

NOTES OF THE WAVERLEY COMMUNITY MEETING HELD WEDNESDAY 6TH JULY 2011 AT 7PM – 8.30PM AT THE WAVERLEY COMMUNITY CENTRE

Sandra Boardman (TDHB GM Planning, Funding & Population Health), Jackie Broughton (TDHB Project Manager), Rebekah Barr (TDHB Administration Assistant), Dave Taylor (Te Waipuna Health Centre GP), Carolyn Young (Te Waipuna Health Centre Service Manager) hosted by Waverley Health Watch, Elsa Aitkin (Chair Person).

Jackie Broughton handed out information packs including the draft proposal, submission form and frequently asked questions.

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 evening;

Q. What services do the TDHB currently supply to Waverley? There used to be a cancer bus and diabetic nurse but they no longer stop in Waverley.

A. There are many services funded by the DHB including district nursing and GP services.

Q. There is no doctor in Waverley at present.

A. (Dave Taylor) There is a nationwide problem recruiting GPs. We have a GP coming from England who should be available in Waverley by the end of July. Locum cover has been arranged for the next 2 weeks. To have 1 full time GP there needs to be about 1200 patients registered – Waverley doesn't even have half that number.

Q. If we don't have a GP these days many of the services in the proposal won't work here without them how will the improvement to GP services benefit our community?

A. As you have heard there are nationwide problems recruiting GP's. This proposal is about increasing health services and allowing more health professionals to support GPs.



Q. If a young person were to need palliative care it would not be suitable for them to stay in a rest home. Where would they go?

A. This question was also raised at the meeting with the Salvation Army and we will consider this issue when revising the proposal.

Q. How will the elderly in the community benefit from email consultations when a majority do not have the internet? Waverley doesn't even have access to broadband so these internet services wouldn't work here.

A. This is just one of the many options that will be available to South Taranaki residents. Not everyone will want to access email consultations but for those who do it will be available. Also this draft proposal is about the future and in the future broadband may be available in Waverley.

Q. How do you know 2 palliative care beds will be enough? I don't think it is.

A. The Hospice who deal with palliative care patients believe 2 palliative care beds are enough. There are also limiting factors on how these beds are used, particularly medical expertise.

Q. Can you give examples of diagnostics?

A. Echocardiograms.

Q. Does South Taranaki have the specialists required to administer IV Chemotherapy?

A. Specialists are not required to administer this. With more training, nurses would be able to do so.

Q. It is very frustrating that we have to wait up to 3 hours to get access to the Mental Health Crisis team. Many times these patients have to be driven to Hawera Hospital only to have to wait there for another hour.

A. The draft proposal suggests that with additional training the local community mental health team can assist with crisis support. In addition the DHB has given GPs urgent access to a psychiatrists.

Q. If Te Waipuna can't get a GP for Waverley will the TDHB help?

A. If practices cannot get a GP the TDHB works with the PHO to support them through the recruitment period.

Q. As an employer to attract staff we need to have a regular GP.

A. We will work with Te Waipuna and Wanganui DHB to support with GP issues.

Q. Te Waipuna need to communicate better with the community and publicise what is happening and when there will be a GP here.

A. (Carolyn Young) We will improve this and will put notices on notice boards around the community in the library and other places.

Comment. Farming is a 24/7 job that needs adequate service. No vet would hand out a prescription without seeing the patient first. We have a huge industry here in South Taranaki and we need to keep our services.

Q. Under the proposal I will see a nurse or paramedic – how is this the same or better service? A doctor may be 20 minutes away.

A. It is an overall balance. Consider the number of people attending secondary or primary care services. There would be very clear guidelines about what sort of doctor would be on call overnight and how quickly they would have to get there.

Q. The service doesn't look to be better – the proposal looks as if it will just put more pressure on them.

A. It is proposed that Hawera Hospital should be a designated after hours provider for urgent issues. It is not acceptable to turn up for things such as a sick note or repeat medication that could be done in normal hours.

Q. What information do you have on the population growth of South Taranaki?

A. I will get this information and put it on the internet.

Comment. There will be a bigger workforce in South Taranaki so there could be bigger accidents.

A. The ED service will still be able to respond to an emergency as it does now. If there was a major accident our trauma plan would be activated as it would if a major accident were to happen now.

Q. Where will the \$1.1 million savings go?

A. At present the TDHB is spending too much money. The TDHB is predicting a deficit this coming year so we are trying to make our books balance.

Some people that attended the meeting noted that they liked some things in the proposal but had issues with other areas such as the proposals on beds and the Emergency Department and these were what they raised their concerns on.

The meeting finished at 8.30 pm.

