

South Taranaki – Alive with Opportunities for better health care **Project Update – 22 August**

1.0 INTRODUCTION

This report provides the Steering Group with an update on the *South Taranaki - Alive with opportunities for better healthcare project*.

2.0 PROCESS TO DATE

- Health Profile – completed February
- Public and Patient Engagement – completed March
- Business survey – completed April
- 3 Day workshop with Clinicians and managers of services in South Taranaki – held April
- Further meetings with Groups of clinicians – held April and May
- Development of a proposal for consultation - June
- Consultation - 4 July to 4 August
- External Review Panel begin work 18 August

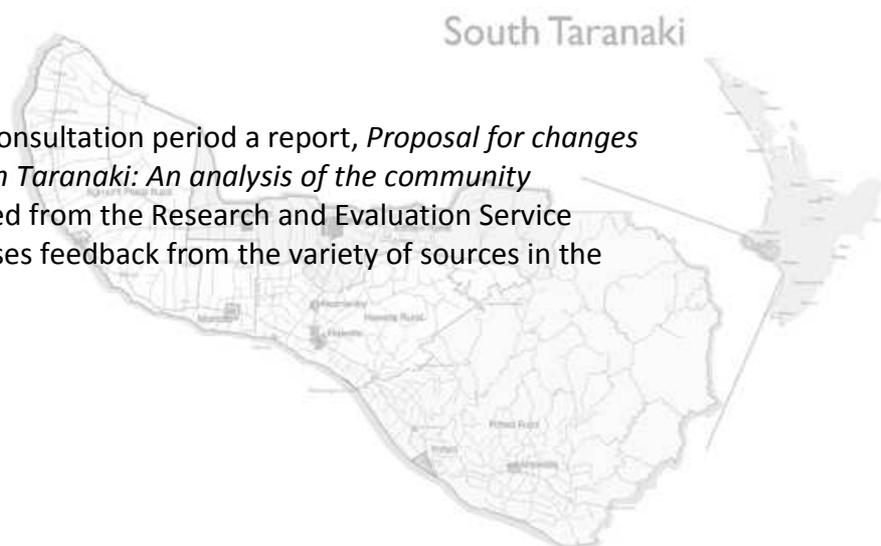
3.0 CONSULTATION

3.1 Process

The objective of the consultation process was to seek wider public and clinical feedback on proposals for future health service provision in South Taranaki. Nine public meetings and seven community meetings were held during the consultation period. Attendance at these meetings was 3186 with a number of individuals attending more than one meeting. Consultation questionnaires were distributed widely across communities by a number of mechanisms and were able to be submitted either in hard copy or via the internet. In total there were 374 questionnaire responses, along with 135 letters of feedback. Analysis of feedback shows that all communities in South Taranaki contributed feedback on the proposal. Feedback was also received from both individual and groups of clinicians. The Project Team is therefore satisfied that the consultation process met its objective.

3.2 Evaluation Report

Two weeks after the close of the consultation period a report, *Proposal for changes to Health Service Provision in South Taranaki: An analysis of the community consultation feedback*, was received from the Research and Evaluation Service Consultants. This report summarises feedback from the variety of sources in the following sections:



- Consultation survey questionnaires
- Public and community meetings
- Letters (including newspaper clippings and pre written letters)
- Formal submissions

Also included in the report are a public petition and social networking site, although it should be noted that both these were initiated prior to a proposal being released. Whilst the report includes an executive summary, each section of the report needs to be studied in order to appreciate the range of views expressed. Whilst the number of responses from clinical staff are small in comparison to the number received from the public, there are two aspects of this clinical feedback that the Steering Group should note:

- A number of significant clinical risk issues were identified which relate to DHB services:
 - Inpatient service
 - Scope of practice of Doctors working in ED and inpatient areas
 - New Zealand Medical Council requirements for supervision of Hawera Hospital Medical Officers Special Scale
 - Care pathway for emergency surgical patients, including trauma
 - Care of elderly patients

These will be addressed by the DHB provider as a priority.
- Clinical views of what constitutes good clinical practice do not necessarily coincide with the views of the community. Future work plans should aim to foster direct discussions between clinicians and the community to increase mutual understanding of the issues.

3.3 Results of consultation

3.3.1 Proposals that were largely supported by both community and clinicians:

- Extended primary healthcare team
- More emphasis on preventative care
- GP referrals for CT and MRI
- More tests available in South Taranaki
- IV chemotherapy at Hawera Hospital
- Introduction of Care Manager (Nurses or Allied Health staff)
- Sharing information
- More frequent transport to hospital
- Retention of maternity unit and visiting Obstetrician
- Retention of 24 hours ED
- Focus ED on delivering emergency care
- Provision of an after hours GP service at Hawera Hospital

3.3.2 Proposals which were not supported by the community but which were supported by some clinicians:

- Phone appointments and email consultations

- Email and text messaging to contact GP
- Telephone and video appointments with Hospital Specialists
- Kaiawhina support
- Provision of intermediate care beds and palliative care beds in a rest home setting
- Off site, on-call Doctor cover for Emergency Department overnight

3.3.3 Proposals which were not supported by clinicians but which were supported by community:

- Provision of emergency medicines at Hawera Hospital

3.3.4 Other proposals

The consultation feedback contains many suggestions which would add value moving forward. These include:

- Services which could be provided at Hawera Hospital rather than Base Hospital, including a wide range of nurse lead clinics
- Additional mental health support roles for both GPs and Hawera ED
- Alternative numbers and configurations of beds at Hawera Hospital
- Recruitment and retention support for GPs
- A range of community support ideas, including training first aid responders in isolated rural communities
- Public and patient information services
- Public private partnership models
- Alternative funding sources

4.0 EXTERNAL REVIEW PANEL

An External Review Panel has been commissioned to report to the Chief Executive and Board on the South Taranaki Project. The Panel comprises Stephen McKernan, a former Director General of Health; Dr David Sage, the former Chief Medical Advisor for Auckland DHB; and Dr Harry Pert, the elected President of The Royal New Zealand College of GPs. All have extensive experience and knowledge of the challenge presented in meeting the health needs of rural communities.

The Panel will review both final recommendations to the Board and the process used to develop them. The objectives of the review are to:

- Ensure proposals represent good, safe, clinical practice.
- Ensure proposals reflect efficient and effective use of resources.
- Support public confidence in proposals.
- Identify opportunities for further improvement.

The Panel met for the first time on 18 August and spent two days in Taranaki getting to know the background to the Project. They will provide their report to the Board in time for the September Board meeting.

5.0 FINANCIAL ANALYSIS

A detailed financial analysis has been prepared based on the proposals in the consultation document and is tabled as a separate agenda item.

6.0 NEXT STAGE

The Steering Group is asked to review the outcome of consultation and recommend a way forward for the District Health Board to consider and decide upon at their meeting on 8 September.

Sandra Boardman
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22 August 2011.