

### **NOTES OF THE MEN'S AND WOMEN'S COMBINED PROBUS MEETING HELD TUESDAY 21<sup>ST</sup> JUNE 2011 AT 10AM AT THE HAWERA BOWLING CLUB**

Mary Bourke (TDHB Chair), Ella Burrows (TDHB Board member), Jackie Broughton (TDHB Project Manager), hosted by Jan Langford (Women's Probus President) and Kevin Dwyer (Men's Probus President).

Mary asked if the group wanted to go over the presentation as she was concerned it was a bit long. They confirmed that this was something they wanted to allow them to be updated, Mary delivered all slides and responded to all questions.

After the presentation the group were provided an opportunity to ask questions below is some of the questions and answers captured from the morning;

**Q.** The TDHB annual plan that went to the Minister – what was in it in regard to the Hawera Hospital and will this have an effect on the plans for the hospital today?

**A.** It was Mary's understanding that the annual plan that went to the Minister with a solution for South Taranaki was not acceptable. TDHB was told to go back with another one.

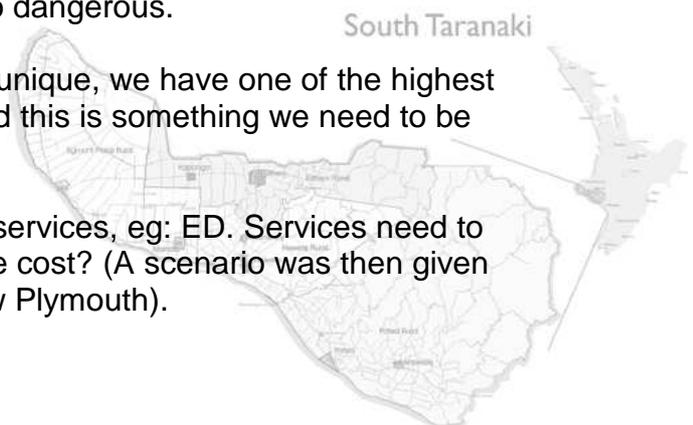
**Q.** Is the viability of this scheme dependant on specialists and GPs?

**A.** We need to find a way of better utilising what we currently have. While managers say less cost, the challenge to the TDHB is to better utilise the physical facilities and people resources that are currently here. Mary then encouraged the group to think about this during input to submissions.

**Q.** Do managers consider the amount of industry in this area? We need something in case of any disasters of these industries. We are unique and need to maintain medical services at full capacity to cope with anything bad that may happen, an hour trip to base is too dangerous.

**A.** Mary agreed South Taranaki industry is unique, we have one of the highest employment rates per capita in rural NZ and this is something we need to be mindful of when developing the proposal.

**Q.** Is there any thoughts of contracting out services, eg: ED. Services need to talk to each other so it doesn't add anymore cost? (A scenario was then given regarding costs when required to go to New Plymouth).



**A.** GPs have not had to provide after hour's services lately, it used to be 24/7 we will need to relook at this. On the question of contracting out – the health board members would need clear details of how this might work.

**Comment.** There are no surgeons between Wanganui and New Plymouth. Lots of elderly in South Taranaki rest homes need our hospital or local services.

**Comment.** Animals get better service than people. Vets see them 24/7 ok at a cost but people in South Taranaki don't get that service.

**A.** It's required.

**Q.** What influence does the Government have on the health board?

**A.** The Minister can veto TDHB decisions, eg: the last annual plan. The board as a whole is answerable to the Minister. The elected TDHB members don't have the same influence as those in Local Government. There is no set formula about the appointment of chair people. While the Minister makes the appointments – there are some who were elected and some who were appointed.

**Comment.** TDHB meetings are held in committee so people don't get to see what goes on it is not transparent.

**A.** Usually what is held in committee relates to a requirement from the Ministry about not announcing possible funding amounts before the government budget is released.

**Q.** Could a private model work?

**A.** The original operators of the ED were private and that worked well.

**Q.** When you attend ED you are ranked 1 – 5. If you are a 3, 4, or 5 and you can't get to a doctor, where do you go?

**A.** We need to ensure people can see a GP when they need it.

**Q.** Midland proposal – more regional cooperation (great that patients have service). Can you tell us more about this?

**A.** Mary gave an overview of what Midland Health is, then said that the Minister wants better collaboration within the health boards, eg: utilising IT.

**Q.** We should have a national IT database to ensure that doctors, GPs and specialists can access patient files weather they are in Auckland or South Taranaki. Is that something we could get here?

**A.** There's plans at present to roll out a new IT system, which will allow doctors, GPs and specialists to access GP files after being given permission from the patient, however, this may not be in use for a couple of years. The patient will also be able to access their own files and check their results etc. Video conferencing is another avenue for IT which could be well utilised in South Taranaki allowing the GP to sit with the patient and discuss their concerns with a specialist in another region saving time, travel, additional costs and stress on the patient. At the Rural health seminar they shared video conferencing and email consultation processes. A Wairoa GP discussed how they are making things better in their community, eg: patients only have one consultation, instead of being referred four different times and having four different referrals.

**Q.** Will the proposal have something in it to ensure we keep our GPs in Hawera and will it help them stay in South Taranaki?

**A.** Recruitment, retention and training have been identified as a need for the South Taranaki community.

**Comment.** If we were to privatise some hospital services, perhaps it should be trailed in North Taranaki first.

Jackie and Ella then shared some comments and Mary wrapped up the meeting at 11.30am. They then shared lunch with the group speaking with small groups of the 120 people present until 1pm.

Mary had some fairly blunt comments to make regarding the fact that we are a service industry and should be seen as such.