

Ropata Community

Primary Health Organisation

BUSINESS PLAN

For the year 1 July 2009 – 30 June 2010

Our Mission Statement

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

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Executive Summary

Ropata Community Primary Health Organisation (RCPHO) submits its sixth Business Plan to the Hutt Valley District Health Board for the period 1 July 2009 to 30 June 2010.

During 2009/10 RCPHO will continue to work on existing programmes to better serve its enrolled population of over 19,000, and seek to develop new services to meet identified or emerging need in its population.

With regards to Services to Improve Access, emphasis will be placed on:

- Targeting recalls for immunisations, cervical smears and breast screening.
- The identification and screening of our population for cardio vascular disease and diabetes.
- Strengthening our chronic care management and outreach nursing team.
- Supporting the primary mental health initiative.
- Providing free prescriptions for those for whom payment is a barrier to compliance.
- Providing financial support to VIBE youth transition services in the Hutt Valley.

Our Health Promotion focus for 2009/10 will:

- Address key health behaviours that lead to health inequalities.
- Enhance the capacity of the PHO to deliver quality health promotion activities.
- Increase community participation in health promotion.
- Publish a refocused and enhanced newsletter to promulgate key messages to our high needs population, particularly.

RCPHO will continue to strongly support the PHO Performance Programme as successful participation in this Programme directly funds the operation of a cardio-respiratory nurse-led clinic, and complements existing nurse recall services.

1 Governance

RCPHO is an Incorporated Charitable Trust, governed by a Board of Trustees. The PHO was registered with the Charities Commission in May 2008. The governance of RCPHO reflects the participation of Maori, Pacific Peoples, the broader community and providers in the organisation, and seeks community input through these representatives. Governance and input into organisational decision-making will be affected at different levels. RCPHO seeks wider input into governance through its community processes and by developing communication networks with its community. This is an objective in 2009/10. In addition, RCPHO will continue to have an open and transparent process with Board and committee meetings being open to the public. We will continue to advertise the meeting times, dates and locations in the PHO's practice locations.

As required, Trustees will actively seek advice from specific stakeholders when addressing key issues. For this purpose, the PHO may participate in existing advisory groups or service steering groups, forming for defined purposes. Given the size of the PHO, RCPHO will participate in existing forums rather than create new ones. This will involve collaboration with other providers and PHOs in the district.

1.1 Trust Deed

It is the responsibility of the Trustees to ensure they operate within the requirements of the Trust Deed. The Trust Deed outlines RCPHO's purpose, the Trustees' powers, the Trust's rules, and the appointment process for Trustees. RCPHO will notify Hutt Valley DHB if any changes are made to the Trust Deed during 2009/10.

1.2 The Trust Board

RCPHO's Trustees have specific responsibility for the planning and implementation of the PHO's services. The Board operates on a consensus basis with no one group on the Board having an absolute majority. All groups on the Board work together to provide solutions that respond to the needs of Maori, Pacific, general community and providers. There are seven Trustees, and meetings are open to the public.

The Trustees include:

- two community/consumer representatives. The Trust Deed requires that at least one of these must be enrolled with RCPHO. For 2009/10, both community representatives are enrolled with the PHO.
- one Maori representative.
- one Pacific representative.
- three provider representatives.

The Board operates within good governance practice and their legal responsibilities (including the Charitable Trusts Act 1957). The RCPHO Board monitors compliance with contractual obligations and plans through the monthly reporting by management. During the year RCPHO will continue to advertise Board meetings in the Practice.

1.3 Communication with the Community

Effective and sustainable engagement with the community, beyond input from its Trustee representatives, provides advice on consumer expectations and confirms the relevance of plans and programmes which are supported by the PHO. This engagement will be supported by the RCPHO/RMC newsletters and the website. The community will be updated on progress the PHO is making in implementing new services (eg services to improve access and health promotion activities) and have their feedback sought on the planning and development of new activities.

1.4 Governance development needs

Using the benchmark of the internal governance needs assessment carried out in late 2008, RCPHO will during 2009/10 review the development needs of Trustees in this area, and undertake appropriate training where required.

1.5 Governance Targets for 2009/10

Milestone	Target
Ensure that RCPHO's Board meetings are advertised in the practice	Prior to each meeting
Notify the HVDHB if any changes are made to the Trust Deed	As required
RCPHO/RMC newsletter will be published	Quarterly
RCPHO/RMC website operating	Ongoing
Governance training (as identified)	Ongoing

2 Stakeholder Engagement

2.1 Stakeholders

Relationships with stakeholders are central to improving the health status of our enrolled population. We will continue to build these relationships during the year. The objectives in building these relationships are to:

- find innovative ways to reduce inequalities for our enrolled population
- provide a comprehensive range of services to our community
- work collaboratively with other organisations to achieve common goals and objectives.

2.2 The Community and our Patients

It is important for RCPHO to impart messages to the community based on the:

- benefits of continuity of care
- long-term goals of RCPHO and how this relates to individuals
- services RCPHO is rolling out to be responsive to those people in our community who have the highest health need
- other services the PHO plans to introduce that will benefit them
- collaborative nature of RCPHO and how other services and providers are working together to improve the overall health of our community

The community's expectations will continue to be heard at Board level through the community Trustees, and through other mechanisms including face-to-face meetings. These Trustees have strong community networks and the RCPHO incorporates their advice into key decisions that are made. Additionally, RCPHO will use other mechanisms (e.g. direct reference to patient groups, making its Annual Report publicly available, the website) to ensure that the wider community's views are understood and reflected in a meaningful manner into the decision-making process.

During 2009/10, we will:

- Maintain a website.
- Produce a quarterly newsletter. Copies of the newsletter will be available at our medical centre locations, available on the website, emailed to those who have chosen this method of communication and will be mailed directly to all Maori, Pacific Peoples and high needs households.
- Ensure our Annual Report is made publicly available.
- Hold an AGM that is open to the public.

2.3 Maori

Maori rightly have high expectations of the PHO model. RCPHO recognises principally that Maori have a lower health status and lower life expectancy than non-Maori, even when Maori are in the same deprivation index as non-Maori. Also, the PHO commits to working to address these health inequalities as part of its role in assisting the Crown fulfil its obligations under the Treaty of Waitangi.

Whilst the demographic make up of RCPHO suggests that it is a mainstream provider (Maori comprise 6% of the total), the PHO nonetheless must remain aware that it needs to work to address the socio-economic determinants of health, and reduce health inequalities. The development of our capacity to engage with Maori will continue in 2009/10, led by the Maori Trustee. Specific engagement will be employed for specific issues. Action taken to procure a cultural framework for Maori, for which implementation commenced in 2008/09, will be strengthened. Appropriate training for all provider staff on Te Ao Maori and the Treaty of Waitangi will be undertaken. It is our clear intention that the services we provide will be responsive to the needs of our Maori community through a model of partnership, participation and protection. All programmes initiated by RCPHO will specifically target Maori enrolled with the PHO.

2.4 Pacific Peoples

Pacific Peoples have high health needs. Their needs are varied and their people are ranged across different nations. Also, there are cultural issues within the relatively small community which militate against easy engagement across a broad range of primary health issues. It is an ongoing challenge to ensure that we will be responsive to all these different nationalities in a culturally appropriate and effective way.

A fono was held for our Pacific Peoples community during 2007/08. Useful feedback was obtained to inform future planning. The very act of contacting all of our Pacific Island families to invite them to the fono has provided a new level of direct engagement which will be built on in 2009/10. This engagement and input from it will inform the PHO's decisions on programmes which can assist in improving the health of our Pacific Island patients. In addition, and led by our Pacific Peoples' Trustee, the PHO will seek to work as appropriate with Pacific health providers in the Hutt Valley to the benefit of our enrolled population. All programmes initiated by RCPHO will specifically target Pacific Peoples enrolled with the PHO.

2.5 Providers

We recognise that it is necessary to work with both contracted and non-contracted providers to ensure that RCPHO's planning and service development recognises and incorporates their views, concerns and organisational directions. We recognise the legitimate business interests of our primary provider, Ropata Medical Centre (RMC), and will seek to ensure that these are considered when broader strategies and projects are being determined at Board level. Where deemed appropriate, the PHO

will provide support to the provider in helping to develop provider initiatives aimed at improving health outcomes, and in areas such as workforce planning and development, particularly of Maori and Pacific Peoples. Notwithstanding this, the benefit to the enrolled patient population will remain paramount.

2.6 Hutt Valley District Health Board and other PHOs

RCPHO will continue to work to meet the DHB's expectations, and to work in a collegial manner with other PHOs in the District in this regard. As part of this we will actively participate in the DHB's planning meetings and consultation exercises that are relevant to our enrolled population, and engage with DHB staff and other PHOs in a constructive and positive manner. Notwithstanding the requirement to focus directly on the needs of our enrolled community, RCPHO will seek and support appropriate opportunities for collaboration with other Hutt Valley PHOs where a combined approach is likely to be more efficient and effective than individual action by PHOs.

2.7 Ministry of Health and Government

In seeking to work collaboratively with the DHB to implement the *Primary Health Care Strategy*, RCPHO will also take the opportunity to provide the Ministry of Health with advice and constructive feedback on the implementation of the Strategy by actively participating in the Ministry's forums and workshops and the networks it has already established with the Ministry's Primary Care Team. As a single provider PHO, it is frequently easier for a PHO such as RCPHO to assess proposals and provide reasoned feedback in a more timely manner than much larger PHOs with many providers of differing sizes.

2.8 Stakeholder Engagement Targets for 2009/10

Milestone	Target
Maintain the RCPHO/RMC website.	Ongoing
Maintain a regular patient newsletter, distributed in hard copy and via the website, with particular focus on high needs groups	Ongoing
Ensure RCPHO's 2008/09 Annual Report is made publicly available	1 November 2009
Hold a public AGM	21 October 2009
Maintain established links with the wider Maori community	Ongoing
Develop a work programme to implement RCPHO's Pacific Health Plan	1 February 2010
Develop a work programme to implement RCPHO's Maori Health Plan	1 December 2009
Involve providers in RCPHO's service planning to ensure objectives are aligned	Ongoing
Attend the DHB's monthly PHO Managers' meetings	Monthly
Participate in relevant DHB and Ministry of Health forums	Ongoing
Identify and participate in appropriate collaborative projects with other Hutt Valley PHOs.	Ongoing
Ensure RMC staff are aware of, and can be involved in, RCPHO's activities	Ongoing
Affirm ongoing relationships with key stakeholders, including other PHOs' Boards, for the exchange of information, networking and joint action where appropriate	1 September 2009

3 Management Services

The management services which will be delivered to RCPHO during 2009/10 include:

- administering funding to health providers
- managing the associated financial risk
- carrying out quality improvement processes
- health needs assessment
- developing services
- providing commercial support to health provider agencies
- delivering Board secretariat functions
- managing the register and submission of claims
- financial processing and reporting
- management of referred services
- planning and reporting

Implementing the policy decisions of the Board and ensuring compliance with the contracts and relevant legislation are the primary responsibilities of the management services provider.

Management services for the year will be provided by RMC, under the framework of the Ropata Management Service Organisation Trust. The Board has determined that the terms and conditions of this Agreement, which continues until terminated, be reviewed every three years. RMC's Board will not make policy decisions that affect RCPHO. This decision-making role will be the sole responsibility of RCPHO Board. In liaison with the PHO Board, RMC will continue to provide a General Manager to lead the provision of management services to the PHO. The General Manager will work closely with the Board, as well as the rest of the medical centre's staff and management team. The General Manager reports to the Board of RCPHO and has the authority to sub-contract some of these services to other providers. However, the Board will continue to hold RMC accountable for delivering these outputs in a timely and satisfactory manner and to a high standard of quality. In 2008/09, the Board agreed a protocol with RMC for the annual assessment of GM RCPHO. This will operate from 2009/10. One of the key targets of the RMC will continue to be to ensure contractual compliance with RCPHO's contract with the Hutt Valley DHB.

The position of Clinical Director in RMC will provide key advice to the RCPHO Board, be responsible for guiding the PHO's Clinical Advisory Group, and lead the processes of the PHO's participation in the PHO Performance Programme.

3.1 Management Targets for 2009/10

Milestone	Target
Prepare for the review the management contract	30 September 2011
Monitor the provision of management services	Ongoing
Use the quality framework for all PHO-based services	Ongoing
Monitor risks and implement mitigation strategies as appropriate	Monthly

4 Health Services

4.1 First Level Services

RCPHO will offer a full range of general practice services through RMC. These include arrangements for 24-hour care, nursing services and access to screening services. All first level health services as outlined in Version 18 of the national DHB-PHO contract will be made available to the enrolled population (and to casual patients as resources permit) by RMC. Although the standard hours of attendance of RCPHO's provider are considerably longer throughout the working week and at weekends than many other local providers, some after hours' overnight services will continue to be contracted out.

4.2 PHO Providers

The PHO has one contracted medical centre provider - RMC. All general practitioners who provide PHO services are formally contracted to RCPHO through an individually signed Back-to-Back Agreement. This agreement backs the contract the PHO has entered into with Hutt Valley DHB. In 2009/10, RMC will operate from three separate surgery locations, one in central Lower Hutt, one in Maungaraki, and a third in Waterloo, with the Maungaraki site being replaced by expansion close to the main site in central Lower Hutt towards the end of calendar year 2009.

GP services are supported by practice nursing services. All clinical staff have current registration and practising certificates with their respective professional bodies. RCPHO will notify the Hutt Valley DHB of any change to its GP providers. For 2009/10, RMC will offer a placement for a GP Registrar funded in full through CTA funding, and continue to participate in the DHB's NETP (Nurse Entry to Practice) programme.

4.3 Enrolment Process

RMC has a high level of compliance and accuracy in maintaining practice registers. During 2009/10, the PHO will continue to enrol its patients in line with Government policies and guidelines, and use continuous quality improvement processes to assure the accuracy of data on the enrolled population. RCPHO notes the significant expenditure planned on upgrading IT systems at RMC during 2009/10 as evidence of RMC's commitment to continuous quality improvement. The PHO accepts that the current pressure of enrolments on RMC (as with other GP providers in the Hutt Valley), may well require control of enrolments or temporary closure of RMC's list, to ensure that those who are enrolled are able to access primary health services in a timely way when they need to. However, there are hopes that practice expansion in late 2009 will allow an easing of enrolment restrictions.

4.4 Charging Service Users

The provider will continue to notify RCPHO of the following current maximum patient co-payment fee levels for standard consultations for enrolled and funded patients. Additional fees may be charged for non-standard items (e.g. house calls, extended consultations, and use of disposables etc), and to unfunded patients and casual users:

RCPHO's Notified Fees

Practice	Max fee under 6	Max fee 6-17	Max fee 18-24	Max fee 25-44	Max fee 45-64	Max fee 65+
Ropata Medical Centre	\$13	\$33	\$33	\$33	\$33	\$33

These are standard fees for consultations between 7 am and 10 pm each weekday.

These fees have been notified to Hutt Valley DHB. RCPHO and RMC will continue to comply with the nationally agreed fees framework policy regarding notification and transparency, and these fees are displayed in all provider locations, on the RCPHO/RMC website, and on the RCPHO page of the DHB's website.

4.5 GP-patient ratio

The GP-patient ratio in the Hutt Valley is one of the poorest in the country. RMC has an, overall, high ratio, which is considered manageable due to the size and collegial nature of the practice. The Board will monitor the ratio of GPs to patients during 2009/10 to confirm that services can continue to be delivered to the enrolled population in a timely and effective manner.

4.6 Health Services Targets for 2009/10

Milestone	Target
100% compliance with enrolment guidelines	Ongoing
Linkages continue to be formed with other organisations	Ongoing
Comply with fees notification and transparency requirements	Ongoing
Monitor the GP-patient ratio	Ongoing

5 Mental Health Services

5.1 In late 2008, RCPHO obtained DHB support for MoH Primary Mental Health funding for a local initiative. This initiative commenced in April 2009, focussed on patients with mild to moderate mental illness. This initiative will be continued in 2009/10 emphasising the delivery of appropriate counselling and clinical psychologist services on site at RMC. RMC has employed a specialist Mental Health nurse, and clinical psychology services will be contracted in. GPs and Wellness Team nurses will refer to this service, and local provision will allow more timely specialist advice to be given to clinicians. This will promote easier referral and review, and enable earlier intervention to be undertaken.

5.2 Referrals to appropriate packages of care Referrals will be made as appropriate. This will be 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. The packages of care could include 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.

The clinicians will co-ordinate the packages and determine the specifics of what it will cover on a case-by-case basis after their initial assessment.

5.3 Dealing with inequalities 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) will 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 and SIA outreach resources. This initiative will link to Te Puawaihero, The Second Māori Mental Health and Addiction National Strategic Framework.

5.4 Funding and reporting This initiative is separately funded by way of contract between RCPHO and Hutt Valley DHB. Under the terms of this contract, RCPHO will provide quarterly progress service reports to the DHB commencing in July 2009.

6 Services to Improve Access

Based on the current enrolled population, the PHO anticipates having approximately \$100,000 per annum in Services to Improve Access (SIA) funding. Any unspent SIA funding for 2008/09 will continue to be ring fenced to support all SIA initiatives going forward.

6.1 Targeting recalls for immunisations, cervical smears and breast screening

An underpinning focus of the *Primary Health Care Strategy* is the prevention or early detection of medical conditions. For this year, the PHO will support screening activities as listed above, and continue to require that particular emphasis is placed on those patient groups with the highest needs – Maori, Pacific Peoples, and other disadvantaged people. The PHO, through the work of the Clinical Advisory Group and by regular reporting to the Board, will monitor the effect of these programmes on high needs groups. SIA nursing resources will be funded for this activity, complemented by receipts from the PHO Performance Programme (Section 9, which see).

6.2 Cardio vascular disease and diabetes

Cardiovascular disease risk assessment and diabetes management processes were put in place by RMC during 2007/08, enabled by PHO funding of the acquisition of an IT assessment tool, PREDICT, and of appropriate training for the nursing staff involved. During 2009/10, the systematic and opportunistic screening of RCPHO's patient base, with follow up GP and nurse consultations, will continue. This service is primarily funded from PHO Performance Programme receipts. This initiative will particularly target Maori, Pacific Island and other high needs groups by:

- Following the New Zealand Guidelines Group priorities for patient identification (starting with Maori, PI and Indian males aged 35-70);
- Ensuring non-responders from these groups are referred additionally to the outreach service, and;
- Establishing effective discrete reporting processes to track progress and outcomes for these groups.

6.3 Chronic Care management and outreach nursing team

All PHOs recognise the pressing need to place greater emphasis on chronic care management. During 2009/10, the multi-disciplinary team, "The Wellness Team", at RMC will continue to concentrate the Outreach, Cardio Respiratory, Diabetes and Care Plus nursing resources and follow a broader approach to chronic care management. This reduces the possibility of a patient either "falling through the cracks" or being individually approached by more than one provider. Patients will have a lead clinician looking after them, who oversees all aspects of that patient's care (be it Care Plus, Outreach, Diabetes, or CVD) with specialist advice as required.

Linked to this team, outreach action will continue to identify those people who are not accessing primary health care services at levels appropriate to their health need, and provide early intervention and a referral service to primary care services for follow-up. The priority populations for this service remain Maori, Pacific and low-income people. Funding will be provided by the relevant streams – Care Plus, SIA, PPP and diabetes.

6.4 Funding a Peer Support Mentor at VIBE

The 2008/09 initiative of funding a Peer Support Mentor at VIBE will be repeated in 2009/10. RCPHO recognises that it cannot reach all of its enrolled population, particularly Maori, Pacific Island and other high needs patients, by only engaging with them at providers' practice locations. Accordingly, much SIA funding has been applied to outreach activity in previous years, and continues to be so. The PHO understands that not all of its enrolled young people – 10 to 24 year olds – will 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 not may not feel comfortable relating to their own GP. The PHO firmly believes this to be the case, for example, in respect of reproductive and sexual health matters, and the services offered by VIBE, particularly, can fill this gap. The PHO accepts that this population approach, in order to target young people from our enrolled population, may benefit young people are not enrolled with RCPHO. Engaging with young people at an effective level is not easy. VIBE employs Peer Support Mentors who are young people in their late teens or early twenties who attend at VIBE's main premises. They provide a bridge, in person, between the young client and reception/clinical staff by being able to relate to the young people on their own terms. These roles act as vital keys to their service, encouraging access and supporting the young people once inside the service.

6.5 Free prescriptions for those for whom payment is a barrier to access

Although patient subsidies for dispensed prescriptions have been rolled out to all age groups, there remains a small number of patients for whom even the much lower co-payment is a barrier to access. During 2009/10, the PHO will continue the free prescription programme which has operated for the past five years. At the GP's discretion, RMC will provide a free script programme for Maori, Pacific and low-income people who present to the Medical Centre with an acute-level illness, if there is a financial need. This will clearly only be available for medications listed on the Pharmaceutical Schedule.

6.6 Timeframes

Milestone	Target
Maintain existing programmes	ongoing
Agree support for a Mentor with VIBE in 2009/10	1 December 2009

6.7 Budget

All values are exclusive of GST.

	(\$)
<i>SIA INCOME</i>	
2008/09 SIA funding carried forward	6,000
2009/10 SIA funding	100,200
<i>TOTAL SIA INCOME</i>	<i>106,200</i>
<i>SIA EXPENDITURE</i>	
Free scripts	500
VIBE project	40,000
Outreach Service	65,000
<i>TOTAL SIA EXPENDITURE</i>	<i>105,500</i>
<i>SURPLUS/(DEFICIT)</i>	<i>700</i>

7 Health Promotion

7.1 General

Based on the current enrolled population, the PHO anticipates having approximately \$42,000 per annum in health promotion funding. For 2009/10, the PHO's priorities are to:

- Address key health behaviours that lead to health inequalities.
- Enhance the capacity of the PHO to deliver quality health promotion activities.
- Increase community participation in health promotion.
- Publish a refocused and enhanced newsletter to promulgate key messages to our high needs population, particularly.

7.2 Addressing key health behaviours that lead to health inequalities

RCPHO's strategic plan for Health Promotion, 1 July 2007 to 30 June 2010, determined that the PHO would focus on one of five priority areas each year, achieving a positive impact for those in the target audience. These priority areas are

- Reduce smoking
- Minimise harm from alcohol and other drugs
- Improve nutrition
- Increase physical activity
- Improve oral health

For 2009/10, emphasis will be placed on improving oral health within our enrolled population

7.3 Enhancing the capacity of the PHO to deliver quality health promotion activities

In 2009/10, RMC provider staff will undertake appropriate training to broaden capacity in this area.

7.4 Increasing community participation in health promotion

A renewed emphasis on community engagement and feedback will include seeking greater involvement from our community in providing advice for planning purposes and in a greater uptake of participation in programmes run by RMC.

7.5 Publish a refocused and enhanced newsletter

The redesign and refocusing of the existing PHO newsletter in 2008/09 will be carried into 2009/10. In addition to improving the distribution channels for the publication, all Maori, Pacific Peoples and high needs patients will be mailed a hard copy of each edition as a method of improving communication with and access by these hard to reach groups. This will necessarily inform the design and focus of the newsletter and its key health promotion messages.

7.6 Health Promotion Awareness Weeks

RCPHO will in 2009/10 continue to deliver awareness weeks for staff and patients through RMC.

7.7 Timeframes

Milestone	Target
Participate in the Regional Health Promotion Network	Ongoing
Participate in the Regional Sexual Health working group	Ongoing
Engage with other providers (e.g. VIBE), NGOs, PHOs and other agencies to deliver additional local Health Promotion activities	Ongoing
Publish a refocused newsletter	Quarterly
Produce a plan for addressing oral health issues	1 September 2009
Identify appropriate training for provider staff	1 September 2009
Identify and agree joint HP projects Valley-wide	1 September 2009

7.8 Budget

All values are exclusive of GST.

	(\$)
HP INCOME	
2008/09 Funding carried forward	60,000
2009/10 HP funding	42,200
TOTAL HP INCOME	102,000
HP EXPENDITURE	
Training of provider staff	5,000
Awareness weeks and HP in RMC	18,000
Joint projects	45,000
Retained for local initiatives	12,000
Health Promotion newsletter	20,000
TOTAL HP EXPENDITURE	100,000
SURPLUS/(DEFICIT)	2,000

8 Care Plus

8.1 Enrolment and funding

Care Plus is a programme designed to assist patients with chronic co-morbidities 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. A desirable outcome of participation in the Care Plus programme is reduced presentations at the Emergency Department or hospitalisation. For 2009/10, RCPHO and RMC will remain committed to its successful nurse-led Care Plus programme which remains at the centre of the work of RMC's Chronic Care Management team. The Board is satisfied that the Care Plus programme run by RMC is making the required difference to many patients' lives, facilitating better self-management by the patients. Efforts will continue in 2009/10 to increase the percentage of patients enrolled with Care Plus, as funding and resources permit.

8.2 Review

Since January 2009, RCPHO has funded through Care Plus an additional 0.5 FTE to deliver Care Plus services at RMC. This enabled the employment of a Nurse Practitioner candidate in this role. The Nurse Practitioner candidate role ends in December 2009, and a review of this role will be undertaken in late 2009, with a view to replacing it. Such additional support is essential to servicing the needs of those patients who are enrolled in the Programme, in addition to providing the capacity to increase enrolments. The PHO is also awaiting decisions at Ministry level on replacing the current Care Plus scheme with the Care Plus Fund. RCPHO is well placed to respond positively to any changes that are made, and remains committed to a strong emphasis on the management of long term conditions.

8.3 Timeframes for Care Plus

Milestone	Target
Maintain RMC resource of Admin Assistant for Care Plus	Ongoing
Maintain at least 55% target of enrolment irrespective of register growth	Ongoing
Review nursing resources applied to Care Plus	1 November 2009

9 PHO Performance Programme (PPP)

9.1 The Programme

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. RCPHO entered the Programme on 1 Jul 06.

9.2 Continuous quality improvement

The Board notes that RMC is in the process of seeking accreditation under the Royal New Zealand College of General Practitioners "Cornerstone" programme for which an accreditation visit is programmed for September 2009. The PHO will continue in 2009/10 to support a Quality Coordinator role at RMC to assist with the establishment of a coordinated approach to continuous quality improvement.

9.3 Clinical Advisory Group (CAG)

Within RCPHO, clinical governance is overseen by the CAG. As a cornerstone of effective clinical governance providing ongoing continuous quality improvement for its practitioners, regular reports on the performance of RCPHO in the Programme will be made to scheduled Board meetings. In late 2008/09, the Terms of Reference for the CAG were expanded and the frequency of meetings increased. In 2009/10, the CAG, comprising Clinical Director RCPHO, Practice Nurse Manager RMC, and Pharmacist Facilitator RCPHO, will meet monthly and will:

- Provide clinical governance for RCPHO providers
- 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
- Assist provider staff with education
- Develop new programmes and assess the practicality and implementation of contracts or services

9.4 Dealing with inequalities Prior feedback (in advance of and additional to formal reporting to Board meetings) will be regularly provided to the Maori and Pacific Peoples' representatives on the Board to add to the timely oversight of how our high needs communities are being served by the PHO's participation in the PPP.

9.5 Use of payments

In 2009/10, and as agreed in the RCPHO Implementation Plan in early 2006, payments received from the Programme will:

- Continue to fund a Cardio-Respiratory Nurse Clinic at RMC to facilitate Cardiovascular Risk Assessment screening, particularly of Maori, Pacific Peoples and other high needs enrolled patients
- Complement existing nursing recall services
- Fund additional CME for providers
- Provide appropriate incentive payments to providers

9.6 Timeframes for PPP

Milestone	Target
CAG to meet regularly to review PHO performance data and address clinical governance issues	Monthly
CAG and PPP reports to be presented to regular PHO Board meetings, and to Maori and PI representatives particularly	Quarterly
Feedback to individual GP providers	Quarterly
Peer group feedback – GPs and Nurses	Monthly

10 Sexual and Reproductive Health Services

10.1 Purpose

This service at RMC has provided free sexual and reproductive health consultations close to RCPHO's community, targeting young people (12 to 24 years of age), and other high needs people in exceptional circumstances. In 2009/10, the upper age limit is being reduced to 22 years of age, due to funding constraints. This is included because, whilst RCPHO is no longer funded by way of direct contract with Hutt Valley DHB, the provider, RMC, will in 2009/10 continue to deliver this key service, albeit at a loss since the funding for the service does not cover the cost of delivering it. The service is funded through Kowhai Health Trust. The Board strongly endorses RMC's continued participation in this initiative.

RCPHO and RMC are committed to ensuring that it remains well-advertised as a free, confidential, service to all eligible patients. The Board has an ongoing concern that the uptake of this service, especially by young Maori and Pacific Peoples, is poor. This is one key reason why the PHO plans to support a Peer Support Mentor position in VIBE in 2009/10, as a Services to Improve Access initiative. RCPHO will continue to participate in fora and meetings hosted by the Wellington Sexual Health Service.

10.2 Timeframes for Sexual and Reproductive Health

Milestone	Target
Support Ropata Medical Centre initiative	Ongoing
Establish linkages with other agencies/providers/PHOs to better understand uptake across the Hutt Valley	Ongoing
Advertise free, confidential service in RMC practices	Ongoing
Work with other groups/agencies to improve uptake among Maori and Pacific peoples, especially VIBE	Ongoing
Participate in Wellington Sexual Health Service meetings	Ongoing

11 Financial Information

11.1 RCPHO's Accounts

Three Year Operating Budget

	2008/09	2009/10	2010/11
	<i>1 July to 30 June 1 July to 30 June 1 July to 30 June</i>		
INCOME			
First Level Services	2,272,300	2,340,500	2,410,700
Services to Improve Access	97,300	100,200	103,200
Health Promotion	41,000	42,200	43,500
Care Plus	149,400	154,000	158,600
Management Services (including Trustee Expenses)	289,000	297,700	306,600
	2,849,000	2,934,600	3,022,600

The above figures are based on:

- an enrolment register of 19066 as at 1 July 2009.
- a financial year of 1 July to 30 June. These figures will fluctuate from quarter-to-quarter as well as from year-to-year.
- an annual adjustment of 3% for CPI. Ministry of Health has confirmed an intention to ensure that funding for PHOs keeps its 'real value'

Capital Budget RCPHO will not have capital expenditure. This will be incorporated into the management fee paid to RMC.

Three Year Cash flow

	2009/10	2010/11	2011/12
	<i>1 July to 30 June 1 July to 30 June 1 July to 30 June</i>		
INCOME			
First Level Services	2,340,500	2,410,700	2,483,000
Services to Improve Access	106,200	103,900	106,300
Health Promotion	102,000	45,500	44,800
Care Plus	154,000	158,600	163,400
Management Services (including Trustee Expenses)	297,700	306,600	315,800
Total Income	3,000,400	3,025,300	3,113,300
	2008/09	2009/10	2010/11
	<i>1 July to 30 June 1 July to 30 June 1 July to 30 June</i>		
EXPENDITURE			
First level Service Providers	2,340,500	2,410,700	2,483,000
Services to Improve Access Providers	105,500	103,900	106,300
Health Promotion Providers	100,000	45,500	44,800
Care Plus	154,000	158,600	163,400
Ropata MSO Trust	297,700	306,600	315,800
Total Expenditure	2,997,700	3,025,300	3,113,300
Profit/Loss	2,700	0	0

Income includes unspent funds carried forward.