

NOTES OF THE HAWERA COMMUNITY MEETING HELD MONDAY 18TH JULY 2011 AT 1PM – 3PM AT THE HAWERA COMMUNITY CENTRE

Sandra Boardman (TDHB GM Planning, Funding & Population Health), Dr Greg Stevens (TDHB Head of Department – Emergency Department), Dr John Doran (Chief Medical Adviser), Dr Lorraine Taylor (Geriatrician), Gail Geange (Associate Director of Nursing), Fran Davey (TDHB Administration Assistant), Rebekah Barr (TDHB Administration Assistant), hosted by Hawera Community Board, Fiona Hicks (Chair Person).

Information packs including the draft proposal, submission form and frequently asked questions were provided at the entrance for people to collect on their way into the hall.

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.

During the meeting a petition was presented to the Taranaki District Health Board Chair, Mary Bourke; and a Facebook page and a letter signed by 8 large businesses operating in South Taranaki was presented to Sandra Boardman.

After the presentation there was an opportunity to ask questions. Below are some of the questions and answers captured from the afternoon meeting;

Q. In the event of a major accident, how many ambulances would be immediately available?

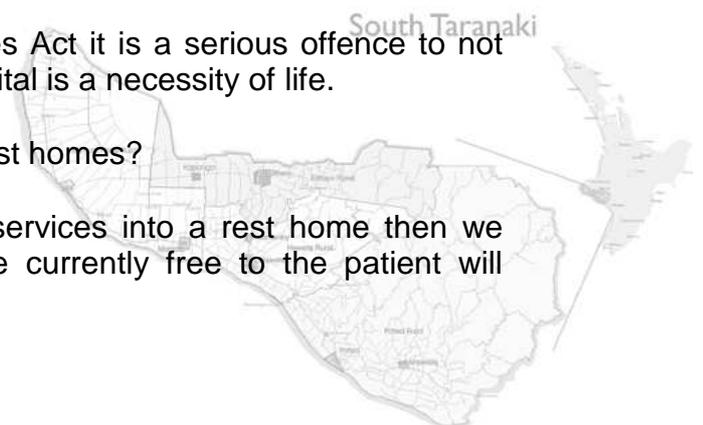
A. There are 2 ambulances based in South Taranaki.

Comment. Do you expect all of our ageing population to have access to a cellphone or the internet? They won't be able to access many of the services in this proposal.

Comment. Under the Provisions of Crimes Act it is a serious offence to not provide the necessities of life and the hospital is a necessity of life.

Q. Who would pay for patients to stay in rest homes?

A. If the District Health Board puts any services into a rest home then we would pay for it. Any services which are currently free to the patient will remain free.



Q. What reductions will be carried out at Base Hospital to ease the financial deficit?

A. Models of care developed and implemented in South Taranaki will also be rolled out in North Taranaki.

Comment. I urge that the nursing staff and doctors at Hawera Hospital be maintained. They cater for a population of 30,000 and are greatly needed.

Q. Manaia doesn't have broadband services. We won't benefit from the email consultations suggested in the proposal. What do you expect we do?

A. We are looking at a proposal for the future. I acknowledge that at present Manaia along with other areas in South Taranaki that don't have broadband, but in the future they will. These would be alternative options. For many people they will still want and will be able to see their doctor face to face, but the option for these other consultation methods would be there for those who would prefer them.

Q. If beds are purchased in rest homes are young children going to be put in them?

A. The intermediate care model is for older people. I acknowledge that some younger people do receive palliative care in rest homes. The Hospice have told us that very few patients fall into that category.

Q. How many management staff are there at New Plymouth Base Hospital?

A. I can't tell you the exact figure, but the Ministry of Health has a cap on the number of management and administration staff that the DHB are allowed to employ and we are currently below that cap.

Q. How many managers are there in Maori health services?

A. One.

Q. How many operating theatres are going to be opened in the new building at Base Hospital?

A. There are 4 and a half operating theatres at the moment which will increase to six when the new building is complete.

Q. Why don't you stop the new building at Base Hospital and use that money to fund Hawera Hospital so we can keep all our beds?

A. We would have to save money irrespective of the new building at Taranaki Base Hospital. Sometimes it is more expensive to renovate an old building than building a new one.

Q. When will we receive a response from the Board in regards to the future of Hawera Hospital?

A. The consultation finishes on the 4th of August. We then compile all of the submissions, letters, meeting transcripts, the petition and the Facebook page and it will be given to an independent evaluator to analyse it. There is then a combined Steering Group and Board meeting on the 29th of August where they will be given everything the independent evaluator was given and the report compiled. I suspect that at that meeting we will have conversations around what the community did not like about the proposal and discuss what needs to change. By late October the District Health Board will have made a decision on the future of health services in South Taranaki.

Comment. If the bed numbers at Hawera Hospital are reduced, families will be forced to travel to New Plymouth to visit relatives in Hospital. This will cause more stress to every member of the family.

Q. A strong thing for our culture is face to face contact. How do you see the emails consultations etc working for our culture?

A. It probably won't suit everyone, but it may do for some of the younger people. As I said before though, there is no intention to move away completely from a face to face service.

Q. How will you cater from the families of all the South Taranaki patients you propose to take to New Plymouth Base Hospital? Will we all be sleeping in cars or is there going to be enough accommodation for us all to stay there? This should have been decided before this proposal went out for discussion.

A. We would have to consider this. The capacity of the Whaiora accommodation is something we review regularly. The Whaiora team have to prioritise families but I acknowledge your comments. When this proposal is agreed and finalised, we will work through the implementation plan and that will be when these critical decisions will be made. We cannot make any changes to hospital services until the primary care changes are implemented and running well.

Q. Is reducing our beds from 20 to 4 a stepping stone to closing our hospital in the future?

A. No.

Q. It is very difficult for people who have no private transport to access medical services in Hawera and even more so in New Plymouth. The

appointment times give to South Taranaki residents mean that they cannot utilise the shuttle bus services.

A. We acknowledge that transport is a big issue. One of the Community Development Advisors for the South Taranaki District Council came up with a good idea about the South Taranaki District Council working with the District Health Board, the Regional Council and other organisations such as WITT to operate transport services to provide a more frequent service to suit residents better. We know that 7% of households in South Taranaki don't have private transport so we acknowledge this is an issue we have to work on.

Comment. Let me be very clear – we are asking for a fully functional A & E Department.

Q. Will we see the final proposal before it is implemented?

A. The proposal is going to change from what it currently is. The whole purpose of this consultation is to put some ideas forward that are for discussion and further refinement. The final proposal that you will get to see will include any changes that the Board agree on.

Q. What is the cost for an ambulance trip from Hawera to New Plymouth going to cost?

A. It will be the same.

Q. Why are patients from South Taranaki being discharged from Taranaki Base Hospital late at night when many of them have no transport home.

A. It is not acceptable to discharge South Taranaki patients late at night especially when they have no transport. There is no excuse for it.

Comment. This proposal looks to save \$1.1 million but how much will it cost to up grade the rest homes? How much will it cost to up skill staff? A lot more I bet.

South Taranaki Mayor, Ross Dunlop closed the meeting saying that this proposal has motivated usually kind and quiet residents to get involved. He said that South Taranaki residents must get involved to get this project right because the community deserves it.

The meeting ended at 3 pm.