

CONSULTATION DOCUMENT

This document describes proposals for changes to health service provision in South Taranaki and seeks feedback from all interested parties. **Highlights** and **[Comments]** by Dr KTB

1.0 Introduction

Medicine and health in general is changing all the time, not just locally, but throughout New Zealand and all around the world. Compared to even five or ten years ago the possibilities are greater, demand is greater and expectations are greater. In Taranaki, we need to keep up with those changes wherever possible.

In health, no matter how much we have, we can always find a good use for more money and that's the same globally. The DHB's job though is to **work with people** to get the best we can, for all the people of Taranaki, with the resources we've got. That includes for example the **skilled clinicians**, support staff, carers, **facilities**, equipment and technology, in hospitals and in the community.

Change is needed for two reasons firstly because whilst everyone works to do a very good job, we can do even better with and for Taranaki people; and secondly because **we can't afford the status quo [a debatable statement]**. This sounds like an impossible conundrum of doing the same or more, with better outcomes, for less cost – however we believe that it is achievable.

It's widely accepted by clinicians and others involved that we need to change the way we provide services, and how those services relate to one another caring for the same patients. Some of those changes may mean challenging ourselves about who does what, where, and when. This may also be through the greater use of technology to help clinicians, patients and their carers, to have the information they need when they most need it, and for it not to be duplicated in different places. This could mean more timely, and potentially better care or treatment. **[It also could mean slower, poorer care if what works well is downgraded]**

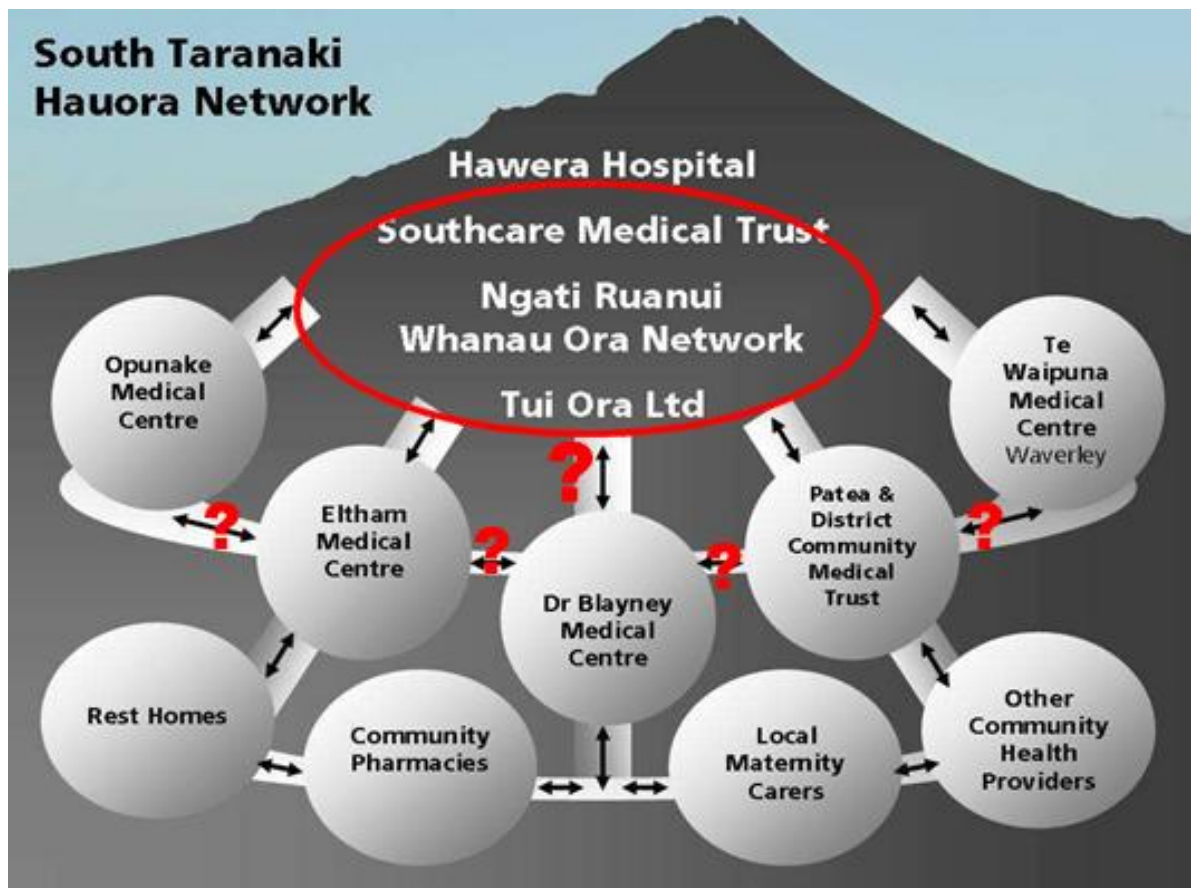
The DHB **[management]** has led a review of all health services provided to people in South Taranaki. Working with **[a few]** clinical staff and health organisations **delivering services** in South Taranaki, **[and far more based outside ST and even Taranaki]**, we have come up with some **proposals** for changing how services should be delivered in the future. The goal is to design enduring health services that are delivered by **skilled staff**, in the **best location for patients**, while making good use of technology and equipment.

We want to hear what you think about our proposals so that we can make sure that future services are as good as they can be. **[by using less skilled staff in less appropriate locations]**

PROPOSED FUTURE SERVICES

The intended outcome of the proposed service changes is that health services for South Taranaki people are delivered by skilled staff, in the best locations for patients, while making good use of technology and equipment.

SOUTH TARANAKI HAUORA NETWORK



[This figure places SouthCare, Ruanui and Tui Ora in some vague place between other GP and primary care providers as if they control or co-ordinate public services, information or patient flow which is unacceptable to this practice. How this can function as a "Virtual core" is not clear. It also shows some undefined relationship with other GP practices.]

In considering our proposals we ask people to think about how things might be in the future, rather than as they currently are.

2.1 Virtual Core Supporting a Network of Providers

The proposed model of future services for South Taranaki is a **Virtual Core** in Hawera, combining the functions of a rural Hospital, an Integrated Family Health Centre and a Whānau Ora Network, reaching out and supporting a network of GP practices and other health providers. The system has a focus on delivering services to patients in their communities and homes. **[If a practice (like SouthCare or Ruanui Health) wish to function as an Integrated Family Health Centre, that is their business and should not interfere with the smooth functioning of the hospital or other practices. We do not believe this can improve access to GP services as outlined in the Bishops Action Foundation report nor serve as a “hub” for co-ordinating other services. It is a Midlands concept foistered on ST]**

2.2 Wellness Focus

The aim is to keep people well. Priority is given to immunisation; screening for diseases such as cardiovascular disease, diabetes, cervical cancer and breast cancer; and early intervention through effective cardiovascular and diabetes services. **[We do this already]**

2.3 Shared Back Office Function

Standardised clinical pathways enable the use of a single point for access to services, referral management and booking. **[OK if separate staff from Ruanui & SouthCare]**

2.4 Reducing Health Inequalities for Maori

Standardised clinical pathways ensure effective treatment for all. Kaiawhina will be advocates for whānau, helping them overcome barriers and support access to services. Development of a Whānau Ora Centre within the Virtual Core will ensure that both the health and social needs of Māori whānau and high needs families are met.

2.5 Virtual Core

The Virtual Core will be spread across a number of facilities **[clearly not “Virtual” then]**, although it is anticipated that some co-location of services will occur. It will include the core functions of:

- A **Whānau Ora Network** -delivering health and social services to both the enrolled population and the wider community, supporting whānau to achieve their maximum health and wellbeing. **[What about non-PHO Maori patients?]**
- An **Integrated Family Health Centre** with an extended general practice team including Clinical Pharmacist, Medical Centre Assistants, Care Managers for older people with high and complex needs, physiotherapist, occupational therapist, District and Public Health Nursing. **[We think publically funded physio/OT & DN are better where they are (purpose built) and not pushed into one practice that is only covers 50% of the population]**
- A **Rural Hospital** – including primary maternity, an ED after-hours service **[no, it must be 24 hours]**, short **[and medium]** stay beds, a wide range of allied health, mental health, outpatient and community services. **[Just as it is or better, please]**
- **Palliative care beds** delivering end of life care for those people who cannot effectively be managed in their own homes. **[Must be available in the Hawera Hospital IP ward if needed for situations such as symptom control, respite care and if nursing requirements become too much for home or Nursing Home]**
- **Intermediate Care beds** enabling South Taranaki patients, who no longer require complex diagnostics or daily specialist medical input, to be transferred from Taranaki Base to Hawera **[missing the word Hospital]**. Intensive rehabilitation support from the Specialist Older People Service will be provided **[missing “at Hawera Hospital”]** to enable most of patients to return to their own home **[or a Rest Home]**.

The services of the Virtual Core will operate as a single system. If the proposal is accepted, implementation planning of the Virtual Core would be undertaken by a collaborative of the DHB, Ngati Ruanui Medical Centre, SouthCare Medical Centre, Tui Ora, Midland Health Network and the National Maori Hauora Coalition **[but not Independent Practices?]** .

2.6 General Practice

Medical Centres outside the Virtual Core will be supported by an expanded range of mobile services delivered from the Core, which will enable the expansion of family health care teams at those practices **[Our practice will need access to services from Hawera Hospital.]**

2.7 Summary

- A network of services linked to one another, serving the same patients. **[Very vague on this “network” – not happy if means dealing with an IFHC/SouthCare/Ruanui organisation]**
- All services delivered by suitably qualified staff in an appropriately designed facility. **[So that rules out Rest Homes for post-op and other rehab patients surely?]**
- Co-location of services wherever possible. **[What benefit is this? Eg pvt Physio at S/C]**
- Core of services provided by the DHB, Ngati Ruanui, SouthCare and Tui Ora, which support all other providers. **[Disagree with core services going under S/C, Ruanui & Tui Ora as they struggle to service their own patients. DN, O/P stress testing etc should remain under DHB control and stay based at Hawera Hospital]**
- Hawera Hospital to provide an expanded range of community and outpatient services plus:
 - 24 hours emergency department, with on-call Doctor overnight **[must be on-site 24hrs]**
 - Maternity including four beds **[and ability to expand use to “flexibeds”]**
 - Four short stay beds **[No, should retain full in-patient 20-21 bed capacity for any function, short stay, medium stay, rehab, post-op, epidemic, maty over-flow etc]**
- Two palliative care beds and four intermediate care beds, either in Hawera Hospital or a hospital level rest home **[Hospital level rest home beds should be for patients who have completed rehab/therapy but still need full nursing care. Patients should not be sent to rest home beds to reduce costs while they still need active rehab or medical care.]**
- General Practices in Hawera (Dr Blayney), Patea, Waverly, Opunake and Eltham supported by an expanded range of mobile services which link to the family health care teams at those practices. **[No, this practice wants access to DHB services at Hawera Hospital and by DHB District Nursing]**
- Links between health services and social service providers in same geographical area eg Youth services, Iwi services, CYFS.
- Integrated transport network including health, district councils, regional councils, other organisations.
- Shared back office functions including single point for access to services, and referral management and booking. **[These last three bullet point functions would be better achieved using a hospital based integrating service (as in the “Roma Tika” model), rather than from some ill-defined IFHC of one or two large clinics who struggle to service their own patients.]**

3.0 PROPOSALS FROM A PATIENT PERSPECTIVE

3.1 Visiting Your GP Practice

Waiting times to see a GP **[in some practices]** were **[was]** amongst the most frequently cited issues **[issue]** with current health care services in South Taranaki. The expected outcomes of the proposed changes are an increase in the availability of appointments at GP practices and a reduction in waiting times.

CURRENT SERVICES	PROPOSED CHANGES
<ul style="list-style-type: none"> • Patients are generally offered an appointment with a GP or a Practice Nurse. • For most GP practices it is very much a matter of “first come first serviced”. [Incorrect - this only applies to the big clinics, smaller practices fit in their more urgent cases sooner] • A large number of patients [from the bigger clinics] use the Emergency Department at Hawera Hospital for health issues that would be better dealt with by a GP or their health care team. 	<ul style="list-style-type: none"> • In addition to face to face appointments with GP’s [GPs] and Practice Nurses, patients could be offered appointments with: Clinical Pharmacists, for expert advice on medicines; Care Managers, who will coordinate care for older people and others with complex long term conditions; physiotherapists; occupational therapists; mobile nurses, who will deliver care in the patients home. [Our practice will continue to have the GP (with input from the Practice Nurse) advising who needs these services] • Patients may be offered planned phone appointments, and email consultations. [Medico-legally unsound practices] • Timing of appointments will depend on clinical need. [already happens] • All practices will keep some slots each day for patients who urgently need to see their GP the same day [already happens], although the number of slots available each day will depend upon the size of the practice [the bigger, the least adaptable!]. • Kaiawhina* will be available to support whānau who need to attend a GP practice. *Kaiawhina act as an advocate for whanau/family and assist whanau/family to navigate through the health system

QUESTIONS:

1. Would you use phone appointments and email consultations with your family health care team if these were available? Yes/No (please circle) **[NA]**

2

Would the availability of appointments with Clinical Pharmacists, Physiotherapists, Occupational Therapists, Care Managers (nurses to coordinate your care) or Mobile Nurses (to visit you at home) be helpful to you? Yes/No (please circle) **[Access remains available in our practice, but on GP recommendation]**

3. Are there any other issues about visiting your family health care team that we need to consider? Yes/No (please circle)

3.2 Contacting Your Family Health Care Team

Getting a timely appointment to see a GP **[in the bigger practices]** was the issue most frequently identified by people living in South Taranaki with patients making repeat calls to contact the **[bigger]** practice for an appointment. The expected outcome of the proposed changes is that it will be easier for you to contact your family doctor or another member of the health care team.

CURRENT SERVICES	PROPOSED SERVICES
<ul style="list-style-type: none">• Most people who have a health issue contact their family doctor by telephone. • The call is taken by a receptionist [who in our practice refers to the Practice Nurse or GP to establish urgency]	<ul style="list-style-type: none">• People will still be able to contact their family doctor [practice] by telephone.• Patients will be contacted by their family doctor [practice] and offered screening for health issues and preventative treatment to keep them well. This will include screening for heart disease and diabetes, as well as immunisation and help to stop smoking. [already happens]• Patients in some practices will be able to contact their family doctor by email or text messaging. [already happens but not as an alternative to face-to-face consultations]• At some practises [practices] a GP will answer telephone calls during a specified time [making it even harder to see a GP face-to-face, so this will not occur here].• Calls to many practices will be taken and requests prioritised by a Nurse. [Our nurses may answer the phone at times but decisions on prioritizing remain clinical (i.e. nurse or GP decides, not the receptionist)]

QUESTIONS:

1 Do you agree that your family doctor should put more emphasis on preventative care to keep people well? Yes/No (please circle) **[Implying that he or she doesn't at present!]**

2 Would you use text messaging or secure email to contact your family doctor if this was available? Yes/No (please circle) **[NA for consultations]**

3 Are there any other issues about contacting your family doctor that we need to consider? Yes/No (please circle)

3.3 Diagnostic Tests

In order for your family doctor to know what the best treatment for you is, sometimes diagnostic tests are needed. These include radiology tests such as x rays and ultrasounds; and some heart investigations such as echocardiograms.

The expected outcomes of the proposed changes are faster access to diagnostic tests for patients and greater availability of diagnostic tests for GPs. **[At last something we asked for!!]**

CURRENT SERVICES	PROPOSED CHANGES
<ul style="list-style-type: none"> • GPs can refer patients for x rays and non-urgent ultrasounds. • If a GP thinks a patient needs more and urgent ultrasound or specialised tests such as CT or MRI scans, they have to refer the patient to a hospital specialist. Sometimes this involves the patient attending the Emergency Department at Base Hospital e.g. for an urgent ultrasound. For other tests the patient often has to wait for an outpatient appointment with a Specialist before the test is done e.g. CT and MRI scans. The waiting time for an outpatient appointment can be up to six months. [unless you go privately] • Specialised tests such as CT, MRI and echocardiograms are only undertaken in Taranaki at Base Hospital. [or privately] 	<ul style="list-style-type: none"> • In addition to x-rays and non urgent ultrasound, GPs will be able to refer patients directly for urgent ultrasound, CT and MRI according to agreed protocols. This means that patients will not have to wait so long for tests to be undertaken and GPs will be better able to meet the needs of their patients. [About time! Whether patients of GPs have to wait longer for the same urgency as ED or O/P generated requests (as with ultrasound), time will tell] <ul style="list-style-type: none"> • CT and MRI will continue to be offered only at Base Hospital due to the extremely high cost of purchasing and maintaining the equipment. [Pity, we did suggest buying a new CT for Base and having the old one at Hawera!] • Echocardiogram investigations will be offered in South Taranaki. [Good] • Mobile diagnostic testing will be offered to GP practices. [Unclear what this is]

QUESTIONS:

7. Do you think it is important for GPs to be able to refer a patient directly for a CT or MRI scan? Yes/No (please circle)

8.
Would you like to be able to have more tests, such as urgent ultrasounds and echocardiograms available in South Taranaki? Yes/No (please circle)

9.
Are there any other issues about diagnostic tests that we need to consider? Yes/No (please circle)

3.4 Medicines

People in South Taranaki obtain medicines from community pharmacies in Hawera, Patea, Waverley, Manaia and Eltham, or from a pharmacy depot in Opunake. Obtaining medicines in the evening, at weekends or on a public holiday is problematic for many people. Whilst community pharmacists in Waverley and Patea respond to emergency requests from GP's patients, other patients have to go to New Plymouth to obtain medicines.

Intravenous chemotherapy is currently only administered in New Plymouth.

The expected outcomes of the proposed changes are to reduce the need for South Taranaki patients to travel to New Plymouth for emergency medicines needed after local community pharmacies have closed or for intravenous chemotherapy.

CURRENT SERVICES	PROPOSED CHANGES
<ul style="list-style-type: none"> • Most community pharmacies in South Taranaki are open from 9am to 5pm on Monday to Friday and from 9am to midday on Saturdays. • Outside these hours South Taranaki patients requiring medicines have to travel to New Plymouth or Wanganui to get their prescription dispensed [Many GPs will give enough medicine from their clinic supply if needed when prescribing after-hours] • IV Chemotherapy is only administered at Taranaki Base Hospital. 	<ul style="list-style-type: none"> • An agreed range of medicines for emergency and urgent treatment will be agreed with GPs in South Taranaki. Supplies of these medicines will be kept in the emergency department at Hawera Hospital and will be available to patients with a valid prescription when community pharmacists are closed. [Fine, but medico-legal issues exist] • Where clinically possible IV chemotherapy will be administered to outpatients at Hawera.

QUESTIONS:

10.
Would it be helpful if supplies of emergency medicines were available at Hawera Hospital? Yes/No (please circle)
11.
Would it be more convenient for you to receive IV chemotherapy at Hawera Hospital? Yes/No (please circle)
12.
Are there any other issues about obtaining medicines that we need to consider? Yes/No (please circle)

3.5 Community Health Services

Community services are delivered in clinics and in peoples own homes by a range of healthcare providers. Patients of some GP practices have access to a limited range of these community health services.

The expected outcomes of the proposed changes are that patients of all GP practitioners will have access to a comprehensive and well coordinated range of community health services.

CURRENT SERVICES	PROPOSED CHANGES
<ul style="list-style-type: none"> • Mobile and outreach health services such as nursing, mental health and allied health services, are provided by a range of healthcare providers. [Currently these providers should co-ordinate with GP practices] • Services delivered by different providers are not necessarily coordinated, resulting in visits by multiple health care professionals to some patients and whanau. • Some patients are confused about their health issues and care due to conflicting advice from several health care professionals. 	<ul style="list-style-type: none"> • Experienced nurses will act as Care Managers for older people and others with complex health needs. They will assess the persons health needs and coordinate all aspects of their care. [Only if co-operating with patients' GP] • Providers will use standard care protocols for common conditions. [Unless advised differently by GP] • Health care professionals will be able to access relevant information from other providers treating the same person. [But not without permission of GP and patient in our practice]

QUESTIONS:

13.

Do you support the introduction of Care Managers to assess and coordinate the care of people with complex health needs? Yes/No (please circle)

14.

Do you agree that health care professionals should share relevant information about you with other health care professionals looking after you? Yes/No (please circle)

15.

Are there any other issues about community health services that we need to consider? Yes/No (please circle)

3.6 Referral to Hospital

Waiting times for access to see a hospital specialist was an issue raised by many people in South Taranaki.

The expected outcome of the proposed changes is a reduction in waiting times to see a hospital specialist, due to greater availability of specialist appointments, better use of technology and direct referral to diagnostic tests by GPs.

CURRENT SERVICES	PROPOSED CHANGES
<ul style="list-style-type: none"> • Most referrals to hospital specialists are written and then faxed, although some individual Specialists accept email referrals • Most Specialist appointments are “face to face” • Some hospital specialist appointments are taken up because the GP is unable to access a diagnostic test directly 	<ul style="list-style-type: none"> • All Hospital Specialists will accept email referrals • More follow up telephone consultations will be offered between South Taranaki patients and hospital specialists. [But not at the expense of fewer visits] • Video consultations will be introduced between patients attending outpatient clinics at Hawera Hospital and Specialists at Taranaki Base Hospital [but hopefully as an addition, not replacement for appropriate face-to-face consultations]. • GPs will be able to access more diagnostic tests directly [Good] • More Hospital Specialists will offer GPs access to urgent telephone advice [Good] • Kaiawhina will be available to support whānau who need to attend an appointment with a hospital specialist.

QUESTIONS:

16.
Would you use phone and video appointments with a hospital specialist if these were available? Yes/No (please circle)

17. Would the support of a Kaiawhina be helpful to advocate for you and help you navigate the health system, when attending an appointment with a hospital specialist. Yes/No (please circle)

18.

Are there any other issues about referral to hospital that we need to consider? Yes/No (please circle)

3.7 Transport to Hospital

South Taranaki patients have identified that transport to hospital for outpatient appointments does not meet their needs. This includes both patients attending Hawera Hospital and those patients who need to travel to Taranaki Base Hospital.

The expected outcome of the proposed changes is that patients will have more transport options to get to Hawera and New Plymouth.

CURRENT SERVICES	PROPOSED CHANGES
<ul style="list-style-type: none">• Timing of appointments does not take account of travel times from South Taranaki• Patients using the hospital bus may have to wait a long time etc• Patients discharged from ED or hospital late at night without transport	<ul style="list-style-type: none">• Appointment booking clerks will check the travel times for patients prior to scheduling to ensure appropriate timing [We had been told this should already be happening]• Appointment booking clerks will also check if there are any other barriers to attending hospital which might require the support of a Kaiawhina• Collaboration with other agencies on Taranaki to provide more frequent transport to New Plymouth from rural areas• Discharge planning to consider transport options for rural patients [It should consider all needs of all patients, such as access to a pharmacy etc]

QUESTIONS:

19.
Have you had an issue in the past getting to an appointment in Hawera or New Plymouth Yes/No (please circle) If yes, please let us know what these were.

20. Do you use the hospital bus to travel to Taranaki Base Hospital? Yes/No (please circle) And if yes, please comment on how convenient it is for you.

21. If transport was available more frequently throughout the day would this be more convenient? Yes/No (please circle)

22.
Are there any other issues about transport to hospital that we need to consider? Yes/No (please circle)

3.8 Admission to Hospital

Patients from South Taranaki are admitted to Taranaki Base, Wanganui and Hawera Hospitals. Half the patients admitted to the ward at Hawera Hospital remain there for less than 36 hours. **[Some]** Hawera patients travel to Taranaki Base Hospital for investigations such as CT and MRI. This delays diagnosis and subsequent treatment and can increase the amount of time spent in hospital. Travel to and from Hawera and New Plymouth is uncomfortable for patients, they may also miss meals and drinks as a consequence.

The expected outcome of the proposed changes are that patients will be admitted directly to the best location for treatment, hospitalised patients will be fit to return home more quickly, and the cost of hospital care will be reduced.

CURRENT SERVICES	PROPOSED CHANGES
<ul style="list-style-type: none"> • Patients admitted to Hawera or Taranaki Base according to clinical need; or Wanganui Hospital if that is closer. • Some patients are admitted to Hawera Hospital and either transferred later so that investigations can be undertaken, or travel to Base Hospital and back after investigations. • Renal patients receive either haemodialysis in the renal unit at Taranaki Base Hospital or peritoneal dialysis at home 	<ul style="list-style-type: none"> • Patients whose expected length of stay is 36 hours or less would be admitted to one of four assessment/ observation/ treatment beds located in the emergency department at Hawera Hospital [why in ED?], unless for clinical reasons they should be admitted to Taranaki Base Hospital. Staffing of the Emergency Department at Hawera would be increased to cover these beds. [This means staff from the current IP ward would be used in ED, creating scopes of practice issues] • Patients likely to require urgent investigations at Base Hospital will be admitted directly. [But not without ED Medical Officer or GP confirmation that this direct admission is necessary and appropriate] • Patients who have recovered past the acute stage of illness and no longer require complex investigations or daily Specialist medical input will be transferred from New Plymouth to intermediate care in four beds located in Hawera [missing the “Hospital” word], with intensive rehabilitation being provided by the hospital allied health services and medical cover by a contracted GP(s). [No, Medical cover should be from Medical Officers in Hawera Hospital as we neither have enough GPs nor do we agree that discharge to Rest Home care is appropriate post-op or during Intermediate rehab] • Palliative care patients, who cannot be cared for effectively at home will continue to be admitted to two palliative care beds with medical care by a contracted GP [no, by Hospital MO, not enough GPs] with expertise in palliative care; and support from Taranaki Hospice.

The cost of providing palliative and intermediate care at Hawera Hospital is almost twice as expensive compared to the same service delivered in a hospital level rest home. **[This is debatable as the service level is different and nurses are underpaid in rest homes.]**

QUESTIONS:

23.

Intermediate care aims to help people get ready to move back to their own home. Would you support the provision of intermediate care in specially funded beds in hospital level of care in a rest home or at Hawera Hospital? Yes/No (please circle)

24.

Would you support the provision of palliative care in specially funded beds in hospital level of care in a rest home or at Hawera Hospital? Yes/No (please circle)

25.

Are there any other issues about admission to hospital that we need to consider? Yes/No (please circle)

3.9 Maternity Care

The provision of maternity services in Hawera is valued by people in South Taranaki.

CURRENT SERVICES	PROPOSED CHANGES
<ul style="list-style-type: none">• Fully staffed primary maternity beds located at Hawera Hospital• Visiting Hospital Specialist Obstetric appointments provided at Hawera Hospital	<ul style="list-style-type: none">• No change

QUESTIONS:

26. Do you support the retention of a maternity unit at Hawera Hospital which is open at all times? Yes/No (please circle)

27. Do you support the retention of a visiting Hospital Specialist Obstetric service at Hawera Hospital? Yes/No (please circle)

28.

Are there any other issues about obtaining maternity services that we need to consider? Yes/No (please circle)

3.10 Emergency Care

The provision of emergency care at Hawera Hospital is valued by the public and by local businesses.

There is limited face to face access to a GP after hours in South Taranaki; and access to Hawera Hospital for urgent care when other services are closed is valued by the public.

The expected outcomes of the proposed changes are that the Emergency Department will be refocused on delivering emergency care; patients not requiring urgent treatment will be redirected to their GP; a face to face after hours service will be available for patients requiring urgent treatment.

CURRENT SERVICES	PROPOSED CHANGES
<ul style="list-style-type: none"> • Emergency Department is open 24 hours a day • Most people arrive at the Emergency Department between 8am and 10pm, with low numbers arriving overnight • Overnight medical cover is provided from the ward [not our choosing] • A large proportion of people attending the Emergency Department during the day do so for long term health needs which would be better cared for by their family health care team [Because of the shortage of GPs, the poor access to them and sometimes because of cost] • Some people who are admitted to Hawera Hospital would be treated in ED and sent home if they had presented at Taranaki Base Hospital [Denied by staff] • 88% of people admitted to the Emergency Department are discharged within 12 hours and 97% of the remainder are discharged within 24 hours 	<ul style="list-style-type: none"> • Emergency Department remains open 24 hours a day [Good] • Overnight medical cover is provided from 10pm to 8am by an on-call Doctor located off site. [why?] • The Emergency Department will provide an urgent primary care after hours service for patients who would otherwise have to travel to New Plymouth or Wanganui. [a management decision] • Patients who are assessed as not requiring urgent treatment will be referred to their GP practice, however account will be taken of the size of the practice and when it next opens [what relevance size makes escapes me. We do not think an appointment should be made by a 3rd party, the patient needs to contact the GP practice for an appointment, which may not need to be first thing in the morning!] • All GP practices will keep some slots each day for patients who need to see their GP that day [the smaller practices do this already] • Kaiawhina will advocate for whānau and help them navigate to the most appropriate service for their health needs. • Standard admission protocols will be implemented across Hawera and Taranaki Base Hospital to ensure that all patients are cared for in the most appropriate way • Patients whose expected length of stay is 36 hours or less would be admitted to one of four assessment/ observation/ treatment beds located in the emergency department. [or IP ward if appropriate]

QUESTIONS:

29.

Do you support the retention of Hawera? a 24 hour hospital emergency department in
Yes/No (please circle)

30.

Do you support focusing the Emergency Department on delivery of emergency care? Yes/No (please
circle)

31. Do you support the delivery of an after hours service at Hawera Hospital for patients
who would otherwise have no travel to New Plymouth or Wanganui? Yes/No (please
circle)

32.

Are there any other issues about emergency care that we need to consider? Yes/No (please circle)

3.11 OTHER QUESTIONS

33.

Which parts of the proposal do you support and why?

34.

Which part of the proposal do you not support and why?

35.

Is there anything else about our proposal you would like us to consider?

35.

Financial Implications of Proposals

It is expected that changes will be made to these proposals as a result of feedback received during public consultation. A detailed financial analysis will then be undertaken prior to any decision on service changes by the District Health Board.

However the following high level summary gives an estimate of the financial impact of the changes in this proposal:

Reduction in costs at Hawera Hospital	\$1.8 million
Increased costs of community and primary care services	\$0.7 million
Increased cost of travel to Base (ambulance and private)	
Increased cost of more beds at TBH	
Increased cost of providing rehab services outside the purpose-built facilities at Hawera Hospital	
Increased cost to the TDHB in mitigation and litigation defense when the public understand the implications to the hospital	
Increased mortality and morbidity from patients prematurely placed in Rest Home beds	
Loss of more skilled clinicians (Medical Officers, GPs and Nurses) as providing medical care in South Taranaki becomes even more difficult and so worsening retention & recruitment.	
Overall cost reduction	\$1.1 million

How to have your feedback on the Draft South Taranaki Health Proposal

During the consultation period which is scheduled to begin on Monday, 4th July 2011 and will end Thursday, 4th August 2011, you can have your say or by attending a public or community group meeting where common themes will be recorded.

Or, other ways to have your say are by:

- Filling in the questionnaire forms that will be available at the meetings and can be handed back on the night or dropped in at:
 - Any library in South Taranaki District Health Board
 - At the South Taranaki District Council

- By posting the forms to
 - Jackie Broughton or Rebekah Barr Planning and Funding Taranaki District Health Board Private Bag 2016 New Plymouth 4342

- Faxing the forms to
 - Jackie Broughton or Rebekah Barr Planning & Funding Dept Taranaki District Health Board 06 753 7780

- Emailing the forms to
 - Jackie or Rebekah on

jackie.broughton@tdhb.org.nz
rebekah.barr@tdhb.org.nz

- Phoning Jackie or Rebekah on
 - 06 278 7109 ext 8527 or 8897 where they will record your comments and add them to the feedback

- Filling in the online form at
 - http://www.tdhub.org.nz/misc/projects/south_taranaki.shtml