

**NOTES OF THE MANAIA COMMUNITY MEETING
HELD WEDNESDAY 13TH JULY 2011 AT 7PM – 8.30PM
AT THE MANAIA TOWN HALL**

Sandra Boardman (TDHB GM Planning, Funding & Population Health), Jackie Broughton (TDHB Project Manager), Rebekah Barr (TDHB Administration Assistant), hosted by Nga Ruahine Health, Sharon Alridge (Chair Person).

Information packs including the draft proposal, submission form and frequently asked questions were handed to the Manaia residents as they arrived.

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. Not having a doctor on site overnight could be dangerous. How many presentations are there overnight?

A. The suggestion of an on call doctor came from meetings we held with doctors. There are relatively few presentations overnight and of those they are of a low acuity.

Q. In the future will there be a charge on faxes sent to either doctors or pharmacies and will it be less than it is now?

A. I will look into this. I didn't realise you were being charged.

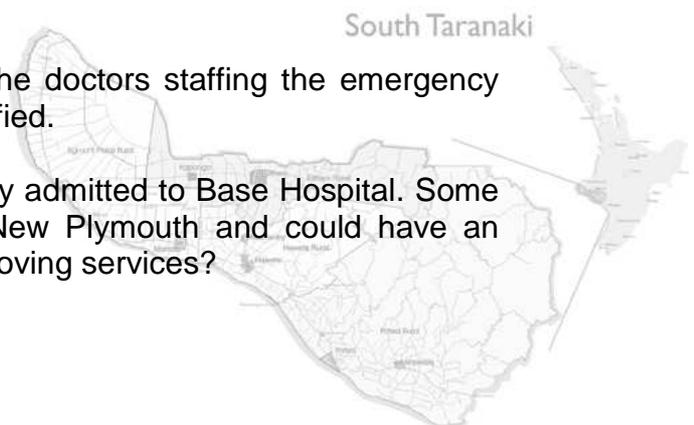
Q. Will there be Taranaki DHB paid doctors working in Hawera Hospital?

A. Yes the intent would be to get permanent doctors.

Q. What doctors will be used in ED?

A. Because of the nature of the service the doctors staffing the emergency department would have to be suitably qualified.

Q. The proposal says people will be directly admitted to Base Hospital. Some people will try and drive themselves to New Plymouth and could have an accident on the way there. How is this improving services?



A. From a patients perspective, where you present won't change. If you are seriously ill you should go to Hawera Hospital where you would be assessed and given immediate treatment an ambulance would then transfer you to Base Hospital if it was required. Patients should go to the place that best meets their needs.

Q. If beds were in a rest home who would pay the costs?

A. It would be funded by the District Health Board.

Q. If you can't get in to see your GP they tell you to go the ED. Now I won't be able to go to ED so what do I do?

A. That is not the intention. If you can't get an appointment with your GP then you will still be able to visit the emergency department.

Comment. With this proposal the changes are to transfer people who need to be in Hawera Hospital for longer than 36 hours will be transferred to Base Hospital. A certain level of healing is done with your family and friends around you. This could not happen if patients were in New Plymouth because many families do not have the money to be travelling to New Plymouth every day.

Q. It is disappointing and worrying that local MPs and members of the Steering Group do not support this proposal.

A. The Steering Group agreed that wider public input was needed in the development of future services. They also agreed that this proposal could be released for public consultation.

Q. Are the cuts being made to fund the new building at Base Hospital?

A. No. The new building would happen regardless due to the age and deterioration of the current building.

Q. This proposal looks at wellness of patients but GPs are not trained in wellness, they are trained in pharmaceuticals. What if this model doesn't work?

A. GPs already undertake a wellness approach for example green prescriptions, smoking cessation advice and screening for diabetes and heart disease.

Q. I have heard that a number of GPs will resign if these changes to go ahead. If this is the case how do you expect to attract more to the region?

A. The proposal is designed to make the GPs job more attractive and in turn attract them to the region. Graduating GPs are different to GPs of 20 years ago, they want to work as part of a team, with other GPs, nurses and

pharmacists. They do not want to be on call or necessarily make the large financial commitment needed to buy a practice. We are also increasing the number of GP training places in Taranaki. Remember, this is still a proposal and nothing has been decided yet.

Comment. Have you thought about how all this extra travel will increase or carbon footprint?

Comment. We pay taxes the same as the rest of New Zealand does. We should be entitled to equality of care to the same level as that which New Plymouth residents receive.

Comment. I was told that for my husband to receive the best care for his chronic illness the best thing to do would be to move to New Plymouth.

Q. If you cut bed numbers down to four who will get priority?

A. The proposal is for 4 short stay beds and 6 other beds that could either be located in a rest home or the hospital. At times, such as the cooler winter months, there will be more people needing admission and who gets priority would have to be decided during implementation planning should this proposal go ahead.

Q. How much has been spent on this proposal?

A. Off the top of my head I couldn't tell you, but most of the people working on this project are doing so as part of their day job.

Comment. Do not treat us as though we are living in a third world country.

Q. What guarantees do we have that our concerns will make a difference to the proposal?

A. When the consultation phase has finished on the 4th of August every submission, letter, questionnaire, the Facebook page, petition and notes from every meeting will be given to an independent evaluator who will provide an overview. All of this information will also go to the Steering Group and the Board to help them in the decision making process.

Comment. Have you thought about sending the overflow of patients from Base Hospital to Hawera Hospital to free space up North?

Sharon Alridge closed the meeting at 8.30 pm.