



The PHOnetic
For anyone interested in primary health

TPHO's Fortnightly Newsletter,
Issue 22, 14 Nov 2007

**Johan's Angels
Boosting GP
Numbers, E**

A PHOnetic Feature by Clare Webber

Gisborne is the place to be for career and lifestyle choices, according to three young Turanganui PHO doctors who spoke to the PHOnetic about why they love being a part of our community.

Sarah Callaghan, Katrina Kirikino and Anna Harris are recent medical graduates who, in the case of Dr Callaghan and Dr Kirikino, have returned home to Gisborne to work as General Practitioners. Dr Harris is from Whangarei, but in her own words, is "hooked" on Gisborne.

Taking half an hour out of their busy schedules earlier this week to be interviewed, the three women cause a minor uproar at Kaiti Medical Centre as greetings, welcomes, hugs and catch-ups are bandied about between the three and other medical staff.

The genuine friendships and mutual respect between these exuberant young women and the other staff are obvious as Dr Johan Peters watches over his "angels" with obvious pride.



General Practice beckons Anna Harris, Sarah Callaghan and Katrina Kirikino, pictured here with mentor Johan Peters. Photo: Clare Webber.

With ever increasing media focus on the shortage of GP's in New Zealand, these three women are bucking the trend, and the Gisborne community will be the hands-down winners.

Under the guidance of mentor Johan Peters at Kaiti Medical Centre, the women are currently working as GP locums. Dr Callaghan and Dr Kirikino have also worked as locum GPs at KMC at different times in the past couple of years.

Youth, beauty, enthusiasm and fun aside, the women bring real benefits to KMC and the wider community, Dr Peters says.

Attracting young doctors like these to Gisborne is important. "The new generation has a new way of doing things, they have a breadth of experience and they embrace change.

"For this new generation, the idea of solo GP practitioners has gone and group practices are the way of the future," he believes. "Which is a much healthier way of working – as part of a team environment and with more freedom for an enjoyable lifestyle outside of being a doctor. "Nationally we have an aging workforce. We are failing to recruit sufficiently and those we are recruiting are working fewer hours. "At Kaiti Medical Centre we have created a team environment for these new young doctors and hopefully a reason to come back here."

While attracting GPs to the region was important, the benefits of attracting young doctors "born and bred" here is invaluable, Dr Peters believes. "Because two of these doctors come from Gisborne they have a relationship with, and an understanding of, the community they are coming into," he says.

"These women are part of this community and are able to engage and communicate with people in a way other people would take years to develop."

Dr Kirikino agrees, saying she often spends the initial five or 10 minutes of a consultation working out family and friend connections. "It often makes people feel comfortable and we are able to break down that first barrier and go on to develop a good relationship."

Dr Callaghan also values making connections with patients in the Gisborne community. "Working here as a GP you see the same people and can really make a difference in their lives, initiating lifestyle changes and following them through."

While the three doctors are still enjoying opportunities to travel, both in New Zealand and overseas, each believes it is likely they will return to Gisborne to complete the GP training scheme.

Dr Kirikino and Dr Harris plan to return in 2009 to commence the training programme, and while Dr Callaghan has not yet firmly decided on her future training, she says the work and experience she is getting at the moment is all geared toward becoming a GP in the future.

While many young professionals leave Gisborne to study in the big centres and end up staying there for many years, these women are not short of enthusiasm when it comes to describing the attractions of working in Gisborne.

"I have been looked after really well and feel really appreciated in the group practices here, Dr Callaghan says.

"The senior GPs in Gisborne are really knowledgeable so we get a lot of support and can bounce ideas off

Community News

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Tairawhiti District Health Board Meeting, Tuesday 20 November, 9am, Morris Adair Building, Gisborne Hospital.

Hospital Advisory Committee TDH Hospital Advisory Committee meeting, Monday 19 November, 1.15pm, Morris Adair Building, Gisborne Hospital.

Community and Public Health Advisory Committee/Disability Support Advisory Committee Tuesday, 27 November, 12.30pm, Morris Adair Building, Gisborne Hospital. Open Forum: "If smoke could talk" - A Tobacco Control Strategy for Tairawhiti". Guest Speakers: Dr Ashley Bloomfield (Chief Advisor Public Health, Ministry of Health), Dwayne Tamatea (Population Health Manager, Turanga Health), Marina Ngatai (Ngati Porou Hauora Smoking Cessation

each other which is great.”

“But also, I just love Gizzy, which makes it really easy to come back.”

Dr Kirikino has worked on and off in Ireland over the past few years, but says she also loves Gisborne. “I love my home, and I haven’t managed to stay away for more than nine months at a time.

“Working here as a GP you have that continuity of care rather than getting just a snapshot, and you become part of people’s lives, almost like part of their family and that is really special.”

Dr Harris says while Whangarei and Gisborne are similar in many ways, Gisborne wins every time. “Friendship and sunshine” were real attractions to Gisborne, she says.

While it is obvious these young doctors enjoy a less serious, fun-filled life alongside their careers, Dr Harris has taken that fun to a whole new level, recently opening costume hire business Velvet Arrow in the Poverty Bay Club with two friends.

Heading overseas at the end of this year, Dr Harris plans to return mid next year to juggle the unlikely co-careers of GP and costume hire.

Anyone for a game of doctors and nurses dress-ups?

Coordinator, Ngati Porou Hauora PHO)

Visit www.tdh.org.nz for all TDH meeting agendas.

General Practices, Are You Ready for an Emergency?, PM



Steve Hooper expects General Practices to be ready to cope with disaster - but what about a district-wide response? Photo: Hayley Redpath.

answered.”

In the event of an emergency are the district’s general practices and medical centres ready to respond? That’s what Tairāwhiti District Health’s Emergency Management Planner Steve Hooper wants to find out during a series of meetings with Practice Managers this month.

Practice Managers can expect a call from Steve over the next two weeks as he works to create a common template outlining the basic response activities and an action plan for each practice in the event of an emergency.

Steve expects most general practices will already have an emergency plan in place and he congratulates staff for the work that has already gone into those. However, as a result of a Government directive he must now look to strengthen district-wide planning in the primary sector and ensure the practices haven’t left anything out.

“When things go wrong the Government requires an assurance that the Practices can continue to provide a service. If there is no power, if there is a major natural event, are you ready? That’s the bottom line. What services might you continue? Which would stop? How many staff would continue working? Would any? With only 32-odd GPs in the district, as compared to say Waitemata where there are 400 GPs, these sorts of questions have to be asked and

After meeting with the practice managers Steve can then create a common template for general practices to work from during a response. The template will allow for individual general practices to add their own responses. It will become a useful addition to their current plans as well as ensuring the district meets its legislative requirements.

Steve has a number of years experience in emergency planning and response. He recently wrote Tairāwhiti District Health’s Emergency Plan, and its Pandemic Plan. Before that he had 32 years in the New Zealand Police Force with the last five in operational planning.

Steve says he will contact Practice Managers in November and make appointments to see them some time before Christmas. He assured the Practice Managers he needs no more than an hour of their time, and that he will do all the writing! Steve encouraged the Practice Managers to discuss any other emergency planning issues within their own practices.

For further information, or if you need to get in touch earlier, Steve can be contacted via email at steve.hooper@tdh.org.nz or on 869 0500 x 8715, or 021 268 9556 .

TPHO Turns Five - Views and Vexations, E

Turanganui Primary Health Organisation turned five years old last month. While this milestone passed largely unnoticed The PHOnetic thought it fitting to give three members of the district’s health sector an opportunity to voice their views, vexations, and various success stories from the past five years.

See what Turanganui PHO CEO Keriana Brooking, Tairāwhiti District Health CEO Jim Green, and Palliative Care Counsellor Dick Johnson have to say about the PHO’s first five years.

Keriana Brooking: Turanganui PHO CEO

On the early days

Turanganui PHO officially took shape 1 October 2002 but I didn’t start until May 2003. There was no staff before that. There were no policies at an operational level, I basically walked into an office and turned the lights on. Actually, for the first eight weeks I didn’t have an office! One of my first jobs was to find one.

A series of firsts

We were in the first batch of PHOs created. The only two before us were pilot PHOs. And we were the first PHO that had an independent practitioner association as part of it. Most other PHOs were community cooperatives, organisations that employed their own staff, like Ngati Porou Hauora PHO.



**Keriana Brooking, CEO
Turanganui PHO**

The fact that we were fifty fifty owned by the practitioner association (First Health) and iwi (Turanga Health) was also unusual. But this model can be viewed as a success as it hasn't fallen over even with the exit of First Health.

The Rubber Hits the Road

On October 1, 2002 I was actually acting Primary Care Manager at Tairāwhiti District Health and it was my job to make sure the district's PHOs were actually set up. It was difficult times. The Government had given us policy, but there was no substance as to how the rubber was going to hit the road. Every time we wanted to do something we had to have multi conversations with the district health board, the Ministry of Health, providers, and myself. We were always testing the boundaries of what was acceptable.

Fees Review Tests Relationships

One of the difficult times of the past five years was the fees review. I'm proud of the fact that Turanganui PHO demonstrated that the original fees review process didn't work. In 2005 our GPs wanted to put their fees up. They were not allowed to and we moved to a fees review process with the district health board. We seriously tested the relationship between ourselves, the GPs and Tairāwhiti District Health. We took everything to the wire. If anything positive came out of that time, it was that we showed that what looks good on paper doesn't necessarily look good in action. We were one of the only PHOs in New Zealand that went through that process. It cost us between \$20,000 and \$30,000 and monopolised our time in 2005. Service delivery development was paused while we went through that process. I would never want to go through that process again. It caused far too much disruption for the end result.

On Relationship with GPs

I hope that the GPs find me personable and credible, enthusiastic and pragmatic, and a reflection of the PHO itself. I feel that the GPs as a rule can separate out myself from the argy bargy that goes on. On the whole we are an organisation that the GPs didn't need, but now I don't think they mind having us around. It's about striking a balance, and not being intrusive and a nuisance.

On HealthRight

HealthRight is shaping up to be a potential legacy gift from Turanganui PHO to the community. Something has to change because clearly the health sector isn't meeting the needs of the population as evidenced by the health statistics. We don't need to change the whole health sector. We don't need to turn it on its head. But it needs to be flexible, and HealthRight is the vehicle to do that. The health system isn't the be all and end all for managing a person's health. HealthRight is a service delivery mechanism for a number of players in the wider community. HealthRight has the potential to encompass more than just health issues when it comes to ensuring a person is well. If HealthRight is the vehicle for the patient then we still need the road, the licence, the warrant of fitness!

The next five years

I want a more organised primary sector. What I mean is that if someone is suffering from X, Y or Z, they can rock up to any part of the primary sector and that contact is the doorway into primary health and the solutions that can be offered.

I also want more qualitative information on the services offered from the providers' and consumers' point of view so we can make sensible decisions about programme design. At the moment all we have is anecdotal information and I believe they reflect blips, and not the market as a whole.

And I would like to see targeted professional development across the primary sector. That means more integrated training. So its not just say, the kaiawhina going to a training course on something, it's the whole team. This district can be a centre of provincial excellence. People do not have to think they will get second rate care because they live ...here. And for service provision staff we can offer lifestyle and a high level of professionalism.

Jim Green: Tairāwhiti District Health CEO

Significant but awkward

On the occasion of TPHO turning five my thoughts went immediately back to the ceremony on the marae that heralded the start of TPHO. It was important to be there to witness the event, to feel the weight of the ceremony that unfolded, especially the beauty and significance of the taonga that was presented to mark the occasion. I felt at that time that the partners appeared awkward in their new relationship but that this was to be expected given the leap of faith that was being taken by all. The concept of PHOs, the accompanying Primary Health Strategy, let alone the partnership itself, were all new parts of primary care with TDH as a part catalyst in an organisation that was hardly much older – TDH celebrates its 7th birthday on the 1st of January.

Solid foundation

The whole thing could have floundered and failed. It was never going to do that because it had been built on solid foundations of mutual respect and understanding with people determined to make a difference. While there have been undoubted highs and not so highs over the last five years, anyone can see that TPHO has gone from strength to strength. The major plusses for me as the DHB Chief Executive are the strengthening of primary care that has occurred, the integration across the primary sector, the developing alignment with the PHOs and the very strong platform for the next phase of improved integration between primary and secondary care. Our aims as a DHB, together with the community's requirements for primary care, could not be met in a better way when it comes to driving forward gains for all people in our community in terms of their health, most importantly those people with the highest inequalities in health.



**Jim Green, TDH
Chief Executive**

Staying close to GP opinion

Of course I am not naïve enough to believe that there are not tensions and ways in which the component parts of TPHO could be working to improve the integration that already exists. I have been able to regularly have dialogue with Keriana on the progress of TPHO and how it relates to TDH as well as attend TPHO Board meetings to hear first hand the strategic direction being charted by the TPHO Board. In my contact with GPs over the years it has been clear that a challenge is ensuring that both TPHO and TDH never get far from GP opinion. In that same vein none of us involved in primary care – be it as a provider or a funder – can afford to lose sight of what we have in common – all the constituent parts, all having value to add for the overall goal of improved health for all.

Making TPHO a success

So in wishing TPHO a very happy 5th birthday I add to that by thanking everyone involved for the contribution they have made to making TPHO a success. Five years is actually a long time in health and so much can be achieved which is what you have shown. However the momentum and expectations are picking up so that when the 10th birthday celebrations come around I am confident we will have seen very much more out of TPHO. On behalf of the Tairāwhiti community, thank you in advance for that too.

Dick Johnstone: Counsellor for Gisborne Palliative Care Services, Counsellor/Educator for the New Zealand Gambling Foundation, Gisborne.

More visible, available and responsive

This five year anniversary gives us an opportunity to reflect on the introduction and development of innovative good health measures without which, isolated, unique Tairāwhiti would have been sadly deficient.

Thanks to the efforts of Turanganui PHO we now have a more visible, available and responsive community health service focussing its efforts on



Dick Johnstone with "spoodle dog" Rocky

wellness and not just sickness.

On Turanganui PHO's CEO

Since its inception Turanganui PHO has provided us with a transformed and still changing health atmosphere opening up useful opportunities in its short five years. Its CEO is to be applauded. Some CEOs have the rare combination of overview, and accurate searching insight. Keriana Brooking has proven to have that combination, along with the talent, courage and determination to target well, and push firmly for what she sees as necessary and appropriate.

Facilitation of diverse services has helped answer the district's diverse needs – not only for the Tairāwhiti public and its health requirements, but also for primary and secondary health organisations and their personnel.

Difference in GP services amazing

It is in the latter that I have noticed the innovative developments, which is I guess where it should be most apparent. The difference in GP services has been amazing. Their services are wider and broader as a result of targeted up-skilling and streamlining to deal with the ever-growing needs of a longer living and more adventurous public.

GP services and their related health avenues are so much better applied and therefore appreciated than at the beginning of this century. Developing liaison and targeted inter-linking contributes to the growing overall quality of health services.

Successful community initiatives

Community initiatives have been equally successful. It is good to see previously neglected prevention and early intervention stages of a decidedly lopsided health continuum (substance use and abuse and other behavioural health fields for example) getting specialist attention at long last.

A hospital, with its inpatient and outpatient services, hits many attitudinal and practical barriers, and with parallel rather than complementary primary services it is operationally even more "stuck" and inadequate. With its complementary rather than just parallel approach, the Turanganui PHO has "unstuck" the overall situation leaving us all in a much healthier situation.

Congratulations, Happy Birthday and Many Happy Returns.

Turanganui PHO pipped in Workplace Challenge

Turanganui Primary Health Organisation has come fifth during this year's Sport Gisborne Tairāwhiti Workplace Challenge.

The winning workplace was Turanga Ararau followed in order by BDO Spicer McCullochs, Coates Associates, Sport Gisborne Tairāwhiti then Turanganui PHO. The Vanessa Lowndes Centre, which is part of Turanga Health, came sixth, with the Corrections Department seventh.

Congratulations to everyone who participated.

Page last modified on November 14, 2007, at 09:38 AM