Northland Health Consumer Council

5.00 pm to 7.00 pm Thursday 30 August 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				
Kevin Salmon	✓	☒	✓	✓	✓	☒	✓				
Kathy Diamond	☒	✓	☒	✓	✓	o	✓				
Kathryn Sadgrove	☒	✓	✓	✓	✓	✓	✓				
Brian Vickers	☒	✓	☒	☒	✓	✓	✓				
May Seager	☒	✓	✓	✓	✓	✓	☒				
Julie Hepi	☒	✓	☒	☒	☒	☒	☒				
Leanee Sayers	✓	✓	o	✓	✓	✓	✓				
Lisa Young	✓	✓	✓	✓	☒	✓	✓				
Susan Burdett	✓	☒	✓	✓	✓	✓	✓				
Robyn OLeary	✓	✓	☒	✓	✓	☒	o				
Kristina Duran	---	---	✓	✓	✓	✓	✓				
Penny Franklyn	---	---	✓	✓	✓	✓	✓				
Lynne Tucker	---	---	✓	✓	✓	☒	✓				
Leanne Thompson	---	---	✓	☒	☒	o	o				

Visitor			26 Apr	31 May	28 June	26 July	30 Aug				
Alan Davis			✓								
Helle Nielsen-McConnochie			✓								
Harold Wereta					✓						
Ian MacKenzie						✓					
Lisa Crossland							✓				

In Attendance	22 Feb	29 Mar	26 Apr	31 May	28 June	26 July	30 Aug				
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, 27 September 2018

1. Admin

1.1 Apologies – Michael Roberts, Margareth Broodkoorn, May Seagar
1.2 Introductions
1.3 Conflict of Interest – none
1.4 Previous Minutes - agreed

2. Presentation by Lisa Crossland – Overview of Health and Social Care Coordination

- Lisa Crossland is a project manager for people integration, this was formerly in the health services plan but that has now expanded to more programmes like this one which has come out of the neighbourhood healthcare home project that she has taken over
- The connect to coordinate campaign involves Primary Healthcare , Allied Health, Community Services, Iwi providers, Social Work, DHB and non DHB services. There could potentially be other services like WINZ and Housing Support included as well
- This project stemmed from background work that Sue Elliott had done. There is a nationwide problem and most DHBs have encountered problems with silos of care, people with chronic and complex conditions, health inequalities etc
- We are looking at how we can provide better healthcare solutions closer to where people live, making the best of what we have and improving on it and looking at a one team approach
- This project fits in with the Northland Health Services plan, it grew from a lot of the work that had been done for this. It is very much about developing coordinated multi disciplinary models of care across primary community providers and also specialist services with a focus on culturally competent care provision
- Care coordination networks – identifying what services we have in local areas and working out how we can better connect them to each other and connect general practice with them also
- Making sure we have home based rehabilitation restored at services close to home. Making sure we provide rapid response to people having acute episodes in the community and all of this is underpinned by shared information
- New Zealand have already completed a lot of this work around the Neighbourhood Healthcare Homes. There is some change already happening as a result of this, it covers the components of care and health and social care particularly
- The nursing model of care project was a piece of work that was conducted by the Primary Health Organisations about identifying particular components of care which would support health integration. This work has now been completed and many of the components are being absorbed into the Health and Social Care Coordination programme. There have been lots of value stream mapping which is following patients journeys and looking at what isn't working. There have also been lots of meetings with GPs, DHB senior nurses and senior managers, consumer input also contributed to this work. There has also been expert advice from the Neighbourhood Healthcare Homes Steering Group and Implementation Working Group
- There are lots of problems with access, in particular to the DHB community teams. In terms of general practice there have been a number of issues identified that it is unclear what services exist and how particularly GPs can access them. There are also multiple referral tools, multiple sources of information and there is a lack of transparency about eligibility criteria
- There is poor communication and information sharing. Practices are spending time chasing updates between services which isn't necessary. Lack of teamworking – multiple staff going to patients and patients getting conflicting advice
- There are lots of triage inefficiencies that have been identified, multiple teams triaging patients. Looking at streamlining this
- Bay of Islands team did a workshop which identified some issues that the healthcare providers are having like lack of care coordination, multiple IT systems with information that can't be shared, lack of communication, inappropriate referrals and repeated triaging
- The national voices from the UK identified what would be best practice. We are taking this as our vision and amending it using the Northland feedback and language
- There are four streams of work that came out of all the background work. One is about supporting primary care lead multidisciplinary meetings within general practice. The next part is care coordination networks which is identifying what services are in the area and how we can better connect them. The next two final pieces of work are addressing the issue of allowing particularly district nursing and allied health time to work at top of scope. It is about building nursing and allied health workforce capacity and capability and that includes looking at using a tool called the Calderdale framework which allows services and individuals within each profession to identify tasks they could delegate. It was developed

in the UK and has been used extensively in the South Island by 5 district health boards.

- The last project is the Northland Community Hub which is streamlining community allied health triage processes. We are looking at services like NASC and working out a better way of doing referrals
- The design principles are about sharing information, streamlining across multiple organisations
- For the MDT meetings we will be developing a standard for the virtual meetings and face to face meetings that primary care services can use, looking at testing these in a couple of practices. We would like to see patients included in these meetings and have input into how the meetings should be organised
- With the Calderdale framework we hope to get ten people who are going to be trained up as facilitators for Northland. This should happen within the next twelve months
- We are also looking at the potential for a health navigator which is a really great resource
- MDT meetings would be once a month, the general practice would decide who would be the best patient to proceed on this basis. One practice in Northland is keen to trial this already. Likely that this won't be face to face meetings, it will probably be via zoom
- Lisa will be looking for further consumer input once the projects are underway, she will liaise with Kim regarding this

3. Raising the bar on the national experience survey update Ayshea Green

Some of the members were involved in this project. HQSC provides a service which looks at patient satisfaction surveys which has been going since 2004.

Two of the questions are:

- Did a member of staff tell you about the medication side effects to watch for when you went home?
- Do you feel you received enough information from the hospital about how to manage your condition after discharge?

We have repeatedly scored low on these. HQSC decided to do a project on this where they did an indepth survey and Northland participated. They wanted to know from a consumer perspective how we could address these problems. The group came up with a number of changes which they gave to six organisations. Our change was to look at the transfer of care document/discharge summary and to make it more patient centred. The recommendation was that the patient information came first and that was the biggest indicator. So the heading was reformatted, changing the overall outlook and adding free text boxes. This project went on hold for about 5 months and it has restarted now. They are looking to trial it. Nelson Marlborough actually have a pharmacy technician who sits in the discharge lounge and goes through the patients medication. They have improved their rates by 50% as a result.

4. Workshop: Innovation around Complex Wound Care Kevin Salmon

There was a workshop recently regarding complex wound care. Currently there is a complex care wound nurse who is also the district health nurse. She is out in the community three days a week and for the rest of the week does the same job at the hospital. The nurse is saying she can't do both jobs so they wanted to change the name to a tissue viability service to warrant funding. It was agreed that this name was not appropriate and the matter will be reviewed further.

5. Review: Paper Plus mini store at Whangarei hospital Kevin Salmon

The members agreed it would be a good idea to have a store at the hospital.

6. Updates from regular meetings

6.1 Clinical Governance Board — Brian Vickers

The meeting was addressed by Lisa Dawson about the dawn of a new way of medicine. She was so good it would be great to get her to a meeting to do a presentation. She is an oncology specialist and she handed out a booklet. She is trying to educate people on the risks to health and promoting wellness. The board thought this was really good thinking. She made a very convincing argument. Lisa wants to have trainers who go out and educate people on health promotion. It was a very interesting presentation.

6.2 Child Health Clinical Governance Group – no updates

6.3 Maternal Health Clinical Governance Group – no updates

6.4 ASH – no updates

6.5 Site Master Planning – they have settled on option eight, this is five years away. The hospital still needs to provide services in this time which they can't do at present. The hospital is now looking at the top floor on the surgical side which is currently ENT and they are looking at turning that into a ward which will give an extra 30 beds. Then move SCBU to maternity. They will build a new building by the coffee shop for lab and two new theatres. It is going through the building committees at the moment. A lot of the interim changes will last after the new build.

6.6 Infection Control – no updates

7. Any other business

7.1 Quality Awards — Ayshea Green

We are looking for a volunteer to be a judge at the Quality Awards. The judges will meet on 12 October to review the nominations. The award ceremony is in November, the judges don't have to attend this. There are four categories. Kim will send an email out asking for a volunteer with more details.

Summary of action points:

Who	What
Kim	Email members with details of Quality Awards