encourage innovation.

These initiatives, and many others, continue to increase the value of our services to patients and practices and position Pegasus well as an integral partner in the Health Sector.

Comprehensive Revenue and Expenses (aka Profit and Loss account)

We present consolidated “Group” Financial Statements.

The Company consists of Pegasus Health (Charitable) Ltd and its associates – the most significant being After Hours Properties Ltd.

The Group consists of the Company and its subsidiaries, the difference being the inclusion of Pegasus Health (LP) Ltd which holds our 50% investment in HomeCare Medical Limited Partnership.

The Company’s operating result, a surplus of \$227k, was \$1.1M better than budget. Revenue from the delivery of health services increased by \$2.8M during the year. This was from across the business, for example incremental increases for HealthOne and ERMS and new initiatives in Mental Health (Enhanced Recovery Practitioners), plus a range of other smaller contributions.

Expense movements are consistent with activity levels; the most significant component of expenses, after wages and salaries, continues to be the data related support of general practice information systems.

Overall the good operating surplus results from very prudent management during the year plus some chunky one-off items, such as lower depreciation as a result of building revaluation, the accounting treatment of a contribution from the University of Otago towards training space, and the release from a make good provision regarding the premises at 160 Bealey Ave.

The independent valuation of Pegasus House based on completion of works and our occupancy of the space, gave rise to a \$1.9M revaluation gain, leading to an overall company result of \$2M surplus.

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The Group's operating result for the year also takes in Pegasus' share of HomeCare Medical's surplus resulting in a surplus of \$729k, which when combined with movement in property valuations gives a \$2.5M surplus at the bottom line.

In summary, Pegasus remains in a sound financial position, demonstrates prudent governance and management practices, and continues to take a measured approach. This year's initiatives realise key elements of the long term strategic direction set by past boards, and continue to leave Pegasus well placed for the challenges and opportunities ahead.

Financial Position (aka Balance Sheet)

The strengthening of the balance sheet reflects the investment in Pegasus House and its increase in value following completion of the fit out work. The valuation gain contributes strongly to the improved Retained Earnings position further bolstering a positive operating result.

As expected, cash has reduced further as we paid for the fit out but remains at a manageable level. The majority of the fit out cost was met by a bank loan which at balance date was near to being fully drawn down. This financial commitment has been well planned for and can be accommodated. Pegasus remains comfortably within banking covenant requirements. Our equity accounted investees balance (our interest in HomeCare Medical) has increased. This reflects our share of the surplus posted by them.

Our investment properties (other than Pegasus House) continue to be recognised in the financial statements at their 30 June 2016 valuations. Pegasus House is reflected at its current market value.

Primary Health Organisation (PHO) Functions Special Purpose Financial Statements

These separate special purpose financial statements are produced specifically to meet PHO reporting requirements. They are an extract from the full financials commented upon above. The PHO had a stable twelve months of operations. This culminated in an operating surplus of \$160k for the year. The cash position decreased to \$2.3M, a reduction of \$1.7M as expected.

We hope this commentary assists your understanding when reading both sets of financial statements. We look forward to seeing you at the Annual General Meeting where we will be happy to answer any questions you may have or provide further explanation.

Both these financial statements for the year ended 30 June 2017 are available online:

[Pegasus Health \(Charitable\) Ltd Financial Statements](#) [PDF, 1.5 MB]

[Pegasus Health \(Charitable\) Limited Primary Health Organisation Function Financial Statements](#) [PDF, 1.5 MB]

Statistics and facts

Better help for smokers to quit smoking



More than 39,480 smokers received smoking cessation advice and support from their general practice team in the 2016/17 year, taking overall coverage to 90%. The Stop Smoking Support team, based at Pegasus, contacted 13,810 people on behalf of their general practice team to offer brief advice and cessation support. Of those contacted, 1,424 accepted a referral to a cessation support service. Referrals were made to external organisations, mainly Stop Smoking Canterbury Te Hā Waitaha or, if the practice preferred, people were referred to the general practice for a consultation with their GP or PEGS (Preparation, Education, Giving Up and Staying smokefree) nurse.

More heart and diabetes checks

In the last five years, 103,877 people had been assessed for cardiovascular risk, as at 30 June 2017. This represents an increase of 1447 assessments completed in the last year, with 84% of the eligible population having had a risk assessment by their General Practice team.



Cervical screening

Cervical smears were provided for 78.7% of women aged 25 to 69 within the last three years, as at 30 March 2017.

Increased immunisation

In the 2016/17 year, 95% 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 3474 B4 School Checks in the 2016/17 year, of which 259 checks were completed in the community by the Pegasus mobile outreach B4 School Check Nursing team. The Public Health Nursing service completed 1284 checks on behalf of Pegasus general practices which don't provide the B4 School Check.

This equates to an overall coverage of 92.1% of four-year-old children receiving a check. A total of 328 dental referrals; 285 vision referrals; and 266 hearing referrals were made as an outcome of the checks.

Four hundred and forty five children were referred to a health professional due to concerns about growth/weight.

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 the Communities means and includes primarily the population of Canterbury.