

Primary Health Care Symposium Programme

Te Papa, Wellington | 15 November 2017

| Time & Room | Subject and Presenter |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8:15am–8:55am | Registrations – Delegates arriving |
| 9:00am–9:10am | Welcome / Mihi |
| 9:15am–10am | Plenary Session |
| Oceania Room | <p>Hearing the patient's voice. Developing resilience – the highs and lows of treatment and recovery</p> <p>Jake Bailey, ex Head Boy, Christchurch Boys High School</p> <p>In 2015 Jake Bailey was diagnosed with stage 4 Burkitt's Non-Hodgkin's Lymphoma. Now in remission, his journey is teaching us all - how to live.</p> <p>Mind the Gap!</p> <p>Dr Nick Chamberlain, CEO Northland DHB and national DHB lead for Primary Care</p> <p>Ensuring primary care quality, access, equity, prevention and sustainability to support the New Zealand Health Strategy.</p> |
| 10am–10:25am | Morning Tea |
| 10:30am–11:20am | <p>Session 1: concurrent sessions</p> <p>Pick one of these sessions.</p> |
| Angus Room | <p>A. Implementing a Chest Pain Pathway in primary health care</p> <p>Dr Gerry Devlin, Medical Director, Heart Foundation</p> <p>Tim Norman, Director of I've Got A Plan</p> <p>Chest pain presentations remain one of the most common conditions in emergency departments and in ambulatory sensitive hospitalisations (ASH) data.</p> <p>The Rural Accelerated Chest Pain Pathway (RACPP) focuses on reducing ASH rates. It also reiterates ministerial priorities of timely patient care closer to home and value for money. Improvements in community-based care can reduce avoidable hospitalisations, and free up hospital staff and resources whilst enhancing primary care to manage these types of presentation.</p> <p>Lead investigator: Tim Norman & Co Author: Dr Martin Than</p> |

Rangimarie Room 3 **B. He Tangata – People at the centre**

Sally Nicholl, Practice Manager, HUCHS

Sandy Bhawan, Programme Development Manager and Clinical Pharmacist,
Te Awakairangi Health Network

Hutt Union and Community Health Services (HUCHS), a community owned general practice with a very high needs population, is undertaking quality improvement activities with the support of their PHO (Te Awakairangi Health Network) and the Health Quality and Safety Commission (Whakakotahi programme). They have been able to significantly improve their acute care model (pleasing patients, increasing capacity and reducing staff stress levels) and their long term conditions management (diabetes). This work also demonstrates the value of clinical pharmacist skills being utilised in general practices.

Rangimarie Room 1 **C. Mental Health knows no boundaries: WellSouth Primary Health Network, Family Mental Health Service, Dunedin.**

Terry Ebeling, Registered Psychotherapist, Well South Primary Health Network

Stacy Harborow, Clinical Manager, Well South Primary Health Network

In this session you will hear how Well South's own in house mental health service is spanning organisational boundaries across the sector including:

- Their prison in-reach service – supporting the transition of offenders with moderate to severe symptoms back into the community and to the ongoing support of their general practice and community mental health service.
 - Their single session family therapy intervention; which provides an interagency, safe forum for families to activate their own action plans based on an initiative developed at the La Trobe University in Melbourne.
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Rangimarie Room 2 **D. Partnership to improve lives: Better respiratory health outcomes for tamariki & their community**

Letitia O'Dwyer, Chief Executive, Asthma and Respiratory Foundation NZ

Te Puea Winiata, Chief Executive, Turuki Health Care, Auckland

Turuki Healthcare and Asthma and Respiratory Foundation NZ see “reaching out” to the community and particularly tamariki - will improve respiratory health outcomes, which is different to the old mainstream & traditional health system model which expects those in need to come to the clinician/nurse.

South Auckland has the highest rates of preventable asthma rates in the country in 0-14 year olds (CMDHB Māori Health Plan 2017/2018). This partnership project brings together the expertise of Asthma and Respiratory Foundation NZ with the expertise of Turuki who are contracted and have experience to provide health and social services to tamariki and their whānau in a school context, across South Auckland. Four primary schools in Mangere, Auckland with a total of 1100 children will be seen to assess respiratory health and for management plans to be completed and actioned. The 12-month project will be completed in the third quarter of next year with findings presented to the Minister of Health.

11:20am–11:30am **Delegates move to next session**

11:30am-12:20pm **Session 2: concurrent sessions**

Pick **one** of these sessions.

Rangimarie Room 1 **A. CVD – so we have consensus what next?**

Dr Gerry Devlin, Medical Director, Heart Foundation

Dr Fraser Hamilton, GP Liaison, Heart Foundation

The Heart Foundation has supported the Ministry of Health to develop a CVD Risk Consensus Statement. Come and hear the recommended changes to best practice CVD management.

Rangimarie Room 2 **B. Developing general practice skills in motivational conversations to meet System Level Measures. Evidence from three Canterbury PHO's**

Dr Lynley Cook, Pegasus PHO

Dr Mark Wallace-Bell, Director of Behaviour Change Consultancy Ltd

Over the last 12 months, this collaborative PHO project has delivered a motivational conversations project to rural and urban GP teams. This presentation will describe the project process and deliverables and outcome measures.

Angus **C. Primary health connected to workplace wellbeing in Turanganui a Kiwa.**

Rewiti Ropiha, CEO of Turanga Health

Engaging primary industry employers and employees with a workplace wellness platform that connects to primary care. Turanga Health have been at the forefront of connecting primary care alongside primary industries within Turanganui a Kiwa (Gisborne) for over the last two years. Come and be enlightened. Turanga Health will outline the pains and gains in unlocking uncharted fields and realizing real worth-Primary Health fusion.

Rangimarie Room 3 **D. Improvement science in action: Joining up teams to join-up care in Nelson**

Dr Rachel Mackie, G.P., Harley Street Medical

Fran Mitchell, Quality Improvement Co-ordinator, Nelson Marlborough Health

Jane Cullen, Quality Improvement Advisor, Health Quality & Safety Commission

Nelson Marlborough Health, Cardiology, Nelson Bays Primary Health, three Nelson general practices, Te Piki Oranga, hospital and community pharmacy and the Heart Foundation are all working together in collaboration with the Health Quality and Safety Commission to develop joined-up care for patients post discharge from hospital for insertion of a stent. This work is part of the Commission's primary care innovation programme, "Whakakotahi", which means "to be as one". This is the first time in Nelson, that such an integrated team have worked together to improve health outcomes. The insights gained from working together and using the methods and tools of improvement have been beneficial beyond the scope of this programme. The team will share both the challenges and the lessons learnt from their journey so far.

12:30pm–1:20pm **Lunch**

Excite

Inspire

Action

1:30pm–2:20 pm **Session 3 – concurrent session**

Pick **one** of these sessions.

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Rangimarie Room 2 **B. Lifestyle Behaviour Change**

Dr Maria Stubbe & Dr Tony Dowell, Otago University, Department of Primary Health Care and General Practice

This interactive presentation will explore some of the common communication challenges that arise in consultations when discussing lifestyle behaviour change in the context of long term conditions.

We will discuss specific problem areas and possible strategies for managing these, as illustrated in video clips from real consultations and interviews with patients collected by the Applied Research on Communication in Health (ARCH) Group. (<http://www.otago.ac.nz/wellington/research/arch/>)

Angus

C. The Treatment Gap - What Auckland is doing about it!

Dr Allan Moffitt, Clinical Director, Procare

Pauline Sanders-Telfer, Nurse Leader, Procare

A description of collaboration in the Auckland health system to improve management of cardiovascular risk and improved care for people with diabetes.

The seven PHO's and three DHB's have agreed a standard set of five clinical indicators that we are reporting on quarterly. Hear about the trials and tribulations of data definition and reporting.

Rangimarie Room 3 **D. What matters to you, matters to us: challenges in supporting patient-centred interdisciplinary care – Northland's e-shared care experience**

Dr Andrew Miller, Northland GP and Chair of Manaia Health PHO

Andrew explores the benefits of having electronic shared care plans allowing secure messaging and patient information summaries to be available to any registered Northland health provider for all Northlanders.

Andrew will share the technical and health provider “cultural” challenges that has transpired over the last year.

2:30pm–3:20 pm **Session 4 – concurrent sessions**

Pick **one** of these sessions.

Rangimarie 1 **A. Childhood obesity – what primary care can do – realistic expectations.**

Prof Hayden McRobbie, Raising Healthy Kids, Target Champion, MOH

Brief interventions for unhealthy weight – evidence and practical steps.

Rangimarie 2

B. Equally Well - Collaborative Action to address the physical health disparities of people who experience mental health conditions and addiction.

Helen Lockett, Strategic Policy Advisor, WISE Management services

Alex Loggie, Clinical Educator for Primary Care, Whanganui DHB

This workshop will be a chance to hear the findings from the 2017 evidence update, conducted by Te Pou o te Whakaaro Nui, on what interventions are effective to improve physical health outcomes for people who experience mental health conditions and addiction. It will also provide the opportunity to hear about and discuss some examples of innovative practice in different parts of the country. In particular the primary care initiatives in Whanganui, Canterbury and Tairāwhiti.

Angus

C. Integrated Case Management and Diabetes/CVD self-management services.

Greig Dean (Service Manager), **Karli Rowe** (Dietitian) and **Caroline Steens** (Long Term Conditions Lead), Eastern Bay Primary Health Alliance

We are a Primary Health Organisation (PHO) that delivers quality primary health care services to the Eastern Bay communities through our General Practices, community health workers and sub-contracted health providers. We would like to showcase two initiatives.

1. Integrated Case Management – Greig Dean

A redesigned model of care that integrates existing services and minimizes duplication.

2. Diabetes/CVD Self-Management – Caroline Steens and Karli Rowe

Making a difference for rural Māori.

Rangimarie 3

D. Stubborn about our goals, Flexible about our methods - Health Care Home

Astuti Balram, Integrated Care Collaborative (ICC) Programme Manager; Strategy, Innovation and Performance, CCDHB

Mabli Jones, General Manager Service Development; Compass Health

Partners in the Capital & Coast District Health Board – the DHB, PHOs and Hospital Services have together developed and implemented our Health Care Home model. We will reach 80% of the DHBs population and enable the integration of District Nurses and Community Allied Health with all these team within 3 years. To achieve our goals, we are working with teams on the ground to shape our approach and learning a lot as we go. While it is early days, progress is positive and key to this has been our shared goals.

3:20pm–3:45pm

Afternoon Tea

3:45pm–4:30pm

Plenary Session - Digital Health

Oceania Room

Dr Robyn Whittaker, Associate Professor Health Informatics & Technology, National Institute for Health Innovation

Dr Robyn Whittaker is a public health physician, CD of Innovation at Waitemata DHB, and mHealth researcher at the National Institute for Health Innovation. She will present some of the mHealth developments and research her team at NIHI have been working on recently, and particularly how these are/can be implemented in primary and community care. She will also talk about the importance of ‘mobility’ in healthcare – not just from the perspective of current developments at the DHB but also how future developments may disrupt the way we provide health services.

4:30pm–5:00pm

Evaluation/wrap up - Whakamutunga

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Action