

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



Advocating for Awareness

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From the Chief Executive



One of our senior clinicians recently reflected that at times working at Northland DHB is like working in a war-zone. That is part of the reality of working with our rapidly growing high need population in a health system that will never have enough resources to do everything we want or even need to do.

It's not quite as bad as working in tents at the frontline, but I'm aware that some of our working conditions and the acuity of the patients that are being seen is not dissimilar. At least if you're working in a tent, it'll be a reasonably new tent and if you want to cool down, you can just lift up one of the tent flaps! Many of you probably wonder what a CEO does all day apart from shuffling paper and opening new buildings or launching new initiatives, so I thought I'd share some of the things that are top of mind at present and what's occupied a lot of time and energy for me lately.

Obviously, one of my most important roles is to ensure that as an organisation we have a clear direction and priorities and a plan of how to deliver on our vision of 'a healthier Northland'. To that end we are embarking on a new Northland Health Plan which in a similar way to our last Northland Health Services Plan should provide a framework and guidance over the next five to ten years. Another role is to fight for Northland and look for win-win opportunities and try and turn negatives into positives. I won't go into detail of the individual battles, but at times it feels that a lot of my time is spent negotiating and pushing back on decisions that have a negative impact on Northland.

However, we do get some wins, and our funding cap was lifted this year, although the legacy of the last three years of capping means we missed out on \$30 million and still need to budget a large deficit to be able to continue to provide safe services for our staff and patients (while also investing upstream to try and move to a health rather than an illness model). We've also received additional funding for two new operating theatres, an Endoscopy suite, a Cardiac Catheterisation Laboratory in Whangarei and the second phase of the Bay of Islands redevelopment (Outpatients, Primary Care, Renal and Dental services). We have also been encouraged to put forward a significant case next year for all our other critical capacity and compliance projects.

It's vital that decision makers understand Northland's reality; both the issues regarding our very high need population, our ancient infrastructure and buildings and the positives around our people, the quality of care, the innovation and excellence and our culture of getting on and doing it, despite all the challenges. I'm at risk of becoming like a broken record, we do have a unique mix of issues, and it's important that I highlight these at every opportunity.

Last week, I represented DHBs at a Waitangi Tribunal Hearing at Turangawaewae Marae in Ngaruawahia. I was on the stand for over six hours being questioned by multiple lawyers and the Tribunal Panel. I was able to outline some of the fantastic initiatives (such as Te Ara Oranga Methamphetamine Demand Reduction Programme, SUDI and rheumatic fever prevention, a new kaupapa Māori antenatal programme, our cancer services and navigator roles and as a result of this and our population changes, the huge unmet need and growth in

demand we are experiencing. I also mentioned our Engaging Effectively with Māori Programme which has reached well over 2500 staff and community providers, and our collaboration with primary care.

So, some of the positive results that we are achieving for Māori were emphasised while also acknowledging where the system currently falls down, is not consistent with Treaty of Waitangi principles, or is not as accessible or appropriate as it could be. Whatever obstacles we face over the next 10-15 years and whatever additional resources we secure, it's never going to be enough and it's clear that we must continue to change and innovate. With changes in technology, new therapies etc, our traditional ways of doing things need to be challenged. The foundations of our approach to change which have been incrementalism and linear thinking may need to be replaced by new principles of exponentialism and disruption. Think Uber, Air BnB, banking and Air NZ apps and the new "Lime" electric scooters that will be creating a whole new work stream within our EDs and Orthopaedic teams. That's not to say we don't continue with all of our improvement activities, quite the opposite, but some of the principles we need to embrace will be:

- Speed over certainty
- Abundance over scarcity
- Networks over hierarchy
- Empowerment over control.

All of these challenge us - we have a culture of needing certainty and evidence (which is fair enough); acceptance of scarce resources rather than saying we have \$650 million to spend which is an abundance (or at least, an awful lot of money); and a large bureaucracy with line management and a traditional hierarchy which tends to stifle the sense of empowerment. Embrace them we must, and there are already so many great examples of this happening throughout the organisation. By the time you read this, many of you will have attended our Northland Health and Social Innovation Awards which is a chance to celebrate our successes and recognise so many of you who have gone the extra mile to make things better for 'Our People'.

Finally, with our renewed focus on staff wellbeing, and a recognition it needs to be our number one priority, your Executive Leadership Team are working with a number of our staff to develop a selection of wellbeing resources and initiatives which you'll hear about soon.

However, I did want to mention a particular protective factor that can assist in coping with the stress and pressure of working in an under-resourced health sector. I've just written that we need to change at speed and scale, but we also need to be mindful of a very important old African proverb: If you want to go fast, go alone. If you want to go far, go together. Teamwork is the heart of most great achievements and in a good team everyone achieves more. We have many dream teams within the organisation that support and empower and engage their members, and if you're not part of a supportive team, I want to encourage all of you to join one, form one or ask why you haven't got one!

Kind Regards,

Nick

Advocating for Awareness



Gavin Starling



Natalie Moffat

Before Natalie Moffat passed away in March this year, she asked her partner Gavin Starling to use his knowledge and skills to become an advocate for others living with brain cancer – as he had done for her during her eight-month illness.

This is now Gavin's focus in life. His ultimate goal is to make sure brain tumour symptoms are more widely understood.

During International Brain Tumour Awareness Week in late October Gavin was happy to announce that a trust that offers New Zealanders diagnosed with a brain tumour and their families a platform where they can find expert information, educational resources, social networks and emotional support was being set up and he may be involved from a consumer point of view.

Gavin works as a sleep physiologist at Whangarei Hospital. Like many people, he and Natalie were completely unaware of all the symptoms of a brain tumour. This lack of awareness is why Gavin believes brain tumours often go misdiagnosed until it's too late, and could also account for a low rate of people seeking second opinions. Typically people associate severe headaches and migraines as the key signs of brain cancer, but there is a much wider range of symptoms.

Because of the location of Natalie's tumour, her memory and cognitive function were affected. With hindsight Gavin says there were a lot of subtle signs that something wasn't quite right with Natalie. But because they were all isolated incidences they seemed harmless at the time, like forgetting where she had put her keys and having a couple of scrapes in the car.

The real alarm bells came while she was at work – when she forgot how to undertake simple tasks, like finding a folder on her computer. Then one day Natalie rang Gavin while she was driving and when he asked her where she was going, she couldn't remember.

Gavin asked her what road she was looking for and she said she didn't know what country she was in. They realised something was seriously wrong and went straight to their GP.

Due to the regular incidences of confusion, her GP did a series of tests looking for Alzheimer's which came back negative. Her GP then asked her how work was going and when she said she hated it, the GP put all the confusion down to stress and told her to go home and rest for three weeks. Gavin said neither of them felt satisfied with the diagnosis of stress. "As soon as we left the surgery Natalie said she felt like she was being dismissed as a middle-aged, menopausal woman, and that's exactly how she was treated."

They decided to go to the Emergency Department at Whangarei Hospital the next day. Tests were done and a lesion was found on her brain. That was 17 August 2017. Natalie was diagnosed with Glioblastoma Multiforme IV (GBM), the most aggressive form of brain cancer, which Gavin said is known as 'The Terminator'. Before they received the news, Natalie specifically asked not to be informed of how long she would have or exactly what the diagnosis was.

"Looking back, it was the best decision she could have made. There was a lot of pressure to make Natalie aware that this was serious and of the prognosis. But I think those eight months were far better for her because she didn't have to carry that burden and we made sure there was laughter every day. Natalie thought she was having a wonderful time and was being spoilt. She was able to live every day as it came," he said.

The couple decided to engage the services of Auckland radiology oncologist Dr Anthony Falkov, who Gavin said was a wonderful caring man and was extremely passionate about what he did. Dr Falkov eventually took Natalie on publicly and Gavin took leave from work to care for her full time.



Advocating for Awareness Continued

Each night when Natalie went to bed, Gavin would spend hours researching the disease and quickly found that there was a huge gap in national information on brain cancer in New Zealand. Instead, he relied on data from Australia and the United Kingdom where there was a wealth of information and support available.

He said the UK Brainstrust was particularly well set up, with advocates available to attend appointments and speak on your behalf. Gavin said this is essential because sufferers of brain cancer and tumours are often confused and can't speak for themselves or understand what they're being told. Their vision is for everyone with a brain tumour 'to feel less afraid, less alone and more in control' – exactly what the Trust he may be involved with want to achieve for New Zealanders.

The only community support he found in New Zealand was through GBM support groups on Facebook, where he was able to join in on forums and meet people online who knew what he was going through. It was a space where he didn't have to explain himself or how he was feeling.

Gavin said that because of his medical networks, he was able to access advice and information on medication and ask questions that the general public may never get answered or even know to ask. This knowledge helped Natalie in the last few months of her life when she was often able to be pain-free.

"My big focus is raising awareness of the symptoms and spreading the word re listening to those who say, 'I'm concerned'. If you hear that from someone or you feel concerned yourself, don't wait around. Get a second opinion if you're not happy. This journey doesn't have to be a bad thing, but no one should have to fight to be heard."

Luckily for Natalie, she only had a week of paranoia and major stress in the entire eight months of her fight with brain cancer. However, losing Natalie after only eight months from the time of her diagnosis was a big shock as she was initially doing so well. Natalie never got to see her daughter Erin or her granddaughter Poppy again as they live in the United Kingdom.

Gavin said there were some funny times during Natalie's illness when her brain played tricks on her. "Like when she told me she was the choreographer for Pink. That same week, she said she designed a pub with Rick Stein." Although she wasn't that able-bodied, she managed with a walker and in her last four weeks, she became a complete social butterfly. "It was party, party, party and I think a lot of that was to do with our approach – as soon as you take it seriously it gets the better of you."

Clinical director of Cancer & Blood Services at the Northland DHB Dr Vince Newton said that Glioblastomas are the most common high grade (cancerous) primary brain tumour in adults. They can also occasionally occur in children.

"As we see from Gavin's account of Natalie's illness, glioblastomas are for oncologists one of the most challenging cancers to manage. Because of the inherent nature of a disease affecting the brain significant effects on the individual's memory, attention and communication can occur, impacting ability to work, participation in social activities and on family relationships in profound ways."

He also said that we are beginning to learn how different genes play a role in glioblastoma growth and why some may respond better to certain treatments. However, much more research needs to be done to help improve the outcome for our patients with these tumours.

Symptoms

Brain tumours may give rise to a large number of different symptoms, depending on their exact position in the brain and how quickly they are growing. These may include:

- 1. Headaches:** these will be present in over half of patients and will usually have been present for some time. They may be worse in the morning and possibly associated with vomiting. It is important however to realise that most headaches are in fact not caused by brain tumours. It is important to discuss any persistent headaches with your doctor to clarify if there may be any concerning features.
- 2. Seizures:** a brain tumour may cause a variety of different seizures. Any new or unexplained seizures should be carefully assessed and investigated.
- 3. Mental Changes:** these may include certain forms of depression, confusion, memory loss and personality changes. Source: (<http://www.familydoctor.co.nz/categories/cancer/brain-tumours-a-patients-guide/>)

Bay Of Islands Hospital Redevelopment Opened



Left to right Northland MP Willow-Jean Prime (with baby Heeni), Northland DHB Chief Executive Dr Nick Chamberlain, Janie Te Tai, Health Minister Dr David Clark and midwife Sue Bree.



Health Minister Rt Hon Dr David Clark unveiling the new plaque

Stage One of the \$14 million Bay of Islands Hospital redevelopment was officially opened by Health Minister Rt Hon Dr David Clark in September. Local kaumātua and kuia officiated the site blessing ceremony at dawn to pave the way for the official ceremony later that morning.

The redevelopment project started in 2015 with the demolition of older buildings, re-routing and the replacing of core infrastructure services. “We faced a number of challenges along the way as might be expected when working with such old buildings,” noted Northland DHB chief executive, Dr Nick Chamberlain. “Having been built in the 1940s–70s there was lead paint and asbestos. We also discovered previous works unmarked on plans – for example, we unearthed a shower block and some concrete pits we didn’t know about.”

Geotechnical testing of what was a historical coal mining town also had its challenges (rest assured there was no mining under the Bay of Islands Hospital site). Compliance requirements such as resource and building consents being issued were also challenging. Unfortunately Ngāti Hine Health Trust had to withdraw from the project because of soaring building costs.

“By then we had already completed design, enabling works and signed contracts to build. So with some modifications we pressed on with the build while redrafting a more cost effective design, Dr Chamberlain said. “Everyone has worked really hard to reduce the impact of things beyond our control. However we have a slight delay while we get the new patient monitoring system in and complete staff training. We expect to be moving into the new facility by mid November.”

The new twenty-bed Medical Ward has been built above the new Accident and Medical Department as a two-storey building, enabling the relocation of the current General Ward, with access via lift and stairs. The new expanded Accident and Medical level consists of a suite of rooms including:

- four acute bays
- a procedure room
- x-ray room
- two resuscitation bays named the Hugo Resuscitation Bays.

“I would like to acknowledge the community, staff and contractors who made sure that the hospital remained operational throughout construction. It is always disruptive working around a ‘live’ construction site – the dust, noise, vibrations, power, water and wastewater issues – however, everyone has taken it in their stride,” Dr Chamberlain acknowledged.

Local Service Clubs and individuals fundraised to provide eight new Romeo Recliner chairs for patients’ visitors and a series of photos have been gifted by staff and community members creating a sense of place that showcases the unique and beautiful Mid North.

Background

The humble beginnings of the Bay of Islands Hospital began 106 years ago in 1911 with the formation of The Bay of Islands Hospital and Charitable Aid Board and a seeding fund of £150. The final cost of building the hospital was £1,836. This money came from government subsidy and subscriptions of £562. The official opening of the Bay of Islands Hospital was on the 17 January 1913, by MP Vernon H. Reed.

In 2009, after extensive community involvement, Northland DHB made a long-term commitment to the Mid North. This included:

- retention of inpatient medical beds
- maternity
- diagnostics
- emergency services and the renal unit at Bay of Islands Hospital
- investing in a collaboration of services between primary and secondary care.





The Hugo Charitable Trust

The Hugo Charitable Trust donated \$200,000 to the Bay of Islands Hospital redevelopment. This will go towards the construction of a new Whānau House and has assisted in the purchase of clinical equipment and the new Telehealth solution within the Accident and Medical department.

Maryanne Green established the Hugo Charitable Trust in 2017 in memory of her father, Irish-born businessman and philanthropist, Hugh Green. Hugh left Ireland in 1949 to live in England, Scotland and Australia before settling in New Zealand in 1952. After starting work at 12-years-old, Hugh always had a strong work ethic and was a good judge of character. Combined with a razor-sharp mind, these skills were the foundations to his hugely successful business career, turning the Hugh Green Group into one of the largest contracting and property companies in New Zealand. Hugh was always grateful for the opportunities he found in New Zealand, but he never forgot his days in Ireland when times were tough.

Until Hugh's death in 2012, Maryanne worked closely at his side for over 25 years. She developed a deep understanding of his philanthropic priorities and wishes and often heard him say, "When I kick the bucket I want a fair bit to go to charity".

Maryanne founded the Hugo Charitable Trust to continue Hugh's philanthropic legacy and to give back to the people of New Zealand. In keeping with Hugh's values, the Trust's aim is always to provide "a hand up", but also intends to build on Hugh's legacy "with new ways, new ideas and new directions for the future". Hugo was the nickname Hugh

used on his travel documents when he left Ireland at 17.

With capital of \$75 million and a broad range of charitable purposes, the Hugo Charitable Trust focuses on education, social assistance programmes and medical care and research. In its first year, Hugo donated over \$3 million to 70 New Zealand charities and causes including \$1.5 million to medical research. Hugo plans to donate a similar sum in 2018.

Hugh was a keen supporter of New Zealand based medical research and medical care to improve health outcomes. In continuing Hugh's legacy and interest in this area, Hugo donated \$1.7 million last year to the following recipients:

- Liggins Institute – funding a research cluster to investigate premature birth
- Auckland Bioengineering Institute – funding a research cluster (i.e. an emerging researcher, two PhD students & research costs) to conduct research into optogenetics which is the use of light to target neurons in conditions where stimulation is required
- Auckland Medical Research Foundation – funding for ongoing pancreatic-related research
- Middlemore Foundation – funding to purchase an Artemis MRI Guided Prostate Biopsy System for the Urology Department at the Manukau Super Clinic.

The Trust also made donations in support of Far North communities last year including Sistema Whangarei – Toi Akorangi, Te Kura o Hato Hōhepa te Kāmura (St Joseph the Carpenter School) and The Moko Foundation.

Telehealth Link Already in Use

The Intensive Care Unit (ICU) based at Whangarei Hospital provides critical care services for regional hospitals throughout Northland. Five years ago a mobile Telehealth device called NEMO was installed to help provide the best clinical advice to colleagues in Kaitiā Hospital and to determine the most appropriate way of transferring patients to Whangarei or Auckland. To link up all the referring centres, the new Telehealth link at Bay of Islands Hospital was installed.

The new Telehealth link was used for the first time at the Bay of Islands Hospital Accident & Medical Department to assist in the care of a severely unwell one-year-old. The child had presented with complications from bronchitis to a GP-practice in Kaikohe – a 20-minute ambulance ride away from Bay of Islands Hospital and more than 60 minutes from Whangarei.

The decision was made to stop at Bay of Islands Hospital so that the patient could be assessed by the ICU team in Whangarei via a Telehealth link. The Bay of Islands Hospital clinical team, the GP from Kaikohe who had travelled with the patient, the Whangarei Intensive Care specialist team, paediatrician and clinical flight team were

all present for the assessment.

"Under normal circumstances helicopter retrieval with the ICU team would have been instigated," said Michael Kalkoff, Northland DHB consultant anaesthetist/intensivist. "Instead the Telehealth link was set up and the child was assessed and treated by the whole team." Once the child's condition was stabilised it was mutually decided that they could be safely transferred via ambulance to Whangarei Hospital.

The Telehealth link meant that the helicopter could be stood down, saving money and keeping it available for other calls. Telehealth facilities ease the communication between different healthcare providers, thus improving care for acutely ill rural patients.

The Zoom link to Bay of Islands Hospital is a predecessor to a Mobile Clinical Cart which is currently being developed by the Northland DHB Telehealth and Mobility team in collaboration with Zoom, the University of Queensland and HealthAlliance. It takes the learnings from NEMO and the new Zoom link to make a Mobile Clinical Cart which can be used throughout the new Accident & Medical Department and hospital wards.

Māui's Hook

A Healing Journey



Rebecca Hooker, Tara-I-Te-Rangi Joseph, Paora Te Oti Takarangi Joseph, Gina and Sam Albert, Mariameno Kapa-Kingi and Tania Papalii

When Sam and Gina Albert from Taiharuru were approached by the Ngāti Hine Health Trust to take part in a movie about their experience with their son's suicide, they jumped right in. Although it was raw, they both felt that it was time to be open and talk about what they'd been through.

With the careful guidance from clinical psychologist and filmmaker Paora Te Oti Takarangi Joseph, the Alberts say they were able to start the healing process by talking about their experience. The film documented four other families on their journey from each marae to Te Rerenga Wairua to say goodbye to their loved ones. "As far as I'm concerned if you don't talk about it, it just eats you up inside and we thought that if we could get on board with other whānau that had been through it, we could talk about it," said Sam.

Just months before their son died the Alberts knew of five other young people that had taken their lives. When their son passed away they were at their breaking point and thought 'enough is enough'.

Sam said that Paora and everyone involved in the film showed so much respect and aroha, that it gave him the ability to heal and forgive. "I said in the film that to start the healing process I had to forgive myself. I didn't believe that I was a good father because my son took his life. I had to forgive my son for what he did. That's where my healing started – through forgiving myself and my son."

Gina said that normally she is not one to show her grief because she doesn't like to unload on people, but by taking part in the movie she was able to focus on herself and heal. "As a mum, we take care of everyone else. We don't take care of ourselves. In the process of 'Māui's

Hook', being catered to, not having to cook and just those simple things, I had nothing to worry about. I looked at myself and that journey was healing for me. It was a blessing for me that I came away from it lighter and spiritually renewed."

One of the most difficult parts of the movie for the couple to watch was when their daughter unveiled some of her experiences with her brother, which they hadn't known of until filming. Gina said that although it broke her heart it enabled her to see what her daughter had been carrying. "I just wanted to hold her and take all her pain and tell her how brave she was for even telling us that. They caught that moment on film and it just broke me. You can't hide anything on the big screen. I think whoever watches it is going to see that pain and the love at that moment."

Paora said he felt especially connected to the Alberts because of their raw honesty in the film. "They're absolutely direct, vulnerable and totally open. It's that type of honesty that truly affects people. It's not all your prescribed psychological paradigms or methodology or that sort of thing. It's not saying that you have all the answers, but in your vulnerability and in your honesty the answers come flowing forth."

The film has sold out throughout the North Island and successfully led on to conversations about suicide, which Paora says is because the audience feels they have a safe environment to talk about the issue. "Everywhere the film is going there are people in the room that have been affected directly or indirectly from suicide and if we have that kaupapa on the table, then no one's alienated and we're all together and that's the power. The power is from the people."

Sam said the whole process made him open up to his whānau, instead of telling them to get over it and harden up. "It's made me more soft and open to being able to talk about things with them. This film needs to be shown everywhere because we're losing all our young ones. If you can set up groups with people that have been through it and suffered through it, then it can help people who are too shy to talk about it. That sort of set up would be awesome."

Gina feels strongly that suicide is not always really talked about openly and is just hidden under the carpet. "We've got to give our children an environment to talk about anything, good or bad and not be judged. If they are thinking about it, they need to talk to us about it. We also need to allow them to grieve, but not glorify it – because that's what I see a lot of."



Te Ara Ora – Supreme Winner

Matua Raki Workforce Innovation Award



Jewel Reti, Michelle Petricevich, Te Pou chief executive Robyn Shearer and Robyn Oxborough

Northland DHB Mental Health and Addiction Services (on behalf of the Te Ara Oranga steering group) was presented with the Supreme Matua Raki Workforce Innovation Award at the Cutting Edge Conference dinner in Rotorua in September.

The Cutting Edge Addictions Conference is New Zealand's key addiction treatment gathering where the addiction sector get together to network, and to learn about and embrace innovative thinking and practice. This year's theme was 'It's all about Connection'. Applications were assessed based on the following criteria: innovation, impact on the workforce, and transferability.

The award recognises innovation in work practices contributing to workforce development and wellbeing, with a connected approach central to the supreme winner's successful community initiative to positively change the lives of tāngata whai ora.

Te Ara Oranga has established new referral pathways from police into treatment, which offers people treatment much sooner. The methamphetamine police team works on both supply and demand operations by targeting dealers for enforcement action and referring identified users into health services.

"We are now able to engage people in treatment earlier in their trajectory of substance use," said Ian McKenzie, general manager, Mental Health and Addiction Services, Northland DHB. "We have a 24–48 hour response time for all new referrals, whereas before Te Ara Oranga it was typically three weeks."

Another key component of the strategy has been the creation of Pou Whānau Connector roles across

Northland. "Pou Whānau Connectors provide assertive community outreach to engage those who are treatment avoidant. They also work with whānau who often also need support."

A one-week pilot in June 2017 helped guide the establishment of a full-time methamphetamine, alcohol and other drugs screening, brief intervention and referral to treatment position in Whangarei Hospital's Emergency Department. Operational since January 2018 the screening is assisting clinicians in diagnosing patients who would benefit from drug and alcohol intervention or treatment.

Te Ara Oranga also funds two employment specialists in the Kaipara, who help clients experiencing addiction with alcohol, methamphetamine and other drugs into paid work.

When they started, Northland DHB was the only DHB in New Zealand trialling employment specialist help in a rural setting for methamphetamine users. "Work lengthens the wellness periods of people experiencing addiction and shortens their unwellness periods as well as breaking the cycle of depression and low self-esteem," Ian explained. "In work you are engaging with people, taking your mind off addiction and giving them focus, hope, inclusion, a sense of purpose and income," Ian said.

Effective engagement and collaboration between police, health and communities was achieved by consultation and co-design with Te Tai Tokerau communities to develop models of care and resources to meet the needs of Northlanders.

Countdown Kids To Benefit From Appeal

Four-year-old Whaiawa Tito, like her dad Pat, has type 1 diabetes. There is no cure for type 1 diabetes, and it requires constant careful self-management and good medical care.

Whaiawa is the Northland face of the 2018 Countdown Kids Hospital Appeal which was launched in August and finished on 28 October. The appeal raised funds for the DHB to buy medical equipment to help ease the stress on the lives of families with a range of medical conditions.

Mum Lisa says because Whaiawa's body doesn't produce insulin, they need to know exactly how many carbohydrates are in what she's eating. "With help from dieticians, we work out ratios to figure out how much insulin to give her. We also have to watch how much activity she does to ensure she doesn't get too low. It can be especially difficult during an illness, which means something like a tummy bug can be life-threatening to her."

When Whaiawa was diagnosed, the Tito's decided to look for other options to reduce the need for Whaiawa to be finger pricked up to 15 times per day. Both Whaiawa and Pat started using Freestyle Libre Blood Sugar Sensors, which constantly monitor their insulin levels without the need for needles. The couple said they wouldn't consider giving them up, despite the hefty \$100 per fortnight cost to the family.

The sensors have made a massive difference to their lives because they haven't had to interrupt Whaiawa's life so much. The device gives much more information than the normal blood sugar finger pricking does. "The monitoring can help prevent high and low blood sugar levels, it's easy to just scan her at night and helps us tailor the medication she needs. Because of the constant monitoring her levels are really good which will help to prevent her from getting kidney and eye damage or having to go on dialysis in the future," says Lisa.

Northland DHB hopes to use some of the funds raised from the appeal to purchase a stock of Freestyle Libre Blood Sugar Sensors to loan out to families who can't afford the device, giving them a break from having to do the normal blood sugar finger pricks. They will also offer it to families to do a period of intensive sugar monitoring to try to improve their diabetes control. This will reduce the need for hospital admissions and also help with monitoring when doing major changes in insulin regimes.

Over 7,500 children and babies are admitted to one of the four Northland hospitals each year. Funds raised by the Countdown Kids Hospital Appeal help Northland DHB Maternal and Child Health Services provide families with travel incubators, apnoea monitors, scanners, breast pumps, an electronic hoist with scales, humidifiers, Lazyboy chairs and a range of medical equipment across the SCBU, Maternity Services and other departments.

Last year Countdown presented Northland DHB Child Health Services with \$112,158 thanks to the amazing support from the Northland community. "Thousands of children and their families experience hospitals each year, and whether it's for a short stay or for longer, it's always a tough time. Through the generosity of our customers and fundraising efforts of the Countdown team we can all help make a huge difference to the life of a little one and their family during a traumatising time," says Ruth Krippner, chair of the Countdown Kids Hospital Appeal Trust.



Whaiawa Tito



Northland Selected

As A Model For Medical Research



Left to right Northland DHB surgeon Dr Chris Harmston, clinical director pathology Dr David Hammer, Professor John Windsor (Auckland School of Medicine), Professor Ian Bissett (Department of Surgery, Auckland School of Medicine), Dr Terryann Clark (Auckland University School of Nursing and Manaia PHO)

The future of increased Northland-based health research programmes targeted to the region's specific needs looks more promising, thanks to an initiative from the Northland DHB and the Faculty of Medicine and Health Sciences, University of Auckland.

A joint Northland research workshop was held at Tohorā House in late August. A mix of 77 academics, Northland DHB clinicians and community health providers from Northland and the University of Auckland contributed their ideas and experience to formulate a plan to increase research opportunities in Te Tai Tokerau. Workshop organiser Dr Win Bennett said the aim was to explore opportunities for the University, Northland DHB and community to work together to facilitate research in Northland.

"We wanted the day to be inclusive, with a minimum of presentations and an emphasis on interaction. The timing is right because the Northland DHB feels research is auspicious. The high needs population, 30 percent Māori and poor health profile of our region make it a good place to do research. The workshop may be a model for the other areas in the University of Auckland Medical school's territory which covers the Waikato, Bay of Plenty, across to Taranaki and up to the top of Northland," said Dr Bennett.

Head of the School of Medicine at the University of Auckland, Dr Alan Merry said the key reason for doing good research in Northland is because of the impact that it can have on the people in the region. "It's not about generating papers, it's actually about generating impact on huge problems, and the problems here in Northland are substantial and they're local. There are opportunities to address some of these issues through the research that we could do. I think if we can build the capacity and interest in doing this and we can find a way of bringing in some of the resources from the University to work with local people to co-design projects, it would have huge potential."

Dr Terryann Clark, who lives in Northland and works as a senior lecturer at the University of Auckland and at Manaia Health PHO, said she thought it was great to be able to profile some of the research that is currently happening in Northland and also to feel the enthusiasm for research. "A lot of people might see Northland as a really tricky area to research in, but a lot of people here see it as a great opportunity." She and others in the workshop believe that the key to doing good research in Northland is that communities identify their priorities and ensure the right issues are focused on.

Clark says there are a lot of models that might be useful around making research work in Te Tai Tokerau, but they need to include a really strong partnership with Māori and have a strong equity focus. "We need to be looking at innovative models that work for us, not just trying to revamp existing models. Trying to be 'a little out of the box' and do things a little differently because our people deserve it."

The geographical size of our region, time to fit research in and technology were some of the challenges currently facing researchers here. The proposed solution was to develop a research hub in Whangarei with support from the University of Auckland. This would offer somewhere for students, junior doctors and mentors to come together and discuss research ideas, share knowledge and enhance what is already happening in the region.

Northland DHB chief executive Dr Nick Chamberlain said he was thrilled with the quality of the research already underway, and the enthusiasm and commitment from both Northland DHB and Auckland University staff to strengthening Northland's health research capacity and capability was really encouraging. "Research is a key enabler to us becoming a learning organisation. While taking a number of early steps, I encourage everyone to think 'big' and ensure that Northland becomes a research centre of excellence."

A Welcome Space To Find A Listening Ear



Deacon Jim Nees and Reverend Sue White

With time being such a precious asset in today's fast-paced world, having somewhere to stop, sit down and contemplate life or find a listening ear is a resource that hospitals in New Zealand place a great deal of value in.

All 20 DHBs in New Zealand have service contracts with the Ministry of Health and Interchurch Council for Hospital Chaplaincy (IHC) to employ hospital chaplains who manage the chapels and quiet spaces in hospitals and provide spiritual and cultural support to patients, family and staff.

The first time the role of chaplains was considered in New Zealand was in 1945. Today there are 88 chaplains in 47 hospitals throughout the country. They are assisted by over 350 voluntary chaplain assistants (VCAs), delivering support to patients, whānau and hospital staff regardless of religious denominations, faith-orientation, belief system, ethnicity, gender or sexual orientation.

In Northland, Reverend Sue White works full time as the Ecumenical chaplain covering all four hospitals in the district. Sue holds a Masters Degree in Theology and Inter-religion. Reverend Susanne Green (an ordained Anglican Priest) and Deacon Jim Nees who cares specifically for Catholic patients are both part-time chaplains. The trio is based at the Whangarei Hospital and there is chaplain coverage 24/7 as an on-call service.

No day is ever the same for the three chaplains. They could be called to visit patients on the wards or provide spiritual solace for the dying and their families. Supporting hospital staff is also a part of the daily routine.

Because of their relationships with patients, they are often asked to explain procedures to patients and their families, especially during times of great stress or in tragic situations. Whatever their day entails, both

Sue and Jim say the key role of their service is to provide a listening ear. Both Catholic and Ecumenical chaplains are able to provide sacramental support through communion, prayers for healing and baptism if requested.

Across the four hospitals in Northland, Sue manages 55 VCAs who undergo rigorous training to become certified and provide an essential role in supporting the Chaplaincy Service.

The Chapel of St Luke at Whangarei Hospital holds a service each Tuesday at 11am and it remains open to all faiths and spirituality for patients, their families and staff to use when they need a quiet space to pray or sit in contemplation.

Sue encourages patients and their families to think about advance care planning. This aims to get patients to talk about what type of care they would like towards the end of their life, where would they want to be cared for if they could no longer care for themselves and to voice any worries they have about being ill or dying. This can help families prepare or make decisions if a patient becomes unable to voice their wishes down the track.

With a growth in religious diversity in New Zealand, many New Zealanders are of no faith or hold to a non-structured form of spirituality. Through innovation, the role of chaplains has become an essential component of the inter-professional healthcare team within a hospital and the health of the wider community. With the current focus on health and addiction concerns and our ageing population, professionally trained chaplains are well placed to assist in navigating these moments of insight.

Sue and her team hope that many more staff and patients will seek them out and make use of the Chapel and the skills they offer.

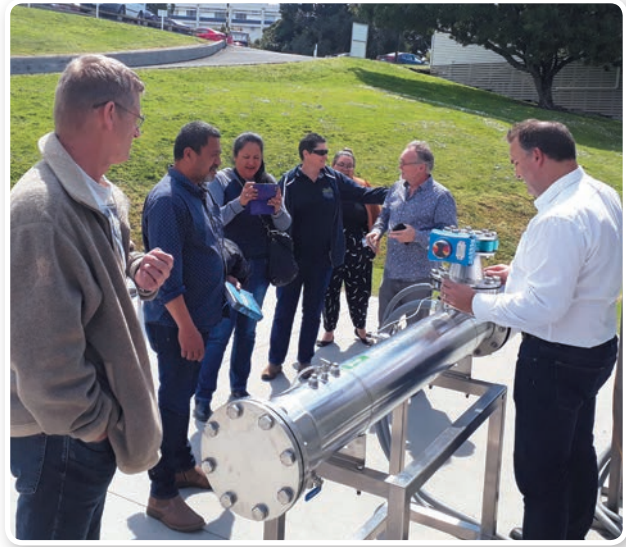


Out & About





Katarina Tamehana



Left to right Jeff Garnham, Rata Kapa, Kim Wallace, Jo Dones, Lousie Reihana, Keith Turner and Craig Freeman

Future Mapped Out For Nursing Graduate

Graduation day was unforgettable for Katarina Tamehana. Not only had she achieved her degree, she also found out she got the nursing job at Whangarei Hospital that she had applied for.

Despite not finishing school and being a young mother, Katarina didn't let any obstacles hold her back once she decided nursing was her calling. She enrolled in Foundation Studies Level Three and Four and with the personal help of her tutors, she was able to get through. "They were like on-campus kaitiaki for us."

At the start of her degree, she wasn't sure what her area of interest would be. But once she did a placement on the paediatric ward she knew straight away that was where she wanted to work.

Katarina felt the number of placements during her studies was well balanced with the theory, and this gave her the confidence to take her place on the Ward. "The managers here express their confidence in our ability by giving us roles. I've just been made charge nurse for the Ward for one shift. At first, I was nervous because of my age, but the older nurses embraced me and helped me to step up and take charge."

Katarina says since she completed her training and started working in the hospital 18 months ago, she is a different person, with so much more confidence, skills and self-esteem. "I love it and I'm amazed at my progress and what I can offer."

Now Katarina has completed her NETP (Nurse Entry to Practice) and had a peaceful year off study, she plans to finish her post-graduate study next year and get her registration to practice in Australia. "I'd love to go to Australia to get some experience and of course to earn some money, then come home and give back. My dream goal for my career is to one day be the clinical manager of the Paediatric Ward here at Whangarei Hospital."

Ultra Violet (UV) Disinfection Workshop A Coup

After nine months of planning, Northland DHB drinking water assessor Keith Turner was excited for the opportunity to gather over 40 water treatment operators from around Northland for a workshop to help upskill them in ultra violet (UV) disinfection. Keith said this was a milestone achievement – the first time the national body Water Industry Operations Group (WIOG) had been north of Auckland to train operators.

Attendees ranged from large-scale water treatment plant technicians from the councils in Northland to operators from marae and communities who supply homes in their area. Keith said there were operators from Dargaville to Mitimiti. The workshop was a rare opportunity for these smaller community operators to gain first-hand theory directly, with the added bonus of hands-on interactive demonstrations using one of Filtec's UV reactors.

Operators had the opportunity to ask questions and gain a more comprehensive understanding of the products that they use for their particular water supply. They learnt how to operate and monitor their systems adequately to get the most out of them and gained a better understanding of why compliance requirements are important and how these are achieved.

The UV disinfection systems that Filtec and WIOG were training the operators on, is a well-established method of water disinfection. The UV inactivates bacteria, protozoa and viruses by rendering them incapable of reproducing and infecting. It is a simple and relatively inexpensive treatment, especially for small and remote water supplies.

Monitoring is undertaken by the Northland DHB Drinking Water Assessment Unit so that drinking water in the region meets compliance and keeps our population safe and healthy. The UV systems have inbuilt monitoring systems to alert the water supplier when the system is not operating correctly. Information on how this is done was included in the workshop.



Tiny Life Support Success



Alice Choi and healthcare assistant Melanie Thomas

There will be no shortage of jumpsuits for premature babies in the Special Care Baby Unit (SCBU) at Whangarei Hospital following a large donation of outfits by a grateful family. Without the support from the unit, their baby wouldn't be here today.

Little Eric Kim was born two months premature at 33 weeks, weighing just 2.3kg. Eric's mother Alice Choi said Eric stopped breathing after an emergency caesarean, but was brought back to life and kept stable for the first three and a half weeks thanks to the team of specialists and nurses in SCBU.

"I was able to stay with Eric the whole time. As a new mother to a premature baby, I learnt heaps and was very confident after I left SCBU. We really wanted to say thanks to everyone in SCBU and do something to show our appreciation," said Alice.

During their stay, they noticed there was a shortage of

jumpsuits and decided they could use their business, Kahvi Café as a venue to organise a fundraising dinner. Once word got out, Alice said the people of Whangarei were really supportive. Local businesses Cheapskates, K&K Clothing, Cotton On, Life Pharmacy Orrs and Gifts on Rathbone all donated items for gift baskets that were raffled off in the café. A local pharmacist volunteered to waitress for the event and a chef from Auckland prepared the dinner. They also had customers from as far away as Australia making cash donations and local artist Evan Heasman designed the poster.

Around 20 people turned up for the "Tiny Life Support" dinner. Together with the customer donations and raffle proceeds, the Choi's made a \$645 profit which enabled them to buy 68 beautiful new premature jumpsuits to give to SCBU.

Eric is now five months old and weighs a healthy 6.7kg. When he, his family and friends delivered the jumpsuits to the team, the nurses in the unit gathered around to see how well he had grown.

SCBU associate clinical nurse manager Merophy Brown said a gesture like this highlights the fact that the public appreciates the work they do for them. "We love doing what we do, but it's really nice to know that the Choi family have gone and done this off their own bat and that they were able to raise so much money for our unit. We are really fortunate to be donated lots of items – which we often then give to our families on discharge, so it's really nice to get a whole lot of new sleep suits today."

Christmas Art Kit Gifts



Julia Tapp

A chance meeting with Kiwi rap star Savage enabled Northland artist Julia Tapp to get a portrait signed. Julia plans to auction the portrait to raise money to create art kits for children who are in hospital on Christmas day.

Julia and her husband Jason opened the Northland Art Centre earlier this year in memory of their son Ezra who died tragically, aged three. They donated Ezra's organs to help save other children's lives, and have now set up the centre to help others learn and heal through art and music. They offer art classes to all ages and Julia also paints Angel Portraits free of charge for families who have lost a child.

"We realised after our son passed away the importance of preserving those memories," said Julia. "When something like this happens, that's when the community comes

together. It's more than just helping, it all helps heal."

The idea for the auction came when Julia thought about all the kids who couldn't come in to an art class for whatever reason. "Some will be in hospital for Christmas Day. So I thought let's take the art to them. I made the Savage piece to auction off and then I managed to get him to sign it. He thought it was awesome and I gave him a matching one for himself." Savage said he will be happy to support the fundraiser using some of his networks when the auction goes live.

Julia also hopes to get support from a large retailer like The Warehouse or Bunnings to help contribute art supplies for the kits and has already received a few donations. She will be approaching local framing businesses to see if they can find a framer with a big heart to frame the Savage piece for free. They will use Trademe to auction the piece and hope to do a live event at the end of the auction to boost interest. She said they would like to get the portrait on TV3's 'The Project' to get extra media attention so they can raise as much as money as possible and buy the best quality products for the Christmas kits.

Details of the auction will be announced here: www.northlandartscentre.co.nz.

Scholarship Recipients Announced



Left to right Daryn Thompson, Auriole Cook, Daniel Gotz, Anne Stevens, Catherine Parker, Amanda House and Glenys Epiha

Four Northland DHB staff will benefit from a scholarship that encourages staff to further their education. The scholarship was made possible by an anonymous \$50,000 donation.

Workforce and wellbeing manager, Catherine Parker said they received 40 scholarship applications. The selection panel narrowed these down to 16 before the final four were chosen. A portion of the original grant will be distributed to the successful applicants for the 2018/19 academic year and the balance of the monies will be invested for future distribution through Health Fund PLUS.

The four successful applicants are:

Auriole Cook

Auriole works as an auxiliary worker in the Mental Health and Addictions Department. She applied to the fund to help with her Applied Diploma of Mental Health & Addictions Level 6 through the Open Polytechnic. Auriole says when she completes an assignment she is more conscious of what she has learnt and is able to apply it to her daily schedule at work. After having applied for several scholarships, she said it now feels like someone has finally given her a break.

Her team leader Daniel Manihera says what makes Auriole stand out is that she is always positive, and strives to implement new strategies and ideas that will benefit our whai ora and our service while keeping everyone safe. Sally Hapi who works alongside Auriole said she is a real benefit to the service because she is honest, reliable, efficient and highly respected by both staff and IPU clients.

Amanda House

Amanda works as administration support for Medicine, Health of Older People and Clinical Support and is studying towards a Diploma in Business Studies, with a focus on human resources from Massey University. Amanda has always been interested in human resources and feels that working towards this Diploma

would be an achievable challenge for her. She said she is incredibly fortunate to have been awarded the scholarship, and would like to be able to thank the donor personally.

Business and project Analyst Amanda Gentil recommended Amanda for the scholarship because of her dedication to their team, and her willingness to help others and learn new skills. "She is an organised and driven person and I have no doubt she would put her all into any study she was to enrol in. I believe Amanda would benefit greatly from this scholarship as it would extend her knowledge and skill base, which Northland DHB would, in turn, benefit from." Fellow team member Jennifer Fielden also commended Amanda's organisational skills and said she will reach any goal or outcome she sets herself.

Glenys Epiha

Glenys is a health care assistant in the Jim Carney Cancer Treatment Centre. She is studying through the Southern Institute of Technology for a NZ Certificate in Study and Career Preparation Level 4 so that she can go on to be a registered nurse, then eventually complete her Masters. Glenys said her passion is to stay in New Zealand working in health and she encourages others working in the industry to remain here as well.

Clinical nurse manager at the Centre, Dee Telfer, supported her application saying that Glenys is one of those people who have exceptional skills and life experiences that she can put to use in positions that will benefit not only her but the people/patients she will care for. Christina Edmonds who works as a clinical nurse specialist in Oncology said to know Glenys Epiha is to know that she is a ray of sunlight, always smiling, always helpful. "She has empathy for patients and the challenges they are experiencing. Softly spoken, patients feel supported and are gently guided."

Daryn Thompson

Daryn is a community support worker who is taking the next step toward his Bachelor of Nursing at Northtec. Darren was honoured to have made it through to the final four after hearing how many people applied for the scholarship.

Service manager Adrian Hatton said that Daryn is a highly regarded in the service and has all the qualities they look for when appointing registered nurses – humanity, honesty, advanced communication skills, intellect, calmness, motivation, engagement and problem-solving skills.

Samantha Parata also said that Daryn has proven himself to be a leader within the organisation. "He has impeccable work ethics and always upholds the values of the DHB."



Contact Energy Renal Fund Reduces Stress



Desiree Goldsmith

The last two winters have been a little easier for Ruakaka renal patient Desiree Goldsmith, thanks to a \$1,000 grant from the Contact Energy Renal Fund that helps pay hefty power bills to keep her lifesaving dialysis machine running.

Desiree has Alport Syndrome, a disease that damages the tiny blood vessels in her kidneys. She was first diagnosed in 2001 and had eight months of dialysis before her mother donated a kidney for her to have a transplant. Since then, Desiree's kidney function has reduced to 20 percent, she has lost part of her eyesight and hearing and is now unable to work because she has no immune system.

Because of her situation, social workers at Northland DHB put Desiree forward to receive a payment from the Contact Energy Renal Fund. All Desiree needed to do was to decide what would be the best way to use the money to help her remain independent. She already had a Lazyboy chair to dialyse in, so decided to put the money towards her power costs.

To make the money last as long as possible, Desiree tries to keep her costs down by turning off switches around the house and has been contributing towards her monthly power bill since she first got the fund in 2016. She said she would be stressed without this support, which in turn would make her sick. "It's a lifesaver. I just couldn't have coped and I'm so thankful to Contact Energy."

Since the monies were distributed in 2016, 24 renal patients in Northland have benefitted from a payment of up to \$1,000 per applicant to help ease the hardship that their condition puts on them and their families.

The Fund has not only improved the lives of these patients directly, it has also allowed 46 patients and their family members to attend seminars where they have shared their experiences and gained invaluable knowledge about their conditions.

Big Latch On

A new phenomenon was gathering momentum at Toll Stadium in August this year, with over 100 Whangarei mothers and their babies joining women from all over the region and the world for 'The Big Latch On'.

The event started in 2005 as part of World Breastfeeding Week celebrations and has since taken off globally with over 40,000 taking part in 2017. Mothers from small towns throughout the world were asked to join in. This year there was also a virtual option for those who couldn't access the venues because of their situation or remoteness.

According to recent Well Child/Tamariki Ora statistics, Northland DHB ranks third equal for exclusive breastfeeding rates at six months, with approximately 27 percent of infants fed to the Ministry of Health recommendations.

Organisers also acknowledged and supported mothers who can't or choose not to breastfeed to ensure that the event was inclusive and supportive for all whānau.

Patients Benefitting From Community Sources



The new welcome signage



The newly painted BNZ Community Wall

Patients and families awaiting treatment at the Jim Carney Cancer Treatment Centre in Whangarei are surrounded by a more relaxing ambience, thanks to support from community organisations and a successful funding application.

Programmed Property Services volunteered to give up a Saturday morning to give the BNZ Community Wall inside the Centre a facelift, with paint donated by our local Dulux team. The BNZ Community Wall was part of the Project Promise fundraising programme, managed on behalf of Northland DHB by Northland Foundation.

Project Promise galvanised Northland to raise \$3 million in three years to build the Centre. More than 400 bricks were sold during the campaign and people continue to support the ongoing work of the Centre by buying a 'brick'. "The gift of a brick is greatly valued by our team so we decided to freshen up the wall to enhance the visual reminder of the people who support our work," explains Dee Telfer, clinical nurse manager.

Choosing the right colour was important and after lots of consultation, the team settled on Dulux Lyall Bay. "We wanted to choose a colour that tied our service in with our natural environment, reflecting Northland's association with the sea, and also a colour that was relaxing and settling for patients who may be feeling unwell from their cancer or treatments," offered oncologist Dr Vince Newton. "We are really grateful for the generosity from Dulux NZ through Mana Mackie and Glenn Baker and the team from Programmed Property Services who all volunteered last Saturday. The paint job is fantastic."

Dee said they have also hired a fish tank after the Centre took part in the 15 Steps Challenge. The Challenge gave patients, selected staff and board members the opportunity to record their first impressions within the first 15 steps of entering the space.

The results from the Challenge showed patients were often confused about where to park and where the Centre was situated. The brick wall in the waiting room seemed like a memorial wall, rather than a visual reminder of those

who had contributed funds to build the facility. "After hearing the results, we realised we needed something visionary to help remove some of the fear some of our patients were feeling," said Dee. By adding some artwork, plants, and in particular the fish tank, they have made it seem less clinical and more welcoming.

After applying to Health Fund PLUS they are able to pay for the hire of the tank, but Dee said they would like to purchase it and make it a permanent fixture in the waiting room. Aqua Aquarium, the company that hires out and services the tank, kindly offered to carry on their servicing for free when they eventually buy it, to ensure the fish are looked after and the scenery is changed up on a regular basis.

Northland DHB and the Northland Foundation created Health Fund PLUS as an avenue for those who want to give back to the DHB by making donations or endowments, to have their monies secured and distributed. The Fund is available to all DHB departments to apply for anything non-clinical they believe will enhance their patients' experience while being cared for in their service. Health Fund PLUS is also used as a neutral and safe place to look after funds raised at any of the Northland DHB charitable events. When the funds are required to purchase anything non-surgical, an application process is undertaken.

For the past two years the Northland DHB Renal Service has organised a fun run and walk for World Kidney Day, and monies raised at these events were put into the Fund for safe keeping. In March \$360 was applied for and given to the unit to hire an exercise bike for patients for a six-month period.

Patients are encouraged to use the bike for at least 30 minutes per day which aides them in setting healthy lifestyle goals. Studies have shown that patients who improve their fitness levels by just 25 percent are able to rehabilitate much easier. The bike also supports with anxiety during wait times, assists with restless leg syndrome pre, post and during dialysis and ultimately will help reduce hospital admissions.



What's New In The World Of Viral Hepatitis



New Zealanders living with Hepatitis C have been given some welcome relief after Pharmac announced they will be funding direct acting antiviral Viekira Paks for people diagnosed with Genotype 1. A new direct acting antiviral, Mavyret, which is effective at treating all genotypes, is proposed to be funded later in 2018. This is great news for those living with the chronic infection that are unable to have Viekira Pak either due to their genotype or other medical reasons.

These medications are usually well tolerated, with few side effects. The three-month course of tablets has a high cure rate. Most people treated and cured of Hepatitis C so far in Northland have been treated in Primary Care. Those with cirrhosis are treated by the Liver Service.

Many people remain undiagnosed because chronic Hepatitis C doesn't have specific symptoms, usually tiredness and sometimes depression. The next challenge is to identify those people.

People at risk of Hepatitis C include those with a history of injecting drug use (often brief and in their teenage years), old tattoos or piercing, blood transfusion before 1992 (when New Zealand began to screen for Hepatitis C), or those with family members diagnosed with Hepatitis C. A simple blood test from the GP is used to detect the virus.

The other viral hepatitis in Northland which can cause problems is Hepatitis B. This so far incurable virus has the potential to cause liver damage if left unknown to the host and can lead to liver cancer. The good news is with diagnosis and free six-monthly blood tests, often managed by the Hepatitis Foundation, the effect of the virus on the liver can be monitored, and there is an effective antiviral treatment for the small number of people infected. If you haven't been vaccinated for Hepatitis B, a blood test is all that is required to check for this chronic infection, which again often doesn't have any symptoms.

At the Liver Service, Medical Outpatients in Whangarei Hospital, they run Hepatologist and Hepatitis Nurse Specialist clinics for Northlanders diagnosed with liver disease. They also offer Nurse Specialist liver clinics at Bay of Islands Hospital and Telehealth Hepatologist liver clinics for Bay of Islands and Kaitaia hospitals. The services help people living with viral hepatitis, cirrhosis, autoimmune hepatitis, primary biliary cirrhosis, hepatocellular carcinoma, and alcohol related cirrhosis. Referrals can be made via the Northland DHB electronic referral system and guidelines on these are available on the DHB website Health Pathways.

Phone: 0800 4 LIVER or 09 4304101 ext 7724 to reach our Liver Service.

Gateway To Community Health

Kaitaia based Waharoa ki te Toi medical research centre was officially opened mid-August thanks to The Moko Foundation, Maurice Wilkins Centre and Northland DHB. Waharoa ki te Toi was granted \$500,000 as part of a nationwide research programme coordinated by the Maurice Wilkins Centre's Professor Peter Shepherd, formerly from Kaitaia, and funded by the Health Research Council (HRC) of New Zealand.

Waharoa ki te Toi, which means 'The Gateway', is an important new initiative focused on undertaking medical research to reduce health inequities facing Māori. This new model of research places more emphasis at the community level and is based in Kaitaia, closer to the people with whom the research is being done.

The centre runs through The Moko Foundation, in partnership with the Maurice Wilkins Centre, which is one of New Zealand's centres of research excellence focused on developing new ways to prevent and treat major diseases that heavily affect Māori.

The initial research focuses on the impact of sugar in kids through the "Sugar in Schools" study and also on genetic causes of Type 2 diabetes in the CREBRF Study – The metabolic effects of a CREBRF gene variant. This gene may influence how we store and use energy that we get from food. The University of Auckland is looking at how genes unique to Māori and Pacific people might link to cardiovascular disease and Type 2 diabetes.

Kaumātua Sir Hekenukumai Puhipi is the patron of Waharoa ki te Toi. "Papa Hector is the most appropriate person to be our patron for this exciting work," says Dr Joel Pirini. "Just like he used the stars and tides on his journey of cultural discovery, Waharoa ki te Toi will be searching for genetic variants or genetic stars that will allow us to chart a pathway to better health," Dr Pirini said.

Dr Pirini, a local Māori Northland DHB doctor (Te Uri o Tai-Pawarenga), is employed by The Moko Foundation one day a week as the clinical director of Waharoa ki te Toi. He is joined by Conor O'Sullivan who recently completed

Gateway To Community Health (Continued)



Professor Peter Shepherd and Dr Lance O'Sullivan

A Bachelor of Health Science (majoring in population health) and is excited to be able to return to Kaitiaki and apply his academic knowledge to his community. Medical student Rhiaan Smith is taking a gap year to also be involved in this project as she feels there is value in being

able to contribute to both her community and her medical education.

The opening was attended by local kaumātua and DHB staff, Professor Juliet Gerrard, Prime Minister's chief science advisor, Professor Peter Shepherd and Dr Lance O'Sullivan. Dr Nick Chamberlain spoke via video link.

The research centre is supported by Northland DHB. "This is one of a number of research partnerships that Northland DHB is involved in, and it is fantastic that it is based in the Far North," chief executive Dr Nick Chamberlain said. "Delivering precise treatments based on our individual genetic characteristics is going to be a big part of our future, and this research is an exciting

opportunity to further that knowledge and reduce the inequities in healthcare outcomes that are so prevalent in many communities throughout New Zealand."

New Northland Cancer Clinic Open

Northland cancer patients can now access private cancer treatment closer to home as the first private cancer treatment clinic, Canopy Cancer Care Clinic opened in Whangarei in August. The clinic offers a wide range of cancer services delivered by a dedicated team of local oncologists.

Canopy chief executive Ben Harman said the new clinic enables patients who live in the Northland region to access their treatment locally and removes the lengthy journey that many are currently making to Auckland.

"Patients shouldn't have to travel huge distances to access their cancer care, which is why it was so important to establish a clinic in Whangarei," Mr Harman said. "For many patients, the long journey and time away from family and friends while they are being treated for cancer is really hard. We believe this new clinic will make a huge difference to local patients and their families for many years to come."

Northland DHB chief executive, Dr Nick Chamberlain said that they welcome the establishment of Canopy Cancer Care in Whangarei. "This new service may take a little pressure off our publicly funded services, but more importantly will reduce travel time for those who are currently going to Auckland to receive their private treatment. Patients wishing to access unfunded cancer treatments locally will also benefit from this new Whangarei service," he said.

Whangarei medical oncologist Dr Lisa Dawson said she was delighted to be part of the Canopy team providing

Northland patients with private cancer care. "The services offered by the clinic will provide patients with choice in their treatment – Canopy provides patients with access to cancer drugs and treatments, including those not available in the public health system," she said. "Our very experienced team here in Whangarei have expertise in the tumour areas of breast, gastro-intestinal, gynaecological, kidney, bladder, prostate, lung and melanoma. We also welcome referrals for patients with head and neck cancers, brain and neuroendocrine cancer."

The Whangarei clinic will be led by local Whangarei medical oncologists Drs Vince Newton, Lisa Dawson and Abbey Wrigley. The clinical team also includes specialty oncology nurses led by Charlie McKenzie.



Patient Judith Brown is with Dr Lisa Dawson, specialty oncology nurse Charlie McKenzie and her support person



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Small changes can lead to big benefits - read what sugary drink can do to the human body

Overeating:

Blood sugar spikes after drinking extra sugar which can increase hunger leading to overeating.

Tooth decay and erosion:

Sugar and acid levels in sugary and 'diet' drinks can cause tooth decay and erosion.

Increased chances:

Higher sugar intake puts you at higher risk of non-alcoholic fatty liver disease.

Weight gain:

One can of sugary drink a day can lead to 6.5kgs of extra weight in a year.

Bone health:

Sugary drinks can reduce bone density which may lead to osteoporosis

Health risks:

Being overweight and obese puts you at risk of heart and kidney disease, diabetes, stroke and some cancers.

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