

Ropata Community

Primary Health Organisation

ANNUAL REPORT

For the year ending **30 June 2010**

Our Mission Statement

“To enhance the health of the individuals enrolled with Ropata Community PHO through the provision of comprehensive quality primary health care.”

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Chair's Report

I have much pleasure in presenting the sixth and final Annual Report of Ropata Community Primary Health Organisation (RCPHO). During the year under report, the Government decided that the number of Primary Health Organisations needed to be reduced as part of their primary health care strategy. From 1 January 2011, our provider practice, Ropata Medical Centre, will leave RCPHO and form a new PHO (Cosine Primary Care Network) with Karori Medical Centre in Wellington. This will result in considerable savings in administration costs, as one new PHO takes over the work of the previous two. Both provider practices will retain their separate identities.

This has been another sound and productive year. We ended the year with nearly 19,400 enrolled patients, slightly up again from the previous year. Pressure has eased slightly on the waiting list and new patients are usually able to be enrolled within three weeks of applying.

This year RCPHO was ranked third in the country for immunising children up to two years of age. This is a continuing testimony to our commitment to the community, and is due in no small part, of course, to the sterling efforts of Ropata Medical Centre staff.

We also continued to excel in our Care Plus programme. Cardio-vascular disease risk assessments were undertaken and considerable efforts were made to target all eligible patients for a free 'flu' vaccine. These pro-active efforts represent the very heart of effective primary health care – positive action to improve patients' health, coupled with early diagnosis and appropriate treatment.

Throughout its existence, the PHO has prided itself on seeking to address key health behaviours that lead to health inequalities. The priority areas have been to reduce smoking, minimise the harm from alcohol and other drugs, improve nutrition, increase physical activity, and improve oral health. Our emphasis during 2009/10 was on improving oral health. For 2010/11, emphasis will be placed on reducing smoking within our enrolled population.

The Board remains well aware that all these programmes and initiatives have to be driven forward successfully at the same time as provider staff are also dealing with the "here and now" – over 50,000 presentations to GPs annually at RMC, for example.

It has been a privilege for me to have been associated with such a high performing PHO throughout its existence, and I feel confident that the excellent standards which have flourished under the RCPHO banner will continue under Cosine PCN.

I would like to thank my fellow Trustees for their continued support this year, and also particularly thank our General Manager for his tireless efforts.



Maxwell Shierlaw
Chair

1 Introduction

1.1 This is Ropata Community PHO's (RCPHO's) sixth and last Annual Report, and details what we have been doing and have achieved throughout the last year. As at 30 June 2010, there were 19,339 people enrolled. This represents over 14% of those enrolled with PHOs in the Hutt Valley.

1.2 Not-For-Profit Status and the Charities Act

RCPHO is a not for profit Charitable Trust which was incorporated under the Charitable Trust Act 1957 on 27 July 2004. The PHO also currently holds full Charitable Trust status with the Inland Revenue Department and was registered with the Charities Commission under the Charities Act 2005 as at 5 May 2008.

2 Our community profile

2.1 Overview

19,339 people were enrolled with RCPHO as at 30 June 2010. 18% of our register includes Māori, Pacific Peoples and those living in high deprivation areas (High Needs). This is shown in the following table and figures:

**Table 1: RCPHO Enrolment Demographics
(with comparisons to June 2009)**

Practice	Māori	Pacific Island	Non – Māori, Pacific High Needs	Non-High Needs	TOTAL
Ropata Medical Centre	1112 (6%) (1122 6%)	512 (3%) (512 3%)	1786 (9%) (1777 9%)	15929 (82%) (15712 82%)	19339 (100%) (19123 100%)

2.2 Age and Gender

As shown in the figure overleaf:

- 5,206 (5,281) people, or just under 27% of the PHO's population, were in the 25-44 year age group
- 13,033 (12,012) people, or 67% of the PHO's population, were in the working age groups
- 3,822 (3,621) people, or just under 20% of the PHO's population, were in the 0-5 and over 65 year age groups. People in these groups traditionally have higher health needs.

In common with others, our population is ageing.

Figure 1: Age and Gender 2010

Distribution of Patients by Gender and Age Ropata Medical Centre

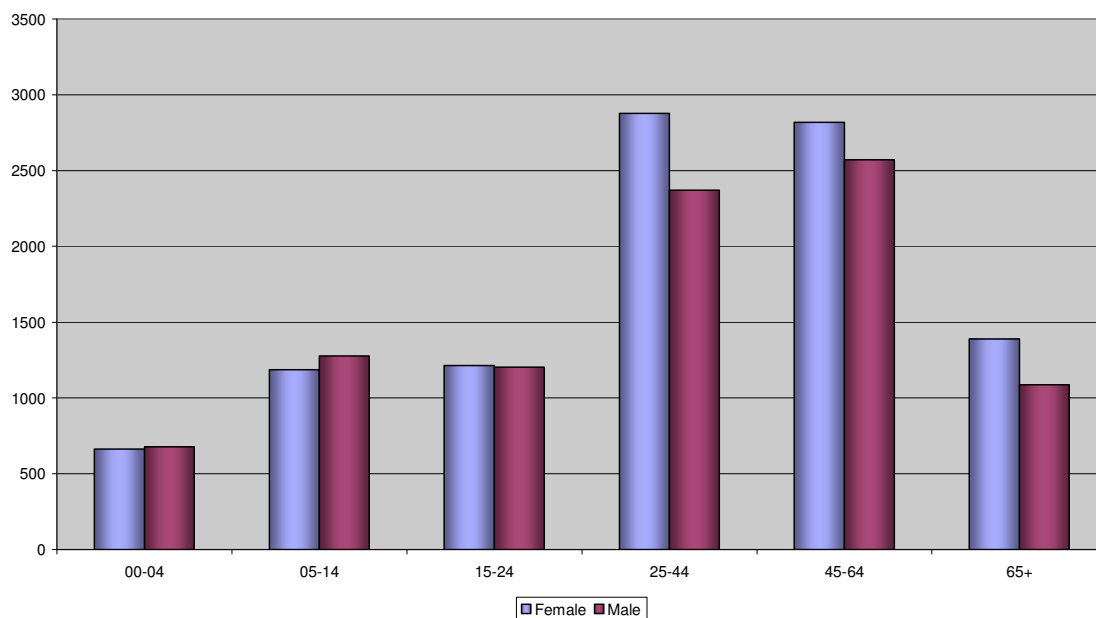
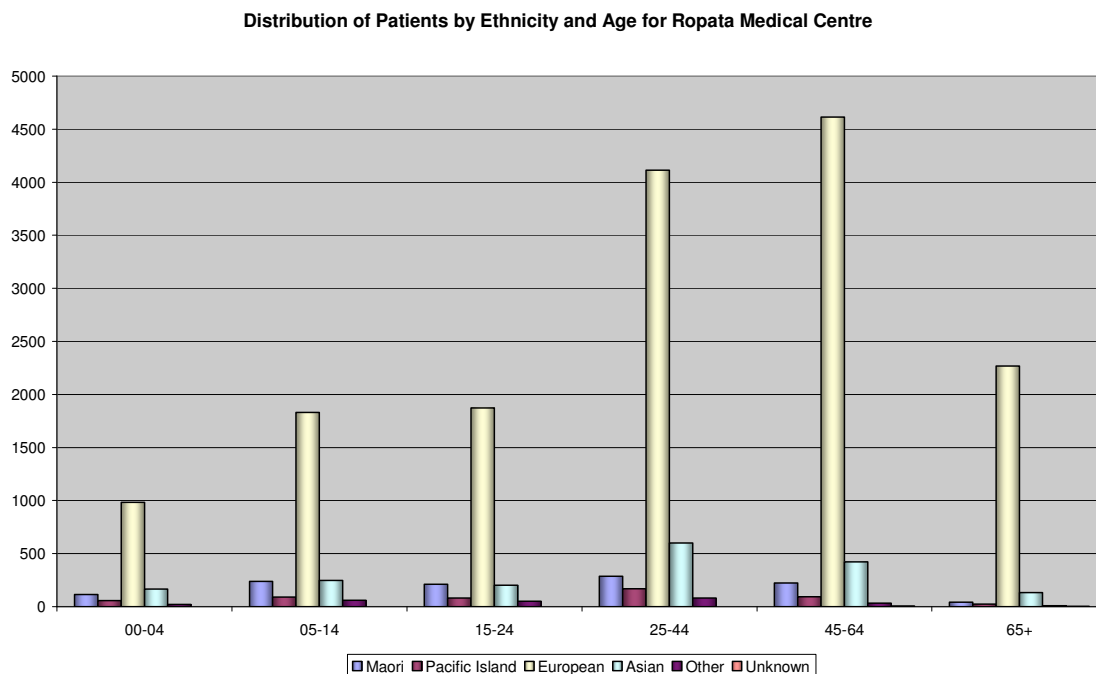


Table 2: Ropata Community PHO Enrolment by Age and Gender

Gender	Age Group						Total
	00-04	05-14	15-24	25-44	45-64	65+	
Female	662 (615)	1187 (1187)	1213 (1205)	2879 (2873)	2819 (2791)	1389 (1327)	10149 (9998)
Male	678 (649)	1276 (1303)	1204 (1190)	2372 (2408)	2572 (2545)	1088 (1030)	9190 (9125)
Total	1340 (1264)	2463 (2490)	2417 (2395)	5251 (5281)	5391 (5336)	2477 (2357)	19339 (19123)

2.3 Ethnicity and Age

Figure 2: Ethnicity and Age 2010



With regard to deprivation, the following table shows that most of the enrolled population was in the non-Māori/PI less than Dep 5 group. This group includes all non-Māori and non-Pacific Peoples who are in deprivation index areas 1-8. Māori and Pacific Peoples and those in deprivation index areas 9 and 10 have the highest health needs. This is where the PHO targetted its services (e.g. Care Plus, Outreach) to help address these health needs. However, the non-Māori/PI population group also included people with high health needs - those aged less than five years old, those aged over 65 years, and those who have multiple co-morbidities and other high health needs.

Table 3: Ropata Community PHO Enrolment by Gender/Age/Ethnic Group/Quintile

Gender	Age Group	Māori/PI		Non Māori/PI	
		< Dep 5	Dep 5	< Dep 5	Dep 5
Female	00-04	43	24	526	69
Male	00-04	77	25	515	61
Female	05-14	104	49	940	94
Male	05-14	123	50	993	110
Female	15-24	108	51	944	110
Male	15-24	95	38	972	99
Female	25-44	182	77	2319	301
Male	25-44	142	53	1929	248
Female	45-64	111	49	2413	246
Male	45-64	114	43	2212	203
Female	65+	28	12	1216	133
Male	65+	17	9	950	112
		1144	480	15929	1786

19339

2.4 Ethnicity, Age and Deprivation As expected, due to lower life expectancy, in percentage terms there were fewer people aged over 65 years in both Māori and Pacific ethnic groups compared to non-Māori and non-Pacific Peoples. Both Māori and Pacific Peoples continue to have earlier onset of chronic and multiple illnesses, and generally poorer access to medical care, all of which contributes to lower life expectancy at birth and poorer health outcomes for both groups.

3 Governance and organisational structure

3.1 The Trust Board RCPHO is governed by a Board of seven Trustees. In 2009/10, the Board met at two-monthly intervals at Ropata Medical Centre and its meetings were open to the public. The Trustees have specific responsibility for the planning and implementation of the PHO's services. The Board operated on a consensus basis and no one group on the Trust Board had a majority. The Trustees for 2009/10 are listed below. All Trustees served the full year, except where shown.

Table 4: Board of Trustees

Community representatives	<ul style="list-style-type: none">• Maxwell Shierlaw - Chair• Kathleen Satory
Provider representatives	<ul style="list-style-type: none">• Dr Don Barrett, Ropata Medical Centre• Nolaine Coombes, Royal New Zealand Plunket Society• Michelle Day, Ropata Medical Centre (resigned 17 Mar 10)
Pacific Peoples' representative	<ul style="list-style-type: none">• Teresa Semple
Māori community representative	<ul style="list-style-type: none">• Rawiri Evans

Management attended each meeting and responded to questions from the Trustees.

3.2 Changes to the Trust Deed There were no changes to RCPHO's Trust Deed during the year. A copy of RCPHO's registered Trust Deed is available from the Companies Office website at www.companies.govt.nz.

3.3 Community Participation As usual, community participation and engagement was led by RCPHO's Trustees who represent their respective communities. Informal networks have been created, and community Trustees provided for two-way communication between the Board and the community organisations to which they are affiliated. In addition, the PHO's Māori trustee has retained strong links to the local Runanga and to the Te Awakairangi Board, which represents all marae in the Hutt Valley, and his presence on the Trust Board has the strong endorsement of the Runanga. The PHO's Pacific Peoples' trustee, also, benefited from strong links to local and national Pacific providers and networks. This ensured that the Board had the benefit of wider input to its decision-making processes. RCPHO's Board meetings were advertised, open to the public, and the Board supported a transparent process to be used during meetings. An Annual General Meeting, also open to the public, was held on 21 October 2009.

During 2009/10 community participation was enhanced by:

- The production of a regular newsletter, targeting, particularly, Māori and Pacific households. The needs of these communities informed the design and content of each edition of the newsletter. Copies of the newsletters were available in all practice waiting rooms, posted on the PHO/RMC website, and were emailed to all those patients who had provided their contact details. In addition, hard copies were posted out to all our Māori and Pacific households.

- The maintenance of a joint PHO/Ropata Medical Centre website

3.4 Management Structure and Support Services RCPHO contracted formally with the Ropata MSO Charitable Trust to provide the management services. Terms and conditions are reviewed on a three year cycle. The services provided included:

- Board secretariat functions
- Register and claims management
- Financial processing and reporting
- Managing referred services
- Quality reporting
- Planning and reporting

4 First Contact Services

4.1 PHO Providers RCPHO has one contracted provider. This is Ropata Medical Centre (RMC). All general practitioners who provided PHO services during 2009/10 were formally contracted to RCPHO through a Back-to-Back Agreement. This agreement backs the national contract (PHO Version 18) which the PHO has entered into with Hutt Valley DHB. The following GPs provided services at RMC in 2009/10, for the full year except where shown:

Table 5: List of GP providers

- Dr Don Barrett
- Dr Irene Forsyth
- Dr Stewart Reid
- Dr Chris Masters
- Dr Gillian Yardley
- Dr Paul Rowan
- Dr Christine Reid
- Dr Brenda Smith
- Dr Rose Johnston
- Dr Humphrey Rainey
- Dr Bala Kumarasingham
- Dr Michaela Hobbs
- Dr Sarah Painter
- Dr Michael Buckley
- Dr Matthew van Rij
- Dr Gayl Robinson (from 27 Apr 10)
- Dr Emmora Keenan (from 22 Feb 10)
- Dr Kaye Basire
- Dr Kim Hurst (from 7 Dec 10)

During the year, GP services were supported by practice nursing services. All clinical staff held current registration and practising certificates with their respective professional bodies. The GPs at RMC worked 11.5 FTE. This is a ratio of one GP per 1,681 patients as at 30 June 2010. The Hutt Valley has one of the highest GP to patient ratios nationally. However, the size, history and collegial nature of the Practice at RMC provided a supportive environment for GPs, and, given the demographic profile of the PHO, the Board considers that the ratio of GPs to patients was appropriate.

4.2 Schedule of Notified Fees During the year the Provider advised changes to its fee levels for standard consultations for enrolled patients. The fees as at 30 June 2010 for standard consultations were as shown in the following table. Additional fees were charged for non-standard items (e.g. house calls, extended consultations, minor surgery, use of disposables etc).

Table 6: RCPHO's Notified Fees

Practice	Max fee under 6 year-olds	Max fee 6-17 year-olds	Max fee 18-24 year-olds	Max fee 45-64 year-olds	Max fee 65+ year-olds
Ropata Medical Centre	\$15	\$35	\$35	\$35	\$35

These fees were notified to Hutt Valley DHB by the PHO, and RCPHO and RMC complied with the nationally agreed fees framework policy regarding notification and transparency.

4.3 Linkages RCPHO worked to support a number of linkages during 2009/10, including:

- Regional Public Health
- The four other PHOs in the Hutt Valley district
- Kowhai Health Trust
- regional primary care providers
- the Hutt Valley Youth Health Trust (VIBE)
- local Iwi and other representative groupings
- Pacific providers and groups

4.4 Clinical utilisation by high needs patients (Māori, Pacific Peoples and low decile enrolments)

Table 7: Utilisation by High Needs enrollees
(as at 31 March 2010)

	RCPHO	Hutt Valley DHB	National
GP Consults	1.04	1.04	1.07
Nurse Consults	1.44	1.18	1.24
GP & Nurse Consults	1.08	1.07	1.11

The PHO's Goal under the PHO Performance Programme is ≥ 1

5 Planning For Our High Needs Groups

5.1 Māori

Following advice from Hutt Valley DHB's Māori Health Development Unit, in 2009/10 provider staff started progressively attending appropriate training - Te Raukura Wananga, the Waiwhetu Marae Cultural Training Programme. The aim of this training is to give individuals an awareness and understanding of Māori cultural practices and protocols in an enjoyable atmosphere. It is planned to continue this through 2010/11.

Whilst it did not prove possible to do so in 2009/10, it is also expected that key staff will also attend "Sacred Souls" training in order to develop an appreciation of the Māori values and beliefs that underpin the Māori worldview – Te Ao Māori.

Participation by our Māori whanau in the PHO's Care Plus programme during the year was close to the levels of the previous year, and higher than the percentage representation of Māori on the register, but greater emphasis on identifying and enrolling Māori at provider level will help in improving access to healthcare for this important group in our community. (See Section 8).

5.2 Pacific Peoples

Existing linkages were used during 2009/10 to provide feedback and information for our Pacific Peoples' trustee and the wider Board. There are continued concerns regarding access to sexual and reproductive health services for Pacific Island youth, at our provider, RMC, and elsewhere. Cultural issues come into play heavily in this area. The low uptake of HPV immunisations (see Section 11) by Pacific young women at RMC strengthens these concerns.

This year, there was a slightly increased participation in our Care Plus programme by Pacific patients (see Section 8), and greater effort will continue going forward, recognising this group's known higher health needs.

5.3 All high needs groups

All Māori and Pacific Islanders over 65 were contacted to encourage greater uptake of free flu vaccinations during 2009/10, and 2 year old immunisations for high needs patients were similarly targeted. Results are detailed in Section 12.

There has been a slight decrease in high needs' patients enrolled on the PHO's Care Plus programme. High needs' patients represented 18% of the total PHO population, yet 27.4% of all those enrolled on Care Plus were from this group. Given the obvious higher health needs of this group, different strategies to engage with the group will be required for 2010/11.

5.4 Strategies

RCPHO's strategies to address these inequalities in 2009/10 included:

- Our Services to Improve Access programmes (SIA - maintenance of the Outreach Nurse clinic) programme.
- The Care Plus programme
- The maintenance of the chronic care nursing management team (the Wellness Team), bringing together Care Plus, Diabetes, cardiovascular risk assessment and management, and Outreach resources
- A Board decision to assist Hutt Youth Health Trust (VIBE) improve access to, amongst others, RCPHO's enrolled young people, by funding a Peer Support Mentor position. This specifically targeted Māori rangatahi and Pacific Peoples youth who may not be accessing mainstream services within RCPHO.
- A Board decision to revise the PHO/Provider newsletter to more closely target its presentation and content to our high needs patients. The only households to receive a personally mailed copy of every edition in 2009/10 were our high needs ones.

6 Services to Improve Access (SIA)

6.1 Background Throughout this period, the proportion of Māori, Pacific Island and other high needs patients enrolled with RCPHO remained constant at 6%, 3% and 9% respectively.

6.2 Immunisations, cervical smears and breast screening This activity, monitored by the PHO's Clinical Advisory Group, continued to place particular emphasis on those patient groups with the highest needs – Māori, Pacific Peoples and other disadvantaged people. The effectiveness of this activity has been shown in the steady improvement in screening rates as reported through the PHO Performance Programme.

6.3 Cardio-vascular disease risk assessment and diabetes management These programmes, under the banner of the Wellness (chronic care nursing) Team, continued, concentrating the Outreach, Cardio Respiratory, Diabetes and Care Plus nursing resources to gain maximum traction with our high needs groups. Given the agreed priorities for screening, this programme particularly targeted Māori, Pacific Island and other high needs groups by:

- Following the priorities for patient identification in our plans;
- Ensuring non-responders from these groups were referred additionally to the outreach service, and;
- Establishing effective discrete reporting processes to track progress and outcomes for these groups.

6.4 'Flu' All eligible SIA patients were targeted in person for a free 'flu' vaccine as part of the drive to improve the uptake of the vaccination by this group. The effect of this activity is shown under the PHO Performance Programme (Section 12).

6.5 The Outreach nurse service In 2009/10, the Wellness Team continued to provide lateral collaboration between the various nursing specialties – diabetes, cardio-respiratory, Care Plus and Outreach services – and provided more formal input to the Outreach nurse about high needs patients' requirements. In the second half of the year, staff turnover with the provider slowed progress with recall activity, but late in the year RMC established a new role of Nurse Administrator, whose role is, amongst other tasks, to coordinate all recall activity, especially for high needs' patients. These patients are now being more effectively targeted for overdue recalls for cervical smears, immunisations, mammograms and diabetes by letter, phone and in person.

6.6 Funding support to a Peer Support Mentor post at VIBE Not all of the PHO's enrolled young people – 10 to 24 year olds – choose to access services at RMC for the simple fact that some of these young people are at the stage in their lives where they may not feel comfortable relating to their own GP. During 2009/10, the PHO provided funding support to a Peer Support Mentor post at VIBE, as part of RCPHO's efforts to engage with Māori, Pacific Island and other high needs young people enrolled with the PHO. This role provided a bridge, in person, between the young client and reception/clinical staff at VIBE by being able to relate to the young people on their own terms. The funding enabled VIBE to support, successively, two mentors whose employment helped VIBE to see over 6,500 young people during the year. The types of health service consults at VIBE were varied, from general health issues, to more specific sexual and mental health ones. The Board is satisfied that its support to VIBE made a difference to the health of vulnerable young people in the Hutt Valley in general, and to some of our Māori rangatahi and Pacific young people in particular.

7 Health Promotion

7.1 Priority Each year, RCPHO has concentrated on a different major health promotion priority. In 2009/10, the PHO's health promotion priority area for our enrolled population was oral health. During this period, this was addressed by:

- Caregivers presenting their 15 month old children for immunisations being also provided with advice on oral health care. This was 90 children for the year to 30 June 2010.
- Providing a free toothbrush and toothpaste kit for every child presenting for 4 year old immunisation. During these contacts, practice nurses "lifted the lip", and gave advice to caregivers and children on effective oral health care. This was 213 children for the year to 30 June 2010.
- The outreach service following up those Māori, Pacific Peoples and other high needs children who had not presented for immunisation to encourage attendance.
- Appropriate displays at practice locations.

7.2 Health Promotion themes During 2009/10, the PHO/Provider emphasised a number of "Awareness Weeks" activity in our general practice locations. Presentations were made and displays mounted. These weeks and activities were:

Breastfeeding	Walk to School and Work month
Daffodil Day	Well Child week
Arthritis Appeal week	World Parkinson's Day
Men's health month	Epilepsy month
Pink Ribbon day	Balloon Day - asthma
Diabetes Awareness	Youth week
Sun Smart month	World Smokefree day
Food Safety month	Well Child week - immunisations
Bike Wise month	World Blood Donor day

7.3 Green Prescriptions . The Green Prescription (GRx), a nationally recognised programme, is a tool to improve the overall health and well-being of individuals by helping to increase levels of physical activity in a section of the population considered by GPs to be "inactive" – i.e. undertaking less than 30 minutes of moderate physical activity on five or more days of the week. During 2009/10, this was achieved by the PHO partnering with Sport Wellington on the successful Green Prescription programme. GPs referred patients to the GRx provider. Just under 50 patients enrolled with RCPHO were able to access the programmes during the year, out of a total of 213 for the whole of the Hutt Valley. The PHO's target was for 100 to attend, but this target was not met due to a shortage of practice nurses at RMC to support the programme, and delays in promulgating the programme at provider level. Nonetheless, the GRx is acknowledged to be a successful programme for our population and will be continued in 2010/11.

7.4 Improving communication to engage with the community The PHO/Practice newsletter was mailed in hard copy to all Māori, PI and high needs patients as a method of improving communication with and access by these hard-to-reach groups. This followed a deliberate decision to ensure that the design, focus and content of the newsletter and its key health promotion messages should target these groups specifically.

8 Care Plus

8.1 Introduction Care Plus is a programme designed to assist patients who have chronic disease to manage their medical conditions more effectively, and may best be described as a personalised wellness programme, tailored to meet the needs of individual patients. There are set eligibility criteria, enrolment is voluntary, and patients can decline to enrol. In addition to facilitating better self-management by patients, a desirable outcome of participation in Care Plus is reduced presentations at the Emergency Department or hospitalisation. We are not yet at the stage of being able to measure this effect.

The key objectives of the Care Plus initiative include to:

- improve health and independence
- minimise deterioration in health and independence
- relieve suffering
- maintain people in their own environment
- avoid unnecessary hospitalisation
- reduce inequalities in health status and health population groups

When the funding formula for Care Plus was applied to the RCPHO's register, the predicted Care Plus population for the PHO at 1 July 2009 was 990. As at 30 June 2010, this was 1020, or just over 5% of the total enrolled population. This was the target number for enrolment in the programme.

8.2 RCPHO Care Plus Programme Progress in enrolment has been as follows:

Table 8: Progress with enrolment into RCPHO's Care Plus programme

Date	Nos enrolled	% of target
October 2005	42	8
June 2007	404	51
June 2008	529	56
June 2009	535	54
June 2010	538	53

The funding received was sufficient to fund 1.5 FTE nurses in the Wellness Team at RMC (chronic care management nursing team) dedicated to Care Plus, with a small amount of dedicated administrative support from clerical staff. RMC's nurse-led, GP-supported, programme was based on four contacts per year at approximately three-monthly intervals. Throughout, the aim was to develop and support an individualised "Wellness Plan" that included jointly agreed goals and expected outcomes. This "Wellness Plan" formed the basis of a continuum of care across the care team. For as long as enrolment exceeds 50% of the target to enrol, funding remains on a secure footing, which allows effective forward planning and development. Patients joined and completed the 12 month programme at various points during the year, many not feeling the need to enrol for a second year having obtained the skills and focus to self manage their conditions. The percentage of target enrolled in Care Plus at the end of 2009/10 reduced slightly as a result of a change in Practice Nurse Manager at RMC and other nursing positions turning over. A key concern for the Board has been to ensure that there is the capacity to deliver an effective programme to those enrolled, even if this is at the cost of slightly lower enrolment levels than might otherwise be desirable.

8.3 Ethnicity of enrolments

Figure 3: % of enrolment by ethnicity

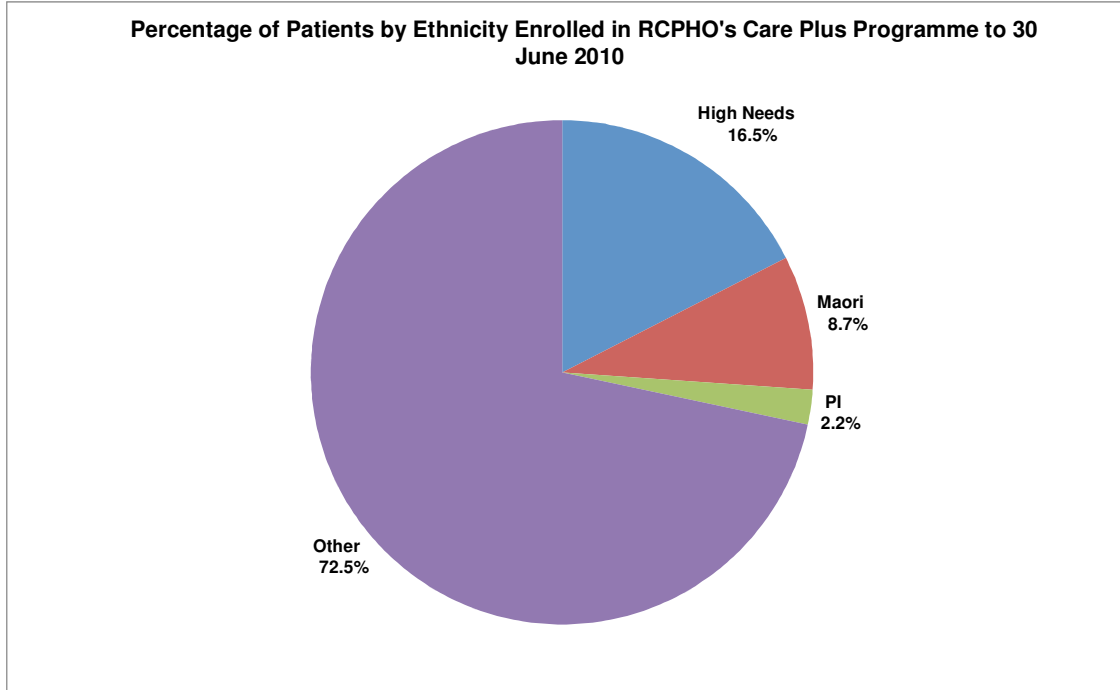


Table 9: Percentages by ethnicity of those enrolled in Care Plus v RCPHO population percentages (in brackets) v 30 Jun 09

Māori	PI	Other High Needs	Other	TOTAL
8.7% (6%) (9%, 6%)	2.2% (3%) (2%, 3%)	16.5% (9%) (18%, 9%)	72.5% (82%) (71%, 82%)	100% (100%) (100%, 100%)

8.4 Summary The proportion of Māori patients enrolled with Care Plus is close to the figures for 2008/09. The number of Pacific Island patients, too, has remained constant. However, the health needs of both Māori and Pacific Peoples would predict a requirement for them to be enrolled at a much higher level than their overall representation on the patient register (6% and 3%, respectively). The Board would like to see a renewed emphasis during 2010/11 on these high needs patients by the Clinical Advisory Group as a positive step towards dealing with inequalities.

9 Mental Health Services

9.1 Introduction Funding through Hutt Valley DHB allowed the delivery of a local mental health service at RMC, focussed on patients with mild to moderate mental illness, and delivering appropriate counselling and clinical psychologist services on site. These services were provided by a specialist Mental Health Nurse employed by RMC, and by the contracted-in services of a Clinical Psychologist. It continued to be the Board's view that the success of the initiative for our population depended on these services being delivered at the provider's premises – the primary healthcare “home” for our enrolled population, which our community knows and where they are known. GPs and Wellness Team nurses at RMC referred to this service, and local provision of the service allowed specialist advice to be given in a more timely way to GPs. Shortened lines of communication promoted easier referral and review, and enabled earlier intervention to be undertaken.

9.2 Referrals to packages of care These were undertaken through a needs' assessment by the mental health clinicians to determine the appropriate interventions needed for the client, after consultation with the patient's GP. Determined by the clinicians, the specifics of what it would cover were decided on a case-by-case basis after their initial assessment. The packages of care included one or more of the following:

- Counselling sessions
- Cognitive Behavioural Therapy
- Psychological Therapies
- Treatment Planning
- Medication Management Reviews
- Extended GP visits
- Referral to other specialist providers to include Rongoa Māori.

9.3 Dealing with inequalities It was planned that the focus on those groups in the enrolled community which experience the greatest inequalities in access to health and health outcomes (Māori, Pacific Peoples and other low decile patients) would be maintained by identification through the Patient Management System, by positive opportunistic screening by GPs and Practice Nurses, and by referral from existing chronic disease, SIA and outreach resources. The Board noted that the uptake of this service by Māori and Pacific Island patients has not been strong, barely matching overall enrolled percentages, yet it is known that these groups have a disproportionately higher incidence of mental illness than, say, NZ Europeans. Nonetheless, 369 patients in total were able to be seen by the service at RMC during the year. Given the acuity of their illness, they may otherwise have not been able to access any specialist support elsewhere, and the acuity in several cases might well have moved to severe without appropriate and early intervention at provider level. Patients referred to, seen by, and/or referred on to other providers during the year were as follows:

Table 10: Numbers and percentages by ethnicity of those seen under the RCPHO Primary Mental Health Initiative at RMC in the year to 30 Jun 10 (enrolment percentages are in brackets)

Māori	PI	Other	TOTAL
15	10	344	369
4% (6%)	3% (3%)	93% (91%)	100% (100%)

A stronger focus on identifying and referring high needs' patients to this service will be a priority for 2010/11, driven by the Clinical Advisory Group.

9.4 Funding and reporting As previously noted, this initiative was separately funded by way of contract between RCPHO and Hutt Valley DHB and progress service reports were provided to Hutt Valley DHB and the Ministry of Health on a quarterly basis commencing in late July 2009. For 2010/11, the DHB will contract directly with RMC, for ease of reporting given that the provider is changing PHO affiliation.

9.5 Training Primary Mental Health Workforce Development Funding has not only allowed for the professional support and continuing professional development of the Mental Health Nurse, but has also permitted additional training for mainstream practice clinicians.

10 Sexual and Reproductive Health Services

10.1 Introduction

From 1 June 2009, the upper age limit for eligibility under this free programme was reduced to 22 years. The funding offered to providers did not keep pace with the costs of delivering the programme. Patient co-payments could not be applied to this service. The Board again commends the provider's decision to continue to deliver it, and to subsidise that delivery. It was agreed that this free service remains essential for the wellbeing of all young people in the Hut Valley, particularly Māori and Pacific Peoples.

10.2 Service utilisation

Service utilisation in 2009/10 was as follows:

Table 11: Sexual and Reproductive Health Service Utilisation v 30 Jun 09

Service	Māori	Pacific Peoples	Others	TOTAL
GP consultations	91 – 11.8% (36 – 5.9%)	9 – 1.2% (7 – 1.1%)	667 – 86.9% (569 - 93%)	767 - 100% (612 - 100%)
Nurse consultations	7 - 17% (9 – 10%)	0 - 0% (4 – 4.5%)	34 – 82.9% (76 - 85%)	41 - 100% (89 - 100%)
Prescription without a consultation	16 – 7.8% (7 – 3.6%)	0 - 0% (3 – 1.6%)	189 - 92% (183 - 95%)	205 - 100% (193 - 100%)

25% more young people accessed free GP consults under this service than did last year. Half the number of last year were seen by nurses, and 6% more prescriptions without a consultations were written.

10.3 Dealing with inequalities - uptake by Māori and Pacific Peoples

Throughout 2009/10 the uptake of this free service at RMC by Māori was significantly higher than for 2008/09. For Pacific Peoples, the uptake was slightly higher for GP consults, but lower for nurse consults and free prescriptions. It is the Board's expectation that the uptake of this important service by high needs young people will be greater in 2010/11.

11 Human Papilloma Virus (HPV) Immunisation

11.1 General RCPHO commenced delivering the HPV immunisation to young women enrolled with the PHO in December 2008 and this was continued throughout 2009/10. Immunisation for HPV has now become part of routine procedures for the provider.

11.2 Approach The approach taken at RCPHO was to have the immunisation delivered at general practice locations, where primary health care connections are already established with these young women and where there is a trained and experienced workforce already practised in the range of other immunisations.

11.3 Strategies to engage with eligible women Existing recall processes through the Patient Management System were used to generate:

- Up to two letter contacts
- One subsequent phone call contact (up to 2 attempts were made to effect this contact)
- One “txt to remind” to each girl and young woman to remind them and to ask that they text on to their girl friends to spread the message

11.4 Performance

Table 12: HPV Programme total: December 2008 to 30 June 2010

	18 month target	Dose 1	Dose 2	Dose 3	Decline
TOTAL	375	130	108	94	NK
Māori	21	6	4	3	NK
PI	9	1	1	1	NK

11.5 Conclusion Overall, the Board concludes that the outcome could have been stronger. The Board’s sense of the reasons for this is that:

- Early in the roll-out of the programme, there was a deliberate dearth of advertising prior to the general election. This probably adversely affected the early uptake of the immunisation by the target group. When advertising did eventuate, it was strongly focussed on schoolchildren, understandably, with little obvious relevance to the older group of young women who were to be the target of primary care.
- It is suspected that cultural and moral influences on young women in some groups led to a disinclination to seek HPV immunisation for other than medical reasons. Some may well be the result of cultural taboos in some parts of our community around discussing sexual matters at all, and specifically with young unmarried women. This would be expected as a particularly strong influence in Pacific Island communities, and amongst young Māori women. Others may well be the result of a moral view surrounding the basic premise for the immunisation.
- It is often in the nature of adolescents and young people to feel immune to the risks of life. The target group may tend naturally to believe that cancer is a problem for older women and this may inhibit a desire to take up these free immunisations.
- The provider experienced shortages of nursing staff through the first half of 2010, and it is likely that the reduced capacity for recall and immunisation had an adverse effect on uptake rates.

12 PHO Performance Programme (PPP)

12.1 Introduction The purpose of the PPP is to improve the health of enrolled populations and reduce inequalities in health outcomes through supporting clinical governance and rewarding quality improvements within PHOs. The Board has been particularly pleased to note that during 2009/10, RMC achieved accreditation on the Cornerstone general practice quality assurance programme run by the Royal New Zealand College of General Practitioners, the first general practice in the Hutt Valley to do so.

12.2 Clinical Advisory Group (CAG) and Clinical Governance The Clinical Advisory Group comprised Clinical Director RCPHO, Practice Nurse Manager RMC, and Pharmacist Facilitator RCPHO. The Group met monthly and provided continuous quality improvement for its practitioners. The role of the CAG is to:

- Provide clinical governance for RCPHO providers by systematic audits in relevant clinical activity
- Provide feedback to PHO Board and providers on a regular basis
- Review the performance of PHO programmes at provider level
- Recommend changes to courses of action to enable targets to be met
- Provide assessment and advice to assist in improving performance by way of regular Peer Group Sessions for clinicians and nursing staff
- Assist provider staff with education
- Develop new programmes and assess the practicality and implementation of proposed contracts or services

12.3 Dealing with inequalities Prior feedback (in advance of and additional to formal reporting to Board meetings) was regularly provided to the Māori and Pacific Peoples' representatives on the Board to add to the timely oversight of how effectively our high needs communities were served by the PHO's participation in the PPP during the year.

12.4 Application of Performance Programme payments Receipts from successful participation in the Programme during 2009/10 funded the operation of a cardio-respiratory nurse-led clinic at RMC (60% of receipts), complemented nurse recall services (20%), paid for additional CME for providers (10%) and provided appropriate incentive payments to providers (10%).

12.5 Performance Indicators The clinical and financial Programme Indicators were:

- Breast cancer screening coverage (high needs)
- Cervical cancer screening coverage (total population and high needs)
- Ischaemic cardiovascular disease detection (total population and high needs)
- Cardiovascular disease risk assessment (total population and high needs)
- Diabetes detection (total population and high needs)
- Diabetes follow-up after detection (total population and high needs)
- 65 years plus influenza vaccine coverage (total population and high needs)
- Age appropriate vaccinations for 2 year olds (total population and high needs)
- GP referred laboratory expenditure (financial indicator)
- GP referred pharmaceutical expenditure (financial indicator)

Performance data is for the period to 30 June 2010. Targets are those negotiated individually by the Programme with RCPHO. Performance against these indicators was reviewed regularly by the CAG, and action was recommended to improve performance where required.

12.6 Clinical Indicators

Table 13: PPP Clinical Indicators – Performance v Target (figures for 2008/09 are shown in brackets where applicable)

Indicator	Total Population		High Needs	
	Actual	Target	Actual	Target
Breast Cancer screening	NA	NA	65.37 (62.30)	57.96 (61.30)
Cervical Cancer screening	76.55 (78.31)	≥75 (75)	72.82 (75.84)	73.99 (75)
Ischaemic cardiovascular disease detection	138.46 (28.1)	35.58 (28.1)	157.50 (25.4)	32.50 (25.4)
Cardiovascular disease risk assessment	28.29 (14.9)	25.02 (20)	38.68 (23.4)	40.63 (28)
Diabetes detection	101.70 (105)	≥90 (90)	107.01 (122)	≥90 (90)
Diabetes follow-up after detection	68.68 (65.9)	67.17 (63.5)	66.88 (64.5)	63.67 (61.7)
'Flu' vaccine coverage – 65 years+	69.38 (71.33)	73.11 (68.54)	67.45 (71.19)	73.88 (68.49)
Age appropriate vaccination for 2 year olds	90.85 (88.1)	≥85 (85)	86.49 (81.6)	≥85 (85)

RCPHO exceeded its targets in 6 out of 7 indicators for Total Population and in 5 out of 8 indicators for High Needs patients.

Much recall and screening activity at provider level was adversely affected during 2009/10 by changes in key provider staff during the year. Overseen by the CAG, action has been taken to renew emphasis on patients' recall for screening, and the provider has established a new role in the nursing team to concentrate on this aspect.

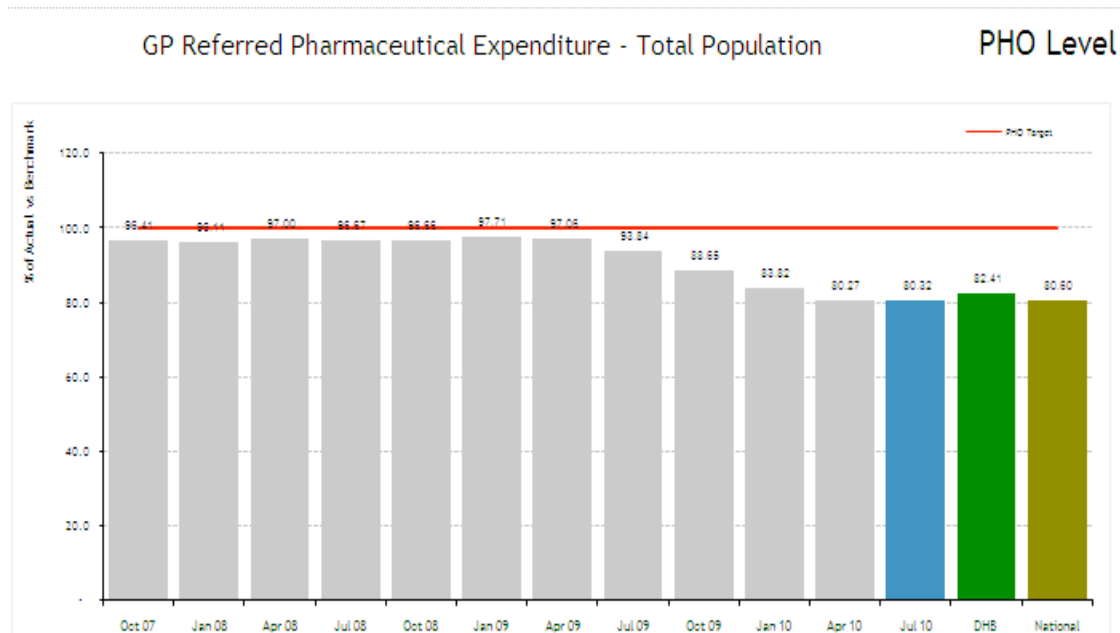
Financial indicator details for GP-referred laboratory expenditure and GP-referred pharmaceutical expenditure are in the following section – Referred Services Management

13 Referred Services Management

13.1 Introduction Referred Services Management includes pharmaceutical and laboratory services. Overall expenditure in both these areas is influenced by several factors including the age, gender, ethnicity and deprivation of patients. PHO targets are derived from estimated historical expenditure and utilisation based on age and gender, adjustments for any policy changes, and an unmet needs adjustment to accommodate for low historical utilisation rates by high needs groups. This section details RCPHO's performance in this area over the year.

13.2 Pharmaceutical Utilisation

Figure 4: GP-Referred Pharmaceutical Expenditure trends (benchmark is 100%)

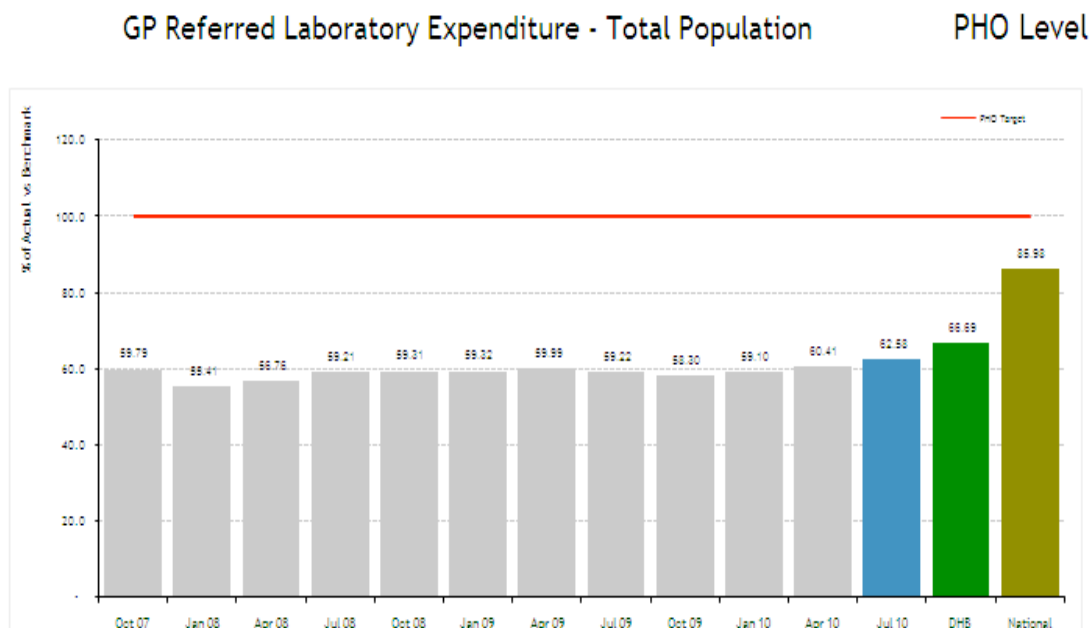


As shown above, RCPHO's expenditure demonstrated a downward trend. For 2009/10, the PHO remained well under the 100% benchmark expenditure, which is the aim of the PPP, and was under local DHB and national benchmarks.

Initiatives and programmes focused on the prevention and/or the treatment of chronic disease within the PHO included Care Plus, Cardiovascular Risk Screening, Chronic Care nurses' programmes and the activities of the PHO's Pharmacist Facilitator. The increased use of the Medication Review service by RCPHO supported optimal evidence-based medication decisions and the CAG monitored medication utilisation and provided strategies to ensure this good practice continued.

13.3 Laboratory Test Utilisation

Figure 5: GP-Referred Laboratory Expenditure trends (benchmark is 100%)



RCPHO has remained well under the 100% benchmark expenditure, which is the aim of the PPP, and was under local DHB and national benchmarks.

13.4 Quality Improvement Activity

13.4.1 Audits During the year, the CAG facilitated three clinical audits. Audit topics were linked to the GP CME educational programme at RMC and the primary aim was to encourage evidence-based best practice to improve quality of care to all patients within the PHO. Two internal audits were completed and a third audit was submitted to and accepted by RNZCGP for MOPS accreditation (which is part of the official GP continuing education programme nationwide) at year end.

a. **Audit one - Identifying patients with osteoporosis:** The aim of this audit was to identify patients at high risk of osteoporosis who were eligible for an assessment and possibly active treatment to strengthen the bones with a powerful group of medications, known as bisphosphonates. Started in 2008, the second phase of the audit was completed in 2009/10 and resulted in a higher number of RCPHO patients at high risk of osteoporosis being identified and reviewed for active treatment. In total, 58 patients with a high risk of osteoporosis were identified and reviewed for active treatment.

b. **Audit two - Reducing cardiovascular risk:** The clinical focus of this audit was to identify patients at high risk of a cardiovascular event i.e. heart attack or stroke. GPs at RCPHO were alerted to all patients with a high cardiovascular risk who were not currently receiving optimal treatment. The second phase of the audit was completed in 2009/10. In total, over 500 RCPHO patients were reviewed for more active treatment to further reduce their cardiovascular risk.

c. **Audit three - Reviewing Proton Pump Inhibitors:** Submitted and approved by the RNZCGP in 2009/10, this audit focussed on the appropriate prescribing of omeprazole, a very effective and potent acid-lowering medication belonging to a group of medications known as Proton Pump Inhibitors. These medications are effective in the treatment of gastrointestinal problems, such as gastric reflux, and are one of the most commonly prescribed classes of medication in New Zealand. This highlighted to GPs the requirement for regular reviews to ensure prescribing is more closely aligned to national guidelines. In collaboration with HVDHB, prescribing data was monitored to ensure that there is a reduction in the overall prescribing of omeprazole, either by way of a reduction in dose, or the medication being used 'when required' only, or the discontinuation of therapy.

13.4.2 Pharmacist Facilitation During 2009/10 RCPHO continued to contract in the services of a pharmacist facilitator. The role of this specialist practitioner was to advise on the quality use of medicines and the promotion of best clinical practice within the PHO. The role has continued to be innovative and part of the multidisciplinary approach that the PHO has taken to ensure patients received optimal care. The role included sitting as a member of the PHO's Clinical Advisory Group, providing ongoing and updated education on key topics for GPs and nurses, and processing medication information enquiries, which in 2009/10 increased by 46%, from the provider's clinicians. Additionally, RMC referred patients to a Hutt Valley-wide Medication Review service delivered by Kowhai Health Trust. In 2009/10, RCPHO/RMC continued to refer the highest number of patients (34%) in the Hutt Valley to the service. Funding cuts mean that this service will no longer be available from 2010.

14 Audited Financial Statements

Ropata Community Primary Health Organisation

Trust Particulars

As at 30 June 2010

Incorporation Number 1539486

Date of Commencement Incorporated on 27 July 2004

Trustees Maxwell Shierlaw (Chair)
 Dr Don Barrett
 Michelle Day (resigned 17/3/10)
 Nolaine Coombes
 Kathleen Satory
 Teresa Semple
 Rawiri Evans

Ropata Community Primary Health Organisation

Statement of Financial Performance

For the year ended 30 June 2010

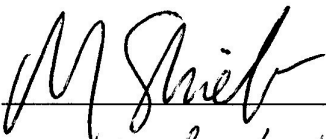

	2010	2009
Revenue	\$	\$
First Contact Care	2,400,225	2,270,325
Services to Improve Access	141,607	100,775
Health Promotion	60,715	21,973
Care Plus	159,171	149,476
Management Services	301,374	288,955
Performance Management Programme	127,464	103,189
HPV Programme	2,500	2,083
B4 School Programme	-	27,865
Mental Health Initiative	193,400	78,571
Infrastructure & Capability Funding	1,080	-
Interest Received	2,524	4,231
	3,390,060	3,047,443
 Less PHO Settlements		
First Contact Care	2,400,225	2,270,325
Services to Improve Access	141,607	100,775
Health Promotion	60,715	21,973
Care Plus	159,171	149,476
Management Services	301,374	288,955
Performance Management Programme	127,464	103,189
HPV Programme	2,500	2,083
B4 School Programme	-	27,865
Mental Health Initiative	193,400	78,571
Infrastructure & Capability Funding	1,080	-
	3,387,536	3,043,212
 Less Expenses		
Bank Fees	35	30
Depreciation	753	849
	788	879
 Net Surplus	1,736	3,352

The accompanying notes form an integral part of these financial statements.

Ropata Community Primary Health Organisation
Statement of Financial Position
As at 30 June 2010

	Note	2010 \$	2009 \$
Equity			
Retained Earnings	3	19,929	18,193
		19,929	18,193
Represented by			
Fixed Assets			
Medical Equipment	7	-	753
		-	753
Current Assets			
Cash at Bank	4	74,041	131,030
Prepayments	6	9,541	9,540
Accounts Receivable	5	18,156	23,387
GST Balance		6,196	2,089
		107,934	166,046
Less Current Liabilities			
Revenue in Advance	6	88,005	148,606
		88,005	148,606
Net Assets		19,929	18,193

Authorised for issue for and on behalf of the Board

Trustee  Date 18/10/2010
Trustee  Date 18-10-2010

The accompanying notes form an integral part of these financial statements.

Ropata Community Primary Health Organisation

Notes to the financial statements
For the year ended 30 June 2010

Change in Accounting Policies

There have been no changes in accounting policies. All policies have been applied on bases consistent with those used in previous years.

2 Related Parties

Ropata Community PHO contracted formally with Ropata Medical Centre to provide management services up until the end of March 2006. From then on the Ropata Community PHO contracted with the Ropata MSO Charitable Trust to provide the management services. The change was made to more clearly separate the roles and responsibilities of each party. Terms and conditions are agreed annually. Management fees paid are equal to the Ministry of Health PHO contract fees for management services. The management fee income from Ropata Community PHO enables the Ropata Medical Centre and now the Ropata MSO Charitable Trust to meet the costs of carrying out its role.

All transactions between these entities are on an arm's length, cost-recovery basis. All related party transactions and balances are disclosed in the financial statements and notes.

Trustees' fees of \$8,800 and audit fees of \$2,000 for the 2009/10 year were paid by the Ropata MSO Charitable Trust.

3 Retained Earnings

	2010	2009
	\$	\$
Opening Retained Earnings	18,193	14,841
Net Surplus	1,736	3,352
Closing Retained Earnings	19,929	18,193

4 Cash at Bank

	2010	2009
	\$	\$
ASB - Cheque Account	12,628	52,140
ASB - Call Account	61,413	78,890
	74,041	131,030

5 Accounts Receivable

	2010	2009
	\$	\$
Ropata MSO Charitable Trust	477	477
Hutt Valley DHB	17,679	22,910
	18,156	23,387

Ropata Community Primary Health Organisation

Notes to the financial statements
For the year ended 30 June 2010

6 Revenue in Advance/Prepayments

Revenue in advance relates to unspent First Contact Care (\$2,076), Services to Improve Access (\$6,078), Health Promotion (\$51,497), Mental Health Initiative (\$15,713), Infrastructure and Capability (\$10,624), and Other Income (\$2,017). This funding is committed to projects in the 2010/11 year.

Funding paid to providers in advance (prepayments) relates to Care Plus (\$7,000) and Sexual Health (\$2,541).

7 Fixed Assets

	Cost	Accumulated Depreciation	2010 Net Value	2009 Net Value
	\$	\$	\$	\$
Medical Equipment				
Consultation Bed	495	495	-	66
Defibrillator	3,750	3,750	-	687
Computer Equipment				
Computer	1,716	1,716	-	-
	5,961	5,961	-	753

8 Capital Commitments

There are no capital commitments as at 30 June 2010.

9 Contingent Liabilities

There are no contingent liabilities as at 30 June 2010.

Ropata Community Primary Health Organisation

Statutory Information

For the year ended 30 June 2010

1 Interests' Register

Ropata Community PHO maintains an interests' register.

Max Shierlaw	Employee of Woolyarns Limited Hutt City Councillor Trustee Hutt Valley Youth Health Trust
Dr Don Barrett	Partner in Ropata Medical Centre
Nolaine Coombes	Employee of Royal New Zealand Plunket Society as Clinical Leader, Wellington Member, South East City PHO Member, Child Health Advisory Group, C&CDHB
Kath Satory	Trustee Cheboche Area Trust
Teresa Semple	Volunteer Community Worker Member, Community Reference Group for Ministry of Pacific Affairs
Michelle Day	Employee of Ropata Medical Centre Member, GP/Nurses Alliance Committee (IPAC)
Rawiri Evans	Member Te Awakairangi Regional Board Member Ati Awa Toa FM radio Board Trustee Te Reo Marama – Maori Smokefree Coalition Trustee Hutt Valley Youth Health Trust Employee of Ministry of Health (resigned 21 April 2010) Employee of Hutt Valley DHB

2 Trustees' Remuneration

	Trustees' Fees	Other Fees	Totals
	2010	2010	2010
	\$	\$	\$
Max Shierlaw	2,800	-	2,800
Dr Don Barrett	650	-	650
Nolaine Coombes	1,100	-	1,100
Teresa Semple	900	-	900
Kath Satory	1,000	-	1,000
Michelle Day	750	-	750
Rawiri Evans	1,600	-	1,600
	8,800	-	8,800

Trustees' fees are paid by Ropata MSO Charitable Trust on behalf of the PHO.

3 Staff Remuneration

Ropata Community PHO does not employ staff. No payment to staff exceeds \$100,000.

AUDIT REPORT

ROPATA COMMUNITY PRIMARY HEALTH ORGANISATION

We have audited the financial report for the period to 30 June 2010. The financial report provides information about the past performance of Ropata Community Primary Health Organisation and its financial position as at 30 June 2010. This information is stated in accordance with the accounting policies.

THE BOARD'S RESPONSIBILITIES

The Board is responsible for the preparation of a financial report which fairly reflects the financial position of the Charitable Trust as at 30 June 2010 and of the results of operations for the year ended 30 June 2010.

AUDITORS RESPONSIBILITIES

It is our responsibility to express an independent opinion on the financial report presented by the Board and report our opinion to you.

BASIS OF OPINION

An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial report. It also includes assessing:

- the significant estimates and judgements made by the Board in the preparation of the financial report, and
- whether the accounting policies are appropriate to the Charitable Trust's circumstances and are consistently applied and adequately disclosed.

We have conducted the audit in accordance with generally accepted auditing standards in New Zealand. We planned and performed the audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to obtain reasonable assurance that the financial report is free from material misstatements, whether caused by fraud or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial report.

Other than in our capacity as auditors, we have no relationship with or interest in the Charitable Trust.

UNQUALIFIED OPINION

We have obtained all the information and explanations we have required. In our opinion, the financial report fairly reflects the financial position of the Charitable Trust as at 30 June 2010 and the results of its operations for the year ended on that date.

The audit report was completed on 12 October 2010 and our unqualified opinion is expressed as at that date.



Kendons Audit Partnership
Chartered Accountants
Lower Hutt