Northland Health Consumer Council

5.00 pm to 7.00 pm Thursday 29 November 2018

Tohorā House, Waipoua Meeting Room

Minutes of Meeting

Present/Apologies

Attendance	22 Feb	29 Mar	26 Apr	31 May	28 June	26 July	30 Aug	27 Sep	25 Oct	29 Nov	
Kevin Salmon (Chair)	✓	☒	✓	✓	✓	☒	✓	✓	☒	✓	
Kathy Diamond	☒	✓	☒	✓	✓	o	✓	✓	✓	✓	
Kathryn Sadgrove	☒	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Brian Vickers	☒	✓	☒	☒	✓	✓	✓	✓	✓	o	
May Seager	☒	✓	✓	✓	✓	✓	☒	☒	✓	✓	
Julie Hepi	☒	✓	☒	☒	☒	☒	☒	☒	☒	☒	
Leanee Sayers	✓	✓	o	✓	✓	✓	✓	✓	☒	☒	
Lisa Young	✓	✓	✓	✓	☒	✓	✓	✓	☒	☒	
Susan Burdett	✓	☒	✓	✓	✓	✓	✓	✓	☒	✓	
Robyn OLeary	✓	✓	☒	✓	✓	☒	o	o	o	☒	
Kristina Duran	---	---	✓	✓	✓	✓	✓	✓	✓	✓	
Penny Franklyn	---	---	✓	✓	✓	✓	✓	✓	✓	✓	
Lynne Tucker	---	---	✓	✓	✓	☒	✓	✓	☒	✓	
Leanne Thompson	---	---	✓	☒	☒	o	o	---	---	---	---

Visitor			26 Apr	31 May	28 June	26 July	30 Aug	27 Sep	25 Oct	29 Nov	
Alan Davis			✓								
Helle Nielsen-McConnochie			✓								
Harold Wereta					✓						
Ian MacKenzie						✓					
Lisa Crossland							✓				
Sophie Cornell								✓			
Julie Palmer & Simon Duff									✓		
Lisa Dawson										✓	

In Attendance	22 Feb	29 Mar	26 Apr	31 May	28 June	26 July	30 Aug	27 Sep	25 Oct	29 Nov	
Michael Roberts	☒	☒	☒	☒	☒	☒	☒	✓	☒	☒	
Margareth Broodkoorn	☒	✓		✓	☒	✓	☒	☒	☒	✓	
Ayshea Green	☒	✓		✓	✓	--	✓	--	--	--	

✓ = present, x = apologies given, o = no information

Minutes: Kim Doble

Chair: Kevin Salmon

Next Meeting: 5.00pm to 7.00pm, 31 January 2019

1. **Admin**
   1.1 Apologies – Lisa Young, Leanee Sayers, Mike Roberts, Robyn O'Leary
   1.2 Introductions

2. **Presentation: Changing the way we do medicine** Lisa Dawson

- Lisa is an oncologist and mum to six children. She was a GP before this and during that time it became very clear that what people needed was a change in their lifestyle rather than just medication. In 2013 Lisa came to Northland as an oncologist and it was clear that lifestyle was just as important if you get a cancer diagnosis as in general practice. We are curing more and more cancer but there is a risk of the cancer coming back. Lisa began to get very interested in studies about exercise which showed that people who exercise after a diagnosis of colon and breast cancer reduce their risk of the cancer coming back by up to forty two percent. Exercise is free, on average if you relapse Herceptin costs around $280,000 for a course of treatment so if we can prevent people from relapsing then it is in the economic interests of the health budget and also benefits the patients by not having the cancer coming back
- We spend huge amounts of money on treatment, one round of Herceptin costs $100,000. After someone had a potentially curable breast cancer, we might give them chemotherapy to reduce the chance of the cancer coming back, it changes the odds by about ten percent if their lymph nodes were involved and if lymph nodes weren't involved it changes the odds by about two percent. This basically means that you need to treat one hundred people to save two lives. Exercise reduces the risk of breast cancer coming back by forty two percent and doesn't cost anything
- Lisa has spent the last five years petitioning the DHB for an exercise physiologist because we know very well from studies that you can tell someone to go and exercise but most people aren't able to maintain that even if they can initially. A clinical exercise physiologist is a fairly new allied health position who will give a prescription of exercise appropriate to the clinical condition and the lifestyle and environment that patient lives in. It is well proven to be a very successful way to keep patients exercising and improving not just the risk of relapse of cancer but also cardiovascular outcomes, diabetic outcomes and dementia. We have just received approval in the budget for a clinical physiologist which is very exciting, we need to recruit and find suitable premises
- After someone has had a cancer diagnosis, it's not just the risk of their cancer coming back if we put them through chemotherapy they have a much higher risk of developing diabetes and cardiovascular disease because of the damage the chemotherapy does
- Lisa wrote a booklet called 'What Can I Do?' for patients that have finished curative treatment. After a cancer diagnosis you wake up to the fact that you are facing your mortality and patients want to know what they can do. The booklet contains all the lifestyle evidence around what can improve your chances. The booklet is also just as important in preventing cancer in the first place
- We need to change the way we do medicine. The health system is broken and there is now more pressure on the system. The big problem is chronic disease and that makes up eighty percent of what the health system is managing. Disability adjusted life years which is a term used to describe every year that a person lives their life with a disability or illness, this accounts for more than twenty five percent of all the life years on earth
- The World Health Organisation data shows that in 2015 there were seven billion people and of those 2.6 billion had an illness or disability. In New Zealand in 2015 there were 4.5 million people and of those one million of them were lost to disability and eighty eight percent of those were due to chronic conditions
- We are extending life and at the moment the life expectancy is seventy nine for a New Zealand male and eighty three for a female. But fourteen years of the seventy nine for a male are spent with a disability or illness and sixteen of those years for a female, this basically means by the time you retire you are likely to have an illness or disability

- If we don't change the way we do things one in two males and one in three females will have a cancer diagnosis by 2030. For Maori, the life expectancy is seventy two but the health life expectancy is fifty four so they are losing eighteen years of their life to disability or illness
- It's not just a question of how long we are going to live but how are you going to live the last fifteen years of your life. Do you want to live it with a chronic disease or illness or live it well doing the things that you love?
- It is now estimated that up to ninety percent of cancers are lifestyle or environment related. There have been genetic studies done which look at special markers on the DNA which indicate whether it is completely random or whether an external factor has caused it and that puts the figure between seventy and ninety percent
- Population studies can quite clearly identify that sixty five percent of cancers are due to a modifiable lifestyle risk and we can attribute population attributable factors to a definite forty five percent
- This is happening all over the world and the health system in America is even more broken than here. As a result there is a rise in this new kind of medicine, because the health system in America is privatised it allows for this. The functional medicine camp apply a lot of science to what they do, they talk about going back to root cause for the disease. Integrated medicine is introducing complimentary medicines into what we already do
- The current approach to taking medical history is asking about the problem, medications and allergies, smoking and social history. We might ask about occupation and support systems and take a family history to look at genetics. We don't go right back on the timeline and look at what that person was exposed to as a baby. We know that genetics are heavily modified by environment, this is an exciting new science. We don't look at how many doses of antibiotics a child has had which can affect their microbiome. The bacteria in your gut are now considered like a new organ and if you have been exposed to a lot of antibiotics it can damage your microbiome. This damage has been linked with ADHD, depression and anxiety
- We need to start looking at the history of the patient thoroughly. We need to be asking about people's nutrition in more detail, exercise, stresses in their life and sleep. Now due to functional MRI scans we can look inside the brain and we know so much more about what happens when we are sleeping. We also need to do a good social history as the impact of this on health is huge
- You can change your lifestyle even if you think you can't by being mindful about what you do. Sleep medicine is absolutely foundational to everything else we talk about. You need to have seven to eight hours of sleep a night, it has been shown that sleep deprivation is a factor for dementia as well as lots of other diseases. We need this amount of sleep as we need to go through five cycles and you can't fit those into less than seven hours. If you short change yourself you will change a whole cycle of sleep. It has been proved that there is a strong link between shift workers and cancer, there is a forty five percent increased risk of getting cancer if you are a shiftworker. Denmark is actually compensating female government shift workers who get breast cancer as they are recognising this as a workplace injury
- Sleep is so important because when you sleep your brain shrinks slightly and the fluid from the day is washed away so you are getting rid of waste proteins. Some of these proteins are implicated in dementia. Without sleep you have short term memory loss and poor concentration. Caffeine is a factor, you shouldn't drink any caffeine after midday as this will prevent you getting the deep sleep you need. Screen time should be limited as white and blue light upsets our circadian rhythm and your ability to sleep. If you are sleep deprived you upset your appetite hormones. Sleep deprivation also has an incredible impact on your immune system. Routine is very important to a good nights sleep
- Diet isn't all our fault but it is a real problem. Diet is an additional risk factor to cancer. The problem stems from industrialisation of our food. For a good gut bacteria you need to drink lots of water, you must not drink fizzy drinks, sweeteners or alcohol. Twenty five percent of the drugs given to patients affect the microbiome. We should be eating lots of fibre and probiotic foods, cut out refined carbs and sugar. We need to eat more fish and extra virgin olive oil has so many benefits. Fasting is also good for you, ideally fast for twelve hours over night and maybe one or two days a

week

- Reducing stress can help reduce the risk of cancer. Meditation, mindfulness, keeping a gratitude diary and taking a regular holiday can help counteract stress
- In conclusion we need to get a budget from the Ministry of Health for preventative health. We need to retrain our doctors and nurses in how to take notice of lifestyle history and how to prescribe lifestyle changes. The most important thing is we need a new allied health professional called a health coach, a lot of GPs and PHOs are starting to look at this. We also need health champions in the community. We need a health team and start addressing the root cause of diseases

3. Review of Patient Information documentation: Kim Doble

Is the information useful? Is it clear/easy to understand?

2.1 The council reviewed the following documents and comments were noted on the forms:

- Review of Pre-surgery nutrition plan for enhanced recovery after major bowel surgery
- Review of Guide to Surgery – colouring and activity book
- Review of Equipment Services
- Review of Flexible Cystoscopy
- Review of Double J Stent
- Review of Capecitabine – induced diarrhoea
- Review of Developmental Dysplasia of the hip and hip spica information

4. Update from Kevin Salmon

- We won't do updates from regular meetings today as there are some things Kevin would like to address with the members today. A few meetings ago Margareth came and talked about patients recovering in hospitals outside Whangarei. There is now some more information around this and Kevin would like some feedback from the council. It was agreed previously that a lot depends on how this is communicated to the patient. In a perfect world you would be offered a choice but obviously there is a lot of need for beds in the hospital. The members agreed that cost would be an issue for some families if they are on a limited budget. However,the patient wouldn't just be told to go, the criteria would be that the patient would need to be in the rehabilitation phase to be moved, we wouldn't be sending acute patients elsewhere.

  Dargaville is seen as a centre of excellence for rehabilitation and it seems appropriate to send some patients there if they are in the rehabilitation stage. This has to be negotiated with the patients. We do need to be mindful of the price of petrol and expenses if patients are transferred. Patients would not be charged for hospital transfers. This will be discussed further at the next Clinical Governance Board meeting and Kevin has asked for the council members that attend that meeting to give the feedback discussed today. The council agreed that for some patients this wouldn't be suitable but it would work for others

- Kevin had a meeting today with Nick Chamberlain, Mike Roberts and Margareth about the future of the Consumer Council and how everything was going. We have some new members and it takes some time to get up to speed. Kevin has missed more meetings this year than any other due to pressures at work and the council needs new direction. It is important to make sure that the appointment of the next chair is the right candidate, someone has been identified and Margareth will make enquiries about this. If that doesn't work we need to discuss this more seriously

- Kevin would like the Council to consider a new project for next year. One thing that really has been highlighted a number of times this year is the discharge process. Kevin thought it would be an excellent project for the council to undertake to give suggestions to make the discharge process better

- Nick confirmed how important it is for the council to review the patient information leaflets so this will be continuing

- It would be good to have some strategic planning for 2019 and set some goals, this should go onto the agenda for January. The council agreed this would be a good idea

5. Introduction of name badges Margareth Broodkoorn

Margareth wanted to give an update on the introduction of new name badges across the hospital. There is a campaign called - Kia Ora my name is …..which is currently being rolled out here. Margareth played a video which has been done by the staff of Ward 14 to promote this. This campaign is an acknowledgement of Dr Kate Granger who was a doctor in the UK and when she was unwell herself in hospital with a terminal disease, she was really saddened by the fact that people didn't introduce themselves to her while she was a patient. Before she passed away she initiated a Hello my name is campaign which is all about introducing yourself as patients need to know who is looking after them. This has taken off internationally. In Northland we have taken this and adapted it to Kia Ora my name is. In order for any staff to wear this badge they need to know the background behind it and that is why we have made the video.

6. Any other business May Seager

May wanted to know how the members felt about Meningococcal W vaccines in the media recently. There has been some criticism of staff in the hospital around the three deaths recently and the delay in taking action. It has been suggested the response has been too slow but the DHB cannot undertake a mass vaccination programme without the support of the Ministry of Health and this has now happened.

Summary of action points:

Who	What