

**NOTES OF THE MEETING WITH WESTMOUNT SCHOOL  
HELD MONDAY 11<sup>TH</sup> JULY 2011 AT 4.30PM – 5.30PM  
AT FITZGERALD LANE, HAWERA**

Sandra Boardman (TDHB GM Planning, Funding & Population Health), Jackie Broughton (TDHB Project Manager), Rebekah Barr (TDHB Administration Assistant) hosted by Eric Broomhall (Rotech Equipment).

Handout packs including frequently asked questions, a project timetable and submission form were given to attendees.

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.** Is this part of a wider proposal for all of the Taranaki region or just South Taranaki?

**A.** Parts of the proposal such as Integrated Family Health Centre, Whanau Ora and project SPLICE are Taranaki wide. The difference in South Taranaki is that all projects need to come together here in one location.

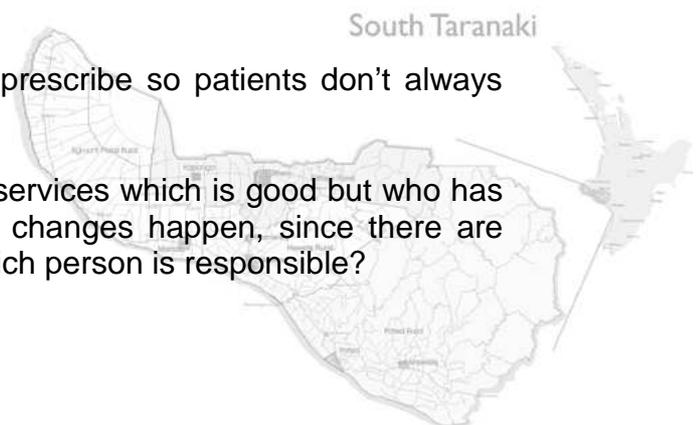
**Q.** Sandra Boardman was asked to explain the Midlands Regional Health Networks Integrated Family Health Centre (IFHC) plan.

**A.** The IFHC is a proposal of the Midlands Regional Health Network. Traditional GP practices have a receptionist answering calls and booking appointments. The IFHC proposal has nurses and even the GPs answering phones and booking appointment times which are appropriate to the patients symptoms. There is a much extended practice team including nurses with specialist skills and clinical pharmacists, who are able to see patients too.

**Q.** Are nurses practitioners more qualified?

**A.** Nurse practitioners can diagnose and prescribe so patients don't always need to see a GP.

**Q.** The proposal suggests coordination of services which is good but who has the responsibility to ensure that all these changes happen, since there are many different organisations involved? Which person is responsible?



**A.** The DHB has the leadership role in health service planning and delivering in Taranaki ultimately, the buck stops with Tony Foulkes.

**Q.** What is project SPLICE?

**A.** Project SPLICE is coordinating services around communities. It allows elderly people to be cared for in their own homes for longer. It combines services such as physio and allied health to provide in home help for the elderly. It is also about better assessment and coordination services for older people with complex needs.

**Q.** Sometimes the people booking operations and organising waiting lists are not sufficiently qualified. How can we improve this if GPs are able to book diagnostic tests and more?

**A.** GPs are experienced doctors with a lot of knowledge that can be used to enable better access to services. A GP would have a very specific check list and criteria outlined by specialists that they would have to follow when they are assessing patients. There will be some operations that are not appropriate for this approach but there are many that will be.

**Q.** What are the proposed changes to the Emergency Department, what will the effect be and how will Base deal with this?

**A.** The only proposed change to the Hawera ED suggests having a doctor on call between the hours of 10 pm and 6 am. This suggestion came from a meeting with doctors & GPs from Hawera. Patients who are currently taken or transferred to Base Hospital will continue to go there.

**Q.** How would this proposal cope with the Golden Hour?

**A.** The “golden hour” is often used to describe the optimum time for given ‘clot buster’ treatment after a heart attack. There is a nationwide plan being rolled out to allow ambulance paramedics to electronically beam heart rate data from the ambulance to the Hospital coronary care unit where a specialist will tell the ambulance staff whether a patient has had a heart attack and what medicines to administer.

**Q.** Are ambulance staff happy to do this?

**A.** We have spoken to St John and the ambulance paramedics are happy to provide this service as they will not be making the decisions on medication – that will be up to the cardiologist.

**Q.** Will allowing GPs access to MRI and CT scans decrease waiting times?

**A.** Yes it will, at present there is up to a 6 month waiting list to see a specialist. Initially we would have to clear the backlog but after that it should stay the same.

**Q.** What is the reason for Hawera Hospital occupancy being so low?

**A.** Expectations about standards of care and use of diagnostics for particular conditions eg stroke. These expectations reflect the better outcomes that are achieved with early diagnosis and intervention.

**Q.** Why is only one CT scan and one MRI scan enough for Taranaki?

**A.** These pieces of equipment are very expensive to buy and the up keep is also very expensive. With a population the size of Taranaki we can only justify having one of each.

**Q.** Will the services being transferred to GPs and Rest Homes be Government funded?

**A.** Everything that is Government funded at present will continue to be so.

**Q.** Does South Taranaki receive adequate funding for the size of the population?

**A.** Yes they do. The DHB fund all the services that South Taranaki residents use, irrespective of where that service is delivered.

**Q.** What if South Taranaki was included in the Wanganui DHB region?

**A.** If this happened then Wanganui would receive funding for the population of South Taranaki and the rest of the Taranaki regions funding would decrease.

**Q.** How will we get more GPs to the region?

**A.** This will not be fixed overnight but the proposal is designed to make the job look more attractive to GPs. We have graduates coming to the area to train in our rural hospital and we are hopeful that they would like to stay in the region.

**Q.** How will you actually be saving money?

**A.** The reduction in costs mostly come from the reduction in bed numbers. Rest home beds are 2 times less expensive than hospital beds. Hospitals provide a different level of service and care to that which a rest home provides. Hospitals are designed for acute patients while rest homes deal with stable patients in a much better frame of health.

**Q.** Rest homes are already under pressure. How will they accommodate these extra beds?

**A.** If the proposal went ahead, the rest home that secured these palliative care beds would be guaranteed a contract for a number of years which could make it worth their while to invest in new facilities to accommodate these beds.

Sandra wrapped up the meeting at 5.30 pm.