TARANAKI DISTRICT HEALTH BOARD

TO Chief Executive and Board

FROM Sandra Boardman, General Manager
Planning Funding & Population Health

DATE 2 September 2011

SUBJECT South Taranaki – *Alive with Opportunities for Better Health Care*

MEMORANDUM

1.0 EXECUTIVE SUMMARY

This report presents the outcome of the South Taranaki Alive with Opportunities for Better Health Care Project, which brings together a number of actions signalled in the 2010/11 District Annual Plan. The process undertaken is described, including the outcome of a public consultation exercise. Eleven recommendations are made for Board consideration, including actions to deliver improved services for people in South Taranaki and mechanisms to assist the DHB in engaging in future planning activities with the South Taranaki community.

2.0 RECOMMENDATIONS

In considering the recommendations of the report, Board members are also asked to consider the feedback to consultation previously circulated.

No.	Recommendation	Reference
1.	That the DHB noted that Clinical risks identified with current services are being addressed by Chief Medical Advisor and General Manager Specialist Services, with progress against the corrective action plan being reported through the DHBs usual risk management framework.	Section 5.4
2.	That further work is undertaken with clinicians, the Council and community groups to develop a description of what an integrated model of service delivery would look like from a patient perspective.	Section 5.5
3.	That TDHB works with the Midland Health Network, the National Hauora Coalition, education providers and professional bodies to establish and maintain a suitable medical workforce to support the future model of service delivery.	Section 5.6

No.	Recommendation	Reference
4.	That the DHB consider better mechanisms for engaging with the South Taranaki community, to ensure regular and ongoing community involvement in service planning and increased community understanding of health issues. This could include the establishment of a community reference group, with representatives from all South Taranaki communities; or ongoing engagement with existing community groups. The community engagement mechanism would be the means by which the Steering Group would judge community views and understanding of health issues.	Section 5.7
5.	A Clinical Forum is used to explore different views of all clinicians working in South Taranaki on outstanding issues, with a view to reaching mutual understanding of issues and agreed patient pathways. The Clinical Forum would engage directly with the Steering Group to ensure an understanding of the rationale for clinically driven service change.	Section 5.7
6.	That the DHB establish an agreed mechanism, with Te Whare Punanga Korero and Iwi, for ongoing engagement in service planning.	Section 5.7
7.	That a Steering Group be re-established on alliance principles comprising 8 – 10 members, including 4 -5 clinical members, with the skills, expertise and accountability to work with the DHB in leading planning of changes to service delivery in South Taranaki.	Section 5.7
8.	That the DHB undertake a Health Impact Assessment to mitigate the risk of service changes leading to an increase health inequalities for Maori and others with high health needs.	Section 5.8
9.	That the DHB consider the two recommendations of the Steering Group, noting that the first recommendation is incorporated in the implementation plan.	Section 6.0
10.	That the DHB support the implementation plan outlined in section 8 subject to further development and assessment of the practicalities of implementation	Section 8.0
11.	That the DHB note that the proposed implementation plan will not contribute to the DHBs financial savings target.	Section 9.0

3.0 INTRODUCTION

The starting point for South Taranaki – *Alive with Opportunities for Better Health Care* (Alive with Opportunities) Project was the 2010/11 District Annual Plan (DAP),which described the ongoing challenges faced by Taranaki DHB and planned actions to address those challenges. The DAP noted

that forecast demographic change suggested that Taranaki would continue to experience lower population growth than the national average. As a consequence the DHB would experience a lower funding path. The DAP signalled a number of service changes, these included acute inpatient and Emergency Department reconfiguration, linked to the lower funding path. The benefits of the reconfiguration being that patients would be admitted directly to the most appropriate facility; patients would receive good primary and ongoing support in the community; there would be a reduction in expenditure on specialist services; and an increase in the range of services available in the community. Another service change signalled in the 10/11 DAP was devolution of services to primary care aimed at more seamless services delivery and reductions in waiting times and improved access. Whilst not linked to the lower funding path, the DAP noted that these service changes must not drive an increase in total service costs. Plans for the implementation of Project Splice were also detailed in the DAP, aimed at keeping older people and others with chronic disease as healthy as possible in their own homes. Two Better, Sooner More Convenient business cases including Taranaki providers were approved for implementation by the Minister of Health.

All of these changes come together in South Taranaki, with the potential to significantly improve services for that population but also with the risk of further service fragmentation and gaps. Planning therefore began to pull together these and other strands of work into a single sector wide review of services for people in South Taranaki. In March 2011 the Board endorsed a Project Management Plan for "South Taranaki Alive with Opportunities for Better Health Care". This whole of system review of services for people in South Taranaki was aimed at delivering the same or better quality care; having the right services in the right place at the right time; and making the best use of all health sector resources.

4.0 TIMELINE

4.1 February 2011

A Rapid Health Profile was completed by the Public Health Unit.

4.2 March 2011

The Bishops Action Foundation completed a report detailing the results of a Community Engagement exercise where patients and the public were asked their views on current health service provision and future health service requirements.

4.3 April 2011

The South Taranaki Project Manager completed a postal survey of businesses seeking feedback on current service delivery and future health service requirements.

4.4 April and May 2011

A three day workshop was held at the end of April with Clinicians and managers of services in South Taranaki. Of the 50 people who participated in the workshop 58% delivered clinical care in South Taranaki, 37% managed local health services and 5% represented Iwi or the community. The workshop participants looked at innovative models of service delivery, considered lean process principles, mapped a number of current patient pathways, identified where improvements could be made, and designed a future draft state around prevention and screening, assessment triage and emergency, diagnostics and specialist assessment, and treatment rehabilitation and follow up. Despite best efforts, including offers of backfill funding and locum support only one GP attended the workshop. Two further meetings were therefore held with GPs Hawera Hospital Doctors and DHB Specialists during May to discuss the outcome of the three day workshop and other models of service delivery.

4.5 June 2011

A proposal for public consultation was written by the GM Planning, Funding and Population Health. This proposal built on the design developed during the three day workshop and incorporated aspects of alternative models suggested by clinicians. (Appendix 1) The proposal was considered by the Steering Group and amended in the light of feedback prior to being released for consultation. Whilst the Steering Group agreed that the proposal should be released, it should be noted that the proposal were not supported by all Steering Group members. The main driver for proceeding to consultation at that time was the level of concern, about the possible outcome of the project, expressed by both Hawera Hospital staff and the community. The consultation proposal included a structured questionnaire, aimed at ensuring that feedback could be analysed by key themes. The design of the questionnaire was reviewed by the independent evaluators prior to being finalised.

4.6 July 2011

Public consultation was undertaken between 4 July and 4 August. A presentation about the proposed changes was given to public meetings across the South Taranaki District and to a number of community groups.

On 27 July the Minister of Health met with DHB Board members and managers, DHB Specialists and members of the Steering Group to discuss the project. He also toured Hawera Hospital and spoke to staff. Minister Ryalls concluding remarks to the Steering Group were:

"The government's view is:

- *We're determined to have a long term solution that puts the annual argument of Hawera Hospital aside, and has a sustainable solution for people in South Taranaki.*
- *I cannot envisage a service where Hawera Hospital doesn't have an integrated role with the rest of the services in South Taranaki.*
- *I encourage the Steering Group to continue to work with the District Health Board to come up with a sustainable solution.*
- *The bottom line is whatever you come up with has to enjoy both community and clinical support. I won't approve anything that doesn't."*

4.7 August 2011

The Expert Review Panel visited Taranaki on 18 and 19 August. They were briefed by the Project Team, members of the DHBs Executive Management Team, Specialists, Board members, South Taranaki Doctors and the Steering Group. The Panel also visited Hawera Hospital and Southcare Medical Centre, speaking to staff. The Panel had access to all project information and documentation.

The Steering Group considered consultation feedback, the evaluation report and a financial analysis of the consultation proposal at a meeting on 29 August.

5.0 RESULTS OF PUBLIC CONSULTATION

5.1 Process

The objective of the consultation process was to seek wider public and clinical feedback on proposals for future health service provision in South Taranaki.

Nine public meetings and seven community meetings were held during the consultation period. Attendance at these meetings was 3186 with a number of individuals attending more than one meeting. Consultation questionnaires were distributed widely across communities by a number of mechanisms and were able to be submitted either in hard copy or via the internet. In total there were 374 questionnaire responses, along with 135 letters of feedback. Analysis of feedback shows

that all communities in South Taranaki contributed feedback on the proposal. Feedback was also received from both individual and groups of clinicians.

The Project Team is satisfied that the consultation process met its objective.

5.2 Evaluation Report

Two weeks after the close of the consultation period a report, *Proposal for changes to Health Service Provision in South Taranaki: An analysis of the community consultation feedback,* was received from the Research and Evaluation Service Consultants. A copy of the report was sent to Board members on 22 August, with copies of all feedback received during the consultation process.

5.3 Consultation Feedback

The results of consultation are summarised in Appendix 2, these are cross referenced to the recommendations of the Steering Group.

In addition to comments on the proposal, a number proposals contained suggestions for improving health care services in South Taranaki.

These include:

- Services which could be provided at Hawera Hospital rather then Base Hospital, including a wide range of nurse lead clinics
- Additional mental health support roles for both GPs and Hawera ED
- Alternative numbers and configurations of beds at Hawera Hospital
- Recruitment and retention support for GPs
- A range of community support ideas, including training first aid responders in isolated rural communities
- Public and patient information services
- Public private partnership models
- Alternative funding sources

A data base has been produced to enable all ideas gathered during consultation to be used in the future to further improve future health service delivery.

5. 4 Clinical Risk

A number of areas of clinical risk relating to current service provision were identified by Senior Medical Staff of the DHB and by the Credentialing Committee, who also identified corrective actions to address these risks. (Appendix 3)The DHB has an obligation to manage these risks as a matter of priority. The Chief Medical Advisor and General Manager Specialist Services are now developing a corrective action to address these issues reporting progress through the DHBs usual risk management framework.

Recommendation 1:

That the DHB noted that Clinical risks identified with current services are being addressed by Chief Medical Advisor and General Manager Specialist Services, with progress against the corrective action plan being reported through the DHBs usual risk management framework.

5.5 Understanding the model

At the proposal development stage of the project, the Steering Group spent some time discussing how the proposed model of service delivery could be explained. The Project Teams proposal to describe the integration of Hawera Hospital, Southcare Integrated Family Health Centre and Ngati Ruanui Whanau Ora Centre as a "Health Hub" was rejected due to concerns about adverse publicity associated with the Hawera Hub. The consultation proposal used the term "virtual core", but both this and the graphic used to explain the model was not clearly understood. During consultation it was also apparent that the public, and to some extent clinicians, view each of the health services as stand alone.

Recommendation 2:

That further work is undertaken with clinicans, the Council and community groups to develop a description of what an integrated model of service delivery would look like from a patient perspective.

5.6 Medical Workforce Issues

Long waiting times for an appointment with a GP was an overriding concern of many respondents. Whilst most proposals for primary care development were supported by respondents, the shortage of GPs in South Taranaki was identified as a key issue for many. The role of PHOs in addressing the recruitment and retention of GPs was not recognised by the public, with the DHB seen as the responsible party. Difficulties in recruiting, retaining and providing clinical supervision for Medical staff at Hawera Hospital were highlighted by DHB Specialists and the Credentialing Committee. As services move towards greater integration, it is important that the DHB and PHOs maximise opportunities for establishing and sustaining a medical workforce with appropriate skills.

Recommendation 3:

That TDHB works with the Midland Health Network, the National Hauora Coalition, education providers and professional bodies to establish and maintain a suitable medical workforce to support the future model of service delivery.

5.6 Hawera Hospital

For many respondents their support for development of primary and community services was contingent on Hawera Hospital "not being downgraded." There appeared to be a lack of knowledge and appreciation by the public of the full range of services provided from Hawera Hospital, with beds being the sole yardstick by which many judge the importance of the hospital.

The need for primary care changes to be seen to work before reducing hospital services was suggested by a number of respondents. At all public meetings there was a lack of confidence in the ability of primary care to improve access to services. A phased approach to service changes was recommended by many. This has been incorporated in the suggested approach to implementation outlined in section 8.

5.7 Lack of Trust

During the public meetings it was apparent that the South Taranaki community did not trust the DHB to have their best interests at heart. There was also a lack of trust expressed between staff in both Hospitals and between some members of the Steering Group and the DHB. However most parties agreed that this is not a helpful situation, for either the community of South Taranaki or the DHB. A desire to work more closely was expressed by a number of community members including members of the Steering Group. There is a need for ongoing engagement and communication with the community and other stakeholders, recognising that operational decisions will need to be made by DHB and other providers to ensure continuity of services.

It is proposed that this ongoing engagement include a Steering Group, Clinical Forum and mechanisms for both community engagement and engagement with Iwi.

Recommendation 4:

That the DHB consider better mechanisms for engaging with the South Taranaki community, to ensure regular and ongoing community involvement in service planning and increased community understanding of health issues. This could include the establishment of a community reference group, with representatives from all South Taranaki communities; or ongoing engagement with existing community groups. The community engagement mechanism would be the means by which the Steering Group would judge community views and understanding of health issues.

There was no single clinical view expressed on three aspects of the proposal: bed requirements and configuration at Hawera Hospital; overnight doctor cover in the emergency department; and provision of emergency medicines at Hawera Hospital. There were differences between the views of visiting specialist medical staff and Hawera Hospital Doctors and some GPs on the first two issues; and different views expressed by nurses and pharmacists on the last issue. Until clinicians have a shared understanding of issues and the need for change, it is unlikely that the public will be convinced of the need for change either.

Recommendation 5:

A Clinical Forum is used to explore different views of all clinicians working in South Taranaki on outstanding issues, with a view to reaching mutual understanding of issues and agreed patient pathways. The Clinical Forum would engage directly with the Steering Group to ensure an understanding of the rationale for clinically driven service change.

There was variable participation by Iwi in Steering Group meetings.

Recommendation 6:

That the DHB establish an agreed mechanism, with Te Whare Punanga Korero and Iwi, for ongoing engagement in service planning.

The size of the current Steering group is too large for effective discussion and decision making. An alliance approach is being used as an effective mechanism for joint planning and decision making by Taranaki DHB and other District Health Board's, with both the Midlands Health Network and the National Hauora Coalition. The foundations upon which these Alliances operate are a commitment to act in good faith to reach consensus decisions on the basis of "best for patient, best for system". In these alliances members agree to conduct themselves and undertake a leadership role in a manner consistent with the following principles:

- supporting clinical leadership, and in particular clinically-led service development;
- conducting themselves with honesty and integrity, and developing a high degree of trust;
- promoting an environment of high quality, performance and accountability, and low bureaucracy;
- striving to resolve disagreements co-operatively, and wherever possible achieve consensus decisions;
- adopting a patient-centred, whole-of-system approach and making decisions on a Best for System basis;
- seeking to make the best use of finite resources in planning health services to achieve improved health outcomes for our populations;
- adopting and fostering an open and transparent approach to sharing information; and
- actively monitoring and reporting on alliance achievements, including public reporting.

The establishment of an alliance to work with the DHB in leading planning and implementation of service change in South Taranaki would increase the effectiveness of governance arrangements and assist in building trust between parties**.**

Recommendation 7:

That a Steering Group be re-established on alliance principles comprising 8 – 10 members, including 4 -5 clinical members, with the skills, expertise and accountability to work with the DHB in leading planning of changes to service delivery in South Taranaki.

It should be noted that there will be a further meeting of the existing Steering Group after the September DHB meeting, to discuss the outcome and ongoing engagement.

5.8 Potential Impact on Health inequalities

A number of submissions highlight the potential for significant service change to widen the health inequalities gap for Maori and others with high health needs. The next phase of work should include a formal Health Impact Assessment, in line with DHB policy.

Recommendation 8:

That the DHB undertake a Health Impact Assessment to mitigate the risk of service changes leading to an increase health inequalities for Maori and others with high health needs.

6.0 Steering Group Recommendations

On 29 August the Steering Group reviewed consultation feedback and considered a project update paper (Appendix 4) and agreed the following:

RECOMMENDATION *(Mr Dunlop/Nga Ruahine – John Hooker)*

THAT the Steering Group recommend to the District Health Board that they support 3.3.1:

- *Extended primary healthcare team*
- *More emphasis on preventative care*
- *GP referrals for CT and MRI*
- *More tests available in South Taranaki*
- *IV chemotherapy at Hawera Hospital*
- *Introduction of Care Manager*
- *Sharing information*
- *More frequent transport to hospital*
- *Retention of maternity unit and visiting obstetrician*
- *Retention of 24 hours ED*
- *Focus ED on delivering emergency care*
- *Provision of an afterhours GP service at Hawera Hospital*

And the following bullet points from 3.3.2:

- *Phone appointments and email consultations*
- *Email and text messaging to contact GP*
- *Telephone and video appointments with Hospital specialists*
- *Kaiawhina support*

And that the Steering Group would like to continue further discussion and take up the offer of support from the Council and other community groups to work through the remaining bullet points including the items included in 3.3.4 which related to other proposals that were received through the consultation feedback. And that the Clinical Forum is used as part of the discussions.

CARRIED

RECOMMENDATION *(Mayor/Mr Walker)*

THAT the Steering Group recommends to the Board that they consider the appointment of a South Taranaki General Manager for total healthcare in South Taranaki.

CARRIED

The Steering Group support for change acknowledged the need for further development, evaluation and assessment of the practicalities of proposed changes rather than automatic implementation. It should be noted that the second recommendation came from community members of the Steering Group, with DHB, Midland Health Network and Ngaruahine Steering Group members abstaining from voting.

Recommendation 9:

That the DHB consider the two recommendations of the Steering Group, noting that the first recommendation is incorporated in the implementation plan.

7.0 EXTERNAL EXPERT REVIEW PANEL

An external expert review panel was commissioned to

- Ensure proposals represent good, safe, clinical practice.
- Ensure proposals reflect efficient and effective use of resources.
- Support public confidence in proposals.
- Identify opportunities for further improvement.

The Expert Panel is chaired by Stephen McKernan , former Director General of Health , who has an in-depth knowledge of the whole health sector. This includes the challenges facing small providers, NGO's, mental health providers, GP's and rural communities. Stephen was born in Northland and his early career, between 1990 and 1998, included responsibility for delivering services to rural communities. He was the Deputy Manager for the Bay of Islands Area Health Services; General Manager for Kaipara Area Health Services; and Group Manager for Public Health, Primary and Community Services which included responsibility for rural hospitals in Northland. Dr Harry Pert , a Rotorua GP, is also a member of the Panel. Dr Pert is the elected President of the Royal New Zealand College of General Practitioners (RNZCGP). The RNZCGP is the professional body which provides training and ongoing professional development for all general practitioners and rural

hospital generalists, as well as setting standards for general practice. Dr Pert is acknowledged by his peers as an expert on all aspects of both general practice and rural hospital medicine. The third Panel member is Dr David Sage, former Chief Medical Officer for Auckland DHB. Dr Sage also has an interest in rural medicine and has undertaken additional study in this area.

A separate report from the Expert review panel will be presented to the September Board meeting by the Chair of the Panel.

8.0 IMPLEMENTATION PLAN

There is both clinical and community support for the majority of changes proposed in the consultation document. Actions to deliver these supported changes are detailed in the following implementation plan. Three parts of the proposal do not have the same level of support: access to emergency medicines; bed numbers and configuration; and over night doctor cover for the Emergency Department at Hawera Hospital. Further work is required to achieve consensus on these issues. All proposals will require further development, evaluation and assessment of the practicalities of implementation to determine whether or not they proceed.

Immediate and ongoing: (September 2011 – February 2012)

These actions should be implemented as soon as detailed development has been completed and practicality of implementation confirmed. Whilst integration with other service changes is essential for these actions, implementation planning can incorporate integration with other services. .

Action	Relevant Elements of Consultation Proposal	Lead/Supports
Implement Project Splice	• Introduction of Care Managers (Nurses or Allied Health)	Lead: DHB/ Support: Midland Health Network & National Hauora Coalition
Develop integrated transport strategy	• More frequent transport to hospital	Lead: Taranaki Regional Council Support: DHB, South Taranaki District Council, WITT & others
Scheduling of appointments and transport to Base Hospital		Lead: DHB
Implement Regional Radiology Referral Criteria	• GP access to CT & MRI	Lead: DHB Support: PHOs

Action	Relevant Elements of Consultation Proposal	Lead/Supports
Expansion of services delivered at or from Hawera Hospital and integration with the rest of the sector. (The objective should be to maintain local access to appropriate and safe services for patients where possible. A priority should be placed on the appropriate and safe over the local where a choice has to be made.)	• More tests available in South Taranaki • IV chemotherapy at Hawera Hospital • Retention of maternity unit and visiting obstetrician • Kaiawhina/Navigator support	Lead: DHB Support: PHOs, GPs, South Taranaki District Council & other community groups
Access to medicines out of hours	• Provision of medicines for emergency and urgent treatment	Lead: DHB Support: Community Pharmacists & PHOs
Health Impact Assessment to assess and mitigate any risk of change leading to an increase in health inequalities		Lead: DHB Support: Iwi &PHOs
Sustainable Medical Workforce for South Taranaki		Leads: DHB & PHOs Support: Professional bodies and education providers

Action	Relevant Elements of Consultation Proposal	Lead/Supports
Health Know How Aimed at • Increasing the knowledge of the community about health services. • Supporting communities to look after their own/ their families health needs • Increasing access to information about health • Developing community support networks		Lead: DHB Support: PHOs, South Taranaki District Council & other community groups

Medium term and ongoing (February 2012 – September 2013)

The change management associated with these actions is significant and implementation is expected to take 12 to 18 months to complete. Whilst integration with other services is essential for all actions, this can be built into implementation planning.

Action	Relevant Elements of Consultation Proposal	Lead/Supports
Implementation of Better, Sooner, More Convenient Primary Care business cases	• Extended primary healthcare teams • More emphasis on preventative care • Phone Appointments and email consultations • Email and text messaging to contact GP • Kaiawhina/ Navigator support	Leads: Midland Health Network& South Care Medical Centre National Hauora Coalition & Ngati Ruanui Medical Centre Support: DHB

Interdependent Actions

The timing of these actions is highly dependant on completion of other activities. Therefore rigorous monitoring of the progress and impact of these activities will be required to determine when the dependent actions can take place. Once it becomes apparent from routine monitoring that service requirements have changed, the issue would come back to the Board for a decision.

Action	Relevant Elements of Consultation Proposal	Lead/Supports
Determine bed requirements and configuration Dependencies: changing clinical practice, management of clinical risk	• 36 hour assessment/observation/treatment beds • Palliative Care beds • Intermediate Care beds	Lead: DHB Support: PHOs, South Taranaki District Council, Community Groups
Determine Emergency Department requirements and configuration Dependencies: management of clinical risk, changing clinical practice, primary care development	• Retention of 24 hour ED • Overnight medical cover for ED • Focus ED on delivering emergency care • Provision of after hours GP service at Hawera Hospital	Lead: DHB Support: PHOs , South Taranaki District Council & Community Groups

Recommendation 10:

That the DHB support the implementation plan outlined in section 8 subject to further development and assessment of the practicalities of implementation

9.0 Implications for Annual Plan Financial Assumptions

Implementation of the consultation proposal was estimated to deliver either $1.2 million or $1.5 million savings to the DHB, depending on whether the palliative and intermediate care beds were located in Hawera Hospital or a rest home respectively.

The cost of the implementation plan outlined in section 8.0 is estimated to be $477,893, of which $148,322 was not budgeted in the 2011/12 Annual Plan assumptions.

Recommendation 11:

That the DHB note that the proposed implementation plan will not contribute to the DHBs financial savings target.

Sandra Boardman
General Manager – Planning, Funding & Population Health

Appendices:

1. Consultation proposal
2. Summary of consultation feedback cross referenced to Steering Group recommendations
3. Clinical risks identified in consultation feedback
4. Project Update Paper from Steering Group Meeting 29 August 2011
5. Financial Analysis

CONSULTATION DOCUMENT

This document describes proposals for changes to health service provision in South Taranaki and seeks feedback from all interested parties.

1.0 Introduction

Medicine and health in general is changing all the time, not just locally, but throughout New Zealand and all around the world. Compared to even five or ten years ago the possibilities are greater, demand is greater and expectations are greater. In Taranaki, we need to keep up with those changes wherever possible.

In health, no matter how much we have, we can always find a good use for more money - and that's the same globally. The DHB's job though is to work with people to get the best we can, for all the people of Taranaki, with the resources we've got. That includes for example the skilled clinicians, support staff, carers, facilities, equipment and technology, in hospitals and in the community.

Change is needed for two reasons firstly because whilst everyone works to do a very good job, we can do even better with and for Taranaki people; and secondly because we can't afford the status quo. This sounds like an impossible conundrum of doing the same or more, with better outcomes, for less cost – however we believe that it is achievable.

It's widely accepted by clinicians and others involved that we need to change the way we provide services, and how those services relate to one another caring for the same patients. Some of those changes may mean challenging ourselves about who does what, where, and when. This may also be through the greater use of technology to help clinicians, patients and their carers, to have the information they need when they most need it, and for it not to be duplicated in different places. This could mean more timely, and potentially better care or treatment.

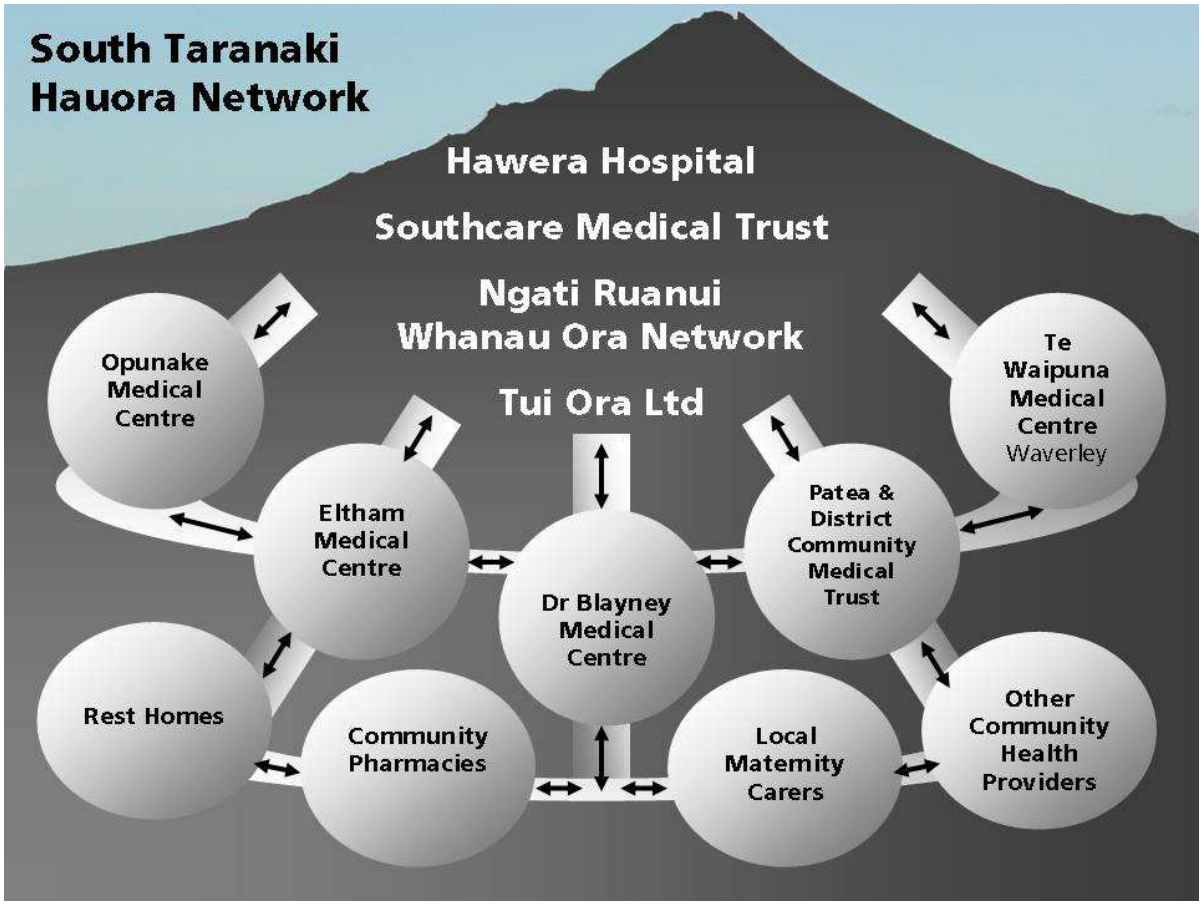
The DHB has led a review of all health services provided to people in South Taranaki. Working with clinical staff and health organisations delivering services in South Taranaki, we have come up with some proposals for changing how services should be delivered in the future. The goal is to design enduring health services that are delivered by skilled staff, in the best location for patients, while making good use of technology and equipment.

We want to hear what you think about our proposals so that we can make sure that future services are as good as they can be.

2.0 PROPOSED FUTURE SERVICES

The intended outcome of the proposed service changes is that health services for South Taranaki people are delivered by skilled staff, in the best locations for patients, while making good use of technology and equipment.

SOUTH TARANAKI HAUORA NETWORK



In considering our proposals we ask people to think about how things might be in the future, rather than as they currently are.

2.1 Virtual Core Supporting a Network of Providers

The proposed model of future services for South Taranaki is a Virtual Core in Hawera, combining the functions of a rural Hospital, an Integrated Family Health Centre and a Whānau Ora Network, reaching out and supporting a network of GP practices and other health providers. The system has a focus on delivering services to patients in their communities and homes.

2.2 Wellness Focus

The aim is to keep people well. Priority is given to immunisation; screening for diseases such as cardiovascular disease, diabetes, cervical cancer and breast cancer; and early intervention through effective cardiovascular and diabetes services.

2.3 Shared Back Office Function

Standardised clinical pathways enable the use of a single point for access to services, referral management and booking.

2.4 Reducing Health Inequalities for Maori

Standardised clinical pathways ensure effective treatment for all. Kaiawhina will be advocates for whānau, helping them overcome barriers and support access to services. Development of a Whānau Ora Centre within the Virtual Core will ensure that both the health and social needs of Māori whānau and high needs families are met.

2.5 Virtual Core

The Virtual Core will be spread across a number of facilities, although it is anticipated that some co-location of services will occur. It will include the core functions of:

- A **Whānau Ora Network** - delivering health and social services to both the enrolled population and the wider community, supporting whānau to achieve their maximum health and wellbeing.
- An **Integrated Family Health Centre** with an extended general practice team including Clinical Pharmacist, Medical Centre Assistants, Care Managers for older people with high and complex needs, physiotherapist, occupational therapist, District and Public Health Nursing.
- A **Rural Hospital** – including primary maternity, an ED after-hours service, short stay beds, a wide range of allied health, mental health, outpatient and community services.
- **Palliative care beds** delivering end of life care for those people who cannot effectively be managed in their own homes.
- **Intermediate Care beds** enabling South Taranaki patients, who no longer require complex diagnostics or daily specialist medical input, to be transferred from Taranaki Base to Hawera. Intensive rehabilitation support from the Specialist Older People Service will be provided to enable most of patients to return to their own home.

The services of the Virtual Core will operate as a single system. If the proposal is accepted, implementation planning of the Virtual Core would be undertaken by a collaborative of the DHB, Ngati Ruanui Medical Centre, SouthCare Medical Centre, Tui Ora, Midland Health Network and the National Maori Hauora Coalition.

2.6 General Practice

Medical Centres outside the Virtual Core will be supported by an expanded range of mobile services delivered from the Core, which will enable the expansion of family health care teams at those practices.

2.7 Summary

- A network of services linked to one another, serving the same patients.
- All services delivered by suitably qualified staff in an appropriately designed facility.
- Co-location of services wherever possible.

- Core of services provided by the DHB, Ngati Ruanui, SouthCare and Tui Ora, which support all other providers.
- Hawera Hospital to provide an expanded range of community and outpatient services plus:
    - 24 hours emergency department, with on-call Doctor overnight
    - Maternity including four beds
    - Four short stay beds
- Two palliative care beds and four intermediate care beds, either in Hawera Hospital or a hospital level rest home
- General Practices in Hawera (Dr Blayney), Patea, Waverly, Opunake and Eltham supported by an expanded range of mobile services which link to the family health care teams at those practices.
- Links between health services and social service providers in same geographical area eg Youth services, Iwi services, CYFS.
- Integrated transport network including health, district councils, regional councils, other organisations.
- Shared back office functions including single point for access to services, and referral management and booking.

3.0 PROPOSALS FROM A PATIENT PERSPECTIVE

3.1 Visiting Your GP Practice

Waiting times to see a GP were amongst the most frequently cited issues with current health care services in South Taranaki. The expected outcomes of the proposed changes are an increase in the availability of appointments at GP practices and a reduction in waiting times.

CURRENT SERVICES	PROPOSED CHANGES
• Patients are generally offered an appointment with a GP or a Practice Nurse. • For most GP practices it is very much a matter of "first come first serviced". • A large number of patients use the Emergency Department at Hawera Hospital for health issues that would be better dealt with by a GP or their health care team.	• In addition to face to face appointments with GP's and Practice Nurses, patients could be offered appointments with: Clinical Pharmacists, for expert advice on medicines; Care Managers, who will coordinate care for older people and others with complex long term conditions; physiotherapists; occupational therapists; mobile nurses, who will deliver care in the patients home. • Patients may be offered planned phone appointments, and email consultations. • Timing of appointments will depend on clinical need. • All practices will keep some slots each day for patients who urgently need to see their GP the same day, although the number of slots available each day will depend upon the size of the practice. • Kaiawhina* will be available to support whānau who need to attend a GP practice. *****Kaiawhina act as an advocate for whanau/family and assist whanau/family to navigate through the health system

QUESTIONS:

1.
Would you use phone appointments and email consultations with your family health care team if these were available? Yes/No (please circle)

2
Would the availability of appointments with Clinical Pharmacists, Physiotherapists, Occupational Therapists, Care Managers (nurses to coordinate your care) or Mobile Nurses (to visit you at home) be helpful to you? Yes/No (please circle)

3.
Are there any other issues about visiting your family health care team that we need to consider? Yes/No (please circle)

3.2 Contacting Your Family Health Care Team

Getting a timely appointment to see a GP was the issue most frequently identified by people living in South Taranaki with patients making repeat calls to contact the practice for an appointment. The expected outcome of the proposed changes is that it will be easier for you to contact your family doctor or another member of the health care team.

CURRENT SERVICES	PROPOSED SERVICES
• Most people who have a health issue contact their family doctor by telephone. • The call is taken by a receptionist	• People will still be able to contact their family doctor by telephone. • Patients will be contacted by their family doctor and offered screening for health issues and preventative treatment to keep them well. This will include screening for heart disease and diabetes, as well as immunisation and help to stop smoking. • Patients in some practices will be able to contact their family doctor by email or text messaging. • At some practises a GP will answer telephone calls during a specified time. • Calls to many practices will be taken and requests prioritised by a Nurse.

QUESTIONS:

4.
Do you agree that your family doctor should put more emphasis on preventative care to keep people well? Yes/No (please circle)

5.
Would you use text messaging or secure email to contact your family doctor if this was available? Yes/No (please circle)

6.
Are there any other issues about contacting your family doctor that we need to consider? Yes/No (please circle)

3.3 Diagnostic Tests

In order for your family doctor to know what the best treatment for you is, sometimes diagnostic tests are needed. These include radiology tests such as x rays and ultrasounds; and some heart investigations such as echocardiograms.

The expected outcomes of the proposed changes are faster access to diagnostic tests for patients and greater availability of diagnostic tests for GPs.

CURRENT SERVICES	PROPOSED CHANGES
• GPs can refer patients for x rays and non-urgent ultrasounds. • If a GP thinks a patient needs more and urgent ultrasound or specialised tests such as CT or MRI scans, they have to refer the patient to a hospital specialist. Sometimes this involves the patient attending the Emergency Department at Base Hospital e.g. for an urgent ultrasound. For other tests the patient	• In addition to x-rays and non urgent ultrasound, GPs will be able to refer patients directly for urgent ultrasound, CT and MRI according to agreed protocols. This means that patients will not have to wait so long for tests to be undertaken and GPs will be better able to meet the needs of their patients. • CT and MRI will continue to be offered only at Base Hospital due to the

often has to wait for an outpatient appointment with a Specialist before the test is done e.g. CT and MRI scans. The waiting time for an outpatient appointment can be up to six months. • Specialised tests such as CT, MRI and echocardiograms are only undertaken in Taranaki at Base Hospital.	extremely high cost of purchasing and maintaining the equipment. • Echocardiogram investigations will be offered in South Taranaki. • Mobile diagnostic testing will be offered to GP practices.

QUESTIONS:

7.
Do you think it is important for GPs to be able to refer a patient directly for a CT or MRI scan? Yes/No (please circle)

8.
Would you like to be able to have more tests, such as urgent ultrasounds and echocardiograms available in South Taranaki? Yes/No (please circle)

9.
Are there any other issues about diagnostic tests that we need to consider? Yes/No (please circle)

3.4 Medicines

People in South Taranaki obtain medicines from community pharmacies in Hawera, Patea, Waverley, Manaia and Eltham, or from a pharmacy depot in Opunake. Obtaining medicines in the evening, at weekends or on a public holiday is problematic for many people. Whilst community pharmacists in Waverley and Patea respond to emergency requests from GP's patients, other patients have to go to New Plymouth to obtain medicines.

Intravenous chemotherapy is currently only administered in New Plymouth.

The expected outcomes of the proposed changes are to reduce the need for South Taranaki patients to travel to New Plymouth for emergency medicines needed after local community pharmacies have closed or for intravenous chemotherapy.

CURRENT SERVICES	**PROPOSED CHANGES**
• Most community pharmacies in South Taranaki are open from 9am to 5pm on Monday to Friday and from 9am to midday on Saturdays. • Outside these hours South Taranaki patients requiring medicines have to travel to New Plymouth or Wanganui to get their prescription dispensed • IV Chemotherapy is only administered at Taranaki Base Hospital.	• An agreed range of medicines for emergency and urgent treatment will be agreed with GPs in South Taranaki. Supplies of these medicines will be kept in the emergency department at Hawera Hospital and will be available to patients with a valid prescription when community pharmacists are closed. • Where clinically possible IV chemotherapy will be administered to outpatients at Hawera.

QUESTIONS:

10.
Would it be helpful if supplies of emergency medicines were available at Hawera Hospital? Yes/No (please circle)

11.
Would it be more convenient for you to receive IV chemotherapy at Hawera Hospital? Yes/No (please circle)

12.
Are there any other issues about obtaining medicines that we need to consider? Yes/No (please circle)

3.5 Community Health Services

Community services are delivered in clinics and in peoples own homes by a range of healthcare providers. Patients of some GP practices have access to a limited range of these community health services.

The expected outcomes of the proposed changes are that patients of all GP practitioners will have access to a comprehensive and well coordinated range of community health services.

CURRENT SERVICES	PROPOSED CHANGES
• Mobile and outreach health services such as nursing, mental health and allied health services, are provided by a range of healthcare providers. • Services delivered by different providers are not necessarily coordinated, resulting in visits by multiple health care professionals to some patients and whanau. • Some patients are confused about their health issues and care due to conflicting advice from several health care professionals.	• Experienced nurses will act as Care Managers for older people and others with complex health needs. They will assess the persons health needs and coordinate all aspects of their care. • Providers will use standard care protocols for common conditions. • Health care professionals will be able to access relevant information from other providers treating the same person.

QUESTIONS:

13.
Do you support the introduction of Care Managers to assess and coordinate the care of people with complex health needs? Yes/No (please circle)

14.
Do you agree that health care professionals should share relevant information about you with other health care professionals looking after you? Yes/No (please circle)

15.
Are there any other issues about community health services that we need to consider? Yes/No (please circle)

3.6 Referral to Hospital

Waiting times for access to see a hospital specialist was an issue raised by many people in South Taranaki.

The expected outcome of the proposed changes is a reduction in waiting times to see a hospital specialist, due to greater availability of specialist appointments, better use of technology and direct referral to diagnostic tests by GPs.

CURRENT SERVICES	PROPOSED CHANGES
• Most referrals to hospital specialists are written and then faxed, although some individual Specialists accept email referrals • Most Specialist appointments are "face to face" • Some hospital specialist appointments are taken up because the GP is unable to access a diagnostic test directly	• All Hospital Specialists will accept email referrals • More follow up telephone consultations will be offered between South Taranaki patients and hospital specialists. • Video consultations will be introduced between patients attending outpatient clinics at Hawera Hospital and Specialists at Taranaki Base Hospital. • GPs will be able to access more diagnostic tests directly • More Hospital Specialists will offer GPs access to urgent telephone advice • Kaiawhina will be available to support whānau who need to attend an appointment with a hospital specialist.

QUESTIONS:

16.
Would you use phone and video appointments with a hospital specialist if these were available? Yes/No (please circle)

17.
Would the support of a Kaiawhina be helpful to advocate for you and help you navigate the health system, when attending an appointment with a hospital specialist. Yes/No (please circle)

18.
Are there any other issues about referral to hospital that we need to consider? Yes/No (please circle)

3.7 Transport to Hospital

South Taranaki patients have identified that transport to hospital for outpatient appointments does not meet their needs. This includes both patients attending Hawera Hospital and those patients who need to travel to Taranaki Base Hospital.

The expected outcome of the proposed changes is that patients will have more transport options to get to Hawera and New Plymouth.

CURRENT SERVICES	PROPOSED CHANGES
• Timing of appointments does not take account of travel times from South Taranaki • Patients using the hospital bus may have to wait a long time etc • Patients discharged from ED or hospital late at night without transport	• Appointment booking clerks will check the travel times for patients prior to scheduling to ensure appropriate timing • Appointment booking clerks will also check if there are any other barriers to attending hospital which might require the support of a Kaiawhina • Collaboration with other agencies on Taranaki to provide more frequent transport to New Plymouth from rural areas • Discharge planning to consider transport options for rural patients

QUESTIONS:

19.
Have you had an issue in the past getting to an appointment in Hawera or New Plymouth? Yes/No (please circle) If yes, please let us know what these were.

20.
Do you use the hospital bus to travel to Taranaki Base Hospital? Yes/No (please circle) And if yes, please comment on how convenient it is for you.

21.
If transport was available more frequently throughout the day would this be more convenient? Yes/No (please circle)

22.
Are there any other issues about transport to hospital that we need to consider? Yes/No (please circle)

3.8 Admission to Hospital

Patients from South Taranaki are admitted to Taranaki Base, Wanganui and Hawera Hospitals. Half the patients admitted to the ward at Hawera Hospital remain there for less than 36 hours. Hawera patients travel to Taranaki Base Hospital for investigations such as CT and MRI. This delays diagnosis and subsequent treatment and can increase the amount of time spent in hospital. Travel to and from Hawera and New Plymouth is uncomfortable for patients, they may also miss meals and drinks as a consequence.

The expected outcome of the proposed changes are that patients will be admitted directly to the best location for treatment, hospitalised patients will be fit to return home more quickly, and the cost of hospital care will be reduced.

CURRENT SERVICES	PROPOSED CHANGES
• Patients admitted to Hawera or Taranaki Base according to clinical need; or Wanganui Hospital if that is closer. • Some patients are admitted to Hawera Hospital and either transferred later so that investigations can be undertaken, or travel to Base Hospital and back after investigations. • Renal patients receive either haemodialysis in the renal unit at Taranaki Base Hospital or peritoneal dialysis at home	• Patients whose expected length of stay is 36 hours or less would be admitted to one of four assessment/ observation/ treatment beds located in the emergency department at Hawera Hospital, unless for clinical reasons they should be admitted to Taranaki Base Hospital. Staffing of the Emergency Department at Hawera would be increased to cover these beds. • Patients likely to require urgent investigations at Base Hospital will be admitted directly. • Patients who have recovered past the acute stage of illness and no longer require complex investigations or daily Specialist medical input will be transferred from New Plymouth to intermediate care in four beds located in Hawera, with intensive rehabilitation being provided by the hospital allied health services and medical cover by a contracted GP(s). • Palliative care patients, who cannot be cared for effectively at home will continue to be admitted to two palliative care beds with medical care by a contracted GP with expertise in palliative care; and support from Taranaki Hospice.

The cost of providing palliative and intermediate care at Hawera Hospital is almost twice as expensive compared to the same service delivered in a hospital level rest home.

QUESTIONS:

23.
Intermediate care aims to help people get ready to move back to their own home. Would you support the provision of intermediate care (in specially funded beds in hospital level of care) in a rest home or at Hawera Hospital? Yes/No (please circle)

24.
Would you support the provision of palliative care in specially funded beds in hospital level of care in a rest home or at Hawera Hospital? Yes/No (please circle)

25.
Are there any other issues about admission to hospital that we need to consider? Yes/No (please circle)

3.9 Maternity Care

The provision of maternity services in Hawera is valued by people in South Taranaki.

CURRENT SERVICES	PROPOSED CHANGES
• Fully staffed primary maternity beds located at Hawera Hospital • Visiting Hospital Specialist Obstetric appointments provided at Hawera Hospital	• No change

QUESTIONS:

26.
Do you support the retention of a maternity unit at Hawera Hospital which is open at all times? Yes/No (please circle)

27.
Do you support the retention of a visiting Hospital Specialist Obstetric service at Hawera Hospital? Yes/No (please circle)

28.
Are there any other issues about obtaining maternity services that we need to consider? Yes/No (please circle)

3.10 Emergency Care

The provision of emergency care at Hawera Hospital is valued by the public and by local businesses.

There is limited face to face access to a GP after hours in South Taranaki; and access to Hawera Hospital for urgent care when other services are closed is valued by the public.

The expected outcomes of the proposed changes are that the Emergency Department will be refocused on delivering emergency care; patients not requiring urgent treatment will be redirected to their GP; a face to face after hours service will be available for patients requiring urgent treatment.

CURRENT SERVICES	PROPOSED CHANGES
• Emergency Department is open 24 hours a day • Most people arrive at the Emergency Department between 8am and 10pm, with low numbers arriving overnight • Overnight medical cover is provided from the ward • A large proportion of people attending the Emergency Department during the day do so for long term health needs which would be better cared for by their family health care team • Some people who are admitted to Hawera Hospital would be treated in ED and sent home if they had presented at Taranaki Base Hospital • 88% of people admitted to the Emergency Department are discharged within 12 hours and 97% of the remainder are discharged within 24 hours	• Emergency Department remains open 24 hours a day • Overnight medical cover is provided from 10pm to 8am by an on-call Doctor located off site. • The Emergency Department will provide an urgent primary care after hours service for patients who would otherwise have to travel to New Plymouth or Wanganui. • Patients who are assessed as not requiring urgent treatment will be referred to their GP practice, however account will be taken of the size of the practice and when it next opens • All GP practices will keep some slots each day for patients who need to see their GP that day • Kaiawhina will advocate for whānau and help them navigate to the most appropriate service for their health needs. • Standard admission protocols will be implemented across Hawera and Taranaki Base Hospital to ensure that all patients are cared for in the most appropriate way • Patients whose expected length of stay is 36 hours or less would be admitted to one of four assessment/ observation/ treatment beds located in the emergency department.

QUESTIONS:

29.
Do you support the retention of a 24 hour hospital emergency department in Hawera? Yes/No (please circle)

30.
Do you support focusing the Emergency Department on delivery of emergency care? Yes/No (please circle)

31.
Do you support the delivery of an after hours service at Hawera Hospital for patients who would otherwise have no travel to New Plymouth or Whanganui? Yes/No (please circle)

32.
Are there any other issues about emergency care that we need to consider? Yes/No (please circle)

3.11 OTHER QUESTIONS

33.
Which parts of the proposal do you support and why?

34.
Which part of the proposal do you not support and why?

35.
Is there anything else about our proposal you would like us to consider?

4.0 Financial Implications of Proposals

It is expected that changes will be made to these proposals as a result of feedback received during public consultation. A detailed financial analysis will then be undertaken prior to any decision on service changes by the District Health Board.

However the following high level summary gives an estimate of the financial impact of the changes in this proposal:

Reduction in costs at Hawera Hospital	**$1.8 million**
Increased costs of community and primary care services	**$0.7 million**
Overall cost reduction	**$1.1 million**

5.0 How to have your feedback on the Draft South Taranaki Health Proposal

During the consultation period which is scheduled to begin on Monday, 4th July 2011 and will end Thursday, 4th August 2011, you can have your say by attending a public or community group meeting where common themes will be recorded.

Or, other ways to have your say are by:

- Filling in the questionnaire forms that will be available at the meetings and can be handed back on the night or dropped in at:
  - Any library in South Taranaki District Health Board
  - At the South Taranaki District Council

- By posting the forms to

  - Jackie Broughton or Rebekah Barr
    Planning and Funding, Taranaki District Health Board

    Private Bag 2016, New Plymouth 4342

- Faxing the forms to
  - Jackie Broughton or Rebekah Barr
    Planning & Funding Dept, Taranaki District Health Board

    06 753 7780

- Emailing the forms to
  - Jackie or Rebekah on
    jackie.broughton@tdhb.org.nz, rebekah.barr@tdhb.org.nz

- Phoning Jackie or Rebekah on
  - 06 278 7109 ext 8527 or 8897 where they will record your comments and add them to the feedback
- Filling in the online form at
  - http://www.tdhb.org.nz/misc/projects/south_taranaki.shtml

Summary of consultation feedback cross referenced to Steering Group recommendations

Proposal	Support from clinicians & community	Supported by some clinicians but not community	Supported by community but not some clinicians	Steering Group recommendations
Extended primary health care team	**X**			Support
More emphasis on preventative care	**X**			Support
GP referrals for CT & MRI	**X**			Support
More tests available in South Taranaki	**X**			Support
IV chemotherapy at Hawera Hospital	**X**			Support
Introduction of Care Managers (Nurses or Allied Health)	**X**			Support
Sharing information	**X**			Support
More frequent transport to hospital	**X**			Support
Retention of maternity unit and visiting Obstetrician	**X**			Support
Retention of 24 hour ED	**X**			Support
Focus on ED delivering emergency care	**X**			Support
Provision of an after hours GP service at Hawera Hospital	**X**			Support
Phone appointments and email consultations		**X**		Support

Proposal	Support from clinicians & community	Supported by some clinicians but not community	Supported by community but not some clinicians	Steering Group recommendations
Email and text messaging to contact GP		**X**		Support
Telephone and video appointments with hospital specialists		**X**		Support
Kaiawhina / navigator support		**X**		Support
Provision of intermediate care and palliative care beds in a rest home setting			**X**	Further work required
Off site, on call Doctor cover for ED overnight		**X**		Further work required
Provision of emergency medicines at Hawera Hospital		**X**		Further work required

Clinical risks identified in consultation feedback

Clinical Risk	**Identified by:**
Inpatient service as currently configured is inadequate & potentially unsafe	Dept Medicine
Ability to accurately identify Doctors with appropriate scopes of practice to work in Hawera ED and inpatient areas	DHB Department Heads
Ability of DHB to continue to meet supervision requirements of Hawera Hospital MOSSs and meet Medical Council of New Zealand (MCNZ) requirements.	DHB Credentialling Committee
Transporting emergency surgical patients to Hawera Hospital leads to delays in reaching definitive surgical care which has resulted in poor outcomes	Department of Surgery
Care of elderly is suboptimal. Patients safety can be compromised by lack of experience, lack of focus on identification & Treatment of potentially reversible disease in tandem with good rehabilitation practice and maximisation of function.	Geriatricians of Older Peoples Health & Rehabilitation Service

South Taranaki – Alive with Opportunities for better health care

Project Update – 22 August

1.0 INTRODUCTION

This report provides the Steering Group with an update on the *South Taranaki - Alive with opportunities for better healthcare project.*

2.0 PROCESS TO DATE

- Health Profile – completed February
- Public and Patient Engagement – completed March
- Business survey – completed April
- 3 Day workshop with Clinicians and managers of services in South Taranaki – held April
- Further meetings with Groups of clinicians – held April and May
- Development of a proposal for consultation - June
- Consultation - 4 July to 4 August
- External Review Panel begin work 18 August

3.0 CONSULTATION

3.1 Process

The objective of the consultation process was to seek wider public and clinical feedback on proposals for future health service provision in South Taranaki.

Nine public meetings and seven community meetings were held during the consultation period. Attendance at these meetings was 3186 with a number of individuals attending more than one meeting. Consultation questionnaires were distributed widely across communities by a number of mechanisms and were able to be submitted either in hard copy or via the internet. In total there were 374 questionnaire responses, along with 135 letters of feedback. Analysis of feedback shows that all communities in South Taranaki contributed feedback on the proposal. Feedback was also received from both individual and groups of clinicians.

The Project Team is therefore satisfied that the consultation process met its objective.

3.2 Evaluation Report

Two weeks after the close of the consultation period a report, *Proposal for changes to Health Service Provision in South Taranaki: An analysis of the community consultation feedback,* was received from the Research and Evaluation Service Consultants. This report summarises feedback from the variety of sources in the following sections:

- Consultation survey questionnaires
- Public and community meetings
- Letters (including newspaper clippings and pre written letters)
- Formal submissions

Also included in the report are a public petition and social networking site, although it should be noted that both these were initiated prior to a proposal being released.

Whilst the report includes an executive summary, each section of the report needs to be studied in order to appreciate the range of views expressed. Whilst the number of responses from clinical staff are small in comparison to the number received from the public, there are two aspects of this clinical feedback that the Steering Group should note:

- A number of significant clinical risk issues were identified which relate to DHB services:
    - Inpatient service
    - Scope of practice of Doctors working in ED and inpatient areas
    - New Zealand Medical Council requirements for supervision of Hawera Hospital Medical Officers Special Scale
    - Care pathway for emergency surgical patients, including trauma
    - Care of elderly patients

  These will be addressed by the DHB provider as a priority.

- Clinical views of what constitutes good clinical practice do not necessarily coincide with the views of the community. Future work plans should aim to foster direct discussions between clinicians and the community to increase mutual understanding of the issues.

3.3 Results of consultation

3.3.1 Proposals that were largely supported by both community and clinicians:

- Extended primary healthcare team
- More emphasis on preventative care
- GP referrals for CT and MRI
- More tests available in South Taranaki
- IV chemotherapy at Hawera Hospital
- Introduction of Care Manager (Nurses or Allied Health staff)
- Sharing information
- More frequent transport to hospital
- Retention of maternity unit and visiting Obstetrician
- Retention of 24 hours ED
- Focus ED on delivering emergency care
- Provision of an after hours GP service at Hawera Hospital

3.3.2 Proposals which were not supported by the community but which were supported by some clinicians:

- Phone appointments and email consultations
- Email and text messaging to contact GP
- Telephone and video appointments with Hospital Specialists
- Kaiawhina support
- Provision of intermediate care beds and palliative care beds in a rest home setting
- Off site, on-call Doctor cover for Emergency Department overnight

3.3.3 Proposals which were not supported by clinicians but which were supported by community:

- Provision of emergency medicines at Hawera Hospital

3.3.4 Other proposals

The consultation feedback contains many suggestions which would add value moving forward. These include:

- Services which could be provided at Hawera Hospital rather then Base Hospital, including a wide range of nurse lead clinics
- Additional mental health support roles for both GPs and Hawera ED
- Alternative numbers and configurations of beds at Hawera Hospital
- Recruitment and retention support for GPs
- A range of community support ideas, including training first aid responders in isolated rural communities
- Public and patient information services
- Public private partnership models
- Alternative funding sources

4.0 EXTERNAL REVIEW PANEL

An External Review Panel has been commissioned to report to the Chief Executive and Board on the South Taranaki Project. The Panel comprises Stephen McKernan, a former Director General of Health; Dr David Sage, the former Chief Medical Advisor for Auckland DHB; and Dr Harry Pert, the elected President of The Royal New Zealand College of GPs. All have extensive experience and knowledge of the challenge presented in meeting the health needs of rural communities.

The Panel will review both final recommendations to the Board and the process used to develop them. The objectives of the review are to:

- Ensure proposals represent good, safe, clinical practice.
- Ensure proposals reflect efficient and effective use of resources.
- Support public confidence in proposals.
- Identify opportunities for further improvement.

The Panel met for the first time on 18 August and spent two days in Taranaki getting to know the background to the Project. They will provide their report to the Board in time for the September Board meeting.

5.0 FINANCIAL ANALYSIS

A detailed financial analysis has been prepared based on the proposals in the consultation document and is tabled as a separate agenda item.

6.0 NEXT STAGE

The Steering Group is asked to review the outcome of consultation and recommend a way forward for the District Health Board to consider and decide upon at their meeting on 8 September.

Sandra Boardman

General Manager – Planning, Funding & Population Health

22 August 2011.

FINANCIAL ANALYSIS

Summary of Financial Analysis of Consultation Proposal

Ref.		Additional Cost	$ impact to DHB
3.1/ 3.2	General Practice changes including PAC	$1,200,000	$0
3.1/ 3.2	Introduction of Care Management	$329,571	$329,571
3.1/ 3.2	Increase in Kaiawhina	$109,322	$109,322
3.3	Increased access to sonography	$25,000	$25,000
3.3	Local delivery of echocardiograms	$14,000	$14,000
3.4	After hours medicines via Pyxis machine	$81,000	$53,000
3.4	Local delivery of IV chemotherapy	$0	$0
3.5	Local delivery of other community health services	$0	$0
3.6	Referral to hospital	$0	$0
3.7	Improved coordination and integration of transport	$0	$0
3.8	Increased South Taranaki admissions to Base	$157,625	$157,625
3.8	Increase in ED staffing to cover short term beds	$261,679	$261,679
3.8	Reduction in beds with Palliative and Intermediate Care beds at Hawera Hospital (Option1)	$644,245	-$746,376
3.8	Reduction in beds with Palliative and Intermediate Care beds in Rest Home (Option 2)	$328,245	-$1,173,228
3.8	Reduction in Medical staff costs due to reduced admissions		-$855,400
3.9	No change to maternity services	$0	$0

Ref.		Additional Cost	$ impact to DHB
3.10	Overall reduction in medical staff costs due to ED changes		-$392,070
3.10	Reduction in ED supply costs due to increased primary care access		-$125,005
Overall	**Option 1 palliative and intermediate care**	**$2,822,442**	**-$1,168,654**
Overall	**Option 2 palliative and intermediate care**	**$2,506,442**	**-$1,486,482**

Summary of Financial Analysis of Proposed Implementation Plan

Ref.		Additional Cost	$ impact to DHB	Unbudgeted impact (2011/12 AP)
3.1/ 3.2	General Practice changes including PAC	$1,200,000	$0	$0
3.1/ 3.2	Introduction of Care Management	$329,571	$329,571	$0
3.1/ 3.2	Increase in Kaiawhina	$109,322	$109,322	$109,322
3.3	Increased access to sonography	$25,000	$25,000	$25,000
3.3	Local delivery of echocardiograms	$14,000	$14,000	$14,000
3.4	Local delivery of IV chemotherapy	$0	$0	$0
3.5	Local delivery of other community health services	$0	$0	$0
3.6	Referral to hospital	$0	$0	$0
3.7	Improved coordination and integration of transport	$0	$0	$0
3.9	No change to maternity services	$0	$0	$0
	Overall Impact	**$1,677,893**	**$477,893**	**$148,322**