



# PEGASUS HEALTH ANNUAL REPORT 2020

Photo: COVID -19 testing station, AAP

# CONTENTS

## REPORTS

Board Chair Report	03
CEO Report	04
Population Health Advisory Board Report	05
Clinical Quality Advisory Board Report	06
Membership Board Report	07
Canterbury Clinical Network	08

## STORIES

The Pegasus response to COVID-19	10
Nursing at the forefront of hard places	11
Strengthening Family Practice	14
Increase in referrals for Pastoral Care	15
Te Tumu Waiora - Ways to Wellbeing	16
Pharmacy and General Practice closer together	17
Twenty-Four Hour Surgery response to COVID-19	18
Strength of Pasifika	19
In the heart of Ashburton	20

Anniversary of acute community care highlights seamless service	22
Homecare Medical central to supporting our community	23
Diverse backgrounds but common health study goals	24
A strong voice for healthy policy and environments	26
Support for getting back to work	27
Health care provided in window of opportunity	28
Supporting change and systems improvement	29
Fifteen years in response role	30

## FINANCIALS AND STATISTICS

System Level Measures	31
Financial statement commentary	32
Enrolled population	33
Facts and figures	34
Full financial reports are available separately on our website	36

## EXTENDED INFORMATION

The Pegasus response to COVID-19 (Continued)	38
Health care provided in window of opportunity (Continued)	39
Supporting change and systems improvement (Continued)	40
Pegasus Health (Charitable) Ltd Financial Statements (Continued)	41
PHAB (Continued)	42
CQAB (Continued)	43
Canterbury Clinical Network (Continued)	44
Homecare Medical (Continued)	45



# REPORTS

Board Chair Report	04
CEO Report	05
Population Health Advisory Board Report	06
Clinical Quality Advisory Board Report	07
Membership Board Report	08
Canterbury Clinical Network	09



## BOARD CHAIR REPORT

### PETER TOWNSEND



I must begin this report by congratulating Pegasus member practices and Pegasus staff for the outstanding and selfless work undertaken during the ongoing COVID-19 pandemic.

We are well-served by the role that primary care plays in

the Canterbury health system and the quickness of our COVID-19 response demonstrates that primary care remains the foundation on which the health system sits.

Recent months have signaled uncertainty for primary health and Primary Health Organisations (PHOs), with the release of the Health and Disability Review and major changes and upheaval in the leadership of Canterbury District Health Board.

The programmes that Pegasus runs make a real difference to the lives of Cantabrians and help ensure people do not needlessly end up in expensive hospital beds.

Our acute care programme and 24 Hour Surgery are vital to keeping people away from the Emergency Department and hospital admission.

We have an opportunity to demonstrate the exemplar models which Pegasus operates and continues to build.

These models are a sustainable solution to take the load off secondary care and off DHB finances. They are more patient-focused and lead to better outcomes for patients.

Right now, there is an opportunity to look at the South Island health system as a whole and to ensure that a focus on primary care and public health continues to map the way forward.

I would like to thank deputy board chairs Simon Wynn Thomas and Caroline Christie, and our hard working Board members. I would also like to thank Pegasus CEO Vince Barry for his leadership, the Pegasus Team for delivering to our members, and the people of Canterbury at a difficult time.

I would also like to acknowledge my appreciation of the support we continue to receive from the wider Pegasus family.

**Peter Townsend**  
*Chair*

**“We are well-placed to show that a focus on primary and community care is vital for wellness and for an efficient, patient-centred health system.”**

Peter Townsend



Photo above: Pegasus Health Charitable Ltd Board. Back row from left: Vanessa Weemink, Simon Wynn Thomas, Peter Townsend, Ben Kepes. Seated from left: Nicky Scott, Ben Hudson, Caroline Christie, Brett Chambers, Sharon Ashmore. Absent: Gayle O'Duffy, Jane Huria.

Left: Pegasus Health Board Chair, Peter Townsend

## CEO REPORT

### VINCE BARRY



The words *kia kaha* have never had more meaning in the lives of Cantabrians, than during the past 10 years.

We have proven how resilient and supportive we are as a community, as we have experienced devastating

earthquakes, fire in the Port Hills, last year's tragic mosque massacres and now COVID-19.

I am proud of how Pegasus member practices and staff have worked under great pressure to help ensure COVID-19 does not take hold here.

Through all this, we need to ensure that we continue to practice good self-care and look after one another. For the Pegasus network COVID-19 has meant working long hours and exposing ourselves to the risk of infection, or worse bringing COVID-19 home to our loved ones.

Staff have worked diligently through the lockdown, often from home, while managing household dynamics, child care and the impacts of restricted movement.

Clinicians have adopted new models of care, as they rapidly put telemedicine in place and adapted to rigorous infection control procedures to help keep people well.

Many of our clinicians are in age groups that put them at extra risk of harm or death should they catch COVID-19.

I am pleased that our pastoral care programme has worked well during this period, and that everyone has taken a supportive, 'can do' attitude to their roles.

Our role through the Canterbury Primary Response Group (CPRG) in setting up and running Community Based Assessment Centres (CBACs), has been nothing short of impressive.

We have worked hard to ensure that Pegasus general practices have remained sustainable throughout the COVID lockdown, and now have learnings and experience that we can apply to ensure future practice resilience and sustainability.

The team at 24 Hour Surgery adapted quickly to the various messages coming from Wellington about testing and CBAC activity, and again they have worked tirelessly on behalf on our general practice teams.

**"It's at times like this you truly feel the spirit that binds us together as a community."**

Vince Barry

The resilience of our wider community and provider network has also been demonstrated, as they responded heroically to the challenges put in front of them. I have huge admiration for the team that supported the Muslim community throughout the recent court appearances, following the terror attack in March last year.

I hope you can take the time to absorb the richness of the stories contained in this Annual Report.

A special thank you to all the team at Pegasus for the continued dedication to their work, and the leadership team for their continued support under very trying circumstances.

I am sure that we all look forward to a better, or possibly different, year ahead.

Kia Kaha

**Vince Barry**  
CEO

# POPULATION HEALTH ADVISORY BOARD REPORT

Our purpose is 'to provide advice to the Pegasus Health Charitable Limited Board on ways that Pegasus can continue to improve health outcomes and reduce health inequities in the Canterbury population and beyond'.

In 2018, the Pegasus Population Health Advisory Board (PHAB) reviewed relevant population health data and developed the following priority areas with an overarching priority of improving equity:

- Reduce Pacific ambulatory sensitive hospitalisation (ASH) rates for children aged 0-4 years
- Improve oral health
- Reduce amenable mortality.

**You can read more about our work later in this report.**

**Ann Richardson**  
*Chair, Population Health Advisory Board*







Photo: Ben Hudson

## CLINICAL QUALITY ADVISORY BOARD REPORT

The Clinical Quality Advisory Board (CQAB) was established in June 2018. Its mandate is to oversee activities within Pegasus that involve the clinical care of patients, and to provide support to the Pegasus Board to achieve its mission to improve health through high-performing teams and innovative community and primary healthcare.

This year, the CQAB agreed on four areas where Pegasus Health and its general practice partners can positively contribute to the System Level Measure Improvement Plan:

- Cervical cancer prevention (screening and HPV immunisation)
- Equally Well (physical health outcomes for people with severe mental illness and addiction)
- Family violence
- Oral health.

CQAB will be taking a more proactive approach to monitoring and supporting quality improvement across these areas over the coming year.

You can read more about our work later in this report.

**Ben Hudson**

*Chair, Clinical Quality Advisory Board*

## MEMBERSHIP BOARD REPORT

My first report, written this time last year, started with the sentence, 'It's been a difficult year in general practice.' Little did I know! But, looking back on last year's report brings to light a recurring theme – unexpected adversity followed by a remarkable response from our general practice teams, with excellent support from Pegasus Health.

As in all times of difficulty, there have been a few bumps along the way. The lessons that we have had to swiftly learn and the processes that we now have in place, (I hope) have made for a stronger unity among our Canterbury / Pegasus community. Amid reports of health professionals contracting COVID-19, my colleagues are telling me that they feel as if they have never before put themselves at greater personal risk for the benefit of their patients.

Thanks to the support and advice from the various parts of the Canterbury health system, to the support from Pegasus Health and the collegiality of colleagues (not to mention the PPE!) I hope that we all feel more supported in our efforts to keep the community safe and well.

I would like to make a special mention of my clinical colleagues who looked after rest home patients who became infected with COVID-19. The first-class clinical care provided and the empathy with which it was dispensed, despite the complexities and adversity of wearing PPE or consulting remotely, reminds us of what (and who) we are here for. I think Cantabrians would feel incredibly humbled by the massive contribution from our greater health community, whether that contribution to patient care is from the coalface, from Pegasus House or from another part of the Canterbury health system.

The stoicism and innovation that has served us so well throughout the earthquakes and through a pandemic will be needed as much as ever, as we adapt to the challenges that the coming year will present. Irrespective of whether these challenges come from the downstream effects of COVID-19, the current difficulties at the CDHB, the Health and Disability Services Review or an unforeseen event, I am grateful to be part of the Pegasus family at such times.

**Simon Wynn Thomas**

*GP and Chair of Pegasus Membership Board*



*Photo: Simon Wynn Thomas*



## CANTERBURY CLINICAL NETWORK

Canterbury Clinical Network (CCN) is New Zealand's largest district alliance, with 12 alliance partners working together to improve the health and wellbeing of our communities.

Established in 2010, CCN brings people together from across the health system to design and improve health services to ensure our people get the care they need as close to their homes as possible.

This service transformation is led by people who live and breathe health – doctors, nurses, pharmacists and health managers – alongside the people who use health services every day.

This year CCN has made excellent progress in the key areas outlined in our **five-year strategic focus**.

**You can read more later in this report.**





Photo: 24 HS CBAC

# STORIES

The Pegasus response to COVID-19	11	Diverse backgrounds but common health study goals	24
Nursing at the forefront of hard places	14	A strong voice for healthy policy and environments	26
Strengthening Family Practice	15	Support for getting back to work	27
Increase in referrals for Pastoral care	16	Health care provided in window of opportunity	28
Te Tumu Waiora - Ways to wellbeing	17	Supporting change and systems improvement	29
Pharmacy and general practice closer together	18	Fifteen years in response role	30
24 Hour Surgery COVID-19 response	19		
Strength of Pasifika	20		
In the heart of Ashburton	21		
Anniversary of acute community care highlights seamless service	22		
Homecare Medical central to supporting our community	23		

## THE PEGASUS RESPONSE TO COVID-19

When COVID-19 emerged as a pandemic, Pegasus staff connected with their colleagues throughout the Canterbury health system to respond.

The system worked well as we coordinated through the Canterbury Primary Response Group (CPRG) with the Canterbury District Health Board, our fellow PHOs and the Ministry of Health.

### The Community Based Assessment Centres (CBACs)

Along with general practice, CBACs have become the public face of the response, especially with the Government's focus on testing. At the height of the pandemic, 10 CBACs were operating across urban and rural areas in Canterbury with a mobile unit providing testing facilities for frontline and at-risk workers such as the Police, hotel staff, rest home and supermarket staff.

CBACs are staffed by doctors, nurses and administration staff and provide clinical assessment, testing, advice, triage, and referrals to other services.

Pegasus staff are involved in many aspects of the CBAC through the CPRG operation including sourcing facilities, setting up and supporting technology and patient management systems, rostering and staffing, communication with referrals, finance and accounts, as well as general management and oversight.





“We are grateful to all our staff, Pegasus-wide, who went above and beyond to help control the outbreak and to ensure we had the best possible primary care response in place.”

Vince Barry  
CEO

# CAPTURING THE PEGASUS COVID-19 EXPERIENCE

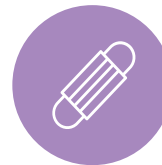
## RESPONSE STATISTICS

From 19 March to 22 July 2020 we received and actioned more than 900 requests for PPE gear from general practices, community pharmacies, urgent care centres and Community Based Assessment Centres (CBACs).

Over this time we distributed:



**78,000**  
Pairs of gloves



**138,000**  
Surgical masks

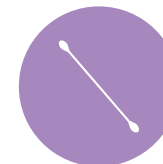


**21,500**  
Surgical gowns

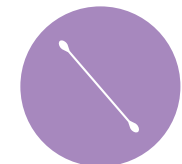


**>1,000**  
Litres of hand sanitiser

We supported 13 CBACS over this time in Canterbury with 47 'pop up' testing stations at supermarkets, aged care facilities, hospitals and for frontline staff such as Police.



**90%**  
Pegasus general practices conducted swabbing onsite



**1,800**  
Swabs conducted on people in quarantine / isolation



## NURSING AT THE FOREFRONT OF HARD PLACES

The first nursing advisor was appointed at Pegasus Health in 1997. Over the decades, the appointment has been followed by practice nurse training programmes and strategies to make primary care nursing more effective.

In 2011 the Nursing entry to Practice Programme (NetP) was introduced to support graduate nurses into general practice. Pegasus Health Nurse Membership gave practice nurses an individual and collective voice, and influence within Pegasus Health and the Canterbury health system.

Director of Nursing, Michael McIlhone says now, during the International Year of the Nurse and the Midwife, is the time to dedicate more financial resources to support the profession.

The Nurse Membership structure within Pegasus has been dissolved and in its place is a refocused Nurse Advisory and suite of nursing support services and initiatives for nurses working in general practice, 24 Hour Surgery and Pegasus Health.

A Nurse Director, Nicky Scott, now sits on the Pegasus Health Board and funding will soon become available for professional supervision, counselling sessions, extra scholarships and conference and course attendance for Pegasus nurses.

Michael says the Pegasus Nursing Team will also explore additional ways to help develop peer support and mentorship for Pegasus nurses.



**“We’ve seen our nurses at the forefront of the Canterbury earthquakes, terror attacks and now the COVID-19 response. They’ve put themselves into the hard places and we’re backing them up with this new suite of services.”**

**Michael McIlhone**  
*Director of Nursing*

*Photo: Pegasus 24HR Surgery*





Photo: Well Child Check in General Practice

## STRENGTHENING FAMILY PRACTICE

The response from Pegasus member general practices to COVID-19 has shown that new ways of working can be beneficial to patients and to practice sustainability.

Data collected over the past months has shown that **practices that are on the Health Care Home journey are more resilient and able to adapt more quickly to change.**

This year we have introduced Hikitia, our Strengthening Family Practice programme, which builds on the improvements many practices have already made, and is aligned with the Health Care Home philosophy.

The programme is being piloted in several practices. Pegasus team members work through the programme in partnership with practices, making each module easy.

Hikitia aims to make practices more resilient, through helping improve business efficiency and sustainability, while focusing on delivering patient care in a variety of new ways that value clinical and patient time, and improve the experience for both.

## INCREASE IN REFERRALS FOR PASTORAL CARE

Pegasus Health's Pastoral Care Programme has been around since 2009. Designed to detect problems at an early stage and support doctors on an individual basis through times of increased stress, burn out or personal problems, the programme has proved its worth through Canterbury's pattern of crisis, change and progression.

The programme offers a combination of peer support counselling and education, covering such areas as prescribing habits and business sustainability. Referrals often come in from nurses, pharmacists and doctors with concerns for their clinical colleagues. It's a safe environment to share concerns and a step before the involvement of the Medical Council.

Dr Caroline Christie is a General Practitioner, Deputy Chair of the Pegasus Health Board and also oversees the Pastoral Care Programme. She says the programme has expectedly seen an increase in referrals during the COVID-19 response.

"We are preparing for a further rise of GPs needing support during this ongoing and likely long term response to COVID-19. All our GPs need to look after themselves and their colleagues, their patients and their businesses as well as adapting to the changing environment in healthcare. It is without question, a very challenging time for healthcare workers and the community," says Caroline.

Support for the GP may be needed with a range of issues including depression, bereavement, anxiety or organisational issues. Once contact is made the care is individualised according to level of impairment, career stage, insight and motivation. GPs are also offered mentoring by one of five doctors in a pastoral care role. Support may involve a visit with a review of file notes. A formal practice review may be done in-house by a peer.



**"I feel we are well equipped with the robust and proven processes of the Pastoral Care Programme to assist our colleagues through this period."**

**Dr Caroline Christie**  
*Deputy Chair, Pegasus Health Board*



A woman with blonde hair, wearing a white tank top, is sitting and playing an acoustic guitar. She is looking off to the side with a thoughtful expression. The background is a warm, out-of-focus orange and yellow light.

## TE TUMU WAIORA - WAYS TO WELLBEING

The Mental Health team at Pegasus has strengthened its relationships with other providers during the COVID-19 response.

The team is embracing the opportunity to support the roll-out of a new holistic way of delivering mental health, addiction and wellbeing care through general practice. They are working towards a longer-term solution to provide an integrated model of primary healthcare – Te Tumu Waiora.

Te Tumu Waiora Canterbury is a joint initiative, led by the Canterbury Clinical Network in partnership with Pegasus Health, Waitaha Primary Health, Christchurch PHO, Canterbury DHB and NGO partners.

It puts wellbeing and mental health at the heart of general practice, with the introduction of new focused roles working as part of the general practice team – the Health Improvement Practitioner (HIP) and Health Coaches (HCs). Shelley McCabe is the Clinical Implementation Lead on this programme.

**“The aim is to make wellbeing and mental health support services more accessible for high priority groups such as Māori, Pasifika, youth, or people with other equity issues.”**

**Shelley McCabe**  
*Clinical Implementation Lead*

Te Tumu Waiora is currently operational in six practices within Canterbury, with more planned for this year. These practices provide immediate brief intervention to patients, reducing the need for people to be referred for lengthier interventions.



## PHARMACY AND GENERAL PRACTICE CLOSER TOGETHER

With the swift arrival of COVID-19 in New Zealand, the Canterbury health system benefited from existing relationships between Pegasus general practices and pharmacies, and the response has brought them even closer together.

The elements of trust, openness and clear communication mean general practices and pharmacies work well together. Cantabrians are all too familiar with crises, so our emergency response was well-tested. The COVID-19 experience built on the earlier earthquake response.

“We already had the structures and systems in place,” says Canterbury Community Pharmacy Group (CCPG) General Manager, Aarti Patel. “As a result, it was easy for us to ring every pharmacy and find out what the challenges were.”

This intelligence was then fed to the Canterbury Primary Response Group (CPRG).

At a local level, this meant mapping out a matrix of vulnerable and high-risk pharmacies and making sure CCPG was communicating with them.



*Photo: The Eastern Pharmacy team works closely with Eastcare Health - from left: Diane, Sarah, Suzanne, Lisa, Jacinta, Simon, Jacqui and Stevie.*

Problems were ironed out quickly. For example, where a general practice had an oversupply of Personal Protection Equipment (PPE), and their local pharmacies had a low supply, stock was handed over with ease.

“We have a strong collegial relationship with Eastern Pharmacy, Aranui,” says Marie Burke, a doctor at Eastcare Health General Practice. “I have worked with the pharmacy for more than seven years, and always have positive experiences with them.”

Dr Burke says the strong existing relationship meant it was easy to ask for and offer help.

The instant messaging system between general practice and pharmacists, Jitsi, worked well between Eastcare Health and Eastern Pharmacy, ensuring positive outcomes for patients, as problems and queries were solved quickly.

“It is our goal to make things easier and better for patients,” says pharmacist at Eastern Pharmacy Aranui, Simon Church. “We are grateful that Eastcare Health gave us some of their hand sanitiser and PPE, and we were able to supply ‘flu jabs to the general practice when they had a shortage.”

## 24 HOUR SURGERY RESPONSE TO COVID-19

The 24 Hour Surgery team (24HS) is accustomed to treating whatever comes through the doors of the urgent health care facility. The existing emergency response plans have been adapted and upscaled for potential COVID-19 cases.

Operations Manager, Claire McQuilken says staff quickly became familiar with the complexities of working in PPE and the additional workload of significantly intensified cleaning requirements.

Changing Ministry of Health (MoH) case definitions and caring for patients and whānau coping with life in lockdown means team work has never been more vital.

Clinical Nurse Leader, Berny Hayes says staff not only 'stepped up' initially when media coverage was heavily outlining health risks to frontline health staff and their whānau, they continue to adapt to changing COVID-19 alert levels and MoH updates.

"Our team is working hard to ensure smooth handover of patient information and make sure we don't have any cases of COVID-19 exposure or transmission. This includes adopting paperless systems where we can," says Berny.

GP Clinical Leader and acting Clinical Director Liaison, Dr Alf Scragg says virtual consultations implemented during Alert Level 4 lockdown will continue to be used.

"These consultations definitely have a place in urgent and acute demand care. There are some incredibly exciting opportunities for our patients using this technology. Many patients appreciate they don't have to worry about travel and it's a great way to support Aged Residential Care facilities," says Dr Scragg.

The 24 Hour Surgery has appreciated the extra support of the wider Pegasus group during this time. Claire says working across teams has been really rewarding, receiving help with technology hardware and software, PPE provision and collegiality both virtual and in person.

"The atmosphere between different Pegasus teams and people has reflected the best of Pegasus, why we work here and how we care for our community," says Claire.



*Photo: 24HS nurse with patient*

## STRENGTH OF PASIFIKA

Post-earthquake processes and strong, genuine relationships are serving the Pasifika community well during the COVID-19 response.

Pegasus Pacific Health Manager, Maria Pasene says connection with Pasifika people in key agencies meant they could mobilize very quickly when COVID-19 arrived.

“Our Pacific response to COVID-19 relied on established and genuine relationships with Pacific colleagues and contacts in Education, Ministry for Social Development, Housing and Police. We all worked with the Ministry for Pacific Peoples to get information out to our communities and gather feedback that would make this easier,” says Maria.

Community groups Tangata Atumotu Trust (TAT) and Etu Pasifika were also involved. Maria says the Pasifika community is independent when it comes to caring for its people.

Established email lists, regular use of Zoom meetings and translated resources were put into play early on. Key messages for radio were produced in nine different languages and videos showing people what to do when visiting a Community Based Assessment Centre (CBAC) were produced in a number of languages.

**“We’re used to looking after each other. Relationships have been grown over years and mean we are well positioned to make use of collective knowledge. Relationships are our strength.”**

**Maria Pasene**

*Pacific Health Manager*



## IN THE HEART OF ASHBURTON, HELPING TO SERVE THE WHOLE OF THE DISTRICT



Photo: Reception at Eastfield Health

Ashburton's Eastfield Health opened in July this year and is already making a difference to its community. The general practice is in a newly-built, purpose-designed facility, providing a warm and welcoming integrated health care facility for everyone, from children to the elderly. It has replaced Sealy Street Medical Centre.

Pegasus Rural Health Manager, Craig Watson, is proud of this general practice. He recognises the enormous effort involved by all of the team at Eastfield Health.

"There have been some huge challenges for Eastfield Health, as they sought to open their doors at a time of national health crisis," says Craig.

As with many rural practices, the impacts of local events are often felt at the medical centre. Whether it's a change to tourism, a drop in farming prices or a local business closure, the medical centre is often the first to manage impacts on its enrolled population.

"It's exciting to see a significant investment in a rural practice that allows more services to be provided locally," says Craig.

Working to the Health Care Home model, the practice is developing clinical teams of GPs, nurse practitioners, pharmacists and social workers. This collaborative approach underpins the desire to provide holistic patient care and create a sustainable medical centre for the community.

"I am delighted that previous ways of working do not constrain this general practice," says Craig. "They have nurses working at the top of their scope, they are using telephone and video triage, and the team is always finding new and efficient ways of doing things."

Chair of Eastfield Health Ltd, Mary Ross, explains the innovative design of the building, which currently serves 5,400 patients.

"We manage the flow of patients to allow efficient use of everyone's time and provide more privacy for patients. GPs don't have their own specific rooms and the consulting rooms all mirror each other, so that the layout is familiar and supplies can be easily accessed," says Mary.

Mary is keen to move away from the legacy of GPs being under stress and dealing with a large, often complex, caseload to an environment where the health team can fully enjoy their roles.

Eastfield Health is giving rural residents the chance to receive cutting-edge, patient-centred services. For example, ConnectMed is an online portal where patients can make appointments online, order repeat prescriptions and see test results as they come through.

"It's a journey, not an instant destination," says Mary, but we are committed to working towards the Health Care Home model. I am so proud of the team."

## ANNIVERSARY OF ACUTE COMMUNITY CARE HIGHLIGHTS SEAMLESS SERVICE

It's been 20 years since Pegasus Health set up its Community Care programme, allowing people needing acute health care to safely remain or recover at home.

In 2000, general practice doctors and nurses were trained and supported to care for people in their own home, offering all the monitoring and treatment options they would have received in hospital.

The programme evolved into the Acute Demand Management Service (ADMS). In 2004, the service was extended across Canterbury, with extra funding received from the Canterbury District Health Board.

Today, the ADMS supports around 34,000 people in the community.

The concept was at first strange for some. Traditional lines of thought believed a hospital was the best place for a person who was unwell.

The outcomes for the patients were clear though. There were more hospital beds available for people needing surgical care. Patients didn't face repeat general practice visit fees, yet still had access to radiology, ultrasound, ECG and blood tests.

They received the results just as fast as if they were in hospital. Additionally, a family-friendly observation unit at the

24 Hour Surgery provides a place for people needing to be closely monitored.


There were also significant savings. Community health care costs around \$140 per visit, compared to \$1,180 for an overnight stay in hospital.

When the Canterbury earthquakes damaged hospital buildings in 2010/11, and the number of people needing acute care grew instantly, the ADMS helped fill the gaps.

The service has proved particularly helpful for patients with Chronic Obstructive Pulmonary Disorder (COPD). In 2013, people with COPD complication attending the Emergency Department at Christchurch Hospital would automatically be admitted to hospital for care. ADMS nurses were placed inside the department to work with staff on alternative care in the community and by 2016, more than 160 hospital bed days had been saved.

Pegasus Health CEO, Vince Barry says the Acute Demand service plays a vital part in the Canterbury health system.

"Working with our health system partners to provide patients with convenient, home-based health care for the last 20 years is a real achievement for Pegasus. The continuity of care between the Acute Demand team and the patient's GP results in a seamless service for the patient," says Vince.



The benefits soon showed themselves. People were recovering better at home and some were able to avoid admission.



## HOME CARE MEDICAL CENTRAL TO SUPPORTING OUR COMMUNITY

Homecare Medical is owned by Pegasus Health and ProCare. It's been providing clinical support for general practices after hours for more than 20 years. Since November 2015, it has also been operating digital telehealth services, which offer free health, mental health and addictions support across digital channels.

Events of the last 18 months have disrupted and reshaped Aotearoa and the health landscape. The work of Homecare Medical has been central to supporting the response to some of those events - from the ongoing effects of the tragic events in Christchurch in March 2019, through to the measles epidemic and the Whakaari explosion, and for the last six months, the impacts of COVID-19.

With over 4,000 contacts received each day, Homecare Medical's role is to ensure that every New Zealander has access to free, high-quality health and social care, 24 hours a day, seven days a week, over seven digital channels.

In addition to providing National Telehealth Services, Homecare Medical also independently delivers clinical support through several other services, including Employer Advice Line, Mental Health After Hours, Safe to talk, Puāwaitanga and of course general practice out-of-hours support.

Eight clinical teams work around the clock to provide people with the best quality telehealth advice and care, delivered by registered nurses, mental health nurses, psychologists, psychotherapists, psychiatrists, counsellors, doctors, paramedics, poisons officers, health advisors, sexual harm professionals, and emergency triage nurses.

In the last 12 months (ending 30 June 2020) 825,582 contacts were answered by the National Telehealth Service - those contacts came from 556,933 people (1 in 10 people in Aotearoa New Zealand).

**You can read more about the work of Homecare Medical later in this report.**

Continued >





## DIVERSE BACKGROUNDS BUT COMMON HEALTH STUDY GOALS

This year's Pegasus Workforce Development Scholarship recipients have common reasons behind their passion and desire for health study.

This year, 23 students received scholarships. These future doctors, nurses, social workers and midwives are dedicated to improving health equity, with many motivated by experiencing ill health within their whānau. Many have volunteered in some way within health already and have a holistic viewpoint of treating the whole person – mind, spirit and physical body.

Fifth-year medical student Danni Ryan has particularly enjoyed her placement within Women's Health.

"I attended a woman and her partner during the birth of their baby... the moment when the baby was delivered and placed in the mother's arms was emotional, and brought a tear to my eye," says Danni.

Hineari Kahu has wanted to become a doctor since she was eight years old. Her tīipuna tāne (great grandfather) was unwell and aware of the limited health care available to him in his rural location, Hineari wanted to care for him, herself. Now, Hineari is keen to work in a rural town once qualified.

Nagina Miyahel was born in India and only really found her independence living in New Zealand. The former refugee was in awe of nurses caring for her mother and sister. She wants to nurse babies and young children as part of her career.

Josie Nicholas-McAnergney chose a medical career at 15 years of age. She would like to apply a holistic approach to health care and investigate Māori medicine to get the best possible outcomes for her patients.

Maca Raleque has chosen a nursing career after 18 years as a Bank Officer and 10 years as a health care assistant and support worker. Maca believes every second of every day is about health.

Pegasus Health CEO, Vince Barry, says the annual scholarships are a great way to demonstrate Pegasus' commitment to bringing equity to the centre of its work.

"We are proud to offer these scholarships to health students. There is no doubt recipients will contribute significantly to their respective fields and patients will benefit. There are longstanding inequities in health for Māori, Pasifika and people from Culturally and Linguistically Diverse communities. These scholarships are just one way we can help support these communities," says Vince.

Photo: Josie Nicholas-McAnergney, Scholarship Recipient



## MĀORI SCHOLARSHIPS

**Toriana Murray**, *Ngāti Apa / Te Āti Awa/Te Whānau ā Apanui*,  
5th year medical

**Josie Nicholas-McAnergney**, *Waitaha*, 5th year medical

**Hineari Kahu**, *Ngāi Tahu*, 4th year medical

**Shahana Truscott**, *Ngāti Porou / Ngāti Kahungunu/*  
*Rongomaiwahine*, 3rd year nursing

**Tara Tobola**, *Ngāi Tahu*, 3rd year nursing

**Grace Tamatea**, *Ngapuhi / Ngāti Porou*, 2nd year nursing

**Kaimana Gallop**, *Te Rarawa / Ngapuhi*, 2nd year nursing

**Maddren Green**, *Kati Mamoe*, 2nd year medical imaging

**Te Koha Russo-Greig**, *Ngapuhi*, 3rd year midwifery

**Elizabeth Harpur**, *Ngāti Waewae*, 3rd year

## PASIFIKA SCHOLARSHIPS

**Danni Ryan**, Medical

**Jordan Meddings**, Medical

**Ezra Taulamana**, Nursing

**Marita Naoupu**, Nursing

**Raina Tekii**, Nursing

**Maca Vuniwaqa**, Social work

**Fa'aeteete Mary Ann (Keke) Avia**, Social work

## CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) SCHOLARSHIPS

**Divya Gopalakrishnan Nair**, 4th year nursing

**Irene Ng**, 3rd year counselling

**Mariapaola Mastroviti**, 2nd year nursing

**Nagina Miyakhel**, 2nd year nursing

**Wondyrad Asres**, 3rd year social work

**Yuko Neiman**, 3rd year nursing

## A STRONG VOICE FOR HEALTHY POLICY AND ENVIRONMENTS

Pegasus Health is a strong advocate for public policy and environments that make the healthy choice the easy choice. Pegasus supports a 'Health in All Policies' approach - an approach that integrates health considerations into policymaking to improve health, whether it be at a local or national policy level.

Population Health Programme Specialist, Katie Brown says Pegasus holds position statements on a variety of health topics, including: Equity of Health Care for Māori, Equally Well (addressing physical health inequity for people experiencing serious mental illness and addiction), Tobacco Control, Healthy Weight, Alcohol and Drinking Water Fluoridation.

"Our positions align with those taken by the Canterbury District Health Board (DHB), Royal New Zealand College of General Practitioners, and other local and national health organisations," says Katie.

Positions are reviewed annually by our two advisory boards and endorsed by the Pegasus Health Charitable Limited Board. New positions are developed and adopted to respond to changes in priorities.

This year, Pegasus has taken a strong stand on tobacco control both regionally and nationally. Our work in this area includes:

- Member (Chair) of Smokefree Canterbury
- Partner of Te Hā – Waitaha Stop Smoking Canterbury service
- Member of the National Tobacco Supply Reduction Steering Group
- Lead and contributing submitter on two significant pieces of tobacco control legislation:
  - *Smoke-free Environments and Regulated Products (Vaping) Amendment Act*
  - *Smoke-free Environments Prohibiting Smoking in Motor Vehicles Carry Children Amendment Act.*

Pegasus also made submissions on the Regulations for the Medicinal Cannabis Scheme and the Climate Change Response (Zero Carbon) Amendment Bill.

In late June, Pegasus became a member of the national Health Coalition Aotearoa (HCA). HCA's vision is 'for greater health and equity for all New Zealanders through reduced consumption of harmful products (tobacco, alcohol, unhealthy foods and beverages) and improved determinants of health' – a vision aligned with many of Pegasus' positions on health and wellbeing.

Katie says being a member of HCA will increase Pegasus' influence through joint advocacy opportunities, support our advocacy activity at regional and national levels, and demonstrate our commitment to working collaboratively.

"We are developing a Pegasus position on Equity to underpin and strengthen our commitment to equity through all our advocacy efforts. Pegasus will also be developing and adopting positions on Family Harm and Gender Affirming Care," says Katie.

With strong support from our Population Health Advisory Board, Pegasus will continue to advocate for the fluoridation of water, and our belief that the authority to fluoridate the drinking water supply belongs centrally (at national level), rather than regionally with individual DHBs.

The timeframes for the impact of the 'Health and All Policies' work can be long, but when policy is changed, the effort is truly worth it. For example, Pegasus' tobacco control advocacy, alongside Smokefree Canterbury partners and the Cancer Society, has contributed to new vaping regulation that supports people choosing to 'vape to quit', while at the same time protects young people from exposure to the marketing and availability of vape products.



## SUPPORT FOR GETTING BACK TO WORK

Here Toitū is a national programme launched in 2019 and designed to support people living with a health condition or disability, helping them to set their own goals and aspirations, and where they can, return to earning, learning, caring or volunteering in a workplace.

The programme is jointly run by the Ministry for Social Development (MSD) and Primary Health Organisations across New Zealand.

Pegasus Health's Community Liaison Access Manager, Melissa McCreanor, has been working with the programme's predecessor, Step Up, since 2017. This has now evolved into Here Toitū after a successful pilot and trials.

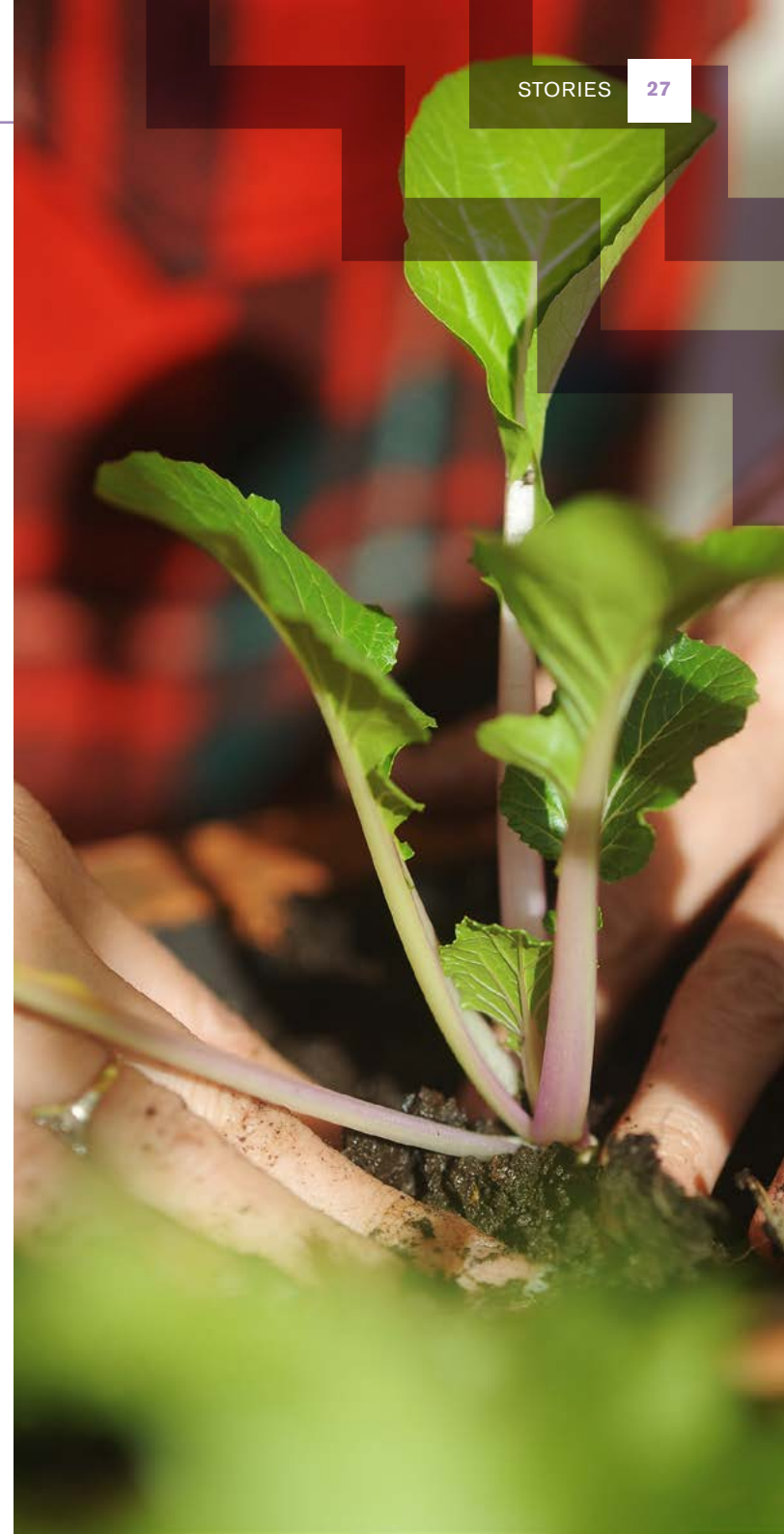
The new programme has taken the best aspects of Step Up, combined them with elements from similar programmes - Mana Taimahi (Auckland and Whanganui based programme) and Well Plan (Auckland-based) - and scaled up the service to more general practices in their regions, making it available to more people.

"We've already seen through our work with Step Up that it's about more than just returning to work. We've heard great stories from our general practices about patients with complex mental health needs feeling really satisfied through

volunteering, and their families say it's great to see them doing something they wouldn't have thought possible in the past", says Melissa.

A team of health navigators work individually with people to meet the specific health needs affecting their wellbeing and ability to work. Melissa says there is collaboration between general practice, Ministry of Social Development and the health navigators.

A participant who has re-entered the workforce through the Step Up Programme says the health navigator helped her with interview confidence and pointers on how to approach and talk about her illness with future employers.



## HEALTH CARE PROVIDED IN WINDOW OF OPPORTUNITY

Most of the youth offenders at Te Puna Wai ō Tuhinapo need some form of mental health support.

The Youth Justice Residential Facility located just outside Rolleston is operated by the Ministry for Vulnerable Children, Oranga Tamariki. It can house up to 40 residents. Their length of stay varies from one week to several months and lasts while they are on remand, until sentenced by the court.

Pegasus Health provides primary health care services to Oranga Tamariki. This includes services at Te Puna Wai Youth Justice Facility and Te Oranga – Care and Protection Facility in Burwood.

Residence Youth Health Nursing team leader Moyra Docherty, and nurses Sarah Hadley and Kym Delahunty, work primarily at the Rolleston facility, while nurse Rebekah Coapman is based at Burwood. Moyra says their care provides a window of opportunity for long-neglected health problems to be checked and as much health care ‘infused’ into the young person as possible.

The nursing team at Te Puna Wai sees and assesses all new residents within two days of their arrival. They work hard to make sure the connection with health professionals is a positive experience.

“More of our residents are arriving with complex mental health needs. They are more likely to be withdrawing from substance abuse and some have been affected by foetal alcohol syndrome,” says Moyra.

Sarah Hadley says the time residents spend at Te Puna Wai is often the only time they have a positive relationship or connection with health care.

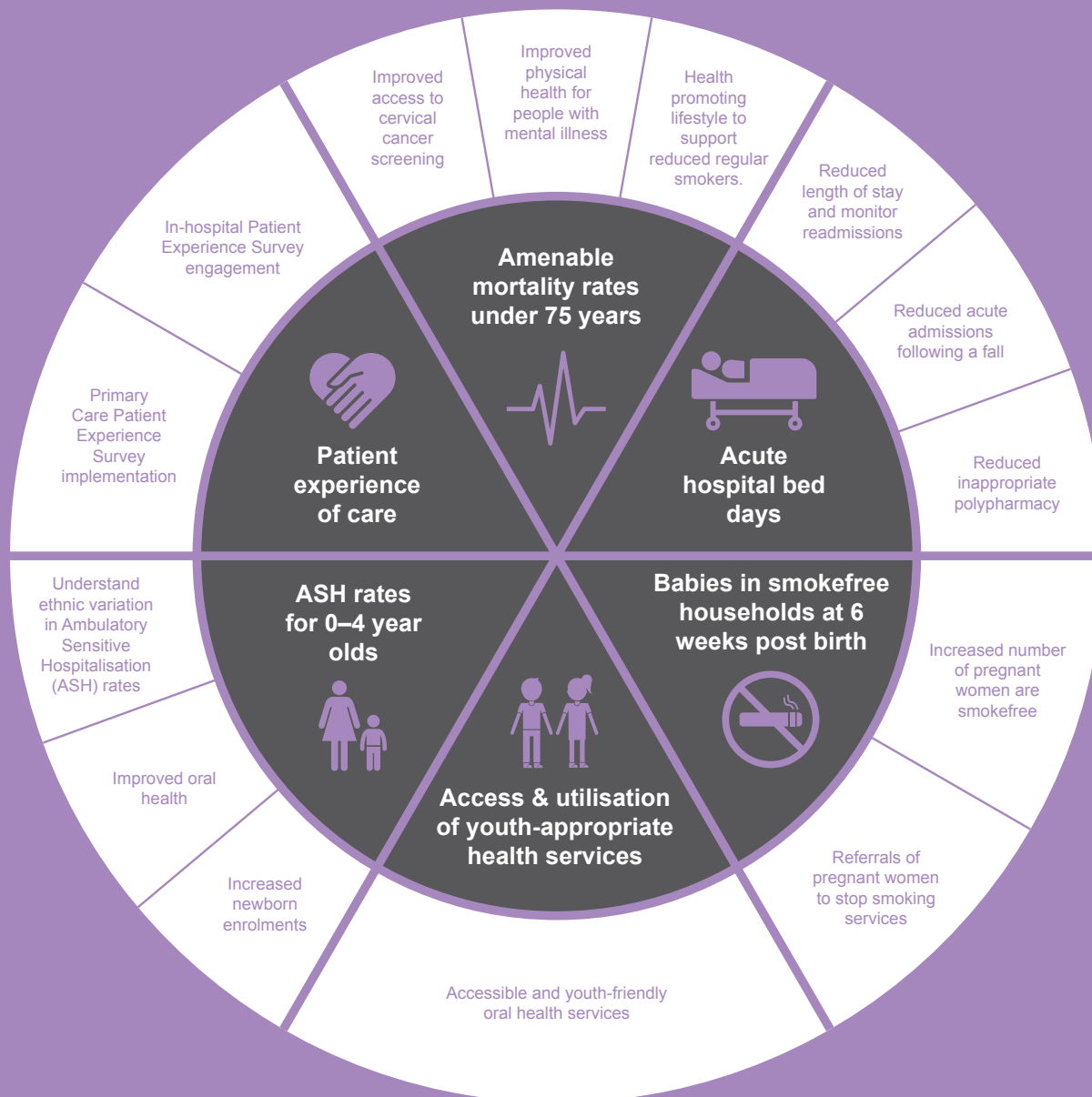
“There are some really sad stories here. We have young people who have had to look after their siblings, trying to keep them fed and safe from violence in the home. They see their mother being ‘bashed’ or a parent lashing out. They live in poverty and many have seen an awful lot of violence,” says Sarah.

On arrival, the residents are assessed for health needs and wrapped in layers of care. Each young person is assigned a case leader and connected with the youth forensic team, sexual health clinic and dental services.

“All the agencies really try and help. We have some big challenges,” says Moyra.



*Photo: Nurses at Te Puna Wai  
From left: Kym Delahunty, Sarah Hadley and Moyra Docherty work hard to infuse as much health care as they can into young people in their care.*



## SUPPORTING CHANGE AND SYSTEMS IMPROVEMENT

Pegasus Chair of the System Outcome Steering Group, Lynley Cook, says “Unless we work together, we can’t make improvements.”

Lynley is working collaboratively across Pegasus and with other partners in the Canterbury health system, to bring about significant improvements for the health of all Cantabrians through her work with System Level Measures (SLMs).

SLMs focus on how health systems improve outcomes at a population level, increasing access to health services and reducing inequity in the health outcomes of our communities.



## FIFTEEN YEARS IN RESPONSE ROLE

As Chair of the Canterbury Primary Response Group (CPRG), Dr Phil Schroeder has helped lead his primary colleagues through some of the most eventful decades in Canterbury's recent history.

The list includes swine flu, earthquakes, floods, major snow storms, fires on the Port Hills and now COVID-19.

Dr Schroeder has stepped down from his role with the CPRG, after 15 years with the group, including 12 years as Chair.

The Christchurch earthquake stands out the most in his experiences, and he is grateful that the CPRG was in place with systems and processes to assist primary care, pharmacy and district nursing at a critical time.

Dr Schroeder was in Rotorua when the earthquake struck and got himself to Auckland and on a flight to Christchurch in the morning.

He recalls being shocked at the devastation as he drove to the 24 Hour Surgery from Christchurch airport. "It was really quite emotional. Reality struck, it was worse than I had imagined."

"On the day of the earthquake, Afterhours were operating in the car park dealing with things as best they could. They

were nextdoor to Southern Cross so had their facilities and specialists keen to help for fracture diagnosis and treatment."

When the CPRG began in 2005 in response to Avian 'flu, it was solely focused on pandemics and later, 'flu.

The group lobbied the Canterbury District Health Board to provide a broader response to any emergency involving a primary care response and was given the go-ahead just five days before the February 2011 earthquake.

A key role of the CPRG has been helping primary care to manage seasonal 'flu, he said.

"We have been able to help forecast when the season will peak and help rest homes, primary practice and pharmacies to manage," he said.

A low point for Dr Schroeder was the 2019 measles outbreak, which was hampered by inconsistent and at times incorrect communications from national organisations and vaccine suppliers. "But, each response has taught us something."

The combined experience of the past 15 years has meant Canterbury was "well placed" to tackle the challenges of COVID-19, he said.

"The rest of New Zealand and the world have been interested in what we have done here. We are often called to offer advice to other parts of the country, Australia, Canada and the UK," he said.

**"It has been a real privilege to be involved with the CPRG team and the care of the people of Canterbury. The CPRG is something unique and will carry on serving our community."**

**Dr Phil Schroeder**  
*Departing Chair, CPRG*



Photo: Dr Phil Schroeder



# FINANCIALS AND STATISTICS

System Level Measures	32
Financial statement commentary	33
Enrolled population	34
Facts and figures	36

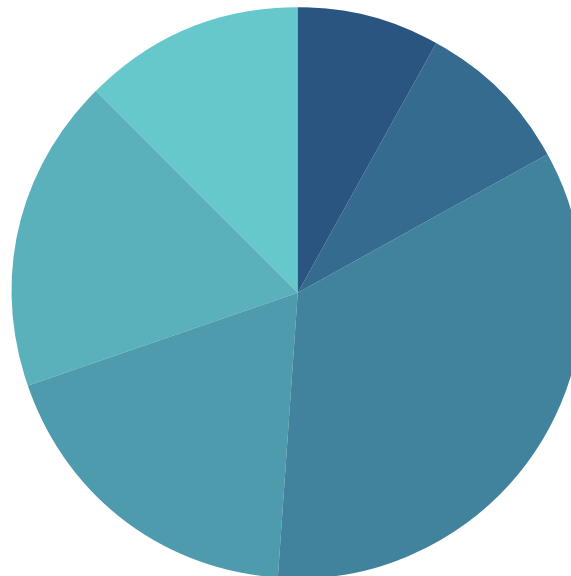
## SYSTEM LEVEL MEASURES

Pegasus Health, along with other Primary Health Organisations (PHOs), receives a portion of Canterbury's health funding to build capacity and achieve quality improvements across the Canterbury health system.

The pie chart (right), similar to last year, shows that Pegasus uses most of its funding to support quality improvement at practitioner and practice level, through education and training, and innovative new ways of working.

Specific examples include the support and development of practice nursing and administration workforce, Foundation Standard programme and assessment, GPVu and the Summer Students that are hosted by Pegasus every year.

The framework has measures that look at integration across the system, rather than individual activity at general practice level.



System Levels	Number
Administering Programme	224,462
Workforce Development Scholarships	251,377
Clinical Service Development	947,307
Practice Support, Liason and Coordination	514,183
IT Developments	492,500
Developing Models of Care	347,00



# PEGASUS HEALTH (CHARITABLE) LTD

## FINANCIAL STATEMENTS COMMENTARY

### YEAR ENDED 30 JUNE 2020

We present consolidated “Group” financial statements.

The Company consists of Pegasus Health (Charitable) Ltd and its associates. The Group consists of the Company and its subsidiaries, most notably Pegasus Health (LP) Ltd, which holds our 50% investment in Homecare Medical (NZ) Limited Partnership (Homecare Medical), and After Hours Properties Ltd which has been wound up during the year.

The financial statements for the year ending 30 June 2020 illustrate what has been overall a positive year financially. The significant financial transactions this year were:

- Revaluation of land and buildings being 401 Madras Street at year-end. This resulted in a \$1M gain to other comprehensive income.
- Dividend received of \$0.5M during the year from Pegasus Health (LP) Ltd, as well as \$0.6M subsidiary loan received.
- Continued strong performance including significant COVID response activity from Homecare Medical, resulting in \$2.3M (2019: \$1.3M) income to the Group.
- Repayment of a further \$1M (2019: \$1M) of partnership capital related to the initial telehealth capital injection. This capital injection has now been repaid in full to Pegasus.

- Canterbury Primary Response Group (CPRG) took a leading role in the coordination and delivery of Community Based Assessment Centres (CBACs) to support the COVID-19 pandemic response resulting in increased revenue of \$3.1M, offset by \$3.1M cost.

#### Comprehensive Revenue and Expenses (aka Profit and Loss account)

The Company's operating result, a deficit of \$153k, was \$654k better than budget, and the Group's operating result was a surplus of \$1,672k.

Revenue, primarily from the delivery of health services, increased by \$6.8M. The largest contribution to the increase in revenue was from the COVID-19 CPRG contract held with the DHB which had a cost recovery basis. The remaining increase arose across the business, including incremental increases for HealthOne and ERMS, and increased activity in services supporting General Practice.

After a successful trial in the prior year, a contract was agreed with MSD to provide a health navigator service, now offered within general practice that helps Cantabrians who are on a benefit and have a medical deferral to find and stay in work. There has also been an extension of the ACC High Tech Imaging initiative where Pegasus expanded this offering to other PHOs.

Operating expenses increased by \$5.4M. Excluding the \$3.1M COVID-19 expenses commented on above, expense movements are consistent with activity levels. The most significant component of expenses, after wages and salaries, continued to be the data-related support of General Practice information systems. Furthermore, the useful life of intangible assets was reviewed resulting in accelerated amortisation of \$0.3M. All other expenses have moved in line with either their respective revenue stream or prior year.

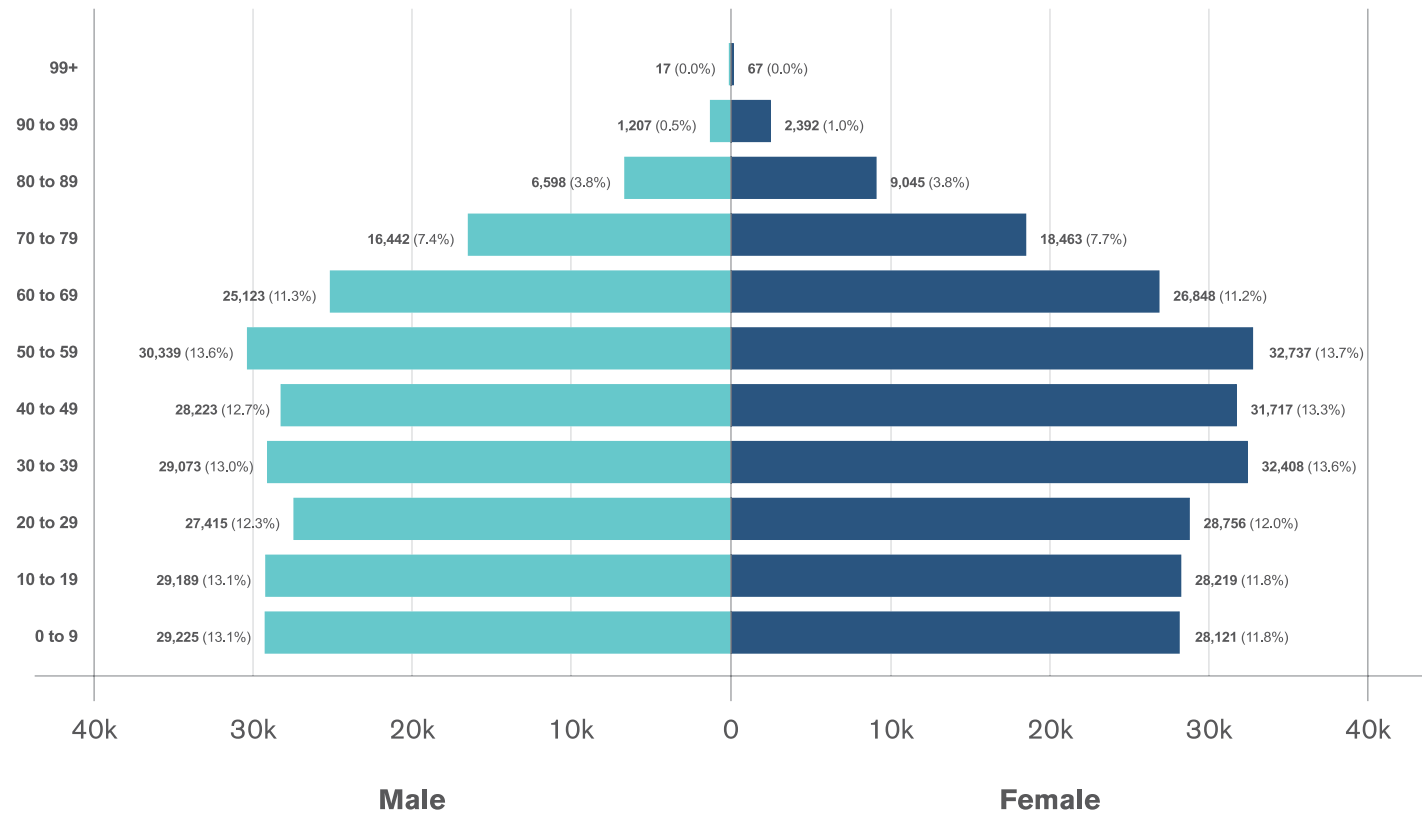
#### Net finance costs were stable

The Limited Partnership, dividend and revaluation entries are covered in the bullet points above and not repeated here.

All of the above come together to give a Group total comprehensive income of \$2.7M (2019: \$0.6M) demonstrating a positive year overall.

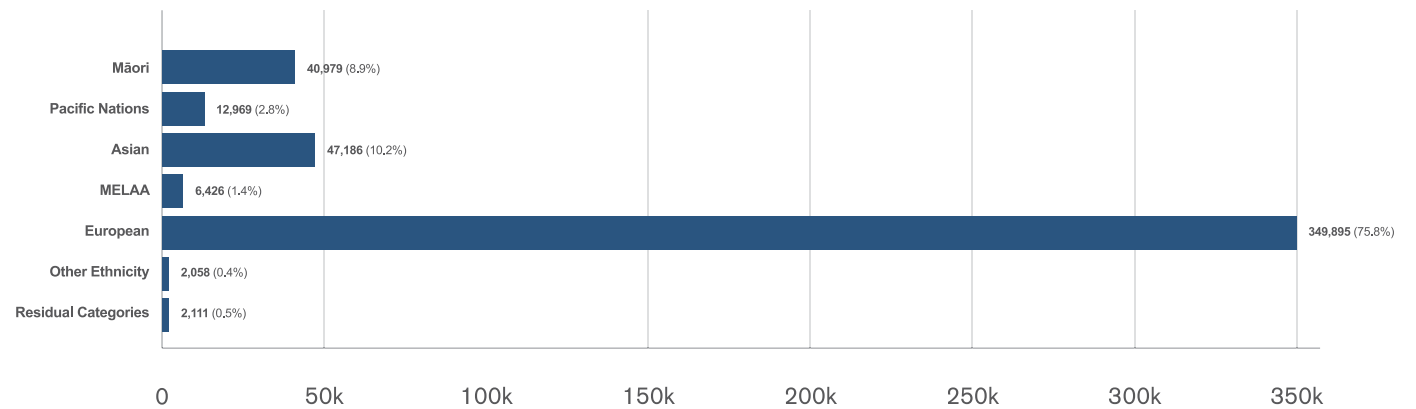
# ENROLLED POPULATION STATISTICS

## ENROLLED POPULATION BY AGE 2020



# ENROLLED POPULATION STATISTICS

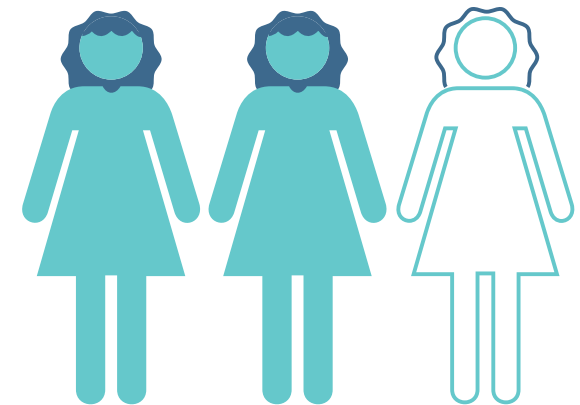
## ENROLLED POPULATION BY ETHNICITY 2020





## FACTS AND FIGURES

70%



### BETTER HELP FOR SMOKERS TO QUIT

29,390 smokers received smoking cessation advice and support from their general practice team in the 2019/20 year; that's approximately 70% of all smokers in Pegasus PHO.

Overall, coverage was lower than previous years due to the residual impact of external factors from 2019 (measles / terror attacks) and the very significant impact of COVID-19 from early 2020 which saw coverage drop to 70% by end of Quarter 4, 2019/20.

The Stop Smoking Support team, based at Pegasus, contacted 8,500 patients on behalf of their general practice team to offer brief advice and cessation support. Of those contacted, 846 accepted a referral to a cessation support service.

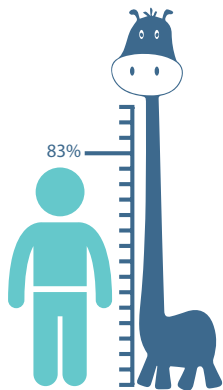
### MORE HEART AND DIABETES CHECKS

77,766 people have been assessed for cardiovascular risk, as at 30 June 2020. This means 55% of eligible population having had a risk assessment by their general practice team. During COVID-19 lockdown and the unpredictable six months for general practice this has fallen by 11% from last year's figures.

### CERVICAL SCREENING

66.7% of women aged 25 to 69 have received a cervical smear in the last three years, as at 30 June 2020. This shows a small reduction of 1.2%.

Facts and Figures Continued >



## B4 SCHOOL CHECKS

A total of 4,641 Pegasus enrolled children had a B4 School Check in the 2019/20 year which equates to 83% coverage, and 216 of these checks were completed in the child's own home by the Pegasus B4SC Mobile Outreach team. Overall, 83% of Māori children and 84% of Pasifika received their B4 School Check.

A total of 317 dental referrals; 401 vision referrals; and 284 hearing referrals were made as an outcome of the checks. There were 314 children referred to a health professional due to concerns about growth/weight, while 174 declined a referral.

Note: during COVID-19 lockdown levels 3 & 4 no B4SCs were allowed



## INCREASED IMMUNISATION

By the end of the 2019/20 year, Pegasus general practices had vaccinated 91% of Māori children, 96% of Pasifika children, and 95% of children across all ethnicities at the eight months of age milestone.

At the two-year-old milestone, Pegasus general practices vaccinated 92% of all Māori, 98% of all Pasifika and 95% of all two-year-olds.

These results are outstanding, taking into account the considerable drop in vaccination rates during the lockdown period earlier this year.



# EXTENDED INFORMATION

The Pegasus response to COVID-19 (Continued)	39
Health care provided in window of opportunity (Continued)	40
Supporting change and systems improvement (Continued)	41
Pegasus Health (Charitable) Ltd Financial Statements (Continued)	42
PHAB (Continued)	43
CQAB (Continued)	47
Canterbury Clinical Network (Continued)	48
Homecare Medical (Continued)	50



## *The Pegasus response to COVID-19 Continued >*

### Surveillance Testing

On April 17 the first COVID-19 surveillance testing was conducted at Moorhouse Pak'nSave where more than 400 people were tested. The directive from the Ministry of Health to set up this 'pop-up Community Based Assessment Centre' was given on the previous day and many staff were involved in a short and intense burst of activity to get this CBAC operational for Friday morning.

A CBAC was set up in the east of Christchurch at Ngā Hau e Whā Marae where Pegasus worked in partnership with He Waka Tapu, Whanau Ora Community Clinic and Te Rūnanga o Ngā Maata Waka.

This CBAC did a fantastic job, reaching out to vulnerable communities to remove barriers to accessing tests, while providing advice to the community about COVID-19 and access to financial and other support services.

### Primary Mental Health Service

The Primary Mental Health service had to change its face-to-face consultation model and move to phone consultations. During the course of lockdown, the service saw some real benefits of moving to this model with 'Did Not Attend' rates dropping and high engagement with the service. With referral rates from general practice initially dropping during the response, the service was also able to dramatically decrease wait times.

### Supporting General Practices

Pegasus staff, across a range of teams, supported general practices to overcome the challenges and changes faced in delivering care for their patients. An essential initiative was the provision of technology and guidance to provide virtual consults for patients.

Advocating for general practice with the Ministry of Health through GPNZ was also a key focus throughout the pandemic, helping ensure practices remained sustainable.

When demand at general practices decreased and patients hesitated to seek usual care, the Pegasus communications team organised a media campaign to encourage people to continue to contact their practice in the usual way. This campaign ran in *The Press*, online and social channels as well as radio advertisements translated into a number of languages.

Regular and routine support services for general practices were also required during this time, often adjusting to new ways of doing things such as organising new claims and payments, technology support, and support for clinicians, including pastoral care.

With the pandemic arriving at the start of the 'flu season, Pegasus has worked behind the scenes to help ensure there is a supply of 'flu vaccines so that frontline staff and vulnerable people can be vaccinated.



*Photo: COVID -19 testing station, Stuff*



### Health care provided in window of opportunity *Continued* >

One young male arrived wearing \$5 glasses.

“These were completely useless as reading glasses, he was virtually blind. We got him an appointment with an optometrist and new prescriptive glasses. This was life-changing for him and he can now do school work,” says Sarah.

The list of health concerns can be long. Sexually transmitted diseases, vision and hearing problems, substance abuse, declining mental health, skin infections and fungal feet are common.

Preventative care, such as personal hygiene education and immunisation is also provided.

## ADMISSIONS AT TE PUNA WAI Ō TUHINAPO

The Youth Justice Residential Facility located just outside Rolleston in Canterbury is operated by the Ministry for Vulnerable Children, Oranga Tamariki.

Pegasus Health provides primary health care to its residents.

78%

Of young people admitted are Māori / Pasifika

220

Young people enter TPW on average per year

500 - 600

Scheduled appointments are provided by the primary health team per quarter.



### Supporting change and systems improvement Continued >

There are six key areas of focus that are recognised nationally. Canterbury has a set of locally-selected contributory measures (circling the SLMs on the chart). Of particular significance to Pegasus are four areas:

- Improved cervical cancer prevention with increased access to cervical cancer screening
- Improved physical health for people with mental illness – also known as ‘equally well’
- Improved oral health
- Though not identified as a contributory measure, addressing ‘family harm’ has been identified as an area where primary care can have a significant impact.

“We recognise that general practice and primary care can make a big impact in these areas. In a sense, this is where we believe we can make some of the biggest differences in people’s lives, in particular, to reduce disparities in outcomes,” says Lynley Cook.

At the centre of addressing the System Level Measures is our primary care workforce. As part of strengthening this, a locally-designed skills development course on motivational interviewing was started in 2017, called “Motivating Conversations.” This supports health professionals to bring about positive behavioural change through their interactions with patients.

More than 720 GPs, practice nurses, pharmacists and other primary health care professionals have been trained in conducting motivational conversations. Feedback on the course has been positive, particularly with the easy transferability of the skills to their practice. Participants say they are listening more, avoiding jumping to conclusions and checking what the patient wants to achieve.

The groundwork done by Lynley and colleagues, across Pegasus and other health system partners, helps to ensure Pegasus is well placed to collaborate when times get tough. The aim is always to deliver high-quality health services to the community.



## Pegasus Health (Charitable) Ltd Financial Statements

Continued >

### Financial Position (aka Balance Sheet)

Due to the result set out above, Company equity has increased to \$18.7M (2019: \$17.8M), whereas Group equity has increased to \$21M (2019: \$18.3M).

Significant asset movements are:

- Cash has increased, as commented on in cash flows section below;
- Property, plant and equipment has increased, due to the revaluation of land and buildings
- Receivables have increased due to timing of reimbursement of claims paid out to practices for COVID swabbing costs
- Group investments have increased due to this year's share of limited partnership profit while Company investments have decreased due to the wind-up of After Hours Properties Ltd in the current year
- 

Significant liability movements in the Company are due to an advance from subsidiary of \$623k and an increase in employee benefit liability due to a decrease in leave taken during lockdown. The Group liabilities have further increased due to funding received in advance increasing as a result of technical accounting standards adjustments related to Homecare Medical.

### Cash Flows

Cash was well managed to ensure Pegasus remained comfortably within its banking covenants throughout the year. At year-end, cash balances had increased by \$1.3M to \$5.5M.

Net cash generated from operating activities totalled \$983k for Group and \$1,444k for Company with the main difference being the dividend received of \$454k.

Cash generated from investing activities totalled \$337k for Group whilst the Company had an investing cash outflow of \$693k. This is due to capex spend being offset at a Group level by the \$1M capital repayment from Homecare Medical.

Financing activities reflect the \$623k subsidiary loan in the Company.

### Primary Health Organisation (PHO) Function Special Purpose Financial Statements

These separate special purpose financial statements are produced to meet PHO reporting requirements. They are an extract from the full financials commented on above. The significant financial transactions bullet-pointed in the first section of this commentary do not involve PHO Function funds.

Our PHO Function had a stable twelve months of operations. This culminated in an operating deficit of \$16k for the year. The cash position increased slightly to \$2.5M at year end, with over \$100M of funds distributed to service providers, the most significant being Capitation payments to General Practices.

### Summary

Pegasus remains in a sound financial position. Prudent and deliberate governance and management practices continue to be demonstrated, and a measured approach maintained.

Cash position and Reserves remain strong. This financial year's initiatives continue to position Pegasus well to support General Practice through the challenges and opportunities ahead, enabling Canterbury people to be well and healthy in their own homes and communities.

We hope this commentary assists your understanding when reading both sets of financial statements which are available separately on our website.

## PHAB Continued >

During 2019-2020, PHAB continued to focus on its priority areas, and provided the following information and advice to Pegasus:

- A letter to Pegasus to endorse the Pegasus Equity Stocktake and congratulate Pegasus on the activities undertaken to improve equity. It was agreed that the stocktake will be updated, and that PHAB will review it every six months.
- Agreed to review the Pegasus Position Statement on Health and Wellbeing every six months.
- Regularly reviewed population health data for the Pegasus enrolled population and wider Canterbury population. Congratulated Pegasus on immunisation coverage in 2019 for children aged eight months, and children aged two years, which met the 90% target in all ethnic groups. High immunisation coverage is likely to contribute to lower ASH rates and to lower amenable mortality in future. In the meantime, however, we identified that there are persistent inequities in ASH rates for children aged up to four years. PHAB also identified a lack of recent oral health data for children aged five years, which makes it impossible to assess progress towards improving children's oral health.
- PHAB met with members of the Canterbury Clinical Network's Oral Health Service Development Group

(SDG), to identify areas where Pegasus and the Oral Health SDG could work together. PHAB recommended that Pegasus continue to advocate for fluoridation of drinking water, and that oral health be included as a topic in the Pegasus primary care education programme. Members of the Oral Health SDG also gave a presentation to PHAB members, and discussions about accessing recent oral health data are underway.

- PHAB provided feedback to the Ministry of Health on their Healthy Food and Drink Guidance draft documents.

### PHAB endorsed the following:

- The Pegasus Equity Stocktake
- The Pegasus Health Quality Plan
- Pegasus contribution to the Canterbury Health System Level Measures Improvement Plan
- The updated Pegasus Smokefree/Auahi Kore position statement
- The Equally Well Action Plan to improve the physical health of people with serious mental illness and/or addiction
- A pilot project to integrate Kaupapa Māori and Pacific NGO nurses into the Pegasus small group education programme

- Pegasus continuing to provide support to improve access to, and quality of, Gender Affirming Care
- Pegasus working with the Culturally and Linguistically Diverse (CALD) Communities Health Advisory Group, and migrant health professionals, to help them find relevant work experience
- Pegasus becoming a member of the Health Coalition Aotearoa.

I wish to thank all the PHAB members for their expertise and commitment to improving the health of the Canterbury population, especially during the COVID-19 pandemic, and the Pegasus Health staff who have provided PHAB with information, advice and support.

### PHAB Priorities and Possible Recommendations

#### March 2019

The Pegasus Population Health Advisory Board (PHAB) was established in March 2018, and first met on 18 April 2018. The Terms of Reference state that the purpose of PHAB is "to provide advice to the PHCL Board on ways that Pegasus can continue to improve health outcomes and reduce health inequities in the Canterbury population, and on occasion, beyond." Since the establishment of PHAB, we have reviewed relevant reports and other information, and identified the following priorities.

## PHAB Priorities

The overarching PHAB priority is to improve equity, and our initial priorities to help achieve this are:

### Reduce Pacific ASH rates for children aged 0-4 years

- Pacific ambulatory sensitive hospitalisation (ASH) rates for children aged 0-4 years in Canterbury are approximately twice those for Māori and other ethnic groups.
- The most common conditions are URTIs, asthma, cellulitis, dental conditions, gastroenteritis/dehydration (Halim 2018).

### Improve oral health

- Socioeconomic gradients in dental caries are evident by age 4 years.
- Evidence of any caries experience at age 4 years: European 6.8% (6.8 - 6.9), MELAA (Middle Eastern, Latin American and African) 15.0% (14.6 - 15.4), Asian 17.9% (17.7 - 18.0), Māori 22.3% (22.2 - 22.4) and Pacific 30.6% (30.4 - 30.9) (Shackleton et al 2017).

## Reduce amenable mortality

- Between 2000 and 2014 the age-standardised amenable mortality rate has seen a relative decrease of 39.2% for Māori, 33.6 % for Pacific and 39.2% for non-Māori, non-Pacific populations.
- The amenable mortality rate was substantially higher for Māori (196.8 per 100,000) and Pacific peoples (186.4 per 100,000) compared with non-Māori, non-Pacific (75.6 per 100,000) in 2014.
- The top 10 causes are Coronary heart disease, Chronic obstructive pulmonary disease (COPD), suicide, Cardiovascular disease (CVD), breast cancer, diabetes, accidents, rectal cancer, melanoma, prostate cancer.
- CHD, COPD, CVD, and diabetes accounted for 49% of amenable mortality (Ministry of Health 2017).
- People with serious mental health problems and/or addiction have higher risks of many chronic health conditions, which contribute to a considerably shorter life expectancy compared with the general population (Cunningham et al 2014, Te Pou o te Whakaaro Nui 2017).

## Evidence-informed strategies to address PHAB priorities

The following evidence-informed strategies have been identified:

### Primary prevention

- Fluoridation of drinking water (PHCL has already acted on PHAB's recommendation to write to the Minister of Health, Ministry of Health, CDHB, and CCC endorsing fluoridation of drinking water).
- Decrease risk factors for poor oral health and amenable mortality (decrease tobacco and alcohol use, obesity and poor nutrition - decrease sugar and salt intake, decrease red/processed meat intake).
- Increase protective factors (increase physical activity, promote breast feeding, promote increased intake of plant-based foods).



### Improve access to primary care

- Barriers to access are cost (14.3% of adults, 3.0% of children), appointment not available at usual medical centre within 24 hours in past 12 months (18.4% of adults, 15.8% of children), lack of transport (3.2% of adults, 2.6% of children). (Ministry of Health NZ Health Survey 2016/17)
- Prioritise access for Māori and Pacific to improve equity (for example 9.1% of Māori women and 9.7% of Pacific women reported lack of transport, and 25% of Māori women reported appointment not available at usual medical centre). (Ministry of Health NZ Health Survey 2016/17)
- Reviews show consistent findings that community health workers (CHWs) can improve access to primary care for disadvantaged/ under-served groups (Jack et al 2016, Kim et al 2016). Most randomised controlled trials have been carried out in the US, but there have been observational studies and evaluations in New Zealand (Bidwell 2013). Shared culture/experience and strong links with the communities they serve, and strong partnerships with providers, are important, and CHWs must be supported by appropriate, accessible services (Gibson et al 2015, Bidwell 2013, Barwick 2000).

### Proposed Recommendation

That Pegasus Health develops a Plan to Improve Equity. The plan would include a definition of equity, and would use an evidence-informed approach to improving equity by addressing priorities, including those identified by PHAB, as described on previous pages. Evidence-informed strategies would be included in the Plan, with each strategy to be implemented within a specified timeframe. Measurable outcomes from these strategies would also be included in the Plan.

Evidence-informed examples could include:

- Enhancing existing partnerships with other providers to promote primary prevention strategies. This would require funding, communication, a mandate for collaboration, and targeted advocacy, professional education (Wong et al 2017) and collaboration between oral health services, public health, and primary care (Beckett and Meldrum 2018)
- Appointing new Partnership Community Workers (PCWs); one from the Maori community, one from the Pacific community, and one from the CALD community. Ensuring appropriate pathways are in place to support these appointments. These pathways will include:

- Awareness (consult with community groups about suitable links for example, Churches? Clubs? Other organisations?)
- Accessibility (ways to help people without access to transport, ways to help with costs of healthcare)
- Acceptability (ensuring practices have capacity to accept new patients, and cultural training for practice staff (Neuwelt et al 2015) such as the proposed MIHI pilot project).

# REFERENCES

- Barwick H.**  
Improving access to primary care for Māori and Pacific peoples: a literature review commissioned by the Health Funding Authority. *Wellington: HFA, 2000.*
- Beckett DM, Meldrum AM.**  
Factors that influence inequity of oral health in New Zealand and what we can do about them. In: Health and wellbeing of under-five year olds in the South Island 2017. Dunedin: NZ Child and Youth Epidemiology Service; *University of Otago, 2018.*
- Bidwell S.**  
Improving access to primary health care for children and youth: a review of the literature for the Canterbury Clinical Network Child and Youth Workstream. Christchurch: *Community and Public Health, 2013.*
- Cunningham R, Paterson D, Sarfati D, Stanley J, Collings S.**  
Premature mortality in adults using New Zealand psychiatric services. *NZ Med J 2014; 127: 31-41.*
- Gibson O, Lisy K, Davy C, et al.**  
Enablers and barriers to the implementation of primary health care interventions for Indigenous people with chronic diseases: a systematic review. *Implementation Science 2015; 10: DOI 10.1186/s13012-015-0261-x.*
- Halim AA.**  
Ambulatory sensitive hospitalisation (ASH) in 0-4 year olds. Christchurch: *Pegasus Health Limited, 2018.*
- Jack HE, Arabadjis SD, Sun L, et al.**  
Impact of community health workers on use of healthcare services in the United States: a systematic review. *J Gen Intern Med 2016; 32: 325-44.*
- Kim K, Choi JS, Nieman CL, et al.**  
Effects of community-based health worker interventions to improve chronic disease management and care among vulnerable populations: a systematic review. *Am J Public Health 2016 doi:10.2105/AJPH.2015.302987.*
- Ministry of Health.**  
Health and Independence Report 2017. The Director-General of Health's Annual Report on the State of Public Health. Wellington: *Ministry of Health, 2018.*
- Ministry of Health.**  
New Zealand Health Survey 2016/17 <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/new-zealand-health-survey#2016-17>
- Neuwelt PM, Kearns RA, Browne AJ.**  
The place of receptionists in access to primary care: challenges in the space between community and consultation. *Soc Sci Med 2015; 133: 287-295.*
- Shackelton N, Broadbent JM, Thornley S, et al.**  
Inequalities in dental caries experience among 4-year-old New Zealand children. *Community Dent Oral Epidemiol 2018; 46: 288-296.*
- Te Pou o te Whakaaro Nui.**  
The Physical Health of People with Mental Health Conditions and/or Addiction: Evidence update December 2017. Auckland: *Te Pou o te Whakaaro Nui, 2017.*
- Wong ST, MacDonald M, Martin-Misener R, et al.**  
What systemic factors contribute to collaboration between primary care and public health sectors?. An interpretive descriptive study. *BMC Health Services Research 2017; 17: DOI 10.1186/s12913-017-2730-1.*

**CQAB continued >**

The CQAB continued to meet digitally during the COVID-19 lockdown. During this period we dealt with a number of matters relating to the primary care response. These included recommendation on the use of PPE by healthcare workers and patients, infection prevention and control measures, and the approach to community assessment and testing of potential COVID-19 cases. We are also alert to the potential longer-term impacts of the pandemic, in particular in relation to mental health and the capacity of primary care to respond to the likely increased need.

Communication between healthcare providers has been a regular feature on our agendas this year. We have responded to enquiries and prepared advice on the imminent demise of the fax machine and its potential replacements, changes to the way the Emergency Department communicates with primary care, and challenges and opportunities in the way laboratory tests are ordered by primary care clinicians.

On several occasions this year we have invited clinical leaders from Waitaha and Christchurch PHOs to join our discussion on matters affecting the entire local primary care system, for example in discussions about the roll-out of population screening for bowel cancer, the Ministry of Health's proposed changes to performance measurement in

cardiovascular risk management, and in many of the areas relating to the way primary care communicates with the wider health system. This joint approach to discussion has been successful and we plan to make it a more regular feature of our meetings.



## Canterbury Clinical Network Continued >

### Working Towards Achieving Equity

In 2019 CCN created a Te Tiriti and Equity group with Māori leaders from across the system, including members from Te Kāhui O Papaki Kā Tai, the CCN Māori Caucus and the Canterbury DHB alongside the Alliance Leadership Team Chair, members from the Population Health and Access Service Level Alliance and the CCN Programme Office. The group meets bi-monthly to progress specific, equity-focused actions.

One of the actions that has been prioritised is enhancing the health system's approach to co-design – a regularly applied approach to improve health services by bringing together consumers, service providers from across the health system, and other government and community organisations.

In 2019, the Te Tiriti and Equity group carried out a comprehensive review of CCN's co-design with the aim of developing an approach that ensured the voices of Māori, Pacific, Culturally and Linguistically Diverse (CALD) communities and other minority groups were heard and influenced the changes needed in accessing health care. This will be put in place over the next few months, with a plan to review and make changes to the process as needed.

### Mana Ake – Stronger for Tomorrow

The Mana Ake Service Level Alliance was established in March 2018 to promote and support wellbeing and positive mental health for children in Years 1 to 8 across Canterbury schools.

In September 2019, the initiative was one of only 19 (out of 84 entries) shortlisted as a finalist for the Spirit of Service awards in the Better Outcomes Award / Te Tohu mō ngā Hua E Pai Ake Ana.

In March 2020, Prime Minister Jacinda Ardern visited Northcote School in Christchurch to see first-hand the way the initiative is enhancing the wellbeing and the mental health of our tamariki. The PM took the opportunity to talk to children, whānau and teachers to hear more about how the initiative works and see some of the group activities that are available through Mana Ake in action.

### Improving the patient experience through Shared Care Planning

Electronic shared care plans enable secure information-sharing between hospital, primary and some community-based clinicians across the South Island. They allow

health professionals to easily read, write and edit plans as appropriate, even if they are not the original author.

The suite of shared care plans includes the Advance Care Plan, the Acute Plan and the Personalised Care Plan (PCP), all hosted in Health Connect South.

During COVID-19, Acute Plans, which contain information about a person's health condition and the recommended treatment if their health suddenly gets worse, were promoted as a solution to record decision-making, investigations, and goals of care that needed to be communicated to clinicians not familiar with the patient.

This targeted work with general practice teams and hospital specialists saw the use of Acute Plans increase significantly, with a total of 670 created in April 2020 (more than the combined total of the previous six months) and 368 created in May 2020.

### Interpreter Services Best Practice Guidelines

The Population Health & Access Service Level Alliance created a new set of best practice guidelines around interpreter services. The guidelines are designed for Canterbury health system clinicians, non-clinical staff and health organisations to use, when they provide health and disability services to people for whom New Zealand Sign Language (NZSL) is a first or preferred language and people for whom English is not their first language, who have limited English proficiency. [Download the guidelines.](#)

### Te Tumu Waiora Canterbury

Te Tumu Waiora is a new way of delivering mental health, addictions and wellbeing care through general practice. It has been designed as a holistic model which supports and addresses the physical, emotional and social needs of the person, rather than focusing on traditional mental health or addiction needs.

It puts mental health and wellbeing at the heart of general practice with the introduction of new focused roles, working as part of the general practice team. The new roles are:

- Health Improvement Practitioner (HIP): experienced and registered mental health clinician with experience in talking therapies. They have additional training to work as part of the general practice team to address a patient's feelings, thoughts and behaviours that underlie poor health, both physical and mental health.
- Health Coaches (HC): trained in self-management techniques to support goals made by patient alongside the HIP.

This model allows for a 'warm handover' which means that a GP or nurse in the general practice can offer someone who is experiencing mental distress or addiction issues the option of seeing the HIP in the same location quickly – often immediately.

Te Tumu Waiora is for anyone, of any age, with any issue affecting their mental wellbeing. The focus is on supporting individuals to develop skills to better manage existing issues. It is free of charge to patients.

Canterbury Clinical Network is leading the implementation of Te Tumu Waiora across Canterbury, with a number of practices already using the model and reporting excellent results.

### Frequently Asked Questions

## Homecare Medical Continued >

In the last 12 months (ending 30 June 2020) over 825,582 contacts were made to the National Telehealth Service - those contacts came from 556,933 people (1 in 10 people in NZ).

A further 207,325 COVID-19 contacts were answered in the four months between 1 February and 30 June 2020, taking the total contacts answered through NTS services during FY20 to over 1million contacts.\*

## Key services



The 1737 need to talk? service answered over **123,000** contacts and supported more than 59,000 people in distress



The Alcohol and Other Drugs team answered **19,394** contacts supporting 16,250 people with addiction within their family



The Emergency Triage nurses triaged nearly **45,000** incidents, redirecting 51% of contacts to non-emergency services, which helps keep our hospitals and ambulances available for emergencies



More than **100,000** people accessed and interacted with The Journal website tools



The Quitline team answered more than **50,000** contacts supporting more than **11,600** people start their quit journey, with 29% remaining smoke free after 4 weeks



The Poisons team helped **24,000** people, with 76% of contacts requiring no further medical treatment or self-care information



The Gambling team received nearly **4,300** contacts supporting 3,300 people dealing with the effects of problem gambling



The Emergency Mental Health Response team triaged over **11,000** contacts from Police and Ambulance to support more than 8,000 people in social and psychological distress.

\*Figures have been rounded to nearest 100; these are 'answered' contacts.



### Supporting New Zealand's COVID-19 Health Response

The National Telehealth Service COVID-19 response began on 7 February, with the establishment of a dedicated phone service available 24/7. The team provided to a central front door for COVID-19 related health advice and information to the public. It was launched at a time when many general practices were overloaded.

Over time, this service has extended to supporting people in self isolation, support with contact tracing as required, provision of mental health support, and a clinical advice line to support community-based practitioners.

At its peak 207,325 COVID-19 contacts were answered. In the four months between 1 February and 30 June 2020 the team answered 14,000 contacts in one day.

During COVID-19, more than 770 extra people were engaged and trained, five new contact centres (eight in total) were set up to enable physical distancing while we responded, and a five-month technology project was delivered in just seven days, increasing infrastructure by six times, to accommodate increased demand.

Critical to achieving this were the strong relationships and support from our health partners, including Homecare Medical's owners, Pegasus and ProCare.

### COVID-19 Clinical Advice Line

In early April, on behalf of the Ministry of Health, the National Telehealth Service established a COVID-19 clinical advice line – on 0800 177 622 – for general practice, pharmacy, nurses, midwives and aged residential care providers. The line operates 8am - 7pm, from Monday to Saturday.

The helpline offers general advice about the management of COVID-19 and is staffed by primary care nurses, pharmacists and GPs, with at least one GP on every shift. Most calls are initially managed by a nurse, with a GP available at all times to provide specialist advice as well as access to additional clinical support. Having a dedicated number ensures that community clinical staff can access advice directly from peers.

### Supporting General Practice

Homecare Medical offers general practices an after-hours, nurse-led triage service.

Over the last 12 months, Homecare Medical handled more than 100,000 clinical calls from patients calling their medical home; and of those they managed 85% with primary care and/or selfcare advice; 8% required urgent care; and 6% required emergency services (111 and ED). The services

help to reduce unnecessary presentations to emergency departments and strengthen general practice as the front door to primary care.

### Virtual GP Kits

Homecare Medical worked with ProCare and Pegasus clinicians and practices to design and road-test prototypes for an innovative 'Virtual GP Kit'. In mid-March the Virtual GP Kits - including webcams - were made available to Canterbury and Auckland general practices to provide everything a practice needs to begin delivering virtual consults. Homecare Medical fast-forwarded the roll-out to meet the pressures of COVID-19. GPNZ has made the Virtual GP Kit model available country-wide.

### Mental Health After-Hours

In August 2019, Homecare Medical commenced a Mental Health After-Hours contract with the Canterbury District Health Board (CDHB). Registered mental health nurses provide tele-triage cover after-hours: between 4:30pm and 12:00am from Monday to Friday, and between 10:30am and 12:00am on weekends and public holidays. The contract provides acute triage service and associated pathways. Non-acute pathways continue

to be managed by the Canterbury DHB Mental Health and Addictions team.

The service received 11,001 calls between its establishment to 30 June 2020. Service users increased each quarter. Of the calls answered, 4.3% required Category A (Police or ambulance) attention; 26% of answered calls required very urgent, urgent, and semi-urgent mental health responses (categories B, C, and D); 33% were category E, non-urgent calls; and referral to non-mental health services and advice/information responses (categories F and G) were required for 37% of calls.

### Puāwaitanga

Homecare Medical's telephone and digital counselling service – Puāwaitanga (meaning to bloom or grow) - was established almost two years ago and is based on a pilot study called eTalk initiated by the Canterbury District Health Board.

Puāwaitanga enhances general practice mental health service capacity and offers counselling outside normal office hours, including weekends. The service offers referred clients a package of care for up to 12 months. Users select their preferred counsellor and session time via an online portal.

It achieved an 87% Māori conversion rate from referral to engagement in the last year. Māori make up 25% of its client base. Other service users comprise: New Zealand European (54 percent); Pasifika Peoples (6%); Asian (7%) and other European (5%); and other (5%).

Pegasus patients comprised 21% of all Puāwaitanga registrations.

Puāwaitanga services are increasing to meet demand. There are currently 20 registered psychotherapists, psychologists, occupational therapists, counsellors, mental health nurses, social workers, addiction practitioners and ACC registered therapists, offering services in over 15 different languages.

Outcomes for all clients are positive with the average DUKE Score increasing by 31 percent for Māori clients and by 26 percent for all other clients in the last year.

Current referring organisations include Canterbury District Health Board, Ministry of Social Development, Central PHO, ProCare, Auckland University of Technology and the University of Auckland.

### Service User Feedback

- “I was ... at ease immediately and felt I was listened to and given expert advice” *Healthline*
- “She gave me the confidence to make the next decision.” *Healthline*
- “Fantastic. She took care of me holistically, thinking about my mental wellbeing.” *COVID Healthline*
- “Wonderful service.” – *COVID Healthline*
- “I am very thankful for the help. I am now on the road to recovery.” *1737*
- “It helped me immensely. Thank you.” *1737*
- “You helped save my life.” *1737*
- “Just a big thank you. I haven’t had a smoke since my quit day and I don’t know I could have done it without your help.” *Quitline*
- “It was great getting your encouraging texts and support. I am one-year smoke free. Thanks.” *Quitline*

### National Telehealth Service 2019/20

A total of 825,582 contacts were answered - more than 36,800 contacts above forecast in the annual plan and 12% increase on FY19 contacts.

Those contacts came from 556,933 people (1 in 10 people in New Zealand).

In addition to the answered contacts, more than 215,000 outbound contacts were also made across the NTS services in the year ending 30 June 2020.

A further 207,325 COVID-19 contacts were answered in the four months between 1 February and 30 June 2020, taking the total contacts answered in FY20 to over 1 million.