

### **NOTES OF THE HAWERA COMMUNITY MEETING HELD MONDAY 18<sup>TH</sup> JULY 2011 AT 7PM – 9PM 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.

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

**Q.** What was the budget for both the 2010 'Vision for the Future' and 2011 'Alive with Opportunities for Better Health Care' projects?

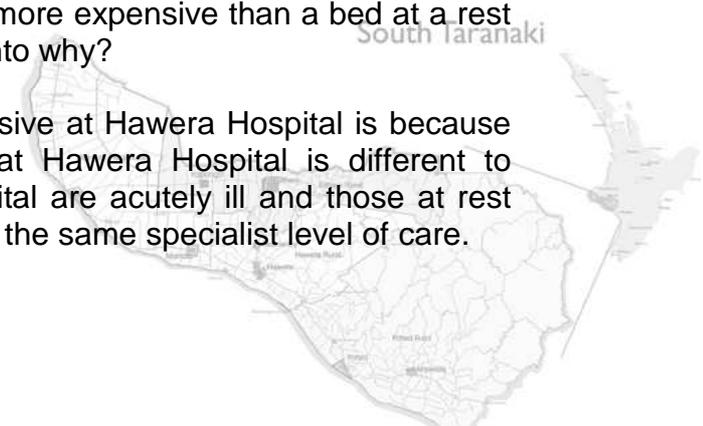
**A.** I do not have the figures, but the majority of people working on this project are doing so as part of their day job.

**Q.** After 10pm at night when there is not a doctor on site will patients be forced to travel to New Plymouth at a risk to their life?

**A.** 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.

**Q.** If a bed at Hawera Hospital is 2 times more expensive than a bed at a rest home like you say then have you looked into why?

**A.** The reason why beds are more expensive at Hawera Hospital is because the needs of patients being cared for at Hawera Hospital is different to patients in a rest home. Patients in hospital are acutely ill and those at rest homes are more stable and do not require the same specialist level of care.



**Comment.** There was a report that established the minimum level of health care requirements for Hawera. If we decrease our services to the level in the proposal we could hardly deal with a car crash let alone an industrial accident. We require hospital services that are not going to be changed in the next 12 – 18 months.

**Q.** When the revised proposal is released will members of the Board speak to the South Taranaki public on how the process underwent.

**A.** I cannot answer for the Board – I work for them. But I can say that all Board members will see everything that is submitted from the Facebook page and petition to every single letter we receive.

**Q.** What is the logic in reducing the number of beds?

**A.** I have heard the South Taranaki communities and realise that you do not want a reduction in beds. This is something we are going to have to consider when finalising the proposal.

**Comment.** All members of the Steering Group are opposed to this proposal, however we approved for the document to go out for public consultation.

**Q.** Do the District Health Board support the proposal in its entirety?

**A.** The DHB support the proposal as a workable model of healthcare.

**Q.** If the DHB don't support the proposals in this document then why did you not give us a document that states exactly how health care will be in South Taranaki?

**A.** We wanted to have input from the community and hear your views. We want to know what you value about the health care services in South Taranaki and what you want to change.

**Q.** Where is the business plan and budget that backs up your \$1.1 million savings?

**A.** We got the \$1.1 million savings from high level analysis, but the high detail savings will not be completed until the Steering Group meeting on the 29<sup>th</sup> of August.

**Q.** This proposal puts a lot more work on GPs. Where are they going to come from?

**A.** We are currently running a 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, we think this will attract GPs to Taranaki.

**Q.** In New Plymouth Base Hospital there are 333 managers. How many are there in charge of South Taranaki?

**A.** I don't know where that figure of 333 came from, but I suspect it also includes ward clerks etc. The Ministry of Health has a cap on the number of administration and management staff allowed to be employed by the Taranaki DHB and we are currently under that cap.

**Comment.** If there is a deficit of \$1.1 million then take it out of Base Hospitals budget not Hawera Hospitals.

**Q.** How long will it take for an on call 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.** I have read that ambulance fees will go up to \$4.50 on the 1<sup>st</sup> of February 2012. It will cost us about \$350 to get to Base Hospital in an emergency.

**A.** There are different types of charges for ambulances, but the \$45 emergency fee will remain the same for patients. The cost of transferring patients from Hawera to Base Hospital is incurred by the DHB not the patient.

**Comment.** Consultation is not negotiation. South Taranaki residents should be very wary of that.

**Comment.** If there is an industrial emergency Hawera Hospital's emergency department needs to stay open.

**A.** There is not intention to close the emergency department.

South Taranaki Mayor, Ross Dunlop closed the meeting saying that the public march that entered the meeting today sends a strong message to the Board members. He asked the Board to consider every submission they receive and make sure that the final proposal will result in the same or better health care for South Taranaki.

The meeting ended at 9 pm.