

NOTES OF THE KAPONGA COMMUNITY MEETING HELD THURSDAY 14TH JULY 2011 AT 1PM – 2.30PM AT THE KAPONGA TOWN HALL

Sandra Boardman (TDHB GM Planning, Funding & Population Health), Fran Davey (TDHB), Rebekah Barr (TDHB Administration Assistant), hosted by Kaponga Women's Institute, Fiona Collins (Chair Person).

Information packs including the draft proposal, submission form and frequently asked questions were handed out as people 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 meeting;

Comment. Our community is very concerned about the downgrading of our hospital. South Taranaki is 1/3 of the population of Taranaki. We shouldn't receive second class services just because we do not live in New Plymouth.

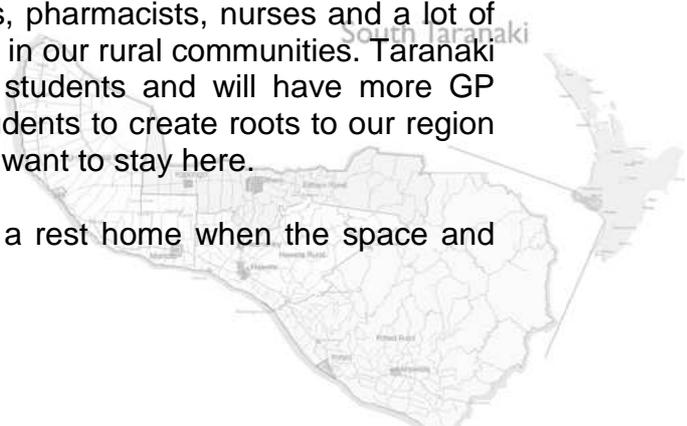
Q. You say that the population is ageing, what Steering Group members represent the ageing population?

A. Neil Walker, Ken Horner, Marie Dwyer and Jenny Nager are community representatives on the Steering Group.

Q. How do you plan to keep doctors in the community when you are decreasing beds?

A. GP shortages are not only an issue in South Taranaki, it is a global issue. We are trying to make the job more attractive to graduating GPs. By expanding the range of services available to GPs and allowing them to work as part of a wide team made up of doctors, pharmacists, nurses and a lot of other staff we believe GPs will want to work in our rural communities. Taranaki is going to be training fifth year medical students and will have more GP trainees next year. This will allow these students to create roots to our region and communities and hopefully make them want to stay here.

Q. Why do you want to purchase beds in a rest home when the space and services are already at Hawera Hospital?



A. Intermediate care is a different type of service and requires a different set of nursing skills. Hospitals are designed for acutely ill patients who require daily specialist medical assessment and treatment. Intermediate care is designed for patients who have recovered to a stage where they do not require daily specialist medical input not access to complex diagnostics. Intermediate care is about rehabilitating patients so they can return to their own home.

Q. How will this save the District Health Board (DHB) money? There will still be costs for nursing care and having GP visits.

A. The savings come from the type of care these patients need. Patients in a intermediate care are relatively stable and therefore require less nursing care so the nurse to patient ratio is small than it is in a hospital setting.

Q. Are there enough hospital level rest homes in South Taranaki to provide these beds?

A. At present there are not enough beds in hospital level rest homes in South Taranaki but this would be an opportunity for them to build a new facility. Although the location of these beds would be in a rest home, the service would be quite different.

Q. How will patients receive physio care if they are in a rest home? Hawera Hospital has a very well equipped gym.

A. The proposal is to increase allied health staff who would visit the patient and provide physio and other such care. But yes, there is a very good gym at Hawera Hospital.

Q. How would you cater for young children who need admission to hospital?

A. No children are admitted to Hawera Hospital since there is no specialist Paediatrician based at Hawera. Children will continue to receive care at Base Hospital.

Q. You said South Taranaki has problems with transport so why do you want to send more patients to New Plymouth when their family cannot get there?

A. The DHB hopes to work with organisations in the community such as the South Taranaki District Council and WITT who all offer transport services in the region. We would like to provide a transport service that is more frequent.

Q. Will the Whanau Ora service proposed by Ngati Ruanui be available for myself and my family to utilise even though I am not a member of their practice?

A. The proposals from Ngati Ruanui Medical Centre are that the Whanau Ora services will be available to everyone in the community, not just enrolled patients, so yes you will be able to use the service.

Q. Can you explain the proposed ED service more?

A. The proposal suggests instead of having a suitably qualified doctor on site between the hours of 10 pm and 8 am they will be off site and available on call. You would present at the emergency department as usual where you will be triaged by a nurse as is the present procedure. The nurse will then decide if the doctor needs to be called in. The number of presentations overnight is low and they are of a relatively low acuity. This suggestion came from meetings with doctors.

Q. How long would it take for the doctor to get to the hospital?

A. If this proposal was to go ahead the time limit to get to the hospital would have to be decided by specialists during implementation planning.

Q. Will there be a doctor on site in the ward over night?

A. No, a doctor would only be available on call.

Q. Are the nurses prepared to have this level of responsibility?

A. From discussions we have had with nurses at Hawera Hospital they have some concerns about their skills to manage with no Doctor on site. However it would be within their scope of practice and would be an opportunity for them to up skill and be suitable for it.

Q. Why are you not looking at making savings to the North Taranaki region? Why is it always South Taranaki receiving cuts?

A. The reason we are looking at South Taranaki first is because it is the most complex region, in terms of the range and types of health care providers.

Q. You are talking about increasing services in primary care – where will the extra staff come from?

A. We would have to make slight changes to current staff roles and some staff may require additional training. New roles such as Care Managers would require staff to be recruited.

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 hoped that before any changes were made to the Hospital, changes to primary care would need to be working well.

A. Sandra Boardman agreed that any changes to Hospital services would come after the implementation of changes to primary care.

Q. How many beds are there in ED at present? And how many will this be reduced to?

A. At present there are 4 beds, one of which is a resuscitation bed. This number would not change.

Q. The recent ammonia leak at Fonterra could have been a lot worse. Where would people go if there was a more serious emergency?

A. In a major emergency the districts Emergency plan would come into action. During the Christchurch earthquake, emergency services from around New Zealand were sent to Christchurch to help and the same thing would happen in Taranaki.

Q. What is the savings of having a doctor on call?

A. I will find out and put that information on the website.

Q. Do you think that the reason why services are not as good as they could be is because there is not enough money spent on them?

A. The allocation of funding received from the Ministry is determined by the population of the region. In the past, too much money has been spent on the Hospital and not enough on primary care. We need to rebalance this to improve services.

Q. How much is spent on administration and management staff?

A. I will find out for you.

Q. Can you outline the decision making process?

A. The consultation phase ends on the 4th of August. All submissions and notes from these meetings will go to an independent evaluator who will review it all and provide a summary. This evaluation, along with all submissions and notes will also go to the Steering Group and the Board. The Board will make a final decision, which will be by October.

The Kaponga residents at the meeting were then told that Board members, Ella Burrows and Alex Ballantyne were available to talk to after the meeting.

The meeting finished at 2.30 pm.