

Wellington Primary Care Partnership



Business Meeting Minutes

22 February 2010
10:30am – 1:00 pm
Sale Baptist Church

Facilitator:	Steve Elvy, Yarram and District Health Service	Minutes:	Claire Haines
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Attendees:	Jo Cockwill Rachael Dooley Ruth Churchill Diane Wilkinson Emily Durbridge Brett Belot Clare Heath Anne-Maree Kaser Marlene Constable Adelle McArdle Kate Bagnato Jude Deedman Peetika Hobson	WPCP Manager WPCP Health Promotion Coordinator (HP Only) Central Gippsland Health Service Gippsland Women's Health Service WPCP CDM Worker Kids Go For Your Life/WPCP (HP only) Schools Focussed Youth Network LCHS DVA DH EGDGP CGHS LCHS
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Apologies	Patrick Kilday Belinda Greening Margaret Brereton Sheila Cross Anoop Chauhan Anita Wood Leanne Wishart	GippSport CGHS Wellington SC Hospital Admission Risk Programme, CGHS EGDGP EGDGP DeafAccess Gippsland
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SESSION 1 – Service Coordination/Chronic Disease Management
10.30 am - 11.15 am

1:	WELCOME TO ATTENDEES All members of the Wellington Primary Care Partnership	Steve
2:	APOLOGIES As above	Steve
3:	CONFIRMATION OF MINUTES Resolution that the minutes of meeting held on 26 October, 2009 having previously been circulated be ratified and confirmed – no quorum at the December meeting to do this. Moved: Anne-Maree Kaser, Seconded: Kate Bagnato	Steve
4:	CDM/SC BUSINESS ARISING 4.1 SC/CDM Survey results Data is available on who participated in the survey and more detailed I results due in March	Steve

5:	<p>CORRESPONDENCE</p> <ul style="list-style-type: none"> • Care Planning EOI information • Governance changes information 	Jo
6:	<p>SERVICE COORDINATION</p> <p>6.1 Peetika Hobson, Project Worker for Systems Change from LCHS, spoke on her role managing the rollout of S2S at LCHS and the LCHS Central Intake System now in place.</p> <p>Peetika explained that S2S is only a tool for service coordination and that agencies need to look at communication processes, organisational detail and relationships with other agencies. She recommended reviewing services, and looking at how S2S will work best for current services, consumers and agencies.</p> <p>Peetika stressed the importance of understanding the power level of workers in the system – referral workers (intake staff) can see everything at once while service coordinators have less access and the practitioner has the lowest level of access. Training underpins the success of the rollout and needs to be ongoing. One-on-one training programs plus a ‘help’ site on LCHS intranet were introduced. Peetika supported the development of a specific manual for LCHS which was less cumbersome than the original manual. Maintaining enthusiasm was another secret to the success of the rollout.</p> <p>Problems included:</p> <ul style="list-style-type: none"> • Delays in developing basic enhancements to the program • Maintaining staffing information, where staff changes in the organisations weren’t updated on the system. • Changes to consumer packages are often not picked up and encouraged duplication. • Staff not closing referrals or completing appropriately. <p>Intake staff: – LCHS has 12 Service Access Officers (SEOs) who do all registrations in the main database. Peetika suggested that each team/area has a specialist intake officer. Case Studies and presentations were also useful in assisting staff.</p> <p>6.2 Discussion and questions Peetika answered questions and was thanked for her informative talk.</p> <p>6.3 Regional Working Group Report</p> <p>Originally five working groups were set up regionally but GP Engagement has now merged into the other groups. Initial Needs and HACC Framework are currently conducting an audit to see what is happening across agencies, Workforce Development has run two community sessions with three more to run.</p> <p>The Care Planning and Feedback working group has just had its 3rd meeting. There is now representation from all Divisions and all PCP CDM workers plus key Community Health agencies. The last meeting proved to be very complex, with progress slow but everyone was optimistic that the group is working in the right direction.</p> <p>The opportunity to submit an EOI for an electronic PCP care planning project was discussed at the PCP managers meeting It was decided that the joint submission from all S2S PCPs would bring better results both statewide and regionally as the project would look at developing the S2S Care Planning Tool further and develop protocols and processes around its use on a statewide basis.</p> <p>Opportunity to apply for other small submissions – one for PCP around workforce development – training staff in running care planning. Submission due on Friday. Another opportunity is for agencies to apply for recent DH grants for CDM work and WPCP is happy to assist.</p>	Jo

	<p>Jo requested that agencies please take a look at the new WPCP website www.wellintonpcp.com.au and asked if agencies would like to be added as a link to the website.</p> <p>LCHS and GWHS have agreed to be added.</p>	
7:	<p>INTEGRATED CHRONIC DISEASE MANAGEMENT</p> <p>7.1 CDM Progress/Planning Current focus is a review of network and looking at tailoring meetings re Professional Development, resources etc. There is a DH workshop on in Melbourne this Wednesday to look at case studies as an evaluation tool.</p> <p>7.2 Early Intervention into Chronic Disease Funding (EliCD) update CGHS Care Coordination project has a large steering committee and is now breaking into two working groups to look at intake and care planning YDHS model is similar and now identifying clients to follow their progress, where they have been and how they have travelled through the system.</p> <p>7.3 LIFE/Stanford evaluation training Evaluation training session conducted last week a great success with 23 participants attending. Discussed the prospect of having a pool of evaluators, maybe five, who would be trained with MUDRIH and be available to agencies for evaluation purpose. GWHS has funding to conduct a LIFE program for women with Polycystic Ovarian Syndrome.</p> <p>7.4 Other CDM initiatives/issues from agencies. Nil</p>	<p><i>Emily</i></p> <p><i>Ruth/Steve</i></p> <p><i>Jo/Emily</i></p>

SESSION 2 – Business and Partnership 11.15 – 12.00

8:	<p>WPCP Business</p> <p>8.1 New Governance Structures – implications for agencies Partnership arrangements are to change and agreements are to become more legally binding with a new partnership agreement between PCP and member agency. The new agreement must be in place by 30 June 2010. The new template is expected soon and the WPCP is able to adapt this to suit the specific needs of agencies and the WPCP. Document outlining new structures was distributed. Once the new template is available, the Executive Team will meet to discuss.</p> <p>8.2 National Reform Agenda At a statewide level, a discussion paper will be available next week on where the PCP sit and their role in primary health. Once new information is available, it will be forwarded to agencies.</p>	<i>Jo/Steve</i>
9:	<p>WPCP FINANCIAL ARRANGEMENTS</p> <p>9.1 WPCP Finance Report Distributed at meeting and attached. Anne-Maree has asked for a narrative to go with the budget, briefly explaining any surplus/deficit. This will accompany next meetings report.</p>	<i>Jo</i>

Meetings for 2010	
9 March	WPCP Executive Meeting, 3.30pm Traralgon
19 April	WPCP Business Meeting, to be advised
24 May	WPCP Executive Meeting, e-health room - CGHS
28 June	WPCP Business Meeting, Conference Room - CGHS
26 July	WPCP Executive Meeting, e-health room - CGHS
23 August	WPCP Business Meeting, room to be advised
27 September	WPCP Executive Meeting, e-health room - CGHS
25 October	WPCP Business Meeting, Lecture Hall CGHS
22 November	WPCP Executive Meeting, e-health room - CGHS
13 December	WPCP Business Meeting, Lecture Hall CGHS