

**NOTES OF THE ELTHAM COMMUNITY MEETING  
HELD THURSDAY 14<sup>TH</sup> JULY 2011 AT 7PM – 8.30PM  
AT THE ANGLICAN CHURCH HALL**

Sandra Boardman (TDHB GM Planning, Funding & Population Health), Dr John Doran (TDHB Chief Medical Advisor), Jackie Broughton (TDHB Project Manager), Rebekah Barr (TDHB Administration Assistant), hosted by Eltham Business Association, Gordon Lawson (Chair Person).

Information packs including the draft proposal, submission form and frequently asked questions were available for attendees to take.

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.** How much financial support do the medical centres receive?

**A.** GPs are funded according to the number of registered patients. There are slight adjustments made due to the number of elderly, Pacific Island and Maori patients and also the location of the practice whether it is rural or urban.

**Q.** Will patients have to pay for rest home care?

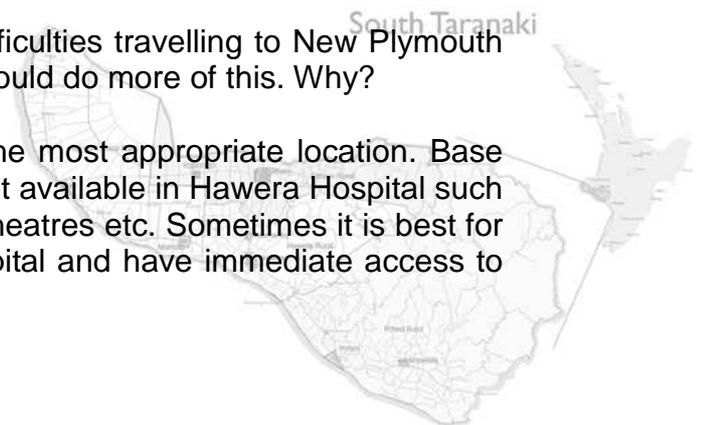
**A.** No, if intermediate and palliative care beds were in a hospital level of care rest home then the Taranaki DHB (TDHB) would fund the service.

**Q.** How do patients get from Hawera to Waikato? And who would pay?

**A.** Patients can either be transported by ambulance, but more often go by helicopter. The TDHB pays for this transportation.

**Q.** You said that people currently have difficulties travelling to New Plymouth for appointments but you are saying we should do more of this. Why?

**A.** It is about receiving the best care in the most appropriate location. Base Hospital has access to services that are not available in Hawera Hospital such as the Intensive Care Unit and operating theatres etc. Sometimes it is best for the patient to be transferred to Base Hospital and have immediate access to



these services and specialist doctors until they are well enough to be transferred back to Hawera Hospital to complete their recovery.

**Q.** What rest homes would you put these beds in?

**A.** There are only 2 hospital level of care rest homes in South Taranaki so the beds would have to be at one of these.

**Q.** Who will decide if you will go to Base and where will they do this?

**A.** Patients will do what they currently do. They will phone for an ambulance, present at Hawera Emergency Department, go to their GP etc. That will be where you will be assess as to whether you need to go to Base Hospital.

**Q.** We need more doctors but you are taking them away from us by making the work on call. You can wait over 1 hour in ED to see a doctor at present. How long away will the on call doctor be?

**A.** If this part of the proposal is to go ahead, I can assure you the doctor on call will not be an hour away, but the length of time it would have to take them to get to Hawera Hospital ED would have to be decided during the implementation planning.

**Q.** Are nurse practitioners the only nurses who can prescribe medication?

**A.** Yes, but in the future we will see more nurse practitioners across South Taranaki and New Zealand.

**Q.** South Taranaki has the 2<sup>nd</sup> lowest number of GPs in the country. How do you propose to attract more GPs to the area?

**A.** We are running a currently training programme that will from this year onwards see medical graduates coming to train in Taranaki. However in the long term this proposal is designed to make GPs jobs more attractive and in turn make them want to work in our region. Graduating GPs want to work as part of a wider healthcare team and with the implementation of Integrated Family Health Networks, that I explained during the presentation, we think this will attract GPs to Taranaki.

**Comment.** John Doran expanded on the GP training model happening in Taranaki. This year we have 2 trainees coming to live and work in Taranaki and next year there is going to be 4 trainees. "Someone tonight said that doctors come and go. In my opinion the sort of doctors you want to come is the ones that are going to stay in the community. This training opportunity will give these graduates roots to our region and they in turn will want to stay in our communities".

**Q.** Is it cheaper to have a doctor on call than on site?

**A.** Yes, a doctor on call is cheaper.

**Comment.** I thought the proposal was very good, but to me it is all just words on paper. We will be lucky to get 1/3 of the changes you have proposed. Will the residents of South Taranaki get the health care they deserve, or will we have to move?

**Q.** What timeframe have you set for implementing these changes?

**A.** When the proposal has been agreed by the Board we would develop a detailed implementation plan. Primary care would be the first to see changes, then the secondary hospital services would change. My experience suggests that would take at least 12 months to implement changes in primary care.

**Q.** What changes are happening in North Taranaki?

**A.** Any changes that are made to South Taranaki as part of this project will also be made to North Taranaki. If we changed North Taranaki first then there would be the risk that those changes would not work in South Taranaki, but any changes made to South Taranaki will work in North Taranaki. The range of providers in South Taranaki is bigger.

**Q.** Would you pay specialist nurses to work in South Taranaki if they live in New Plymouth?

**A.** Specialist nurses would be based in South Taranaki.

**Q.** Are we retaining the Emergency Department as an ED or is it going to be downgraded to an A & M?

**A.** There is no intention to downgrade the Emergency Department.

**Q.** Will ambulances still be able to go to Hawera Hospital to stabilise patients before taking them to Base Hospital?

**A.** Yes.

**Q.** Hospital transport is not convenient, how will you improve this?

**A.** The DHB hopes to work other organisations in the community such as the South Taranaki District Council, the Taranaki Regional Council and WITT who offer transportation throughout the region in the hope that we can provide a transport service that is more efficient.

**Comment.** You have caused a lot of controversy by all the cuts that have been made in the past. The reason people do not support this proposal is because they do not think you can implement the changes. Why do you not

ask some of the large industrial businesses for funding? You are trying to fix something that is not broken.

**Comment.** I transport workers from Riverlands to Hawera ED. I don't want to have to go to take them to New Plymouth now. Why are you going to close the Emergency Department after 10 pm?

**A.** The current services will still be available at Hawera ED. We are not proposing to close the ED after 10 pm, but to have an emergency doctor on call. You will still be able to take workers to Hawera Emergency Department as you currently do.

**Comment.** A loss of services will cause a lot more problems, especially for senior citizens. The Hospital can be a frightening place for those who are sick.

**Q.** What is the definition of a bed?

**A.** Beds are defined according to the staff looking after the patient using the bed.

**Comment.** South Taranaki Mayor, Ross Dunlop, said that he was glad Sandra Boardman stated that the Steering Group as a whole did not support the proposal but they supported the need to consult with the community. Mr Dunlop believed the need to improve primary care services was a good one and he was glad that the DHB were working towards improving this but he thought it would be a hard thing to improve.

**Q.** When patients have been in Hawera Hospital longer than 36 hours who would transfer them?

**A.** Patients would be transferred by ambulance. If a patient has been in Hawera Hospital for 36 hours and we thought they would only be there for another few then we would not transfer them. 36 hours is a proposed guideline.

**Comment.** Alex Ballantyne commented that a decision is yet to be decided. Sandra Boardman is only doing what the Board told her to do, and the Board are only doing what the Minister of Health told them to do. He said the Board will make sure that any changes will result in the same or better health services. Everyone needs to make a submission – every single submission will be listened to.

**Q.** Have you spoken with the large industries in the area?

**A.** Yes we have spoken with some already.

The meeting finished at 8.30 pm.