



# KIA ATAWHAI KI TE TANGATA

CARE FOR OUR PEOPLE

2022



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# KO PEGASUS HEALTH TĒNEI OUR VISION AND VALUES

## WHO WE ARE

Pegasus Health is a charitable organisation committed to improving health outcomes for the people of Canterbury through innovation in service design and delivery, collaboration with partners and continuous improvement. Our purpose is that *All people who live in Canterbury lead healthy lives*, and our role is *Together making Canterbury the best place to receive and provide primary care*. Our values of Inclusive, Strive, Connection and Integrity, underpinned by our guiding principle of Manaakitanga, create the fabric of our ways of being as an organisation.

Pegasus has a commitment to ensure that we overtly, purposefully and strategically thread equity and Te Tiriti o Waitangi through all we do and how we operate. We ensure equity is prioritised in our considerations, structures, decisions and processes so that we are able to improve the health outcomes of all people and communities in Canterbury.

In particular:

- The reduction of disparities between the health of Māori and other identified groups within the population of Canterbury and the reduction of barriers to the timely access to appropriate health services
- The greater participation of the population of Canterbury in health-related issues through proactive consultation and communication with communities and in keeping with the wairua of the Te Tiriti o Waitangi
- The improvement of integration and liaison between healthcare providers and others in Canterbury to ensure that healthcare services are coordinated around the needs of the population.







# Kia atawhai ki te tangata

*This phrase was gifted by Ngāi Tūāhuriri to encompass the work that we do for our people. Dr Te Maire Tau, Ngāi Tūāhuriri Upoko, Ngāi Tahu Historian and Director of the Ngāi Tahu Research Centre at the University of Canterbury drew on the philosophy laid down by Ngāi Tūāhuriri Upoko, Pita Te Hori who said in 1861:*

***Kia atawhai ki te tangata - Care for our people*** and gifted this statement to Pegasus Health.

**Jane Huria**

Pegasus Health Board Member



# NGĀ PŪRONGO REPORTS





# CHAIR'S COMMENTS

This year marks our 30th anniversary. In 1992 a group of Christchurch General Practitioners came together to build a service that would help improve health outcomes for people living in Canterbury. Since then, Pegasus has evolved into the vibrant health organisation you see today.

During that time Pegasus and Canterbury have faced many challenges that have shown our importance to the Canterbury health system and demonstrated our resilience. This has included the Christchurch, Canterbury and Kaikoura earthquakes, Port Hills fires, the tragic and senseless mosque terror attacks, and the impact of the COVID-19 pandemic.

A snapshot of the important work that we do, and its impact, can be seen in this annual report.

Pegasus has over the past two years refreshed its strategic direction as it positions itself for the future and prepares to take a key role as the health reforms are rolled out.

Our purpose is that *All people living in Canterbury lead healthy lives* and our role is *Together making Canterbury the best place to provide and receive primary care*.

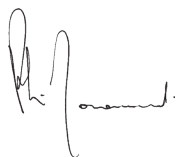
These guiding principles help focus our work on what is important and will take us forward in what will continue to be challenging times.

I would like to welcome our incoming chair, Barry Bragg, to Pegasus.

It has been an honour to serve on the Board of Pegasus and to lead the Board as Chair for the past four years.

I would like to thank my Board, the management and staff of Pegasus and our member practices for their continued hard work and support. The collective dedication of the components that make up the Pegasus family is quite extraordinary.

I wish Pegasus all the best in the years ahead. I am confident the organisation is well placed to thrive as a leader in primary care nationally as the health reforms take shape.



Peter Townsend  
Pegasus Health (Charitable) Ltd Board Chair





## CEO'S COMMENTS

It has been another difficult year for the primary care sector as it led the COVID-19 response.

The sector has been under increasing pressure as clinicians manage the impact of cancelled surgeries and postponed specialist appointments, on top of an increased COVID-19 workload and the challenges of managing a general practice in a pandemic. I have been visiting member practices and have been impressed by the way they have responded to ensure that the people of Canterbury receive an excellent level of primary care.

This year the health reforms have begun to take shape with the formation of Te Aka Whai Ora - Māori Health Authority and Te Whatu Ora - Health New Zealand.

What this means for primary care is still unclear, however we remain vigilant and connected to ensure we understand these changes as they happen.

Relationships remain crucial during this time and Pegasus is working to build these.

As we emerge from what was hopefully the worst of the pandemic, we can start to look ahead positively.

We are well placed to grow as the health reforms take place. As part of our preparation, we have an updated strategic direction and have made changes to our structure to deliver on that strategic direction. This has created better alignment between our teams and greater focus on meeting the needs of our customers as the health reforms roll out. This new strategic approach and associated changes position us to work with Te Aka Whai Ora and Te Whatu Ora. We are working on how we will contribute to Localities as they are implemented in Canterbury. This includes a renewed focus on our relationship with tangata whenua. There is a huge amount of work ahead of us.

We have adopted an Equity and Population Health Strategy. Equity and Te Tiriti o Waitangi are at the centre of what we do at Pegasus and I am pleased we have a strategy in place to help us address inequities in the health system.

I am looking forward to working with our incoming chair Barry Bragg and would like to thank Peter Townsend for his support and leadership.



Mark Liddle  
*Pegasus Health (Charitable) Ltd CEO*







## MEMBERSHIP BOARD REPORT

*Ben Hudson, Andrew Rawstorn, Caroline Christie, Hana Royal, Simon Wynn Thomas*

I would like to dedicate this report to everyone in the primary care sector who has been involved in the delivery of healthcare during the COVID-19 pandemic. Clinical and administration staff alike have worked tirelessly throughout this time, with many people working seven days a week, month after month. We have again shown just how effective and essential a part of the health workforce we are. Whether it has been providing vaccinations, safe and timely provision of antiviral medications to vulnerable patients, social and practical support to those in need, or simply by being a trusted source of advice on self-care, our work has helped to enable most people with COVID-19 to be safely managed in the community.

I would especially like to acknowledge the work done by the Canterbury Primary Response Group (CPRG) whose task has been a complex one. The support provided by Pegasus has also proved essential in ensuring that community management was achieved. Prompt payment for COVID-19 related services made it easier for general practice teams to shift resource away from traditional fee-for-service care, towards COVID-19 care. My thanks also to the 24 Hour Surgery team who have

again led the way in creating and swiftly delivering innovative models of care in unprecedented times.

Heading into the holiday period, I hope that you will all get the opportunity to take a well-earned break.

I am looking forward to working with Barry Bragg, the new Chair of Pegasus. Having met Barry, I know that Pegasus is in safe and capable hands, continuing the excellent work carried out under his predecessor, Peter Townsend. Peter's 15 year association with Pegasus cannot go unmentioned. Thanks Peter for everything. You have done so much for us.

Simon Wynn Thomas  
*Pegasus Membership Board Chair and GP*





# POPULATION HEALTH ADVISORY BOARD REPORT

The Population Health Advisory Board (PHAB) has been stable over the last year with just one change. We farewelled Sade Iposu as Chair of the Culturally and Linguistically Diverse (CALD) Health Advisory Group and welcomed Vibhuti Patel to PHAB. The past year has not been an easy one for any of our members with competing priorities, Zoom-only meetings, and the focus on COVID-19, with vaccination a standing item on PHAB's agenda.

PHAB's key role *To advise on the Pegasus Health Equity and Population Health Strategy* grew this year as the strategy moved to taking on a population health focus. This was a natural growth for the strategy that is well-aligned to PHAB's purpose. We continued to receive reports on the strategy's progress and valued the opportunity to support its development.

As Chair, I continued to work closely with Pegasus staff and Chair of the Clinical Quality Advisory Board, Ben Hudson, to ensure an effective and aligned approach. Our connectedness has reduced duplication and increased the focus on presentations and discussions to each boards' individual aims and objectives.

Two topics we identified last year continued to be a common thread:

- Updates on the Health and Disability System Review
- The COVID-19 vaccination roll-out across Canterbury.

Getting information out through our many networks, as well as feeding into progress and identifying where changes might be needed was an important role we played this year. For this reason, many of the conversations were focused on both Pegasus and the wider health response to COVID-19.

It is important to note that PHAB has another key role as the conduit for conversations from the three Canterbury Reference Groups: Te Kāhui o Papaki Kā Tai, Pacific Reference Group and the CALD Health Advisory Group. This year provided more challenges to ensure a close connection with competing priorities, but it remained a strong focus for PHAB. We continue to support the incredible work of Canterbury communities as they continue to rise to the challenge of bringing vaccination to people that most need it.

A final thanks goes to the staff at Pegasus that support the work of PHAB.

Sandy Brinsdon  
*Population Health Advisory Board Chair*

[Read full report on page 40](#)



# CLINICAL QUALITY ADVISORY BOARD REPORT

The Clinical Quality Advisory Board (CQAB) was established in 2018. It is the key clinical governance body for Pegasus delivered health services and the Pegasus primary care network. Central to this leadership role is providing evidence-informed services that are clinically led, free from commercial bias and aiming to achieve equitable health outcomes. As such CQAB has a focus on clinical effectiveness, equity, quality improvement, patient safety and ensuring an engaged and effective workforce.

CQAB's work is guided by its role in supporting Pegasus to achieve its purpose that *All people living in Canterbury lead healthy lives* and that *Canterbury is the best place to receive and provide primary care*.

This year, CQAB continued to strengthen its role in providing clinical governance to Pegasus. The group facilitated conversations between clinical governance leads from all three Canterbury Primary Health Organisations and secondary care organisations, as well as working closely with the Population Health Advisory Board, 24 Hour Surgery and its Acute Demand Service.

Areas of focus have included:

- Cardiometabolic disease metric identification
- Cervical cancer prevention strategy (cervical screening and Human Papillomavirus immunisation)
- COVID-19 vaccination rollout and equity of coverage
- Equally Well initiative
- Equity, including supporting the development of:
  - The *Pegasus Health Equity and Population Health Strategy*
  - The *Pegasus Health Equity Tool*
- Family harm prevention
- Oral health initiative.

Ben Hudson  
*Clinical and Quality Advisory Board Chair*

Read full report on page 42





# PEGASUS HEALTH EQUITY AND POPULATION HEALTH STRATEGY

KIA ATAWHAI KI TE TANGATA 2022-2030

Tēnā koutou katoa, Talofa lava, Kia orana, Malo e lelei, Bula Vinaka, Fakaalofa lahi atu, Namaste, Ni hao, Mabuhay, Salam alaikum.

E ngā mana, e reo, e ngā rau rangatira o te rohe o Waitaha, tēnā koutou katoa. He mihi ki te whānau whānui e tautoko ana i tēnei kaupapa whakahirahira, te hauora Māori, te tauritenga hoki o te hauora, mō ngā tangata, ngā whānau hoki katoa.

Pegasus is committed to ensuring that it threads equity and Te Tiriti o Waitangi through all its activity. We are leading the development and implementation of the *Pegasus Health Equity and Population Health Strategy: Kia atawhai ki te tangata 2022-2030* across the organisation and have already seen some significant changes.

This strategy is the foundation upon which we will develop a population health approach to improve the health of all people living in Canterbury, underpinned by a focus on improving the health of Māori and other priority groups.

We would like to acknowledge all those who are walking alongside us on this journey, our community and whānau champions and our kaimahi (colleagues) who tautoko (support) the mahi we are doing to provide equitable primary healthcare to our people of Canterbury.

Nāku noa, Pegasus Health Equity Leadership team: Irihāpeti Mahuika, Director of Hauora Māori and Equity; Melody Tuliau, Hauora Māori Manager; Maria Pasene, Pacific Health Manager; Ester Vallero, Culturally and Linguistically Diverse Health Manager; Sahra Ahmed, Refugee Health Nurse; Katie Brown, Population Health Specialist; Anna Thorpe, Population Health Specialist; Tawera Ataria-Ashby, Kairuruku/Coordinator; and Lana Shields, Kaitautuko/Team Support.

View the full document at [pegasus.health.nz](https://pegasus.health.nz)











## CCN REPORT

CCN is a collaborative of health professionals, mana whenua, consumers, and cross-sector partners working together to develop improvements and integration in healthcare for the health and wellbeing of our community.

The collaborative uses a values-based framework to ensure that people and their whānau are at the centre of designing equitable health services in a genuine and purposeful partnership.

This year, CCN's systems, cross-sector and community-focused way of working, as well as leadership and resources have been pivotal to our system response to the COVID-19 pandemic and capacity of our system, while progressing key pieces of work that will aid our transition to Te Whatu Ora - Health New Zealand, including system flow. During this time, CCN has also prioritised work that impacts our system's ability to manage current demand for services and key priorities focused on achieving equity and amplifying the consumer voice.

Work has included:

- The development of Kia Kotahi Partnership in Design, a framework which puts people and whānau at the centre of the design and improvement of services
- Collaboration to ensure South Island Aged Residential Care facilities now have the opportunity to view key health information of their residents in real time and make informed decisions about care with newly granted access to Health Connect South and HealthOne
- The formation of the new Hurunui Hauora Advisory Group, who are ensuring the voices of the Hurunui community are heard in future development of their health and wellbeing services.

[Read full report on page 39](#)





Whakarongorau  
Aotearoa//  
New Zealand  
Telehealth  
Services//

# THE MAHI THAT MATTERS

A look at our work and impact in the  
12 months to 30 June 2022, that included...



Across all our services we **responded to over 5.7 million contacts**  
(an increase of 185% on last year)

That's nearly **16,000 contacts a day**

We **connected with over 2.7 million individual people\*** 1 in 2 people in Aotearoa

We **answered 92% of all calls ...** within 10 minutes

## COVID SERVICES

**4.3 million** contacts were responded to across COVID Healthline, Vaccination, Welfare and CIQ – **nearly 3 times** as many as last year



The teams connected with over 2 million people (or **1 in 3 people** in Aotearoa)

## BY EACH COVID SERVICE

**COVID Healthline:**  
**814,000+** contacts from **495,000+** people

**COVID Vaccination Healthline:**  
answered more than **1.8 million** contacts and made almost **950,000** outbound contacts, connecting with more than **1.4 million** people

**COVID Welfare:**  
supported **274,000+** contacts to **85,000+** people

**COVID CIQ** managed **350,000+** calls, including **~62,000** clinical assessments

## FAMILY VIOLENCE AND SEXUAL HARM SUPPORT

**20,000+** women were supported by our **3** family violence services and **34** Women's Refuges



The Safe to talk sexual harm team supported **6,700+** people, responding to **~14,600** contacts - a **25%** increase on last year

We answered **~3,000** contacts to the Elder Abuse Response Service

## SUPPORTING GENERAL PRACTICE



Supporting **~60%** of GP practices in Aotearoa answering **~102,000** after-hours calls for them

## MENTAL HEALTH

The 1737 Need to talk? team supported **47,000+** people – answering **~127,000** contacts (including **70,000+** text exchanges)

Across all our mental health services we answered **184,700+** contacts supporting around **74,000** people

Our mental health nurses answered **88,360** contacts on behalf of 12 DHBs – up **15%** from last year

Our Emergency Triage nurses triaged **43,000+** incidents, almost half were redirected to non-emergency services

The Early Mental Health Response team triaged **~12,000** contacts from Police and ambulance services to support **6,000+** people in social and psychological distress

Our Puāwaitanga team received **2,770** referrals and delivered **9,300+** appointments to people seeking ongoing mental health support

## HEALTH

Healthline nurses, paramedics, advisors and doctors supported **over 367,000** people and answered **~477,000** calls



They made more than **191,000** clinical check calls, twice as many as last year

Our National Bowel Screening Programme team made **~90,000** follow up calls to **55,200** priority people (twice as many as last year) yet to return their test kits **28%** subsequently did

The National Cervical Screening Programme team received **~428,000** test results

The Poisons team helped **24,000+** people - **72%** of contacts required no further treatment or info

## HELP TO QUIT

The Quitline team supported **16,000+** people on their quit journey –



**26%** were smoke free after 4 weeks

\*The total number of individual people in the year is the sum of unique service users each month, so may include users who have contacted the service in multiple months.



# NGĀ PŪRAKAU

## OUR STORIES





# SPOTLIGHT ON 24 HOUR SURGERY

## OMICRON RESPONSE

The first quarter of 2022 saw the 24 Hour Surgery team respond to COVID-19 Omicron impacting our community.

In preparation for an influx of community spread and resulting increase in patients seeking care, a comprehensive escalation plan was designed based on a four phase triage system.

Consideration was given for different scenarios impacting patient numbers and staff illness and involved different levels of external triage. Waiting spaces were constructed outside and different phases had different thresholds for patients waiting in cars or at home for treatment.

Advice and decisions were based on international best practice at the time, alongside input from Manatū Hauora (Ministry of Health) as well as consultation with Canterbury Primary Response Group and acute care clinicians from across the country.

By changing the model of care to do what we could in the open air we were able to reduce the risk of transmission, keeping patients and staff safe.

## CARE 24/7

At 24 Hour Surgery, we make sure our community has access to care when they need it. It is open 24 hours a day, every day, for whānau when their doctor is not available. We value the contribution of general practice teams who provide vital cover after hours as a crucial part of the workforce. Alongside this, the Acute Demand Service provides care to those who can safely be treated in the community with appropriate support and avoid a hospital admission.



# 14,933

**ATTENDANCES  
DURING OMICRON**

From 24.1.22 through to 13.4.22



# 30,095

TOTAL PATIENTS SEEN WHEN IN  
**ORANGE SETTING**  
DURING JUL21 AND JUN22

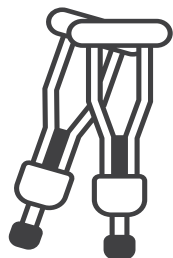


# 14,993

TOTAL PATIENTS SEEN WHEN IN  
**RED SETTING**  
DURING JUL21 AND JUN22



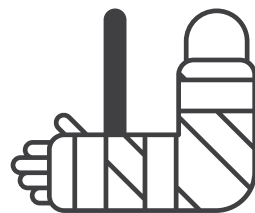
24,785



VISITS TO

**ACC URGENT CARE**

5,709



VISITS TO

**FRACTURE CLINIC**

20,439



**COVID-19**  
STREAM PRESENTATIONS



15,338

**CHILDREN**  
UNDER 6 YEARS OLD

447

**PEOPLE AGED 90+**



2,944

**CHILDREN**  
UNDER 1 YEARS OLD

24 HOUR SURGERY AT A GLANCE (1 JULY 2021 - 31 JUNE 2022)



# ACUTE DEMAND SERVICE HELPS PLUMBER GET BACK TO WORK

Self-employed plumber Tom Thompson is not looking to retire any time soon. At 67 years old, he is always doing something, which makes the Acute Demand Service the perfect outpatient solution for him.

Tom has been a patient of acute demand twice now. Ongoing health issues mean he is prone to internal infections which require intravenous antibiotics. Recently, Tom was referred to the Acute Demand Service by Christchurch Hospital.

“I am not one for sitting still. I know the hospital is a good place to be when you are not well, but after I was diagnosed and waiting for treatment, I would rather get out to you guys (Acute Demand Service) and travel there once a day to get my treatment,” Tom said.

As well as the ability to get back to work and stay productive, Tom appreciates the friendly approach of the clinical staff at the Acute Demand Service.

“The staff are lovely and accommodating. They tell me what they are doing while they are going through the procedure, so it is all very clear and I know I am in good hands,” he said.





# COVID-19 ROUND UP

In March 2020, Pegasus was contracted by the Canterbury District Health Board to oversee community based assessment and testing. Below is a timeline of the activity from February 2020 to February 2022.

## First COVID-19 case in NZ

After following the virus' international journey, it landed on our shores.



## 25 March 2020

At 11:59pm, New Zealand moved to Alert Level 4, and the entire nation went into lockdown.



## Orchard Road Community Based Assessment Centre (CBAC)

First COVID-19 testing at Orchard Rd.

## Pegasus CEO seconded

Vince Barry seconded to the Ministry of Health to lead the COVID-19 vaccine rollout across the South Island.



2020

FEB

MAR

AUG

2021

JAN



## CBAC clinical lead role

CBAC clinical lead role for COVID-19 response established ensuring uniformity of processes across the regions CBACs.



## Testing expanded

Expanded CBAC capacity with general practice teams also providing COVID-19 assessment and testing.



## Telephone triage call centre

Telephone triage call centre established. Triage incoming calls from general practice and Healthline calls for Canterbury.



## Work site surveillance testing

Conducted surveillance COVID-19 testing with Police, Fire, St John, Aged Residential Care and other critical workers.



## Mass testing set up

First mass public COVID-19 surveillance testing to determine prevalence of COVID-19 in the community. Over 400 people tested at PAK'n SAVE carpark.



## Phone consultations for mental health

Primary mental health moved to phone consultations to maintain engagement with patients.



## First EOC stood up

17 March 2020, Canterbury stood up their first primary care Emergency Operations Centre (EOC).



## Border testing

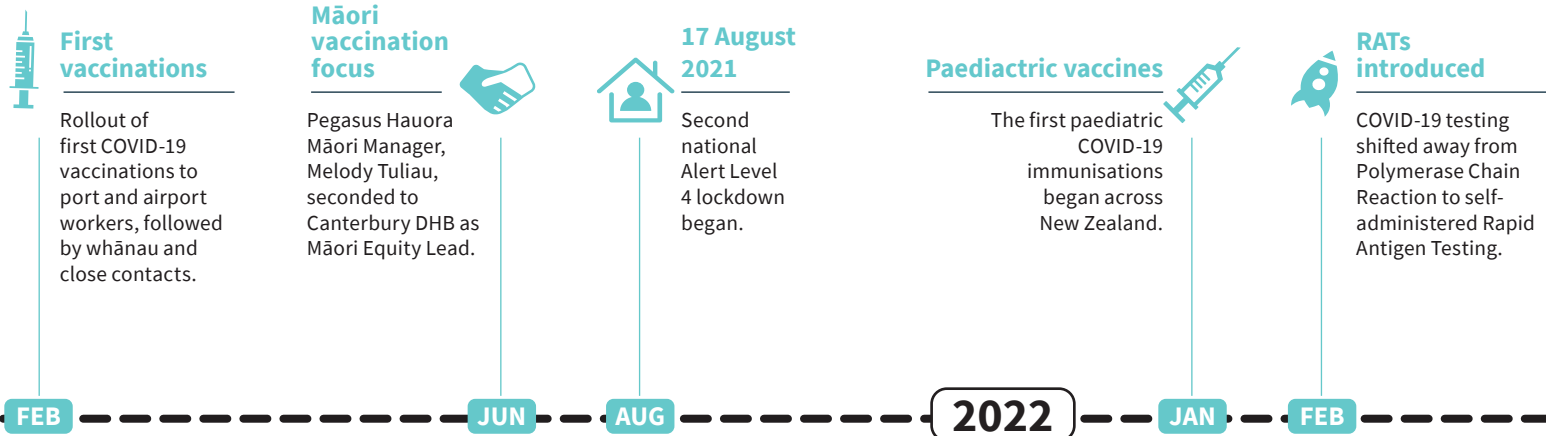
May 2020, commenced onsite testing of border workers (airport, sea port and MIQ staff) plus supported testing of people returning to New Zealand and foreign sea workers.



## eSmall groups begun

Clinical Quality Education quickly responded to lockdown and moved to online small group education to ensure ongoing professional development.





### COVAX team established

Pegasus COVAX team leads the establishment of COVID-19 vaccination clinics within primary care, including general practice and community pharmacies.



### Extra drive-through sites set up

Jan 2022: Omicron outbreak. CBAC established in Wigram, with additional RAT distribution sites in Rangiora, Christchurch Arena and Rolleston.



### Hauora coordination hub

Canterbury Primary Response Group clinical leads assisted in the establishment of Canterbury Hauora Coordination Hub to support general practice to care for COVID-19 patients.



### RAT distribution

RATs are sourced and distributed free to vulnerable communities in Canterbury.



### Pegasus admin support

Pegasus Human Resources and Business Information Services teams supported CBACs with recruitment, rostering, contracts, funding and claims.



### Webinars for young people

Young people invited to ask questions and ease their mind about the vaccine.

14

CBACS operated concurrently across rural and urban Canterbury including two mobile units.

200

Nurses and doctors stepped up to staff CBACs in first six months.

2.8km

Queue for RAT kits on 3 March 2022 at Orchard Road CBAC.

1,130

PCR tests conducted in a single day at Orchard Rd (28 October 2021).

10,000

RATs distributed to Cantabrians in need via community organisations and Pegasus PCWs.

95%

Of all general practices in Canterbury have contributed with PCR testing.

900

Requests for PPE gear across Canterbury actioned by Pegasus (From March to July 2020)

4,500

PCR tests across general practice and CBACs in one day (February 2022).

140

Primary care COVID-19 vaccination clinics account for up to 80% of vaccinations delivered in Canterbury.

*Pegasus acknowledges the incredible effort by the Canterbury Primary Response Group in planning, supporting and leading the primary care response to the COVID-19 pandemic.*



# ADAPTING TO BEST SUPPORT OUR COMMUNITIES

Our Pegasus Primary Mental Health team has quickly adapted to changing patient needs and continued to grow in the past year.

The service has continued to evolve during the ongoing pandemic operating kanohi ki te kanohi (face to face) appointments, which is the preferred option for patients. At times the team has worked remotely to continue to provide access and support, which has been well received. Across the service, 17,000 people were offered support in the past year. Of these, we booked around 37,500 sessions. A highlight from the year is seeing a 17% increase in engagement for Māori, as part of our continued equity work.

The service now employs 50 skilled front-line mental health clinicians working across two streams:

- 1) The Talking Therapy Programme, a referral-based service located in several hubs across the region, with two to three week wait times for appointments.
- 2) Te Tumu Waiora, which is part of the national Integrated Primary Mental Health and Addiction programme.

In Canterbury, it is a joint initiative led by CCN in partnership with general practice, PHOs, Te Whatu Ora – Waitaha Canterbury and Non-Government Organisations. As part of the collective, Pegasus employs 28 Health Improvement Practitioners. The programme sits within the heart of general practice and a key focus is to provide immediate access to people, with 58% of new people being seen on the same day.

Both programmes are accessed through general practice and target behavioural health approaches to support the mental health and wellbeing of patients. A key part of this work is to support people to develop tools and skills to support their wellbeing and supporting them to connect with their values and make meaningful change.

Continuous improvement has been an ongoing focus, with patient feedback providing key insights into how the service is meeting community needs. One way we capture this is through electronic surveys. Below are examples of what people value from the service.

*“What I valued was getting straight to the heart of the matter and being given tools to work on. It did not feel like a waste of time. It felt productive and inspiring.”*

*“The service has restored my faith in counsellors. I have had bad experiences with them in the past. She has pushed me out of my comfort zone given me techniques and taught me ways to deal with loss and grief. A true professional with kindness warmth and understanding many of us lack.”*

*“The clinician listened to my concerns, what I wanted to get out of the sessions and tailored our sessions to suit. I feel like I truly do have a range of tools that I can use in future.”*

*“What I valued most about the experience was realising my distress was understood and not an unusual reaction given my circumstances.”*



Mother of two Kat Anthony and her Pegasus General Practitioner (GP), Dr Joan Leighton, agree asking for help when you are experiencing depression is one of the hardest things to do.

Kat spent six weeks as an inpatient at Mothers and Babies mental health service after the birth of her second son. She credits the nurses at Princess Margaret Hospital, her husband, and her Pegasus GP for helping get through her severe post-partum depression.

“My GP was awesome in supporting my choices. She helped me access counsellors when I was experiencing post-partum depression after the birth of my first boy,” Kat said.

Dr Leighton supported Kat through two pregnancies and paediatric care. She has a range of support and services that she offers mums who might be struggling.

“Some people might just need a chat and others may need support through Plunket or a phone line. Other patients may need a referral to the Pegasus Talk Therapy Service or the Mothers and Babies unit,” Dr Leighton said.

Pegasus Mental Health Clinician and Team Educator Ruth Surtees says the Pegasus Primary Mental Health team treats the Mothers and Babies service at high priority “in order to reduce perinatal distress before secondary services may be needed”.

When Kat’s youngest child was born, just 15 months after her first, her post-partum depression skyrocketed.

“I was so far removed from reality. I think that is the insidious thing about depression, it lies to you. I believed I could do everything, and I could not ask for help not even from my husband,” Kat said.

Within three hours of seeing her GP, Kat was admitted into the Mothers and Babies mental health service (also known as C Ward) at Princess Margaret Hospital.

“My GP listened to what (my husband) Ian, and I were saying, she showed us so much respect and understanding and leapt into action to help secure the safety of my family,” Kat said.

Although Kat still struggles with depression today, she knows exactly where to get the help and support she needs.

“Support is out there. I know first-hand asking for help is one of the hardest things to do, but if I have one message for mums, mums-to-be or dads, it is ok to ask for help,” Kat said.

## PERINATAL SERVICE HELPS LOCAL MUM OF TWO





# INCREASING DIVERSITY IN THE HEALTH WORKFORCE

Supporting diversity through investing in the health workforce is an ongoing focus for Pegasus. This year, 28 aspiring health professionals were awarded scholarships, almost double what is usually awarded, to celebrate 30 years of Pegasus.

The scholarships were established by Pegasus in 2001 to support members of our priority communities in their journey to working in healthcare. Pegasus is committed to creating an equitable health workforce to assist New Zealand towards equitable health outcomes.

In an emotional speech, keynote speaker Professor Suzanne Pitama (Ngāti Kahungunu) acknowledged that achieving health equity was the responsibility of all the health workforce.

“There will be a lot of pressure on you when you graduate to meet our equity goals, but every single graduate is supposed to contribute to health equity, it does just not rest on your shoulders. I want you to honour your dreams and aspirations for yourself. I want you to choose the field that most stimulates you, that makes you excited. Because the more you follow your own passions, the more we will retain you in our health workforce and that is really our overall goal,” Suzanne said.

Third-year nursing student, Kirstyn Macdonald (Ngāti Kahungunu), knows first hand the challenges Māori women experience.

“As a young Māori mother, I experienced discrimination from healthcare services and as a result I was afraid of judgement when attending the Well Child checks which is crucial for monitoring your pēpi's growth and development,” Kirstyn said.

“I am not alone in experiencing discrimination from healthcare services. Discrimination is a contributing factor to why Māori have poorer health outcomes,” she said.

This has motivated Kirstyn to study nursing so she can have an active role in improving health disparities in Māori health.

Akerita Alatimu is in her second and final year of a Master is in Health Science. Akerita took time to acknowledge the professionals that have worked for equity in health.

“I chose this course, not only because I wanted to see change in our communities, but I also wanted to be part of that change to better our health outcomes. I know that it is not going to be easy, but we are preceded by so many warriors in our individual fields that I know it is doable with a whole lot of grit,” she said.

2023 scholarship applications will be out around April. Keep an eye out on our website and Facebook page for more details.





# VACCINATION EQUITY PRIORITY FOR PHARMACY



Overcoming barriers to health access for the Indian community has been an ongoing challenge for the team at Unichem Medical Corner Pharmacy.

Having overcome barriers to access for influenza vaccination over the years, pharmacists Vibhuti Patel and Ajay Patel wanted to support their community with COVID-19 vaccinations.

They were keen to offer COVID-19 vaccinations through their pharmacy, and after securing a contract, immediately set to seeing if it was possible to do vaccinations in the Indian community remotely.

“Once we got the approval for the mobile vaccination clinic, we went straight into the community. I have always noticed a barrier in the Indian community, those for whom English is not their first language or did not have access to health services. Access was the main problem,” Vibhuti said.

The team reached out to places of prayer and discovered young people in the community were keen to be involved, so were given training to help with the administration side of the vaccinations.

“Everyone involved was bilingual, and that was important for our success. People trusted they could communicate easily and get their vaccination in a familiar place,” Vibhuti said.

“A lot of migrants do not understand the health system, may not be enrolled with a general practice and know how to book vaccinations, but they were desperate to be vaccinated,” she said.

“We had people coming from Ashburton, Rakaia and Kaikōura. They all felt isolated but knowing they could come to a place of worship without needing to book, broke those barriers, to enable equitable outcomes for the Indian community,” she said.

Vibhuti and Ajay used community platforms and venues to help process vaccination passes as well as deliver rapid antigen tests (RATs) and hope to use the same process to carry out future vaccinations.





## PUĀWAI-KAI PROGRAMME IMPROVING LIFESTYLE CHOICES

As a full-time social work student and part-time worker with the Red Cross, Samuel Hidray Equbazgi struggled to prioritise his health and wellbeing.

The former refugee and others from Christchurch's Eritrean community took part in a Puāwai-Kai healthy lifestyle and cooking course.

Samuel says since doing the free eight week course he is cooking healthier food for himself and prioritising good habits such as exercise and a healthy sleep routine.

"Life was not easy but little by little I am making the progress I am wishing. So far so good," he said.

Samuel said he would recommend this course to anyone wanting to make healthier improvements in their life.

"It is every little thing that would help you improve the lifestyle you wish to have. Besides the cooking training, they showed you how to manage your sleep, your engagement with sport and communication. It is kind of about everything related to your health. I 100% recommend this kind of training for everyone," Samuel said.

Find out more about the course and hear stories from people like Samuel at [puawai.org.nz](http://puawai.org.nz). You can also ask your general practice team to refer you for the course.



## HEALTH IN A CHANGING CLIMATE

### SMALL GROUP EDUCATION CONVERSATIONS

Health professionals can play a part in protecting the environment through individual clinical practice and improving the sustainability of primary care facilities and practices.

Founded in 1992, our Small Group programme provides education to health professionals, with a focus on promoting best practice and optimal use of health resources including their contribution to climate change.

"Small Group allows peers to discuss topics in a safe space," Clinical Quality and Education Service Manager Louise Kennedy said.

"Health in a changing climate is an important topic and it could have been quite overwhelming to be thinking about this amid a global pandemic. We found Small Group discussions provided space for peers to take away practical ideas to make a difference at individual, practice, and pharmacy levels. Small changes individually do lead to bigger collective changes that can make a difference," Louise said.

Climate change, water quality and many other environmental harms are posing serious risk to human health and wellbeing and may result in an increase in health inequities. In January 2020, the World Health Organization listed 'elevating health in the climate debate' as one of the most urgent global health challenges for the next decade.

"Climate change is possibly the greatest threat to human health that the world is facing. The good news is that many of the solutions to reduce climate change also benefit health and equity, now and for future generations," Clinical Quality and Education Clinical Facilitator and Public Health Registrar Eline Thomson said.

Discussions in the small groups covered many opportunities to make a difference, including promoting best practice, avoiding overdiagnosis, overtreatment and polypharmacy, decreasing carbon emissions, and reducing pharmaceutical and medical waste.

Materials from Small Group are available on our Pegasus Education Platform – Te Rau Ako for registered users.





## MOANA VĀ PROVIDING SAFE SPACE FOR PACIFIC RAINBOW+ COMMUNITIES

Pegasus is proud to support Moana Vā, a new collective offering a safe space for the Pacific Rainbow+ communities in Christchurch.

Moana Vā supports the mental health and wellbeing of Pacific Rainbow+ peoples of all ages by connecting friendship and mentorship with a variety of rainbow leaders.

Founder Suli Tuitape says the collective's vision has always been to create a place of belonging for our communities where they can be themselves, connect with like-minded people, receive support, advocacy and friendship.

"After seeing the struggles Rainbow LGBTQIA+, MVPFAFF+ (mahu, vakasalewa, palopa, fa'afafine, akava'ine, fakaleiti, fakafifine) peoples have been facing in the mostly conservative Christchurch area, it was clear a space, or vā, for our communities was necessary," Suli said.

"Navigating being queer is one thing but being queer and brown is different again," MahMah Timoteo who identifies as "any pronouns used with respect" said.

"Moana Vā provides this sense of safety and community for a group of people who may not have had it before," MahMah said.

"There are a lot of complexities with Pacific communities in the way we navigate our queerness. Religion plays a huge part in who we are and how we identify. It can be hard for Pacific peoples to present their whole self to the world," MahMah said.

"While the collective has big dreams for Moana Vā, the current focus is on relationship building within the local communities and providing visibility to Pacific Rainbow peoples and their families," Lana Shields Moana Vā, co-ordinator said.

"Our hope is our collective will help inspire other Rainbow+ communities around New Zealand to form like-minded groups," Lana said.

Long term they hope to host workshops, train facilitators to present at local schools and find a physical safe space where people can get together, to provide information sessions, events, workshops, and a place to connect.

You can connect with Moana Vā on:

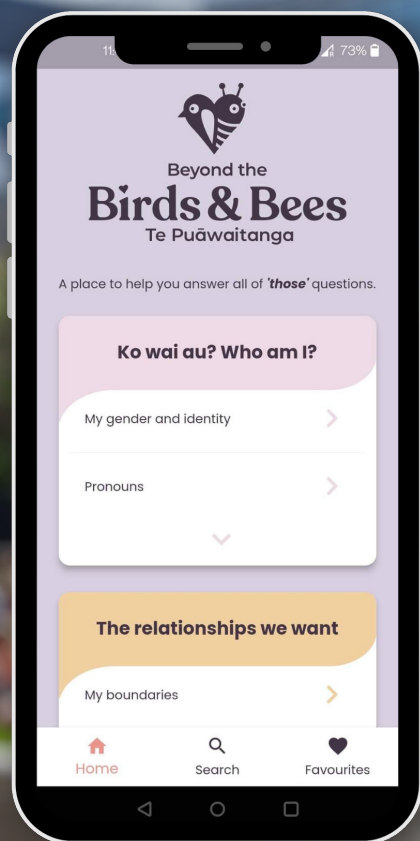
Facebook: Moana Vā

Instagram: moana\_va

Website: moanava.org



# HEALTH EDUCATION APP PROVIDING SEXUAL HEALTH SUPPORT TO RANGATAHI



A mobile app providing sex, sexuality, relationship, gender, and identity education for New Zealanders aged 13 to 24 years is under development at the University of Canterbury, with support from Pegasus.

Faculty of Health Lecturer Tracy Clelland, Master's student Cate Mentink and Health Educator Jessica McQuoid are the driving force behind the app called Te Puāwaitanga: Beyond the Birds & Bees.

"Te Puāwaitanga will be a one stop shop for young people for resources on relationships, sex, and sexuality," Jessica said.

The project began in 2020 with Cate Mentink completing focus groups with young people. The results showed that youth struggled to find quality, reliable information about sex, relationships, and sexuality.

"They told us an app is what they wanted. In particular, it was highlighted that relationships and sexuality education has not been meeting the needs of our Māori and Pasifika rangatahi," Cate said.

With funding from KiwiNet and Pegasus, a working prototype has now been developed. The next step is to take this to young people to get their feedback and involve them in further co-development.

Pegasus Director of Hauora Māori and Equity Irihāpeti Mahuika has a background in teaching and a passion for ensuring sexual health education is accessible and in a form that young people are going to use.

"We are so pleased to be able to contribute to the work Tracy and Jessica are doing," Irihāpeti said.

For young people where social interaction is at the centre of their world, access to quality health information is increasingly important.

"Te Puāwaitanga is an opportunity for our general practice teams to have something to refer our young people to," Irihāpeti said.

The app is available for Android users on Google Play.





# SPOTLIGHT ON NURSING

## INCREASING NETP POSITIONS TO SUPPORT FUTURE NURSING WORKFORCE

This year has been the largest Nursing Entry to Practice (NETP) intake into local primary care, with 15 new graduate Registered Nurses employed in the programme across Canterbury.

Pegasus partners with general practice, Māori and Pasifika providers and Te Whatu Ora - Health New Zealand to support NETP positions. This year has been the largest intake with 12 of the nurses directly employed by general practice teams and a further three nurses who are part of Pegasus initiatives Korimako (Māori), Toloa (Pasifika) and Culturally and Linguistically Diverse Refugee Health. These initiatives provide employment opportunities, encompassing general practice and Non-Government Organisation providers in blended community positions.

The 15 new graduate nurses completed orientation during February at Pegasus House to commence their NETP year, designed to support their first year of practice.

Nursing Workforce Development Co-ordinator Di Bos organises the Pegasus NETP.

“It is great to be able to offer so many NETP positions in primary care, and to see our workforce growing. Our orientation programme supports primary care NETP nurses to ensure they feel connected and supported,” Di said.

NETP nurse Brooke Jay has joined the Toloa initiative and is placed with Tangata Atumotu Trust and Eastcare Health.

“It is a great opportunity to meet others in the same position, and I feel more confident going into my first week of nursing,” Brooke said.





# HELPING LOCAL WĀHINE OVERCOME WHAKAMĀ

Pegasus supported NETP nurse Kiri Manihera to undertake a specialist cervical screening course, responding to a need she saw in her community.

Kiri is the first NETP nurse to do the course and says she is honoured that Pegasus let her forge a new path so that she can make a difference in her community. In the year-long NETP programme, Kiri worked at Hei Hei Health Centre and graduated in March 2022.

“I live just down the road. I have family here. I am Māori. It is where I want to be. My heart is in general practice and the community,” Kiri said.

She noticed how low cervical screening rates were for enrolled Māori and Pasifika patients and had patients say they would participate in screening if she did it.

“I am the first Māori nurse they have had at the practice for quite some time, and [patients] would say ‘if you do it, I would get it done’. So many people were saying that, I thought there is a need here and I can do something about it. So I talked to Di Bos the Pegasus NETP Coordinator and got onto a course on cervical screening,” she said.

“Women are the mums, providers, homemakers and often care for others in extended whānau. When there is a choice, women often put themselves last. But if they were not there to do all those things, everyone would be affected. Screening is such a simple way to protect ourselves. There are barriers like whakamā. They are embarrassed, and it is quite a tapu thing, but if we can work to minimise those barriers we can help our women look after themselves,” Kiri said.







## PROVIDING ESSENTIAL PRIMARY HEALTHCARE FOR YOUNG OFFENDERS

The Pegasus nursing team based at Te Puna Wai ō Tuhinapo Youth Justice Residence is helping to transform the health and lives of young people.

Te Puna Wai is a 40 bed secure facility near Rolleston that caters for young offenders from 13 years to 20 years. The majority are male, but at times females are required to stay there.

The Residential Youth Health Service at Te Puna Wai is staffed by five registered nurses led by Moyra (last name withheld for security reasons) who is the clinical lead.

“A lot of our kids are from backgrounds of alcohol and drug abuse, neglect, poverty, parents with poor mental health, parents in prison and poor health education,” Moyra said.

“When a young person comes in, regardless of their length of stay, we offer as much healthcare to them as we can. We see it as a real window of opportunity. A lot of these kids have never had basic hearing, vision or dental care, so we try and offer as much care as we possibly can.”

Te Puna Wai is one of four youth justice facilities in the country. It is the only one in the South Island and the only one with an independent primary healthcare team providing nursing services.

It receives young people from all over the country. They can stay for periods as short as one night and up to three years depending on the type of offending. Some transfer to a Department of Corrections facility when they turn 18 years old.

“Sadly, for some of the young people this is the best time of their lives. They blossom, they get regular meals, they are safe at night, and they receive excellent healthcare. We have a doctor’s clinic here twice a week run from 298 Youth Health, a physio clinic once a fortnight, and ear suction clinics once every six months; lots of things they would not seek help for in the community,” Moyra said.

“Up to 70% of the young people we see are not registered with a general practice team. Sometimes the most equitable health outcomes and interventions for primary healthcare can happen once they reach prison because there are less barriers to access,” she said.

“Education is also a big part of what we do and we feel passionate about doing the best we can for these kids,” she said.



# SUPPORTING HEALTH WORKFORCE CHALLENGES

Nurse practitioners are an important part of our strategy for meeting the challenges facing the health workforce.

24 Hour Surgery provides supernumerary year-long paid nurse practitioner internships, giving nurses the ability to focus on learning their craft.

Sheena McLeod, Nurse Practitioner (NP), recently finished her internship at Pegasus Health 24 Hour Surgery and Akaroa Health Centre. She is now continuing to work in both places as a registered NP.

“Being supernumerary to the team removed the time pressures of a busy shift so I could focus on my learning. This gave me time to access learning materials to read as I came across unfamiliar clinical conditions,” Sheena said.

“The team are welcoming of our role as interns and are willing to spend the time teaching and coaching us throughout our shifts,” she said.

Internships at 24 Hour Surgery are highly sought after by prospective applicants due to the supportive environment which includes several established NPs.

Sarah Bothamley, Lead Nurse Practitioner, 24 Hour Surgery, said applications open around August for a January start.

“The reason we do it so early is the interns need to apply for funding,” she said.

There are two funding streams, Nurse Practitioner Training Programme and Health Workforce New Zealand.

“We are very fortunate Pegasus tops up the funding we receive to provide our interns with a fully supernumerary year, so they can focus on learning their craft,” Sarah said.





# HE PŪRONGO PŪTEA FINANCIALS





# PEGASUS HEALTH (CHARITABLE) LTD

## FINANCIAL STATEMENTS COMMENTARY YEAR ENDED 30 JUNE 2022

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 Whakarongorau Aotearoa New Zealand Telehealth Services LP and Pegasus Health (HealthOne) Limited which holds our 50% investment in HealthOne (2021) Limited Partnership.

The financial statements for the year ending 30 June 2022 illustrate a positive year financially. The significant financial highlights this year were:

- A valuation of our land and buildings at 401 Madras Street resulted in a \$4.98M revaluation gain to other comprehensive income
- Very strong performance from Whakarongorau, as they were asked to step up and handle many aspects of the COVID-19 (health and welfare) response resulting in \$12.25M (2021: \$3.2M) income to the Group. Extraordinary volumes of COVID-19 activity drove this result, profit margins remained modest, and this level of return is not expected to continue in future years
- The Company received dividends of \$2.25M during the year (2021: \$1.91M) from Pegasus Health (LP) Ltd. These dividends funded numerous initiatives supporting all people in Canterbury to lead healthy lives including equity initiatives, funding telehealth after hours, investment in health intelligence, claiming and payment systems, support to roll out patient-centred models of care; and provision of a range of other support activities such as nursing workforce development and the GP Support Programme.

### COMPREHENSIVE REVENUE AND EXPENSES (PROFIT AND LOSS ACCOUNT)

The Company’s operating result, a surplus of \$1.1M, was on budget, and the Group’s operating result was a surplus of \$10.6M.

**Revenue**, primarily from the delivery of health services, increased by \$1.6M. The largest contribution to the increase in revenue was from the Te Tumu Waiora contract being an increase of \$0.9M. Te Tumu Waiora – Te Reo for ‘to head towards wellness’ – is a new way of delivering wellbeing, mental health and addictions support through general practice. There was also a small increase in revenue due to a new contract providing health services for Ashburton Refugees. Revenue in the PHO Function funded areas increased in line with increased costs, predominantly wages. Examples were Immunisation Co-ordination, Before School Checks Administration and Co-ordination and the Suicide Prevention programme.

**Operating expenses** increased by \$1.6M. The most significant component of expenses continues to be wages which have grown consistently in line with revenue. All other expenses have moved in line with either their respective revenue stream or the prior year.

**Net finance costs** were stable.

The **revaluation** of our Land and Buildings, and **Limited Partnership and dividend** entries, which strongly contributed to better than budget performance, are covered in the bullet points on the left and not repeated here.

All the above came together to give a Group total comprehensive income of \$15.59M (2021: \$2.22M) reflecting a very positive year overall.

### FINANCIAL POSITION

As a result of this year’s performance, Pegasus enjoys a stronger balance sheet which positions it well for the future. At year-end Company equity increased to \$26.9M (2021: \$20.8M), Group equity increased to \$38.7M (2021: \$23.1M).

Significant asset movements are:

- Investment in property, plant, and equipment has increased
- Receivables have increased due to delayed timing of reimbursement of vaccination clinic costs
- Group investments have increased due to this year’s share of limited partnerships’ profit
- Cash has decreased, as commented on in the cash flows section below.

Company liabilities increased by \$5.1M due to an increase in Payables of \$4.9M mainly due to the timing of payments related to COVID-19 contracts, and an increase in Employee Benefit liability of \$0.3M. The Group liabilities have increased by a similar amount.

### CASH FLOWS

Cash was well managed to ensure Pegasus Health remained very comfortably within its banking covenants throughout the year. At year-end, cash balances had decreased by \$0.7M to \$4M for the Company.

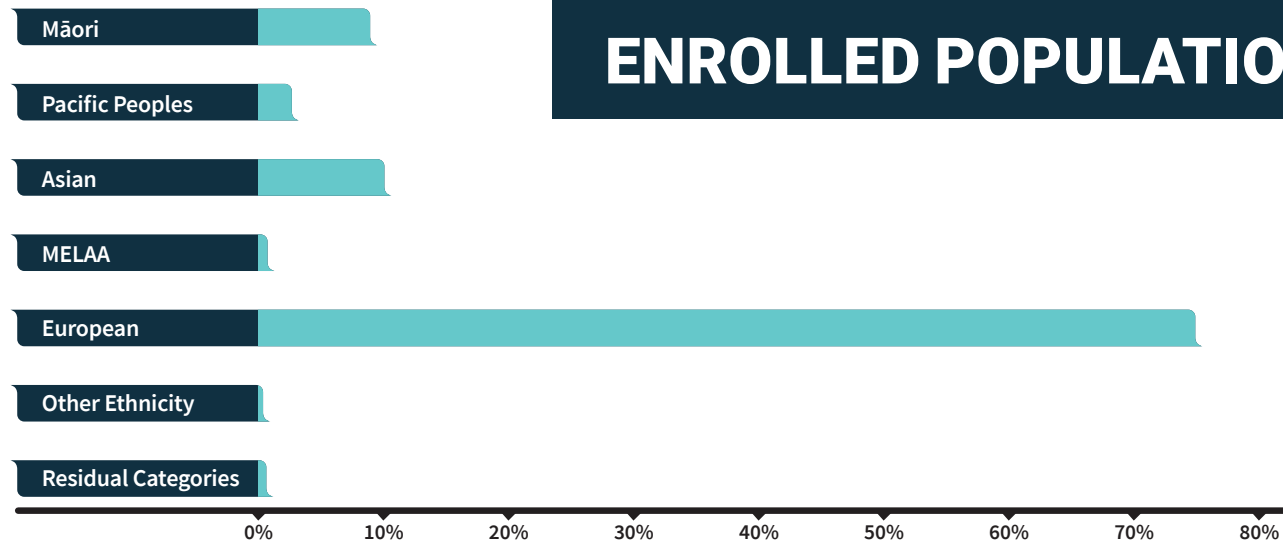
Net cash generated from operating activities was an outflow of \$2.4M for Group and an inflow of \$0.2M for Company with the main difference being the dividend received of \$2.25M in the Company.



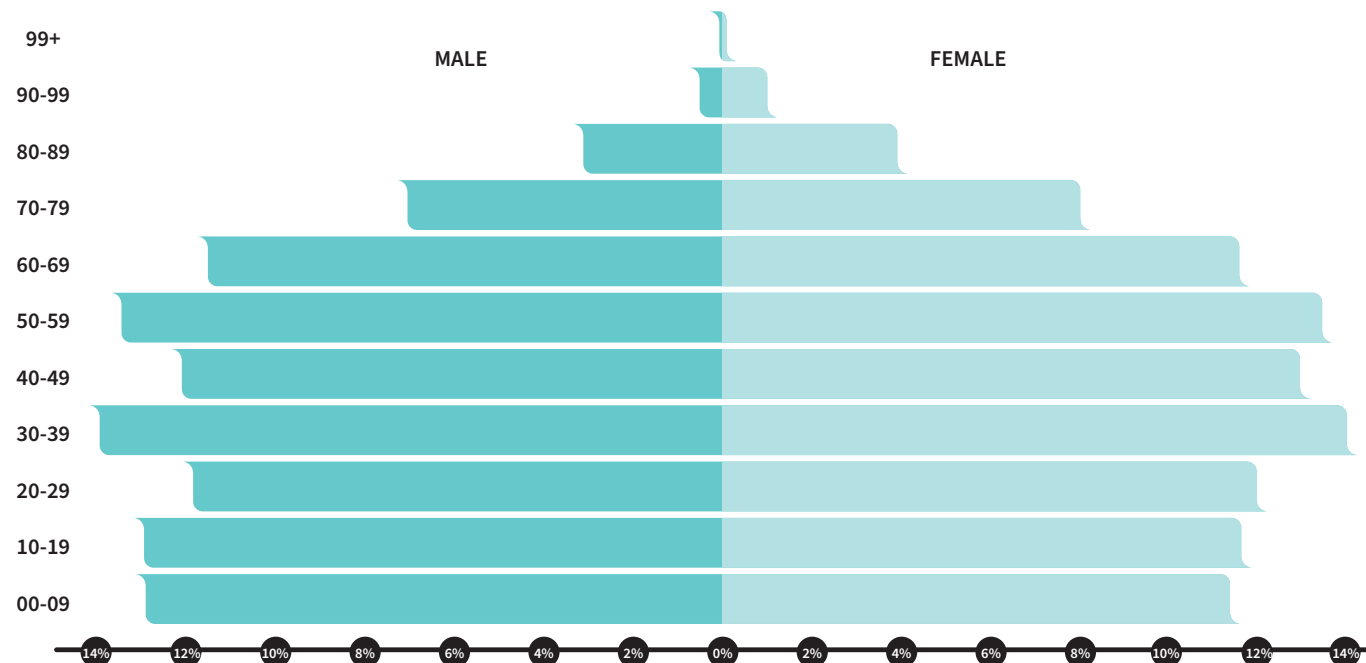
# ENROLLED POPULATION FIGURES

1 July 2021 - 30 June 2022

## BY ETHNICITY



## BY GENDER





## SYSTEM LEVEL MEASURES

### HEART/DIABETES

72,035

HAD HEART OR DIABETES CHECKS

43% OF THE ELIGIBLE  
POPULATION

### SMOKING

26,832

RECEIVED ADVICE & SUPPORT

FROM GENERAL PRACTICE IN THE 2021/22 YEAR

72.8% OF ALL CURRENT SMOKERS  
IN CANTERBURY

### IMMUNISATIONS RATES

93%

VACCINATED CHILDREN  
(24 MONTHS)

83% Māori  
91% Pacific Peoples

### CERVICAL SCREENING

66%

RECEIVED CERVICAL SMEAR

WOMEN AGED 25 TO 69 HAVE RECEIVED  
A CERVICAL SMEAR IN THE LAST THREE  
YEARS, AS AT 30 JUNE 2022

62.9%  
MĀORI

56.8%  
PACIFIC  
PEOPLES

### B4 SCHOOL

92.7%  
CHECKED

488 CHECKS COMPLETED BY MOBILE  
OUTREACH TEAM

83.1%  
Māori

90.7%  
Pacific Peoples

528 DENTAL  
REFERRALS

398 VISION  
REFERRALS

252 HEARING  
REFERRALS

448 REFERRED  
TO A GP



# PŪRONGO WHĀNUI

## FULL REPORTS





## DESIGNING HEALTH SERVICES FOR ALL

A values-based co-design framework called *Kia Kotahi Partnership in Design*, which puts people and whānau at the centre of the design and improvement of services, has been developed under the Te Tiriti and Equity Group. The framework places an emphasis on purposefully identifying who needs to be involved and engaging identified partners throughout the process, to plan, design and develop improvements in health and wellbeing services.

"We recognise that one size does not fit all and the health needs and pathways to access services vary for our increasingly diverse population," CCN Hauora Māori and Equity Lead Ngaire Button said.

"One of the key aspects of this new framework is ensuring that we are inclusive, and everyone's voice and participation is invited and encouraged, so services are designed for all."

The key aspects of the framework are the ngā whanonga pono (values) which are woven across six steps.

The CCN Leadership Team, and represented signatories, have endorsed the application of this tool for future design and re-design of health and wellbeing services in Canterbury.

Visit [ccn.health.nz](http://ccn.health.nz) to learn more about the framework or email [info@ccn.health.nz](mailto:info@ccn.health.nz) for support.



## SOUTH ISLAND AGED RESIDENTIAL CARE FACILITIES COME ON BOARD WITH HEALTH CONNECT SOUTH/HEALTHONE

South Island Aged Residential Care (ARC) facilities now have the opportunity to view key health information of their residents in real time and make informed decisions about care with newly granted access to Health Connect South (HCS)/HealthOne.

In a roll out jointly led by CCN's Shared Care Planning team in conjunction with the South Island Alliance and the HCS/HealthOne teams, key staff at the South Island ARC facilities are being trained and given access to their residents' shared electronic health records on HCS/HealthOne.

"This work has been carried out as part of our system's response to COVID-19, so ARC teams will be able to use up-to-date information available on HCS to plan and manage their residents' care including lab results, transfer of care letters, outpatient appointments, shared care plans and Emergency Department notes," Shared Care Planning Programme Lead and Product Manager Rebecca Muir said.

"We are particularly invested in this initiative because it will mean ARC staff can view, create and review their residents'

shared care plans, including advance care plans, shared goals of care and acute plans," Rebecca said.

"The benefits for residents and staff are vast. Some staff are already saying that having access to their residents' shared records saves them time, and it allows them to provide timely updates on test results and outpatient notes to their residents and their families.

"One of the biggest benefits for the wider system is having access to their residents' health record can assist in informing care decisions. This can lead to reducing unnecessary or inappropriate treatments and hospital transfers," she said.

The onboarding of ARC facilities to HCS/HealthOne has happened at pace with, 75 sites now live and 43 sites in the process of onboarding. CCN is leading the flexible training options including webinars, online meetings, and a step-by-step training manual.

## HURUNUI HAUORA ADVISORY GROUP FORMED

Ensuring the voices of the Hurunui community are heard in future decisions on their health and wellbeing services is top of the agenda for the new Hurunui Hauora Advisory Group (HHAG).

The Hurunui Health Services Development Group developed and implemented a new model of care for the region, then handed over the reins for ongoing enhancements and monitoring of the region's access to health and wellbeing services to the HHAG formed following an expression of interest process.

"Eighteen people from across the district make up the group, with various perspectives, experiences and connections including farming, shearing, parenting, health providers, lived experience, migrant community, education, child and youth and older people, and people who identify as Māori and Filipino," Senior Facilitator Koral Fitzgerald said.

"It is exciting to see the new group member's enthusiasm, passion and commitment to support the wellbeing of their region's people and helping to make health and wellbeing services in the Hurunui the best they can be," Koral said.

The group will act as the voice of their community and have a strong connection with the health system through CCN's Rural Health Workstream. This commitment to involving whānau and communities in a meaningful and genuine way is a key driver of the health and disability reforms and a priority for CCN.



# POPULATION HEALTH ADVISORY BOARD

## FULL REPORT

### ABOUT THIS REPORT

This is the annual report of the Population Health Advisory Board (PHAB). The report is provided to the Pegasus Chief Executive Officer (CEO), to whom PHAB is accountable on key activities and progress for this past year. Comment is also provided on future functioning and the direction of PHAB.

### PHAB BACKGROUND

PHAB was established in 2018. It is the key population health and equity advisory body for Pegasus. PHAB's purpose is to *Provide advice to the Pegasus Health Charitable Limited (PHCL) Board through the CEO's office on ways that Pegasus can continue to improve equity of health outcomes in the Canterbury population (and on occasion, beyond).*

Its key roles are to:

- Provide advice on matters that would benefit from advocacy by Pegasus
- Provide a monitoring function of Pegasus population health and equity activity
- Provide a community liaison function on behalf of Pegasus
- Provide advice on emergent population and community health issues, as relevant to Pegasus.

Ultimately, PHAB's contribution helps Pegasus to realise its purpose and role that *All people who live in Canterbury lead healthy lives and Together make Canterbury the best place to receive and provide primary healthcare.*

### REFLECTIONS FROM THE CHAIR

PHAB has been stable over the last year with just one change. We farewelled Sade Iposu as Chair of the Culturally and Linguistically Diverse (CALD) Health Advisory Group and welcomed Vibhuti Patel to PHAB. The past year has not been an easy one for any of our members with competing priorities, Zoom-only meetings, and the focus on COVID-19, with vaccination a standing item on PHAB's agenda.

PHAB's key role 'to advise on the *Pegasus Health Equity and Population Health Strategy*' grew this year as the strategy moved to take on a population health focus. This was a natural growth for the strategy and one that is well-aligned to PHAB's purpose. PHAB has continued to receive reports on the progress of the strategy and valued the opportunity to question, bring in another voice, and support its development.

I continued to work closely with Pegasus staff and Chair of the Clinical Quality Advisory Board (CQAB) Ben Hudson to ensure that we are effective in supporting Pegasus and aligned in our approach. Our connectedness has helped to reduce duplication of presentations to the two boards and ensured presentations and discussions are focused appropriately to each board's individual aims and objectives.

The two topics we identified last year continued to be a common thread, these being updates on the Health and Disability System Review, and the COVID-19 vaccination roll-out across Canterbury. This year was one where information coming to the advisory board was also seen as a means of getting information out through our many networks, as well as feeding into progress and identifying where changes might be needed. For this reason, many of the conversations were not only Pegasus focused but also covered the wider health response to COVID-19.

It is important to note that PHAB has another key role as the conduit for conversations from the three Canterbury reference groups; Te Kāhui o Papaki Kā Tai, Pacific Reference Group and the CALD Health Advisory Group. Once again, this year proved more challenging to ensure a close connection with competing priorities, but it remained a strong focus for PHAB. Most recent conversations have been about how to continue to support the incredible work of the Canterbury communities as they rose to the challenge of bringing vaccination to communities that most needed it.

A final thanks goes to the staff at Pegasus that support the work of PHAB.

### ACTIVITY HIGHLIGHTS

PHAB continues to have a key role in supporting and monitoring the equity activity at Pegasus.

In September 2020, PHAB endorsed the Pegasus Health Equity Strategy (2020-2030) and began monitoring its implementation via quarterly reports. Pegasus is now evolving this strategy to reflect its population health approach. PHAB provided input into the new *Pegasus Health Equity and Population Health Strategy / Kia atawhai ki te tangata* (2022-2030), including its list of Pegasus equity measures and tools to increase health equity.

Other important equity focused contributions from PHAB this year included:

- Highlighting concerns around oral health outcomes, particularly for Māori and Pasifika children, and smoking and immunisation rates for Māori, which led to further exploration and explanation of these issues by Pegasus
- Advising on the Pegasus Recruitment and Selection Policy, particularly around its approach to strengthen the diversity of the primary care workforce
- Advising on the Pegasus COVID-19 vaccination programme, highlighting challenges and successes to supporting our communities to be vaccinated, and more recently on the wider Canterbury COVID-19 response
- Supporting Pegasus to address its priority areas, particularly cervical cancer, Human Papillomavirus Infection vaccination, oral health, and family harm prevention
- Receiving presentations on the Pegasus Smokefree Service and Primary Mental Health Service, showing support for Smokefree's approach to improve health equity and recommending further development of some of the cultural aspects of the Te Tumu Waiora Service.



- Making recommendations to the PHCL Board that Pegasus prioritises in its strategic planning:
  - Improving equity of health outcomes for Māori
  - Improving equity of access to primary care services for Māori, Pasifika, CALD, youth, and rainbow peoples by ensuring primary care has the flexibility to deliver services in innovative ways to meet the needs of priority populations and are welcoming of diversity
  - Addressing COVID-19 vaccination hesitancy and long-term planning for COVID-19, especially for Pasifika.

Looking ahead, Pegasus will finalise the new equity and population health strategy in July and PHAB will begin receiving reports on its implementation. PHAB and CQAB will also receive a presentation on a newly completed Pegasus research project that explored access to primary care for people in Canterbury that experience poor access. Pegasus will also be seeking PHAB's advice about Pegasus adding disability as a priority group, with people in the disability community often experiencing inequitable health outcomes.

## EMERGENT ISSUES

The New Zealand Health and Disability System Review took effect from 1 July 2022, and is of interest to many around the PHAB table and across the Canterbury health sector. Mental health and wellbeing also continues to be a strong area of interest for the group, along with monitoring the new *Pegasus Health Equity and Population Health Strategy*.

## CONCLUDING COMMENTS

PHAB has valued the opportunity to contribute to the Pegasus COVID-19 response over the past year. Taking a stronger focus on monitoring the *Pegasus Health Equity and Population Health Strategy* has also provided a solid space for PHAB to contribute.

When we look back on the last year, it is pleasing to see the outcomes of robust discussions around our advisory board table.

*Report written by Chair of PHAB, Sandy Brinsdon; Director of Hauora Māori and Equity, Irihāpeti Mahuika; and PHAB Advisory and Facilitator, Katie Brown.*





# CLINICAL QUALITY ADVISORY BOARD (CQAB)

## FULL REPORT

### ABOUT THIS REPORT

This is the annual report of the Clinical Quality Advisory Board (CQAB). The report is provided to the Pegasus Chief Executive Officer (CEO), to whom CQAB is accountable on key activities and progress for this past year. Comment is also provided on future functioning and the direction of CQAB.

### CQAB BACKGROUND

CQAB was established in 2018. It is the key clinical governance body for Pegasus-delivered health services and the Pegasus primary care network. Central to this leadership role is providing evidence-informed services that are clinically led, free from commercial bias and aiming to achieve equitable health outcomes. As such, CQAB has a focus on clinical effectiveness, equity, quality improvement, patient safety and ensuring an engaged and effective workforce.

CQAB's work is guided by its role in supporting Pegasus to achieve its purpose that *All people living in Canterbury lead healthy lives and that Together make Canterbury the best place to receive and provide primary healthcare.*

This year, CQAB continued to strengthen its role in providing clinical governance to Pegasus. The group facilitated conversations between clinical governance leads from all three Canterbury Primary Health Organisation (PHOs) and secondary care organisations, as well as working closely with the Population Health Advisory Board (PHAB), 24 Hour Surgery and the Acute Demand Service.

Areas of focus have included:

- Equity, including supporting the development of:
  - The *Pegasus Health Equity and Population Health Strategy*
  - The Pegasus Health Equity Tool
- Cardiometabolic disease metric identification
- Cervical cancer prevention strategy (cervical screening and Human Papillomavirus Infection immunisation)
- COVID-19 vaccination roll-out and equity of coverage
- Equally Well initiative
- Family harm prevention
- Oral health initiative.

### CQAB FUNCTIONING

Members are:

- Ben Hudson, Chair – General Practitioner (GP) and clinical lead for education
- Aarti Patel – Delegate for clinical lead for pharmacy (on the departure of Gareth Frew)
- Donald Pettitt – Consumer
- Gillian Currie – Nurse Practitioner
- Juno Pyun – Early career GP
- Kim Burgess – GP and clinical lead for population health
- Les Toop – GP, advisor and ex officio delegate of Chair of Pegasus Health Charitable Limited (PHCL) Board
- Lucinda Whiteley – Experienced GP
- Martin Wilson – GP, Chair of Pegasus Digital Advisory Group and clinical lead for information management
- Matilda Wynn – Nurse in primary care
- Sarah Bothamley – Rural and Nurse Practitioner
- Sandy Brinsdon – Chair of PHAB

CQAB is supported by several members of the Pegasus Strategic Leadership team, including CEO Mark Liddle.

CQAB continues to:

- Invite Waitaha Primary Health and Christchurch PHO clinical governance leads to join meetings when a matter is raised that has relevance for all three Canterbury PHOs
- Ensure open communication with the Clinical Governance of Canterbury District Health Board (now Te Whatu Ora - Waitaha Canterbury). This included the attendance in October 2021 of Peter Bramley (CEO), Becky Hickmott (Executive Director of Nursing) and Helen Skinner (Chief Medical Officer) to the CQAB meeting
- Provide oversight to the recently renamed Pegasus Health Research Advisory Group (previously the Research Committee), the Pegasus Digital Advisory Group, the formal review of Education Forum and the clinical Hikitia programme
- Welcome presentations and discussion, with the opportunity to provide feedback, from secondary care and other groups on initiatives and pilots that involve improving equitable services for the people of Canterbury. This has included the Atrial Fibrillation pathway pilot using a new acute demand clinic at the 24 Hour Surgery, the Rongoā at Te Puna Wai pilot project, and the proposed Canterbury DHB (now Te Whatu Ora - Waitaha Canterbury) colonoscopy waiting list initiative.



## ACTIVITY HIGHLIGHTS

Inevitably much of CQABs meeting time, as well as the energies of its constituent members, has been focused on COVID-19 over the past 12 months. This has included promoting equitable access to vaccination, supporting pathway development for managing COVID-19 in the community, ensuring strong communication networks and implementing support for practices under pressure from workload or staff illness.

### Serious adverse event reporting

An initial survey within Pegasus general practices was conducted to establish the current understanding and processes, and to examine what support and input might be appropriate. The survey response rate was low (21%), and given COVID-19 workload and other competing pressures, it was decided to postpone further work in this area until later in 2022 and early 2023.

### Cardiometabolic metrics

Multiple health areas impact on cardiometabolic health. CQAB has been asked to discuss, endorse and advocate in a number of these with work continuing.

### Breast Cancer Risk Assessment tools

CQAB has been involved with examination tools involved in identifying those in primary care at higher risk of breast cancer and advocating for inclusion of this cohort within the National Screening Programme.

### Workload movement from secondary to primary care

CQAB has been involved in ongoing communication with all sectors, including the 24 Hour Surgery and Acute Demand Service, to monitor workload movements and to advocate for funding following patient workload and system access points.

### Immunisation gap and potential centralisation

Regular reporting to CQAB of immunisation data has resulted in concerns being raised regionally and nationally about the increasing disparity in immunisation rates for Māori and Pasifika, especially for early childhood vaccinations. Work is also continuing to build on innovative strategies developed to increase access during the COVID-19 vaccination roll outs and to consider any proposals for centralisation of vaccination and screening.

### Improving access to primary healthcare services

A major research project funded by Pegasus examining this area for people in Canterbury with poor access has recently been completed and will be used in 2022/2023 to inform decisions on improving access for this group. This will be linked and embedded into the *Pegasus Health Equity and Population Health Strategy*.

### Bowel screening and colonoscopy wait time

CQAB has been proactive in pursuing information in this area and advocating for action on increasing wait times. A new waitlist initiative to address this issue commenced in July 2022.

### Oversight of service level measure priorities

- A new position of Equally Well Lead was appointed by Pegasus in 2021 resulting in mapping of work, occurring and still required, and increased coordination of initiatives implemented
- Oral health education within primary care was identified as a key area to facilitate improved understanding and access for patients. A webinar coordinated with Canterbury DHB dentists was run in April 2022 and a Small Group education round on oral health finished in July 2022
- Family harm prevention remains an ongoing priority area
- This year Pegasus has appointed a key lead in Cervical Cancer prevention (cervical screening and HPV vaccination). This has resulted in increased funding for screening to reduce the financial barrier, a partnership with ScreenSouth to target priority women, coordination with the National Screening Unit to pilot self-testing, and adding cervical screening to GPVu. HPV vaccination progress is slower but continuing.

In summary, over this year CQAB has continued to provide clinical governance, health advocacy, promotion of measures to achieve equity and a forum for pan-system discussion, despite significant time and resources being absorbed by COVID-19. It will continue to develop these roles over the coming year.

*Report Written by Chair of CQAB, Ben Hudson; CQAB Advisor and Facilitator, Tonya Sadler; Director of Nursing, Michael McIlhone.*



## FULL LIST OF PEGASUS WORKFORCE DEVELOPMENT SCHOLARSHIP RECIPIENTS 2022

### MĀORI RECIPIENTS

**Marjorie Carran - Ngāti Hauā**

4th Year Bachelor of Social Work

**Tiana Mihaere - Ngāi Tahu, Ngāti Māmoē Waitaha, Ngāti Kahungunu, Ngāti Maniapoto, Ngāti Porou, Rangitāne, Ngāi Tāmanuhiri**

4th Year Bachelor of Medicine

**Ben Shine - Ngāi Tahu**

2nd Year Post Graduate Diploma in Clinical Psychology

**Zoe Honeyfield - Te Ātiawa**

5th Year Bachelor of Medicine

**Leah Ruha - Ngāi Tahu, Te Whānau ā Āpanui**

2nd Year Bachelor of Nursing

**Iwitea Ataria-Ivannikova - Rongomaiwahine, Ngāti Kahungunu, Ngāti Tūwharetoa**

3rd Year Bachelor of Nursing

**Nasya Thompson - Ngāti Raukawa**

5th Year Bachelor of Medicine

**Kirstyn MacDonald - Ngāti Kahungunu**

3rd Year Bachelor of Nursing

**Ariana Walker - Te Ātiawa, Ngāi Tahu**

3rd Year Bachelor of Midwifery

**Te Rina McGregor - Ngāti Kahungunu ki Wairoa, Ngāti Tūwharetoa, Ngāti Mutunga, Ngāti Mutunga o Wharekauri**

4th Year Bachelor of Social Work

**Ariana Ashby - Ngā Puhī**

3rd Year Bachelor of Midwifery

**Sam Cameron-Dunn - Ngāi Tahu**

5th Year Bachelor of Medicine

### PASIFIKA RECIPIENTS

**Caitlin Bland - Cook Island Māori**

5th Year Bachelor of Medicine

**Tatila Helu - Tongan**

5th Year Bachelor of Medicine

**Leon Haiu - Uvean**

2nd Year Bachelor of Nursing

**Akerita Alatimu - Samoan**

2nd Year Bachelor of Nursing, Masters of Health Sciences Professional Practice

**Maca Vuniwaqa - Fijian**

4th Year Bachelor of Social Work

**Danielle O'Halloran - Samoan**

3rd Year Rongoa Māori and Pacific Leadership in Mauli Ora

**Emily Tagicakibau - Fijian, Tongan**

4th Year Bachelor of Social Work

**Wikitoria Kurene - Samoan, Māori**

2nd Year Bachelor of Applied Science (Health Promotion)

### CULTURALLY AND LINGUISTICALLY DIVERSE RECIPIENTS

**Kanwal Yousaf - Pakistani**

2nd Year Bachelor of Arts in Psychology

**Dena Makarious - Middle Eastern, Egyptian**

2nd Year Postgraduate Diploma in Clinical Psychology, Masters of Psychology

**Angelin Perumbally - Indian**

4th Year Bachelor of Speech and Language Therapy

**Miron Habte - Ethiopian**

4th Year Bachelor of Social Work

**Samuel Hidray Equbazgi - African, Eritrean**

3rd Year Bachelor of Social Work with Honours

**Nasteho Mohamed - Somali**

2nd Year Bachelor of Social Work

**Minien Cheng - Taiwanese**

3rd Year Bachelor of Nursing

**Jennifer Micere Ngondi - African, Kenyan**

3rd Year Masters in Nursing



*Māori Recipients*



*Pasifika Recipients*



*Culturally and Linguistically Diverse Recipients*







