

Public Deputation to the Taranaki District Health Board (TDHB) 5th July 2007

ABSTRACT:

“Provision of adequate lower-level Secondary medical services in South Taranaki”

In order to achieve the expressed wish of the people of South Taranaki for a hospital that included “low-level” acute in-patient services, a minimum medical staff level was identified by the 2001 Pisk Report adopted by the TDHB. This level has not been maintained resulting in a reduction of services at Hawera and the concern that this will lead to further downgrading.

The health needs and costs for the population over 65 are much higher than for those younger and the projected proportion of over 65s in both Maori and non-Maori is significantly increasing. Hawera Hospital is well suited to deal with many of these increased needs, saving Base hospital costs and not just meeting medical and nursing needs, but avoiding the personal, family and social costs of the unnecessary translocation to New Plymouth of the elderly when unwell.

Reviews such as Pisk (2001) and Deloitte Touche Tohmatsu (2002) identified the need to have a team of three **“Multi-skilled”** Medical Officers (plus cover) as well as a “Hawera Hospital Steering Committee” [HHSC] with greater public transparency and public involvement.

The problems identified in this deputation include

1. **Reduced Medical Officer numbers:** (With subsequent downstream adverse effects);
2. **Reduced Specialist Physician support:** (The loss of a “dedicated” visiting outpatient physician reduces continuity with patients and support for the Medical Officers);
3. **Retention and Recruitment:** (The HHSC has been unable to convince management to improve the attractiveness of the Medical Officer posts);
4. **Access to appropriate candidates:** (Our reliance on South Africans has to end but access to appropriate New Zealand and British graduates has been nearly impossible.)
5. **Negative reporting to Board:** (Management reporting of Hawera In-patient services tends to be inappropriately negative);
6. **Hawera Hospital Steering Committee issues:** (There remain real communication difficulties between the public, the HHSC and the TDHB).

Solutions are presented, which mainly involve some simple policy changes by the TDHB but also some minor costs, but these are less than allowing the problems to continue. They include:

- A commitment from the Board itself to fully support the **“three Medical Officers plus cover for Hawera policy”**;
- Better focus on **Retention** (“Word of mouth” works, but only if the job is something worth talking about!), with recruitment focused on New Zealand graduates;
- Identifying four of the eight TDHB physicians who are prepared to be the “regular visitors” to Hawera for better Outpatient continuity and better Medical Officer (& GP) support.;
- Greater Community support by more open reporting to the public and inclusion of public input to the HHSC as well as a more direct feedback to TDHB members themselves.

Support by the South Taranaki public and its Steering Committee, visiting Physicians, the Hospital Advisory Committee and the full TDH Board will encourage management to approve more positive, active and innovative ways to maintain a functional Community Hospital that is an asset to Taranaki rather than appearing to be portrayed as a liability.

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[GP representative on HHSC]
1 July 2007