

To: Community and Public Health Advisory Group
From: Primary Care
RE: Primary Care Interim Alliance
Date: Tuesday, October 20, 2015

Following instituting the Primary Care Services Agreement, which recognized the unique symbiotic relationship between the SCDHB and contracted practices, we are convening the new Primary Care Interim Alliance.

The purpose of forming a primary care alliance is outlined in the appended terms of reference. "Interim" is included in the name as there is a wider plan for SCDHB to co-ordinate a whole-of-health alliance. Through forming the PCIA in the immediate term will enable progress on issues specific to primary care.

The terms of reference for the group were distributed to members on 19 October, the first meeting will be held in late November.

Recommendation:

That the Community and Public Health Advisory Group:

- **Receives** this report
- **Provides feedback** on purpose of the interim alliance

Sam Callander
Business Services Manager
Primary Care

Primary Care Interim Alliance			
Terms of reference: <			

Management Sponsor: GM Primary & Community Services

Reports to: Chief Executive Officer

Background to the Primary Care Interim Alliance (PCIA)

The purpose of forming a primary care alliance is outlined below. "Interim" is included in the name as there is a wider plan for SCDHB to co-ordinate a whole-of-health alliance. Through forming the PCIA in the immediate term will enable progress on issues specific to primary care. In time it may form part of broader health alliance.

Members of the PCIA are the owners and staff of Primary Care Practices that have signed the Primary Care Services Agreement (2015)

Key Accountabilities:

The Primary Care Interim Alliance will support the vision and values for the provision of health care and wellness for the South Canterbury community.

The DHB and Contracted Providers in Primary Care share a unique symbiotic relationship and have agreed through the Primary Care Services Agreement (2015) to work in a collaborative manner. The PCIA will be responsible for providing leadership and advice to the DHB and Contracted Providers in Primary Care in a manner that maximises their unique symbiotic relationship for the benefit of the South Canterbury community. This will include but not be limited to strategic direction, quality planning, information sharing and primary care programmes.

Purpose:

1. Provide strategic leadership in primary health care provision to support long term resilience and sustainability
2. Provide input and advice on priorities for primary health care improvement as part of the strategic and operational planning for the SCDHB including reducing disparities
3. Identify gaps and opportunities in current primary services
4. Promote quality improvement in primary care through the development of a quality plan suitable to support practices to meet their legislative and contractual responsibilities relating to quality improvement

5. Monitor and review primary service delivery performance against recognised best practice guidelines, benchmarks, policies and other such programmes as appropriate.
6. Provide input and advice into primary services workforce development in South Canterbury
7. To provide advice/opinions in response to specific requests from the Chief Executive Officer or General Managers including strategic guidance for decisions around service direction of new technologies, capital expenditure and workforce strategy.
8. Interpreting the local implications of national and sector health goals and performance expectations and associated planning

Alliance Representation:

There are two forms of PCIA representatives:

1. By Virtue of Position:

Incumbents in the following positions will by virtue of their position be a member and representative of the PCIA. Tenure will be for as long as they hold the relevant position.

- General Manager, Primary & Community Services
- Business Support Manager, Primary Care
- Chief Primary Care Medical Officer (CPCMO)
- Director of Nursing (DON)

2. By Nomination:

Stakeholders will be asked to nominate their preferred representative. The Chairperson will configure the Group membership to ensure a balance of skills and experience as well as representation. The Group will have representation from the following stakeholders.

- GP/Nurse Practitioner representative x4 with at least one practicing rural (outside of Timaru)
- Non-practitioner business owner/Practice Manager representative x1
- Practice Nurse x2

The key attribute to consider when nominating a representative is their ability to objectively engage in strategic debate for the health and benefit of the South Canterbury community.

Meetings:

Chairperson:	GM Primary & Community Services
Minutes Distribution:	PCIA Members, SCDHB CEO, SCDHB Senior Leadership Team (SLT),
Meeting Frequency:	Monthly
Attendees:	PCIA Representatives

Non-representative members of the alliance are welcome to attend in an observation role.

Others may be invited to attend and/or present as required by the agenda and agreed by the committee.

The PCIA representatives will demonstrate an effective multidisciplinary approach to decision making by ensuring that:

- Any agenda item(s) requiring decision-making that does not have a quorum of voting members present will be rescheduled for later consideration
- Where possible, decisions will be made by consensus. Where there is difficulty in reaching consensus about a primary care process or standard, the PCIA will assist in developing processes to resolve these issues, including an objective review of evidence based primary care practice.
- Where voting is required, decisions will require 70% agreement of the attendees
- The PCIA proceedings will be published to the members, with appropriate recognition of privacy and commercial sensitivity as determined by the chair, noting that meeting minutes are subject to the Official Information Act 1982.

Reporting:

The PCIA representatives will undertake to regularly communicate back to its members

Constraints:

Where PCIA's recommendations or advice will impact on existing SCDHB service interface or design and/or require additional resource commitment, the Chair shall take this to the appropriate General Manager or where necessary SLT for consideration and reporting back.

Tenure:

The inaugural committee members will be randomly allocated a two or three year term so that no more than 50% of the committee members' tenure will expire in any year. Thereafter, tenure will be for two years. Committee members may serve repeat tenures if nominated.

Committee membership and chairmanship will be discussed during the annual review of the Terms of Reference (TOR).

Quorum:

50% representatives plus one. One of which must be either the CPCMO or DON and 1 GP/NP representative

Attendance Requirements:

Representatives are expected to attend a minimum of 70% of meetings in any given 12 month period. In the event of members failing to maintain this commitment, the Chair reserves the right to terminate their position on the PCIA and seek alternative appointments.

If PCIA Representatives are not in attendance proxy can be given to the Chair, or to any other representative. Substitutes are not permitted.

PCIA Representatives will be expected to declare and update their interests as appropriate.

Agenda Preparation:

- The schedule for PCIA meetings to be decided each January for the next 12 months and be distributed to all PCIA members
- Agendas will be prepared and distributed 5 working days prior to the meeting
- Minutes will be typed and distributed within 5 working days of the meeting
- A standard agenda template will be used.

Remuneration:

- Payment for attendance will be consistent with the MOH policy on fees and allowances for District Health Board committees. Each member will receive \$2500 per annum, (if less than 10 meetings attended per annum the fee is pro-rated). Travel costs will be in addition.
 - Employees of the SCDHB will not be paid.
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Feedback:

Feedback on these terms of reference is welcome until 4 November. Questions you could consider are:

Do the terms of reference outline the best purpose for the PCIA?

Is the representation balance right?

Please provide feedback by 4 November to the Business Services Manager via email, phone or fax.

Sam Callander

Business Support Manager
Primary Care



Private Bag 911, Timaru

Ph 03 687 2303 | Fax 03 688 2309 | Mobile 022 657 5542

Email: scallander@scdhb.health.nz

Primary Care Interim Alliance Nomination Form

- Nominations close 9 November 2015
- One nomination form per practice
- Practices can nominate their own employees/owners
- Elected representatives will be those with most nominations, in the unlikely event of a tie it will be decided by coin toss
- No discussions will be entered into and nominations remain confidential

Nominations:

_____ (practice name) nominations for representatives on the Primary Care Interim Alliance are:

General Practitioners /Nurse Practitioners (up to 4)

Practice Nurses (up to 2)

Non-Practicing Business Owner/Practice Manager (up to 1)

Signed, Practice Manager

Name: _____

Date: _____

Sign: _____

Please send completed nomination form by 9 November to the Business Services Manager via email, post or fax.

Sam Callander

Business Support Manager

Primary Care

Private Bag 911, Timaru

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Email: scallander@scdhb.health.nz