Porirua Union Community Health Services (PUCHS)

PUCHS is a not for profit, incorporated Society committed to providing quality primary health services that are affordable, accessible, and appropriate for all members. PUCHS has recently joined Compass Health PHO and is a member of Healthcare Aotearoa. All GPs are salaried. Charges for adults have recently been increased to $15 from $10 for a GP visit and no charge for visits to other health care team members.

Enrolled population approx. 5000 – Maori, Pacific, new migrants, refugees (600). 92% of population are in quintile 5. Many of the people who work often have 2-3 jobs. PUCHS serves a young population, approximately 1000 youth plus 1000 babies and young children – mostly with young mothers.

Building the right team for the job

Over recent years the leadership team at PUCHS have worked towards building a team with a cultural and skill profile that matches and meets the needs of its enrolled population. Additionally, and in recognition of the fact that their patients do not have the resources to travel to hospital and other clinical services, there are a range of service providers who visit regularly as part of the PUCHS 'extended team'.

Leadership Team: Ioana Viliamu-Amusia (Clinical Coordinator), Hiueni Nuku (Manager), Jacqueline Ward (Senior Administrator) (Dr Bryan Betty (GP) absent).

The PUCHS team

PUCHS employ a team of GPs, nurses, reception, and admin staff as well as a Community Health Worker, a Cross Cultural Worker, and a Social Worker.

More recently a Healthcare Assistant has been employed as part of the Healthcare Home initiative. This is a part-time role undertaking tasks such as ordering stock, doing patient recalls, restocking consultation rooms etc. This has released a lot of the nurses' time as these tasks used to be carried out by them.

Community Health Team

Te Au Marama was the first member of the community health team to be appointed. At the time that this role was established, there were a few Community Health Workers in the Wellington region but they were usually linked to specialist services with defined roles serving a particular population. Te Au and the team knew that a flexible approach that links the clinical team with the community as well as bridging the gap between health and social care, was what was needed. They asked the patients what they wanted and that became Te Au's job description. The role has grown over time and two other roles have been added to the Team.

This case study was developed as part of the Self-Management Support in Primary Care Project by Health Navigator Charitable Trust and Health Literacy NZ, August 2017.
View more case studies and project resources at: www.healthnavigator.org.nz/clinicians/s/self-management-support-project/

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These new roles have enabled PUCHS to build capacity and better meet the needs of their large refugee *(Jacqueline Biggins, Cultural Support Worker)* and youth *(Melisha Isaako, Social Worker)* populations.

In addition to their work with people and their families, The Community Health Team support the delivery of group Self-Management Education and have developed other group programmes.

They have also worked with organisations such as Brainwave Trust and Literacy Aotearoa to develop programmes tailored to meet the needs of their community.

The 'Extended' Team

PUCHS have many specialist health workers who come in to the clinic on a regular basis. The range of external specialist input reflects the needs of the relatively young enrolled population and an adult population carrying a higher than average burden of chronic disease.

Team members include:

- Pacific Health Navigator (see related case study) calls in once each week to talk to staff and pick up a list of people who need following up or who have not attended appointments.
- Pharmacist (see related case study)
- Dietitian – employed by PHO attends clinic twice each week
- Podiatrist – sees diabetes patients for no charge and sees non-diabetes patients for a nominal $3 charge
- Physiotherapist
- Hearing therapist
- Midwifes
- Mental health counsellor
- Smoking Cessation specialist half a day two times per week
- A GP with special interest runs a monthly minor surgery clinic and a medical specialist from the hospital also runs a monthly clinic.
- Jeremy Krebs, diabetes specialist attends every two to three months and participates in a multidisciplinary clinical meeting followed by a clinic.
- A nurse practitioner child health, visits once every two months to provide ongoing education to the nursing team and to see patients with persistent problems. Main problems are skin infections, respiratory problems, and sleep.

Learn more

- Visit their website to find out more about Porirua Union Community Health Service
- View the related case studies and resources in the Self-Management Support Project section.

Acknowledgements

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