

Appendix 1 - Recommendations of the Expert Review Panel

The Panel recommends that the Board:

Note *That on balance the future service model proposed for South Taranaki is inline with modern models of rural integrated community care*

Note *That Taranaki DHB has demonstrated a clear desire to ensure the “Alive with Opportunities” process is inclusive and transparent*

Note *That a more explicit description of the future South Taranaki service model needs to be developed, including:*

- *Description of how the new model of primary care delivery proposed in ‘Alive with Opportunities’ will integrate with Hawera Hospital services*
- *Description of new ways of working for health professionals across the sector, including practitioners with Rural Hospital Medicine vocational training working with general practice*
- *Consideration of nursing-led models of care*
- *Consideration of a shared IT system across DHB and primary care, including electronic referrals, discharge summaries, and test ordering and results*
- *Clinical pathway, supervision and treatment protocols between Base Hospital specialists and South Taranaki services*
- *More detail on integration of medical and nursing services with social services and allied health initiatives to remove service separation*

Note *That further work is required to assess the appropriate model of care for Hawera Hospital, training and transition costs, shared IT system, and clinical pathway and supervision arrangements*

Note *That a more explicit description of the future South Taranaki service model will enable a clearer plan for improved use of Hawera Hospital, other health facilities, and the transition pathway to achieve integration*

Note *That a more explicit description of the future South Taranaki service model will enable the South Taranaki community to more fully see the benefits of a modern model of integrated rural community care*

Note *That ultimately it is the Board that needs to make the final decision on the future service model for South Taranaki, as it is the Board who will be held to account for the safety, quality, and sustainability of services provided to the South Taranaki population*

A full copy of the Expert Review Panels report can be found at www.tdhub.org.nz South Taranaki project.

Appendix 2

Resolution 1

That the DHB noted that Clinical risks identified with current services are addressed by Chief Medical Advisor and General Manager Specialist Services, with progress against the corrective action plan for South Taranaki being reported through the DHBs risk management framework for South Taranaki at each Board meeting.

Resolution 2

That further work is undertaken with clinicians, the Council and community groups to develop a description of what an integrated model of service delivery would look like from a patient perspective.

Resolution 3

That TDHB works with the Midland Health Network, the National Hauora Coalition, education providers and professional bodies to establish and maintain a suitable medical workforce to support the future model of service delivery.

Resolution 4

That the DHB create better mechanisms by engaging with the South Taranaki community, to ensure regular and ongoing community involvement in service planning and increased community understanding of health issues. This could include the establishment of a community reference group, with representatives from all South Taranaki communities; or ongoing engagement with existing community groups. The community engagement mechanism would be the means by which a steering group would judge community views and understanding of health issues.

Resolution 5

A Clinical Forum is used to explore different views of all clinicians working in South Taranaki on outstanding issues, with a view to reaching mutual understanding of issues and agreed patient pathways. The Clinical Forum would engage directly with a steering group to ensure an understanding of the rationale for clinically driven service change.

Resolution 6

That the DHB establish an agreed mechanism, with Te Whare Punanga Korero and Iwi, for ongoing engagement in service planning.

Resolution 7

That a Steering Group be re-established on alliance principles comprising 8 – 10 members, including 4 -5 clinical members, with the skills, expertise and accountability to work with the DHB in leading planning of changes to service delivery in South Taranaki.

Resolution 8

That the DHB undertake a Health Impact Assessment to mitigate the risk of service changes leading to an increase in health inequalities for Maori and others with high health needs.

Resolution 9

That the DHB consider the two recommendations of the Steering Group, noting that the first recommendation is incorporated in the implementation plan; and in considering the suggestion of a South Taranaki Manager, ask the Chief Executive for a paper detailing how such a position may be managed and what its key objectives might be.

Resolution 10

That the DHB support the implementation plan outlined in section 8 subject to further development, evaluation and assessment of the practicalities of implementation to determine whether or not they proceed.

Resolution 11

That the DHB note that the proposed implementation plan will not contribute to the DHBs financial savings target.

Resolution 12

That resolutions 1 – 11 are correlated to and reflect the report and recommendations of the Expert Review Panel and are referred back to the Board.

Appendix 3

8.0 IMPLEMENTATION PLAN

There is both clinical and community support for the majority of changes proposed in the consultation document. Actions to deliver these supported changes are detailed in the following implementation plan. Three parts of the proposal do not have the same level of support: access to emergency medicines; bed numbers and configuration; and over night doctor cover for the Emergency Department at Hawera Hospital. Further work is required to achieve consensus on these issues. All proposals will require further development, evaluation and assessment of the practicalities of implementation to determine whether or not they proceed.

Immediate and ongoing: (September 2011 – February 2012)

These actions should be implemented as soon as detailed development has been completed and practicality of implementation confirmed. Whilst integration with other service changes is essential for these actions, implementation planning can incorporate integration with other services.

Action	Relevant Elements of Consultation Proposal	Lead/Supports
Implement Project Splice	<ul style="list-style-type: none"> Introduction of Care Managers (Nurses or Allied Health) 	Lead: DHB/ Support: Midland Health Network & National Hauora Coalition
Develop integrated transport strategy	<ul style="list-style-type: none"> More frequent transport to hospital 	Lead: Taranaki Regional Council Support: DHB, South Taranaki District Council, WITT & others
Scheduling of appointments and transport to Base Hospital		Lead: DHB
Implement Regional Radiology Referral Criteria	<ul style="list-style-type: none"> GP access to CT & MRI 	Lead: DHB Support: PHOs
Expansion of services delivered at or from Hawera Hospital and integration with the rest of the sector. (The objective should be to maintain local access to appropriate and safe services for patients where possible. A priority should be placed on the appropriate and safe over the local where a choice has to be	<ul style="list-style-type: none"> More tests available in South Taranaki IV chemotherapy at Hawera Hospital Retention of maternity unit and visiting obstetrician Kaiawhina/Navigator support 	Lead: DHB Support: PHOs, GPs, South Taranaki District Council & other community groups

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Access to medicines out of hours	<ul style="list-style-type: none"> Provision of medicines for emergency and urgent treatment 	Lead: DHB Support: Community Pharmacists & PHOs
Health Impact Assessment to assess and mitigate any risk of change leading to an increase in health inequalities		Lead: DHB Support: Iwi & PHOs
Sustainable Medical Workforce for South Taranaki		Leads: DHB & PHOs Support: Professional bodies and education providers
Health Know How Aimed at <ul style="list-style-type: none"> Increasing the knowledge of the community about health services. Supporting communities to look after their own/ their families health needs Increasing access to information about health Developing community support networks 		Lead: DHB Support: PHOs, South Taranaki District Council & other community groups

Medium term and ongoing (February 2012 – September 2013)

The change management associated with these actions is significant and implementation is expected to take 12 to 18 months to complete. Whilst integration with other services is essential for all actions, this can be built into implementation planning.

Action	Relevant Elements of Consultation Proposal	Lead/Supports
Implementation of Better, Sooner, More Convenient Primary Care business cases	<ul style="list-style-type: none"> • Extended primary healthcare teams • More emphasis on preventative care • Phone Appointments and email consultations • Email and text messaging to contact GP • Kaiawhina/ Navigator support 	Leads: Midland Health Network & South Care Medical Centre National Hauora Coalition & Ngati Ruanui Medical Centre Support: DHB

Interdependent Actions

The timing of these actions is highly dependant on completion of other activities. Therefore rigorous monitoring of the progress and impact of these activities will be required to determine when the dependent actions can take place. Once it becomes apparent from routine monitoring that service requirements have changed, the issue would come back to the Board for a decision.

Action	Relevant Elements of Consultation Proposal	Lead/Supports
Determine bed requirements and configuration <u>Dependencies:</u> changing clinical practice, management of clinical risk	<ul style="list-style-type: none"> • 36 hour assessment/observation/treatment beds • Palliative Care beds • Intermediate Care beds 	Lead: DHB Support: PHOs, South Taranaki District Council, Community Groups
Determine Emergency Department requirements and configuration <u>Dependencies:</u> management of clinical risk, changing clinical practice, primary care development	<ul style="list-style-type: none"> • Retention of 24 hour ED • Overnight medical cover for ED • Focus ED on delivering emergency care • Provision of after hours GP service at Hawera Hospital 	Lead: DHB Support: PHOs, South Taranaki District Council & Community Groups