

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini



**COMMUNITY AND PUBLIC
HEALTH ADVISORY
COMMITTEE MEETING**

17 March 2006

**AGENDA
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MEETING PAPERS**

All information contained in these committee papers is subject to change

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AGENDA

**FOR THE WEST COAST DHB COMMUNITY AND PUBLIC HEALTH
ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM,
CORPORATE OFFICE, GREYMOUTH ON FRIDAY 17 MARCH 2006
COMMENCING 9.30 AM**

**AS DISCUSSED AT THE LAST CPHAC MEETING THIS
MEETING WILL START AT 9.30AM WITH THE INEQUALITIES
TRAINING RUNNING FROM 9.30AM – 11.30AM, THEN THE
REGULAR CPHAC MEETING FROM 11.30AM TO 1.30PM.**

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OIA 1982 5.9(2)(l) Commercial NZPHDA Sch 3 Cl 32(a)
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KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o
kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini
mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this
time so that we may work together in the spirit of oneness on behalf of the
people of the West Coast.

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
CHAIR Dr Carol Atmore <i>WCDHB Member</i>	<ul style="list-style-type: none"> • Member – South Link Health • General Practitioner - Employed by WCDHB at Grey Medical Centre and GP Liaison Officer • Member – ASMS
DEPUTY CHAIR Julie Kilkelly <i>WCDHB Member</i>	<ul style="list-style-type: none"> • Member - Pharmaceutical Society Incorporated • Member - New Zealand College of Pharmacists • Director - Kilkelly Kartage Ltd • Trustee - West Coast PHO Board • Director - Olsen's Pharmacy (2002) Ltd.
Professor Gregor Coster Chairman WCDHB <i>Appointed February 2003</i>	<ul style="list-style-type: none"> • Director - PHARMAC • Director - Cornwall Management Limited
Robyne Bryant WCDHB Member	<ul style="list-style-type: none"> • Trustee - Board of Coast Care Trust • Employed by WCDHB as a midwife on a permanent part-time basis
Cheryl Brunton	<ul style="list-style-type: none"> • Medical Officer of Health for West Coast - employed by Community and Public • Health – Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health • Sciences (University of Otago) • Fellow – Australasian Faculty of Public Health Medicine • Member – Public Health Association of NZ • Member – Association of Salaried Medical Specialists • Member – WCPHO Board • Member – ASMS
Greville Wood	<ul style="list-style-type: none"> • General Practitioner – West Coast DHB • Fellow – Royal New Zealand College of General Practitioners • Regional coordinator for University of Otago Under Graduate Medical Student Training Programme • Executive Committee of South Link Health • Member – WCPHO Board • Member – ASMS
Barbara Greer	<ul style="list-style-type: none"> • Member - Rata Branch Maori Women's Welfare League • Member - Runanga O Makaawhio • Shareholder - Mawhera Corporation • Tumuaki Rata Te Awhina Trust • Member – NHO Consumer Advisory Group • Colorectal Cancer Advisory Group • Maori Advocate for National Screening • Co-ordinator, Te Wai Pounamu region, Maori

	Women's Welfare League
Sharon Ransom	<ul style="list-style-type: none"> • Member – New Zealand Nurses' Organisation • Member – West Coast Primary Health Nurses Network • Member – Child and Youth Advisory Committee • Clinical Leader – Nelson Marlborough West Coast Royal New Zealand Plunket Society • Member - Well Child Network • Aunt employed by WCDHB
Barbara Beckford	<ul style="list-style-type: none"> • Member - Medical Radiation Technologists Board (Responsibility for registration and competency matters) • Member - NZ Medical Council Professional Standards Competence Review Committee • Co-Convenor - Federation of Women's Health Councils Aotearoa (Consumer advocacy interests) • Co-Chair - National Screening Unit Consumer Reference Group • Member - Breastscreen Aotearoa Advisory Group • Member – Public Health Association of NZ • Member – Well Women's Centre • Member – National Ethics Advisory Committee • Member – NZ Guidelines Development Team, also liquid based cytology working group

- Member - Pharmaceutical Society Incorporated
- Member - New Zealand College of Pharmacists
- Director - Kilkelly Kartage Ltd
- Trustee - West Coast PHO Board
- Director - Olsen's Pharmacy (2002) Ltd.

DRAFT MINUTES OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING HELD 3 FEBRUARY 2006 AT 10.35AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT Carol Atmore, Chair
Julie Kilkelly, Deputy Chair
Barbara Beckford
Sharon Ransom
Barbara Greer
Robyne Bryant

IN ATTENDANCE Wayne Turp, General Manager Planning & Funding
Gary Coghlan, General Manager Maori Health
Bianca Kramer, Minute Secretary

APOLOGIES Gregor Coster, Chair WCDHB
Kevin Hague, CEO
Cheryl Brunton
Greville Wood

Karakia – Barbara Greer

1. APOLOGIES, WELCOME

The Chairman welcomed everyone to the meeting. Apologies were received from Gregor Coster, Kevin Hague, Cheryl Brunton and Greville Wood.

Moved: Julie Kilkelly Seconded: Barbara Greer

It was RESOLVED to accept the Apologies.

2. STANDING ORDERS

The Chairman waived the Standing Orders.

3. DISCLOSURES OF INTEREST

The following amendments were made to Community and Public Health Advisory Committee Members' disclosures of interest.

Julie Kilkelly

- Amend to read – Member – NZ College of Pharmacists
- Amend to read – Trustee – West Coast PHO

- Add – Member – Pharmaceutical Society Inc

Robyne Bryant

- Amend to read – Employed by WCDHB as a midwife on a permanent part-time basis

4. MINUTES OF THE PREVIOUS CPHAC MEETING HELD 11 NOVEMBER 2005

- Item 5.2 – Sexual Health, last paragraph amend to read “*the PHO does not have a sexual health*”
- Item 7.6 – last paragraph amend to read “*the three Pharmacies in Greymouth conducted an externship programme for third year pharmacy students*”

Moved: Carol Atmore Seconded: Robyne Bryant

It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 9 December were a true and accurate record subject to the amendments above.

5. MATTERS ARISING

Investigation of most efficient use of direct financial incentives & scholarships to recruit and retain health professionals

General Manager Planning & Funding was unable to give an update. The Chair requested that he ensure that the HR Manager provide CPHAC with a report on this issue for the next CPHAC meeting.

GM Planning & Funding

PHO review document

Removed, this review related to the old PHO management services organisation

General Manager Planning & Funding to amend the content and layout for next committee meeting (Labs document).

Report in papers

Investigate letter regarding scholarships written by previous CEO

The Chair will check for the correspondence

Chair

Look into low uptake of annual diabetes review

Remove – this information is part of LDT report which will be provided at the meeting scheduled for 17 March

Regular West Coast DHB newsletter

Remove – this was reported to last Board meeting, a business case is to be presented to the next Board meeting

A central filing area for ‘Community Profiles’

Remove – Planning & Funding are currently reorganising their filing system and ‘Community Profile’ will included. It was suggested that the Chair write a letter to Plunket to see if copies of their community profiles would be available for inclusion.

Chair

General Manger Maori Health joined the meeting at 10.54am

Investigate ways to achieve parity with neighbouring DHBs for access to Screening mammography for high risk women

11 November – place back on the action and responsibility list for GM Planning and Funding

Initiate communication with key stakeholders in Breast Feeding on the West Coast to work towards a strategic plan for promoting Breast Feeding on the West Coast.

30 September – place back on the action and responsibility list

Breast Feeding (HEHA) – the application to the MoH for funding was successful. The next step is to speak to the PHO regarding the joint project.

Sexual Health component of Under-22 contraceptive scheme of WCPHO The need for sexual health to be explicitly covered in the under-22 contraceptive scheme was discussed, and will be raised by GM Planning and Funding at negotiations with WCPHO in the near future.

CPHAC Chair report::

Buller Health a committee member expressed concern around rumours that had been circulating regarding the closure of the maternity services in Buller, this information had been reported by the Media. General Manager Planning & Funding indicated that this was not part of the brief for Buller Health. In the Grafton Report, it was suggested that the current four beds should be reduced to two beds, not closing the service

Moved: Robyne Bryant Seconded: Barbara Greer

It was moved that the CPHAC Chair report be accepted

Referred Services

This is the first report in the new format. The graphs show current trends, highlighting the key issues.

Page 1 – it was noted that the drug cost trends total excluding high growth drugs is steady.

Page 3 – the committee was informed that Simvastatin is a drug for controlling high cholesterol and PHARMAC had recently widened access to the drug. With the access widened, growth trends follow in an upward fashion. Widening of access for this drug will save money in the long-term, and not all increased drug costs are bad.

“Stable pharmacy expenditure could be obtained if a way of controlling the growth of these seven pharmaceuticals can be found”, - this comment in the report generated some discussion. It was mentioned that some of the seven pharmaceuticals listed were not drugs usually prescribed at a primary care level. It was also noted that we do not want to control the prescribing of drugs that improve the quality of peoples lives.

The Chair recalled that 10 years ago CDHB had higher prescribing rates than the West Coast, and the statistics now show a reverse in prescribing rankings. It was asked whether the West Coast statistics have risen, or have the other DHBs reduced their drug bill. The Chair asked that a comparison of pharmaceutical expenditure by south Island DHB over the last five5 or if possible 10, years be provided. If certain DHBs have shown a reduction in their prescribing expenditure, there may be lessons there that our DHB can learn from.

General Manger Planning & Funding is to clarify with Tony McDonald (author of the report) whether it is possible to separate the hospital and community statistics from the report. The Chair, Deputy Chair and General Manager Planning & Funding will meet to discuss the reporting style for future reports.

Chair, Deputy Chair & General Manager Planning & Funding

Rural GP Training

Further to the Chair's report contained in the meeting papers, the Chair gave a progress report received verbally from Dr Greville Wood. The current focuses in developing the rural GP training program are having the paediatric RMO runs approved by Canterbury DHB, and having a full program to offer potential candidates.

RMO runs need to fit in with the Resident Doctors' Association's requirements.. The new RMO and Medical Student Coordinator is establishing the West Coast based RMO runs to fit in with the RDA's requirements. Currently the new programme is being developed in anticipation of everything going ahead.

As yet there has been no assurance from CDHB that the Paediatric RMO positions spoken about on earlier occasions will take place. The WCDHB needs a firm commitment from CDHB on these positions by the end of March, so that the Rural GP Training program can start in November 2006.

Best Use of Direct Financial Incentives in Recruitment

Deferred to next meeting.

PHO Report

The report supplied in the meeting papers is the final report from South Link Health. General Manager Planning & Funding has noted the issues and points raised and will discuss them with the new management service PHOCUS on Health. General Manager Planning & Funding informed that committee that the relationship with PHOCUS is progressing well.

The Deputy Chair, who is also a Trustee of the WCPHO, informed the committee that the new Chair and committee are working well and she feels PHO will make progress quickly.

General Manager Planning & Funding suggested that a representative from PHOCUS on Health be invited to the CPHAC meeting when the next report is due, so any questions that might arise can be answered.

Chair

7. GENERAL BUSINESS

Work Plan

General Manager Planning & Funding Progress Report

General Manager Planning & Funding informed the committee that in future his reports will follow this format, highlighting key areas.

Inequalities training – date for workshop for advisory committees was discussed. It was suggested that both CPHAC and DSAC combine for this training. General Manager Planning & Funding will organise a suitable time, it was suggested that the last hour of the next regular DSAC meeting and the first hour of the next regular CPHAC meeting would combine to allow the two hours for the training.

General Manager Planning & Funding

Health Centre

Nothing to update

Work Plan

The Chair distributed an updated copy of the work plan. This version combined the best elements of previous two versions. A lot of monitoring is covered in the DAP Implementation Report.

A number of the previous reports schedule showing as being quarterly have been revised to either six monthly or annually. Between the reports, the General Managers associated with those reports could give verbal updates

General Manager Planning & Funding and Chair to develop "new look" work plan further

General Manager Planning & Funding and Chair

Julie Kilkelly left the meeting at 11.51am

Pandemic Planning A committee member commented that decision makers at secondary level are sometimes not aware of what is available at primary and community level...Both Well child providers and Maori Health Providers are interested in being involved in the WCDHB's pandemic planning process. Chair will address this with CEO.

Chair

The Board is monitoring the pandemic planning process and progress on this will be reported on in the Chair's report to CPHAC.

DAP implementation report

Deloitte's who audited the non financial side of the DHBs activities said the DAP Implementation Report (Traffic Light) was far too detailed. It needs to be simplified and reporting points reduced.

Comparing this report with the previous report, it shows a large number of points previously show as either 'Red' or 'Orange' have made progress. Key points from the discussion were:

- Please show the person's title not name in the 'lead person' section
- Progress is being made on the Maori Health Needs Analysis
- It was noted that General Manager Mental Health/General Manager Primary Health's name was on the majority of the accountability points. It was discussed and the committee would like to show it's support for the General Manager Mental Health/General Manager Primary Health receiving support in her Primary Health role as she does through her Operations Manager in her Mental Health role.
- Working with WCPHO on pharmaceutical and laboratory spending (Last two items on page 23) – Chair, Deputy Chair and General Manager Planning & Funding to talk to Anthony Cooke at PHOCUS on Health Action Point, Chair, Deputy Chair, GM Planning and funding
- Electronic communication between primary and secondary care (Third item on page 24) – showing as orange, this is not yet happening. Request Chief Financial Manager to report to the next meeting scheduled for March 17

GM Planning and Funding

Break for 10 minutes – start back at 12.30pm

Robyn Bryant left the meeting at 12.21

On resumption, the committee was without a quorum. It was decided to continue with the meeting.

DAP 06/07

GM Planning and Funding led continued discussions on the 06/07 DAP, further to the Board Workshop held on 20 January,.

The following points were noted

- **Cost effectiveness** – aspects of pharmacy and lab test ordering could be investigated for savings. Improved IT communication between primary and secondary care would help avoid double ordering of some laboratory tests.
- **Consultation** – planned public consultation for April could have DAP on schedule
- **Improve regular communication** – intersectoral communication at an operational level could be helpful.
- **WCPHO** – The WCDHB will be asking the WCPHO to develop strategic plans along side the WCDHB . Measuring success of PHO performance with only 1 PHO means we will either fail or succeed, no 'partially' category
- **Healthy activity** is important to emphasise
- **Youth health and things available for youth** was identified as a gap by a committee member, in the 8-20+ age group. C&PH surveys will highlight this further. (school to play a part in this)
- **Post natal depression** education has previously been identified as a gap by CPHAC, and hopefully will be included in C&PH's new strategic plan.
- **Personal health for those with mental illness** was another area identified as a gap.
- **Reviving implementation of WISE project** was noted as a priority
- **Inequality – transport** – Maori Health needs assessment vital in this. Co-ordination of appointment times in Christchurch would be helpful. Investigation of whether pre-anaesthetic assessments could be done here would be helpful, as well as looking at what can be done at GP rather than a tertiary level,
- **Cancer control** – this is a problem in terms of budgeting, as we are awaiting the findings of the Cancer Journey mapping project to know what the needs are
- **Cancer control - early diagnosis** Increased purchasing for colonoscopies will be needed if national guidelines for screening for colorectal cancer in high risk people is to be implemented. Using the surgical bus in Westport for colonoscopies should be investigated.
- **Oral health** – what services over and above school dental services should we be responsible for?
- **Hearing tests for neonates** – some DHBs perform audiology screening on all neonates with a specialised machine.
- **Workforce initiative** – staff should be aware of MoH initiatives for training. The DHB website could be used to advertise these things
- **Elective services** – waiting times for tertiary services (e.g. rheumatology, Ear, nose and throat surgery) the main issue The DHB could investigate using GP with special interest or Nurse practitioners to help manage the waiting times for these sub-specialities.

CPHAC would like to review the draft DAP (as relevant to CPHAC) at its 28 April meeting

8. **NEXT MEETING**

Friday, 17 March, 10.30am, Boardroom, Corporate Office Greymouth

There being no further business to discuss the meeting concluded at 1.46pm

MATTERS ARISING FROM COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETINGS

Meeting Date	Action Item	Action Responsibility	Reporting Status
15 June	Investigation of most efficient use of direct financial incentives & scholarships to recruit and retain health professionals	Recruitment Co-ordinator & General Manager Operations	This report should be going to the October Board meeting
11 November	Investigate letter regarding scholarships written by previous CEO	Chair	
11 November	Investigate ways to achieve parity with neighbouring DHBs for access to screening & mammography for high risk women	GM Planning & Funding	
11 November	Initiate communication with key stakeholders in Breast Feeding on the West Coast to work towards a strategic plan for promoting Breast Feeding on the West Coast		
3 February 06	Representative from PHOCUS on Health be invited to the CPHAC meeting when the next report is due, so any questions that might arise can be answered.	Chair	
3 February 06	Inequalities training – date for workshop for advisory committees. suggested that both CPHAC and DSAC combine for this training	General Manager Planning & Funding	
3 February 06	Develop “new look” work plan further	Chair & General Manager Planning & Funding	
3 February 06	Other providers interested in being involved in the WCDHB’s pandemic planning process. Chair will address this with CEO	Chair	
3 February 06	General Manger Planning & Funding is to clarify with Tony McDonald (author of the referred services report) whether it is possible to separate the hospital and community statistics from the report	Chair, Deputy Chair, GM Planning and funding	
3 February 06	Work with WCPHO on pharmaceutical and laboratory spending	Chair, Deputy Chair, GM Planning and funding	
3 February 06	Electronic communication between primary and secondary care. Request Chief Financial Manager to report to the next meeting scheduled for March 17	Chair & General Manager Planning & Funding	

CHAIR'S REPORT TO COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

TO: Members, Community and Public Health Advisory Committee

FROM: Dr Carol Atmore, CPHAC Chair

DATE: 6 March 2006

MATTERS REFERRED FROM THE BOARD TO CPHAC

Community Dental Services

A report on community dental services is to come to CPHAC for consideration in June or July.

ITEMS OF INTEREST FROM THE BOARD MEETING

Advisory Committee consideration of DAP Implementation Plan

Future DAP reports will not assign particular jobs to people, so the focus for the Committee can be to task being performed.

Rural GP Training Scheme

Management has been asked to secure a paediatric training post for Rural GP training registrars.

Community Mental Health

DHB management has looked at various options suggested by Cobden resident Mr Anderson, for alternative options for PACT housing, and concluded that the existing proposal fits best with the needs for the new accommodation.

DAP planning

Management has been asked to clarify what is intended in the Minister's letter of expectations regarding neonatal hearing testing, and how this can be implemented on the West Coast.

Author: Dr Carol Atmore, 24 January 2006

BEST USE OF DIRECT FINANCIAL INCENTIVES IN RECRUITMENT

This paper will be tabled at the meeting, with the HR Manager presenting it

CORRESPONDENCE (outwards)

DATE	SENDER	DETAILS
6 March 2006	Shar Ransom Regional Co-ordinator Plunket West Coast	Central storage area for Community Profiles performed by various people on the West Coast as part of continuing study. This register may be physical or electronic, or both.
7 March 2006	Anthony Cooke PHOcus on Health	Invitation to address the West Coast PHO's quarterly reports when they are presented



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office

Telephone 03 768 0499

Fax 03 768 2791

7 March 2006

Anthony Cooke
PHOcus on Health
90 Landscape Road
Mt Eden
AUCKLAND

Dear Anthony

I would like to invite you, or a representative, to address the West Coast PHO's quarterly reports when they are presented to the Community and Public Health Advisory Committee.

We are anticipating that the first of these will be at our April meeting on 28 April 2006, or failing that on 9 June. I will keep you informed of the likely date closer to the time.

Kind regards

Dr Carol Atmore
Chair
Community and Public Health Advisory Committee
West Coast DHB



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office

Telephone 03 768 0499

Fax 03 768 2791

6 March 2005

Shar Ransom
Regional Co-ordinator
Plunket West Coast
PO Box 404
GREYMOUTH

Dear Shar

The West Coast DHB is compiling a register and central storage area for Community Profiles performed by various people on the West Coast as part of continuing study. This register may be physical or electronic, or both.

If members of your organization have compiled any such profiles on West Coast communities, and were willing to share these, we would like to include them in this central register.

If you have any queries, please contact Bianca Kramer, PA to General Manager Planning & Funding on 03 768 2566.

Kind regards

Dr Carol Atmore
Chair, Community and Public Health Advisory Committee
West Coast District Health Board

WORK PLAN

Please find work plan attached

Mission Statement: To fund a continuum of quality health services aimed at providing improved health outcomes and maximise the independence of people with disabilities.

Objective	Responsibility	Next Due Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To report on relevant section							
1. District Annual Plan, including Maori Health Plan and Primary Mental Health Plan	GM Planning & Funding, GM Maori Health, GM Mental Health	April 06	Quarterly		√		Maori health needs assessment is beginning
To develop							
1. Child Strategy and Youth Health Strategy	Shona McLeod, Planning and funding analyst	March 06	Quarterly				
2. Information Services Strategic Plan	Chief Financial Manager	March 06	Quarterly				
3. Post graduate GP Training program	GM Primary Care		Each meeting	√			Need CDHB to commit to providing paediatric RMO post space for 1 or 2 West coast RMOs by end of March 06
4. Greymouth Health Centre	GMPF/GM Primary	March 06	Each meeting				
5. Primary Care Plan	GM PF	March 06	Each meeting		√		Draft Primary Care Plan should come to next CPHAC meeting
Provide input into							
1. District Strategic Plan	GM Planning & Funding		Annually				
2. District Annual Plan	GM Planning & Funding	April 06	Annually		√		Done this meeting
3. Statement of Intent	GM Planning & Funding		Annually				
4. Annual Report	Chief Financial Manager		Annually				
To monitor							
1. Referred Services. Community laboratory and pharmacy	GM Planning & Funding	August 06	Six monthly		√		Invite SISSAL to provide a comparative analysis between WCDHB and other DHBs over last 5 years
2. PHO a) Review criteria being considered towards meeting (i) Aims of Primary Care Strategy (ii) Contractual obligations to the WCDHB	GM Planning & Funding/ PHO	April 06	Quarterly	√			New MSO in place now
3. West Coast Public health Plan	CPH	June 06	Six Monthly				
4. Healthy eating Healthy Action Plan implementation	GM Planning & Funding	June 06	Six monthly				
5. Neighbourhood Nursing Project	DON	April 06	Six monthly				

Objective	Responsibility	Next Due Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
6. Diabetes services through LDT report	GM Planning & Funding	March 06	Annually				
7. Undergraduate medical student training program	Dr Wood, convenor	Dec 06	Annually				
8. Green prescription uptake	GM PF	August 06	Annually				
9. Nicotine replacement therapy uptake	GM PF	August 06	Annually				
10. Healthline usage	GM PF	August 06	Annually				
11. Breast screen Aotearoa uptake for WC women	GM PF	August 06	Annually				
12. National Cervical Screening Program uptake for WC women	Cervical screening co-ordinator	August 06	Annually				
13. Immunisation rates	Planning and Funding	August 06	Annually				
14. Sexual Health	Janet Hogan, nurse manager	December 06	Annually				
To investigate/scope							
1. West Coast Community Dental Centre	GM Planning & Funding						
2. The most efficient use of direct financial incentives and scholarships to recruit and retain health professionals.	GMPF/CFM	March 06		√			Report to come to next CPHAC meeting
3. Achieving parity of access for WC women at high risk of breast cancer	GM PF						When work done
4. Breast feeding strategic plan development	GM PF						When work done

LOCAL DIABETES TEAM REPORT

TO: Chair and Members
Community and Public Health Advisory Committee

FROM: Local Diabetes Team (LDT)

DATE: 10 March 2006

1. LDT activity in 2005

Last year saw the culmination of a year's planning with the launch of the Integrated Diabetes Service on 14th November 2005 by Professor Don Bevan. The reviewed service focuses strongly on the following:

- Putting the patient first
- Providing a high quality service which matches skills to the needs of the individual patient. To this end newly diagnosed people with diabetes and those whose diabetes is poorly controlled will form the bulk of Dr. Paul Holt's and Norma Devlin's patient base. Those people whose diabetes is well controlled will have the majority of their care provided within primary care with educational and clinical support from secondary (specialist) care when necessary.
- Colleagues working together and learning together
- Involving the patient/carer as a member of the team
- Ensuring that self management is a significant component of the reviewed service

At present a diabetes survey is nearing completion. The survey focuses on two main groups:

- Providers of diabetes care
- People with diabetes

For each group a validated chronic illness questionnaire has been utilised. In the case of the providers they have been asked to complete the Assessment of Chronic Illness Care version 3.5. People with diabetes have been randomly selected from each practice patient base and been asked to complete the Patient Assessment of Chronic Illness Care. It is a brief, validated patient self-report instrument assessing the extent to which patients with chronic illness receive care that is patient-centered, proactive, planned and includes collaborative goal setting, problem-solving, and follow-up support. The analysis of these surveys is just commencing and the results will be circulated in due course.

2. Continuing Implementation of the Integrated Diabetes Service

It is hoped in 2006 that the LDT will continue to work to embed the reviewed service into day to day practice. It also hopes to establish two other aspects of the integrated service:

- An annual diabetes pharmacy review
- A diet and exercise self management programme for people with diabetes

3. Setting of targets for 2006

Expected numbers of people with diagnosed diabetes within WCDHB

Maori	143
Pacific	3
All others	831
Total	959

Number of people in the DHB who had annual checks last year and the percentage target that the LDT are recommending for 2006

		% of expected	% targets being recommended for 2006
Maori	34	24%	70%
Pacific	1	37%	70%
All others	479	59%	70%
Total	514	54%	70%

Numbers of people with free annual checks who had poorly controlled diabetes last year (HBA1c => 8%) and the percentage targets that the LDT are recommending for 2006

		% of expected	% targets being recommended* for 2006
Maori	7	20.6%	20%
Pacific	0	0.0%	20%
All others	101	21.1%	20%
Total	108	21.0%	20%

*aiming for a 5% decrease from each percentage total

Percentage of people with a free annual check who had their eyes screened in the last two years and the percentage targets that the LDT are recommending for 2006

	% of expected	% targets being recommended for 2006
Maori	79%	90%
Pacific	100%	90%
All others	88%	90%
Total	87%	90%

Note: the LDT strongly support the continuation of this service as well as its extension to ensure coverage for people with diabetes living in the Karamea area.

4. LDT Key Target Focus Areas for 2006

- a) To increase the number of Maori having an annual diabetes review*
- b) To boost the number of people having an annual diabetes review
- c) To expand the number of practitioners who engage in providing the annual diabetes review‡

A meeting has been arranged for 22nd March with Rata Te Awhina to discuss possible ways of improving engagement with Maori in relation to the annual diabetes review.

The possibility of the diabetes nurse specialist going out to support general practitioners in undertaking the annual diabetes reviews is currently being explored.

Author: Fiona Doolan Noble

Approved: General Manager Planning & Funding – 10 March 2006