

MINUTES

HAWERA HOSPITAL COMMUNITY COMMITTEE

27th May 2010 Staff Library, Hawera Hospital

PRESENT: Neil Walker, Jenny Nager, Gill Campbell, Ken Horner, Keith Blayney, Brenda Sturgeon, Warren Nicholls, Joy Farley.
Observer: Mary Bourke

MINUTE TAKER: Linda Smith

	ACTION/DECISION
1.0	<p>APOLOGIES</p> <p>Ben Nieuwoudt, Ross Dunlop, Rosemary Clements.</p>
2.0	<p>PREVIOUS MINUTES</p> <p>Minutes read and discussed from meeting held on 28th October 2009. No meeting held in December as not enough to form a quorum. Next scheduled meeting in February 2010 cancelled due to lack of numbers able to attend. The minutes of 28th October 2009 have now been published on the TDHB website (an error around these minutes only just brought to our attention).</p> <p>Matters Arising –</p> <p>Workforce Plan– Neil stated that after the initial meetings nothing has happened since he and Gill met. He had advised that there were a number of people in Sth Taranaki who had trained as Doctors but were not registered. Gill advised that Charles Hunt had contacted GPs, provided them with all the information around training and access to supported training programmes but in the end it was up to them as individuals to progress any actions. Joy commented that TDHB can't progress the application to Medical Council unless the person is agreeable. Neil felt we needed to be proactive and would like to see this Committee do something, take the initiative, encourage and support. There are others in the community willing to help. Warren said he has had some experience with migrant doctors seeking to work in New Zealand and they recognise the amount of training required to become eligible to work here. Mary enquired about the financial support offered as she understands this is hugely expensive. Joy stated we give support, not a specific dollar amount, but offer a job, training, course fees etc.</p> <p>ED Co-location – The model of care agreed will be implemented by next month this will see the emergency service and the inpatient ward co-locating at night in the next month. There has been a room specifically set up in the Ward duplicating what is currently in Resus now. Will be using the existing triage and waiting rooms, and have the ability to isolate problem patients. There will still be an ED After hours service with no change to what is occurring now except the location from 2300hrs – 0700hrs. Dates have not been set due to various delays. Keith commented that the GPs want to know what to tell their patients and have some communication around this. Joy will get Sue Carrington to put out a communication around this.</p> <p>Brenda was asked from a nursing perspective how staff were feeling. Brenda said that</p>

staff had low morale and were extremely concerned re safe staffing levels. The staffing model that has been confirmed is at night there are 3 Registered Nurses, 1 designated Transfer Nurse until 0230hrs who can be utilised in the department if not on a transfer, plus a Health Care Assistant. Brenda said this was not her understanding. Gill confirmed the numbers as above, Gill and Brenda will meet to discuss so that correct staffing numbers are circulated to staff. Gill is in the process of putting together a newsletter to send out to staff. Joy identified the appropriate channel to take these concerns to. Neil advised he thought the committee members should be free to raise any issues they wish.

Previous minutes moved by Ken Horner, seconded by Jenny Nager.

3.0

GENERAL BUSINESS:.

TERMS OF REFERENCE – Due to be updated.

Item 1 – Keith asked is the Pisk Report still relevant? What is the model of care recognising that today’s environment has changed from when this report was done. Joy advised that a position paper had gone to the Taranaki DHB late November 2007 that addressed this issue and that it had been endorsed. However given this item formed part of the TOR she undertook to raise this to the attention of the CEO

Items 2,3,4 – Keith asked if there has been a change in the function of this Committee and if it is still worth having these meetings. The majority of the Committee felt frustrated at the lack of communication to this group. It was noted that it had been some months since a full meeting had been held and this had not helped. Joy said unfortunately a lot of what is currently happening with staff resignations and changes to the ED and the various projects has occurred since the last meeting in October 2009. Warren suggested regular project updates be sent to the Committee. Keith still felt that the minutes from these meetings should go to the Board. The Committee would like more information and maybe involvement about projects that could have an impact on Hawera Hospital, i.e. Project Splice. Joy acknowledged that a lot of GPs were not sure about the implications of Project Splice and there needs to be more robust communication around this. Development of an implementation plan is underway that would address this. She asked what the committee would like to occur and whether we wanted to have monthly meetings instead of bi-monthly. The Committee felt an email to the group on a regular basis around any relevant issues should be occurring. Joy will take the concerns raised by the Committee back to the CEO for his direction.

WORKFORCE

Midwives - Joy stated that the shortage of midwives is critical. Currently looking at what options available to manage this situation.

GPs – still a shortage. Committee feel the Board should be proactive in bringing in graduates from overseas. Joy commented have done this in the past, but doctors still move on for various reasons. The bonding scheme will help with the next round of NZ graduates.

Hospital doctors – Gill said 2 doctors have moved from Hawera Hospital to work at SouthCare doing the GP training. Even though with our permanent doctor leaving in June, we have a group of consistent staff (medium term locums, regular casual locums, GPs with ED experience who cover at weekends, plus some Base ED doctors and Medical Registrars). Joy confirmed the Board is aware of the difficulties in recruiting doctors. Keith identified his view that more NZ trained doctors should be targeted and enquired if the incentives were good enough. Joy replied saying we contact all House

Surgeons and offered them support and opportunities to remain in Taranaki, but there are other factors that come into their decision as to whether they wish to work in Taranaki. Warren said Ruanui had been reliant on locums, but there has been some continuity with 6-12 month locums. The Iwi have been investing heavily into Medical Students. Joy said the Medical Council visited last week and were very positive around the variety of work and training opportunities.

HAWERA HOSPITAL

Still a lot of Triage 4 & 5 patients presenting to ED during day time hours. Problem accessing their GP for appointments. Keith commented that if we can get the days sorted for patients so they can get appointments with the GP, this will allow the Emergency Department to function as it should. Joy remarked that with the appointment of a full-time Maori Health Worker to Hawera Hospital, this should help by getting those patients presenting to ED on a regular basis into a GP practice. Many think they are registered with a GP but don't realise they have to re-register on a regular basis.

Questions about effect of Project Maunga on Hawera Hospital with extra beds proposed. Joy confirmed they are not coming from Hawera Hospital. Extra beds are for the long term and unlikely to be all commissioned at once. She also confirmed Project Maunga as a province wide development that had implications for us all with new Models of Care and future proofing around beds and processes.

The report from Midland on Integrated Family Health Centres came through expressions of interest to the Ministry of Health. Stratford, Patea, Hawera, Waitara and Carefirst in New Plymouth had been identified as Integrated Family Health Centres. It is Hawera identified as an Integrated Family Health Centre, not Hawera Hospital. This is being lead by the GPs and PHOs.

It was indicated that there is a level of paranoia in the community around Projects Splice and Maunga, the permanent doctors leaving, what's happening at the hospital with staffing and co-locating of ED at night. Joy can forward copies of the Business Case and Project Splice to the committee members. Joy is happy for the committee members to have access to her regular reports to the Board.

Discussion held around devolving secondary services to primary care and what that means.

Gill to have a discussion with Ken Horner at a later stage around charitable trusts. Ross Dunlop has suggested setting up a trust as has members of the community wanting to support new and existing medical staff in South Taranaki. Joy suggested a trust like the one set up in Stratford.

Joy confirmed the helicopter service is still continuing, but operating from the Port. If there is an emergency the helicopter can use the Base Hospital helipad with special permission.

In closing Joy stated she will get a directive from the CEO around these meetings and the issues raised.

NEXT MEETING: 29TH JULY 2010, 1230HRS, STAFF LIBRARY, HAWERA HOSPITAL