

**Recommendations from the Allied Health team:**

Miranda Cullen	Clinical Leader Allied Health (Occupational Therapist)
Val Elliot	Physiotherapist
Rachael Grady	Occupational Therapist
Tim Connole	Physiotherapist
Marian McDonald	Therapy Assistant
Bev Walker	Therapy Assistant
Vicky Lee	Physiotherapy Advisor/Coordinator
Mary Bird	Allied Health Manager

**South Taranaki Health Services Proposal:**

*“Allied Health Practitioners (AHPs) are a crucial component of primary healthcare. Interdisciplinary practice, inter-sectorial collaboration and community development approaches are central to the practice of many of the professions and they are expert in preventative, restorative and outcome focussed practice aimed at maximising functional and social outcomes. Whilst only a relatively small number of AHPs are currently employed in Primary Health Organisations, a significant number of AHPs, employed in secondary community teams work with people with long-term conditions, or are involved in admission avoidance activities within DHB provider arms. Considerable scope exists to improve the links between secondary community teams and primary health.”* DHBNZ Allied Health Innovations in Primary Health report February 2009.

**Then following feedback is from the Hawera-based Physiotherapy and Occupational Therapy staff and clinical leadership. These comments are made with the assumption that the South Taranaki community requires access to skilled allied health professionals who work in MDT teams across the continuum of care. Transfer of resources to new allied health FTE will enable “Better, Sooner, More Convenient Care, closer to home”**

**Allied Health Services:**

- Allied Health services are unique being district –wide and spanning the continuum of care. The service is already congruent with the common themes which emerged from the Gemba workshop.
- Allied health staff unanimously believe that the current model of allied health service provision is fundamentally sound, ensuring clinical quality and effective, efficient use of resources. They do not want to lose “what’s working well” in the re-modelling of South Taranaki services.
- *“Physiotherapy and Occupational therapy services at Hawera hospital are specialist in nature, and include musculoskeletal outpatients, hand therapy, neurological outpatients cardiac and pulmonary rehab as well as significant community and inpatient services. These are not available privately in South Taranaki”*
- There are opportunities to strengthen the allied health linkages with primary services and extend the services to better meet the needs of

people in the community if further allied health resources were available.

- Allied Health clinicians are very concerned that services would become vulnerable and unsustainable if services were contracted to primary health or Integrated Health Centres.
- *“We are opposed to privatisation of Allied Health services as there is limited private staffing resource for this work in South Taranaki, no professional support and an inappropriate skill mix. Secondary services staff are specialist assessors for Enable, ACC accredited and have a range of specialist skills available to the whole district, including South Taranaki.”*
- There are workforce recruitment and retention issues for Allied Health in Hawera which is effectively managed by the support from Base Hospital for staffing, ability to provide cover, and have a district-wide recruitment strategy
- Profession support and leadership already exists for Allied Health staff and works well.
- *“Primary care provides limited Allied Health services(Pharmacy, dietetics) therefore there is currently no duplication of services. There is no evidence that Primary health is ready for Allied Health services to be included with their services”*
- An Allied Health strength is the existing links with primary health which already exist in our services especially in South Taranaki. We welcome the opportunity to improve services by enhanced linkages in the new model.

### **Hawera Inpatient Ward**

- We support the retention of inpatient rehabilitation beds and ED services at Hawera hospital. We believe that this is clinically more effective, enhances outcomes, allows for efficient utilisation of allied health staffing and enables patients to stay closer to their family.
- Intermediate beds in Hawera could be at Hawera Hospital rather than in a residential facility to enable efficient utilisation of Allied Health staffing
- Therapy assistants are effectively working in a new generic role and are involved in more client contact as inpatients and community than previously. Allied Health staff already work across professional boundaries to increase efficiencies and reduce duplication. This came out of Hawera Hospital Vision for the Future and Allied Health review.
- There is concern around the cost of the proposed *gamba* model - Hawera staff think the cost will be higher. Investment in extra allied health staff will be required.
- In our suggested model for inpatient services a review of nursing, medical and support staffing would be required.
- Early transfer of acute rehabilitation, medically-stable patients from Base to Hawera is recommended with continuation of oversight from the OPHRS medical team.

- The identification of appropriate patients for transfer to Hawera from Base should include allied health personnel.

**Miscellaneous**

- Staff supports the need for more medical specialist outpatient services at Hawera.
- Allied Health staff has limited confidence in the ability of primary health in South Taranaki to manage the change in service provision.