

**NOTES OF THE SALVATION ARMY MEETING
HELD WEDNESDAY 6TH JULY 2011 AT 3PM – 4.30PM
AT THE HAWERA SALVATION ARMY**

Sandra Boardman (TDHB GM Planning, Funding & Population Health), Jackie Broughton (TDHB Project Manager), Rebekah Barr (TDHB Administration Assistant) hosted by Robert Gardiner (Salvation Army).

Sandra Boardman presented the Powerpoint which gave an overview of where the information for the draft proposal had come from, who was involved in the process and what the main points of the draft proposal were.

After the presentation the group were provided an opportunity to ask questions below is some of the questions and answers captured from the afternoon;

Q. Are the number of presentations seen at Hawera Hospital Emergency Department due to the lower socioeconomic condition in South Taranaki?

A. There are a number of reasons and yes some people will go to the ED because it is free or because they can't get an appointment with their GP. The problem with ED is that it only deals with the symptoms not the ongoing care you would receive from your GP.

Q. Cutting beds isn't improving the services, it's going to close the hospital. Where will these cut beds go?

A. Specialists believe the number of beds in the draft proposal is sufficient. There will still be beds for patients needing longer than 36 hours of care. The Taranaki DHB is wanting to balance secondary care with preventative care investing in primary care. Nothing is decided yet.

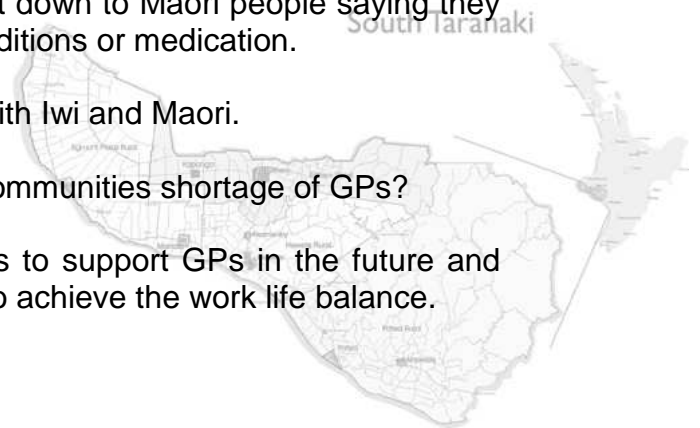
Comment. The Hawera community do not want to see a reduction to the Emergency Department they want to have better access to their GP. It is very distressing having to travel to Base Hospital.

Comment. The kaiawhina concept is a put down to Maori people saying they need help understanding their medical conditions or medication.

A. This feedback came from discussions with Iwi and Maori.

Q. How is this proposal going to fulfil the communities shortage of GPs?

A. By looking to build supportive networks to support GPs in the future and allow them to enjoy working in the area – to achieve the work life balance.



Q. A patient is transported from Hawera to Base and then returned to Hawera Hospital. How do they get back to their homes when returned to Hawera?

A. We want to work with WITT, the South Taranaki District Council and other organisations providing transport throughout Taranaki and collaborate to provide a single more frequent transport service.

Q. The proposal says people are going to go to rest homes instead of the hospital when rest homes nurses are less qualified than hospital nurses. How can this be best for the patient?

A. We would have strict guidelines around staffing qualifications for rest homes that were approved to contract these services. It would be a hospital level healthcare facility.

Q. How are those who aren't at this meeting, and who will not attend any meetings going to have their say? There are many who are not likely to come to public meetings.

A. We have tried our best to get information out to the entire community. We have draft proposals and questionnaires with submission boxes at all South Taranaki libraries and all information is on the internet. We are relying on the community to advocate on behalf of those who won't have a say. We also have handouts here today for you to share with the community and if you can support them to have their input. We need to hear what everyone thinks.

Q. It seems as though we are going to be receiving less services.

A. That is not the case, diagnostics and cardiac services are just two of the many we are proposing to bring to South Taranaki.

Q. At what point does "intention" become "guarantee"?

A. The consultation phase ends on the 4th of August. Then all feedback will be reviewed by an independent evaluator and external panel and put forward to the Steering Group and the Board. When the Board agree with the proposal it will become a guarantee.

Q. There is worry in the community about only having a doctor on call in ED over night and whether this is safe practice.

A. The only change proposed to ED services is that there will be a doctor on call between 10 pm and 8 am. This idea came from discussions during meetings with doctors and GPs and we are seeking community views on this suggestion.

Sandra Boardman wrapped up the meeting at 4.30 pm. Jackie Broughton then handed out information packs which included the draft proposal, questionnaire and frequently asked questions.