

Auckland PHO Clinical Effectiveness Group Minutes

Date	26 th November 2019
Time	7.30am – 9.30am
Attendance:	Apologies:
<ul style="list-style-type: none"> • Dr Charlotte Harris Chair • Dr Lisa Eskildsen • Dr Garsing Wong • Barbara Stevens • Dr Vikas Sethi • Carol Ennis • Jayme Kitiona • Jean Lyle • Alison Brown • Dr Richard Davies 	<ul style="list-style-type: none"> • Prue McConnell
1.	Welcome Charlotte welcomed everyone to the Clinical Effectiveness Group Meeting
1.2.	Apologies Apologies received from Prue McConnell
1.3.	Register of Interest Disclosures <ul style="list-style-type: none"> • Jayme – Nurse Lead at Oneroa Accident and Medical Centre, Clinical Lead Piritahi Hauora and Project Manager Waiheke Oranga After Hours Service • Lisa – no longer on POAC Clinical Governance Group • Carol – no longer member of Diabetes Service Level Alliance • Mel – Member of Diabetes Service Level Alliance <i>Action Point 1 – update Register of Interest</i>
1.4.	Minutes of Meeting 22nd October 2019 The previous minutes were accepted as true and correct record. <u>Moved Garsing, Seconded Jayme</u>
2.1.	Performance and Incentive Framework 2020 – Proposal for Change Charlotte and Barbara presented a summary of changes to the Auckland PHO Performance and Incentive Framework for 2020, noting that: <ul style="list-style-type: none"> • PHO Performance programmes over time have changed from PPP to the current System Level Measures Framework that built on the previous IPIF to lift performance measurement from a transactional approach to one based on outcomes and requires all parts of the health system to work together • Contributory factors are chosen locally by DHBs and PHOs • Measures have a strong equity focus

- Incentive measures for performance payments have been around health target achievements and these are no longer fit for purpose as quality improvement measures or relevant in some Primary Care settings.

Proposal for 2020 Performance and Incentive Framework

- Proposed there would be two levels, one mandatory and the other would offer suite of options that practices could choose
- All measures will have data to support benchmarking and improvement
- Reduction in health inequities is important, with incentive payments higher for target achievements in the high needs population

Mandatory Measures

These would align with SLMs, Health Targets and/or Metro Auckland Clinical Governance targets and include an equity measure for Maori and/or high needs based on the ability to extract data or the need to improve coverage for Maori. Proposed mandatory measures are:

- Childhood immunisation
- Cervical screening
- Diabetes annual review
- CVD triple therapy
- Referral to smoking cessation

Weighting for incentive funding totals 70% of the overall funding for mandatory measures.

Optional Measures

It is proposed that there will be nine measures available and practices would choose three. Each is weighted at 10%.

The intention is for practice teams to concentrate on quality improvement and not target achievement.

Payments would be made on the basis that the practice is participating and improving health outcomes and equity for their patients. Each measure will have an audit measure with an accompanying framework or a report with which to measure improvement.

The suite of options covers the life-course and include

- Special immunisations – flu vaccination in children under 4 years
- Recording of BMI in children under 4 years
- Optimal care in the first trimester of pregnancy
- Flu vaccination in 45+ years high needs populations
- Youth health assessments in 16 year olds
- Better contact details (email and mobile numbers)
- Gout management
- Cervical screening – high grade results handling.

	<p>Outlier Practices</p> <p>Practices with a population that does not fit with a usual family practice, i.e those with no/low numbers of children would swap with childhood immunisation with better contact details as a mandatory measure.</p> <p>Practices whose patients are solely in aged care facilities would have two measures – flu vaccination and a poly pharmacy review and if preferred they could choose alternative measures agreed by the PHO clinical team.</p> <p>Practices would receive 3-monthly activity reports and 6-monthly payments.</p> <p>2021 and Beyond</p> <p>Future measures would be agreed by the CEG and in conjunction with any new SLM contributory measures.</p> <p>Start date</p> <p>It is proposed the start date would be 1st April 2020.</p> <p>Discussion from CEG members</p> <ul style="list-style-type: none"> • The new framework includes the whole practice team with team meetings encouraged and attended where appropriate by the PHO practice facilitators • There was a question of sustainability – once a practice achieved a measure how would this be maintained? The Chair noted that this is the case currently and achievements can drop for a variety of reasons • There was a question regarding the link with the proposed Framework and the Safety in Practice Programme (SIP) – Carol noted that most practices in the Auckland PHO network had discontinued their involvement with SIP due to a number of reasons – one being the funding had been stopped. The Auckland PHO clinical team have developed a suite of ‘Alternative Clinical Quality Improvement and Safety Programme’ Indicators which has been implemented and some are included in the 2020 Performance and Incentive Framework • It was noted that this would be a good practice showcase for peer groups etc <p>Resolution: That the Clinical Effectiveness Group approves the proposed Performance and Incentive Framework.</p> <p><u>Moved: Jayme Seconded: Richard</u></p> <p>Approved</p>
<p>2.2.</p>	<p>Alternative Safety in Practice Programme – Correspondence to Practices</p> <p>Carol spoke to the paper sent to the Auckland PHO network in November outlining the suite of options available for 2020 as the second year of the programme. Audit samples were noted.</p> <p>Noted</p>
<p>2.3.</p>	<p>Waiheke Oranga Urgent After Hours – Implementation and Clinical Governance</p> <p>Jayme advised the meeting that the Waiheke Island Urgent After-Hours Business case had been agreed to by ADHB and as the Project Manager was establishing the service with the ‘go live’ date of 6th January.</p> <p>Jayme requested that the Auckland PHO CEG have a role in clinical governance for the service which CEG members agreed to. It was also noted that the Metro Auckland PAUA Group (Patient Access to Urgent and After Hours) will have a role also.</p>

	Noted
3	<p>Member Update</p> <p><u>Garsing</u> Informed the meeting that he is a member of an HIV Aids working group. Many people who are HIV+ and wish to emigrate to NZ are denied on the basis of their HIV which is unfair as their health needs are not likely to be a burden on the NZ Health System. This has not changed since 1970. Many of these excluded people have skills that would be of benefit to the NZ economy.</p> <p>Richard noted that this draconian approach was inequitable and unfair when compared to how applications are treated for people with Hep C and CVD. There should be compassionate grounds for approval and the immigration rules are out of date.</p> <p>Charlotte informed the meeting that there was an arbitrary flow algorithm, yet many people accepted despite having conditions such as cancer where they have to prove they are on a course of treatment and have family support which allows them to continue with their visa application. There is an appeal process if the application is unsuccessful. Many cases were not clear cut and could be regarded as discriminatory.</p> <p>Charlotte suggested Garsing approach the Dept of Immigration CMO to discuss further.</p> <p>Garsing also informed the meeting that he is involved with hair transplants at his clinic and suggested it as a CME topic for the future.</p> <p><u>Richard</u> Informed the meeting that the Calder Centre is working on a new model of care. There is a new health services manager who will be leading the work.</p> <p><u>Vikas</u> Informed the meeting that his team will vaccinating students who did not receive the HPV vaccine at Lynfield and Mt Roskill Grammar schools in 2020.</p> <p><u>Jayme</u> Informed the meeting that she established a competition for a new Waiheke Oranga Urgent After-Hours Logo.</p> <p><u>Lisa</u> Informed the meeting that the SIP website has good resources for Primary Care.</p>
4.	General Business
	There was not general business
	The meeting ended at 0930
	Meetings 2020
	Members agreed the day and time suited. 2020 dates to be circulated.

Action Points

No	Date	Action Required	Due Date	Status & responsibility
1	26 Nov 2019	update the Register of Interests	Completed	Charlotte