NOTES OF THE SOUTH TARANAKI DISTRICT COUNCIL MEETING HELD TUESDAY 12TH JULY 2011 AT 11AM – 12.30PM AT THE SOUTH TARANAKI DISTRICT COUNCIL CHAMBER

Sandra Boardman (TDHB GM Planning, Funding & Population Health), Jackie Broughton (TDHB Project Manager), Rebekah Barr (TDHB Administration Assistant), Mary Bourke (Chair).

Sandra Boardman presented the same Powerpoint presentation that is presented at all public & community meetings. The Powerpoint gives 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 meeting;

Q. Is the Emergency Department going to change?

A. At present the overnight doctor is shared between ED and the inpatient ward. The only proposed change around ED is that there would not be a doctor on site over night – they would be available on call.

Q. Is the doctor currently working in ED suitably qualified to be working there and in the future will they also be ED qualified?

A. Yes, the doctor at working in ED at present is an ED qualified doctor and will be in the future also.

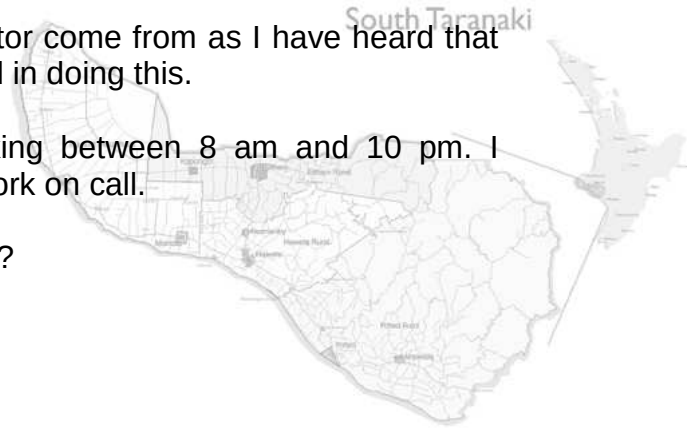
Q. How long would it take the on call doctor to get to the hospital if they were called?

A. I do not know the answer, but this is something that would have to be discussed and decided with clinicians during the implementation planning. There are already clear expectations of proximity to hospital for on call staff.

Q. Where would this suitably qualified doctor come from as I have heard that no doctors working here now are interested in doing this.

A. We already have an ED doctor working between 8 am and 10 pm. I assume this doctor could be available to work on call.

Q. When will this proposal be implemented?



A. Nothing has been decided and changes would not happen overnight. Once the Board has made a decision we would plan implementation of any changes. Firstly we would need to improve the primary care services before we are able to implement the proposed hospital services.

Comment. The hospital manager for Hawera Hospital should live in South Taranaki.

Q. Why are per bed costs more expensive in Hawera Hospital than Base Hospital? Could this be due to the level of nurse experience at Hawera?

A. It is partly due to the scale since the ward at Hawera is smaller than wards at Base. Another factor could be the length of service of the nurses working there.

Comment. Why don't you up skill the nurses working in ED so they can triage patients and have less experienced nurses working in the ward?

Q. Would it not be better for patients to see their own GP and be in familiar surroundings so they can recover quicker rather than being in Base Hospital?

A. It depends on what is wrong with the patient, some patients would receive better care and recover quicker being in Base Hospital and having immediate access to specialists and complex diagnostic tests such as CT and MRI. When they no longer require daily specialist assessment or access to complex diagnostics they can return to Hawera to continue recovering.

Q. You have indicated higher levels of deprivation and that travel is an issue. How will you improve this?

A. We are looking at collaborating services with WITT, the Taranaki Regional Council and other organisations operating in Taranaki to provide a better transport service.

Q. Can you describe what this intermediate care facility would look like if it were located in the hospital?

A. We would need to slightly alter the rooms and include things such as a kitchen so they would resemble someone's home, rather than a hospital.

Q. What services for younger people are there going to be?

A. Kaiawhina and public health nursing are just 2 of the services that will be available to the younger population.

Q. Will this be a better standard of health care?

A. Yes. People will be treated in the location for the best outcome.

Q. Could a public/private partnership between the DHB and a private business work? And would the DHB consider this?

A. Absolutely, it's about using our resources to achieve the best possible outcome.

Q. Is there enough time to consider a private/public enterprise?

A. I think there is enough time to signal such ideas at a high level. There is a difference between saying to the board that we are interested in a private/public enterprise and explaining exactly how to do it. By extending the consultation period however it would create even more uncertainty within the community and uncertainty that is something we want to avoid.

Q. There are a lot of rumours going around the community. One that I have heard are that a rest home already has plans to move into the hospital.

A. I am unaware of any such plans. The challenge we face with rumours is that they create an awful lot of fear within the community, especially with the older community. These rumours are going to discourage the community from participating with the consultation when what we really want is a lot of community feedback.

Q. Have you looked at building up Hawera Hospital and offering it as a place New Plymouth residents can come when Base Hospital is too full?

A. Yes we did consider that but the major issue with that suggestion is that many services require access to the Intensive Care Unit and the access to MRI & CT scans are all located in New Plymouth.

Q. Have you considered adding additional services?

A. We did look at different models and this proposal takes bits and pieces of each of them in an attempt to combine them into something that will work well in South Taranaki.

Q. There are major concerns about the ED doctor being on call overnight. Travelling from Patea to Hawera Hospital takes 30 minutes and then to be triaged by a nurse before the doctor is called wastes precious time. Half of the golden hour has already passed.

A. At present the nature of the patients emergency is first decided when the call to the ambulance is made and reassessed by ambulance staff on arrival. Across the country ambulances are being upgraded with heart monitoring equipment that will electronically beam information to the cardiologist at Base Hospital. The cardiologist will then tell the ambulance paramedic what and

how much medicine to give the patient. This could most likely happen before the ambulance has left the drive way.

Q. Young palliative care patients will not like to go to a rest home. What will you do?

A. Hospice tell us that we already have a few younger palliative care patients going to hospital level of care rest home facilities. We have asked Hospice to provide us with details of how many young patients require this facility.

Sandra Boardman wrapped up the meeting at 12.30pm.