



Northland Health Consumer Council

5.00 pm to 7.00 pm Thursday 25 October 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		
Kevin Salmon (Chair)	✓	✗	✓	✓	✓	✗	✓	✓	✗		
Kathy Diamond	✗	✓	✗	✓	✓	o	✓	✓	✓		
Kathryn Sadgrove	✗	✓	✓	✓	✓	✓	✓	✓	✓		
Brian Vickers	✗	✓	✗	✗	✓	✓	✓	✓	✓		
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		
Alan Davis			✓								
Helle Nielsen-McConnochie			✓								
Harold Wereta					✓						
Ian MacKenzie						✓					
Lisa Crossland							✓				
Sophie Cornell								✓			
Julie Palmer & Simon Duff									✓		
In Attendance	22 Feb	29 Mar	26 Apr	31 May	28 June	26 July	30 Aug	27 Sep	25 Oct		
Michael Roberts	✗	✗	✗	✗	✗	✗	✗	✓	✗		
Margareth Broodkoorn	✗	✓		✓	✗	✓	✗	✗	✗		
Ayshea Green	✗	✓		✓	✓	--	✓	--	--		

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

Minutes: Kim Doble

Chair: Brian Vickers

Next Meeting: 5.00pm to 7.00pm, 29 November 2018

1. Admin

- 1.1 Apologies – Margareth Broodkoorn, Kevin Salmon, Susan Burdett, Lynne Tucker, Lisa Young, Leanee Sayers
- 1.2 Introductions
- 1.3 Conflict of Interest – none
- 1.4 Previous Minutes – the previous minutes were agreed however May would like it noted that item 3.6 should be called hand hygiene instead of infection control

2. 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 bone marrow biopsy
- Review of blood donation and haemochromatosis
- Review of sick day advice for adults with type 1 diabetes
- Review of cardiac telemetry monitoring
- Review of obinutuzumab

2.2 The Council discussed whether it was a good idea to review documents in this way. It was agreed that we would continue to do this but as some members would like more time to review the documents Kim will continue to send them by email during the month to be discussed at the next meeting.

3. Video conference presentation 5.45pm:

Julie Palmer & Simon Duff

Ministry of Health New Approach to Deliver Planned Care

- Julie Palmer is the portfolio manager in the Elective and National Services Team and Simon Duff is the acting manager for Electives and National services
- Introductions by the Consumer Council
- Simon has been project managing the current work on publicly funded non-emergency services. Work is being done on refreshing the Ministry's policy for these services. There are four broad strands of work: driving the way we set expectations for providers, the way in which we measure the quality of services, how we fund and manage performance and what additional support we need to provide. Essentially this work is about how the Ministry can remove any barriers and put the right policies in place so that we can get the best outcomes for patients. One of the things we have done is change the name from electives to planned care. The intent is that the name planned care captures a more comprehensive set of services, from the feedback we received electives wasn't well understood by consumers
- Planned care are services which aren't needed in an emergency and can be scheduled at a later time, they could still be urgent like many cancer services or more routine
- The Ministry is initiating this work because it recognises the limitations of the current programme. The programme in its current format has really focused on a subset of hospital services, we recognise there are some barriers that DHB's face. We are reviewing how funding can be used to increase performance. We recognise the way we do quality in electives has also been limited. Our reviews have been limited to the people who do get accepted into the health system and we know there are a large number of people that aren't able to access the system. We need to look at accessibility and that unmet need to get the whole picture
- At this stage we are seeking input from consumers about what you feel is important in the direction of this work and also feedback on how we can best communicate with the public about what we are doing
- The members feedback was as follows:
 - We are very aware here in Northland about the postal code lottery for health, if you are not in the right area you don't get so much access, it is really good to hear the Ministry are looking at different approaches
 - We are very keen to have a positive approach to Maori health to achieve equity as there are a

lot of unseen barriers that exist in terms of access to health services in general especially in the North

- In the Far North there are problems with access to basic healthcare due to isolation and lack of transport. There are patients waiting a long time for elective surgery to the point their mobility and quality of life is severely affected
- To deliver planned care in an equitable way, a great deal of attention and resources are required in the North. Particularly in hands on management and the placing of well trained staff in the field
- The postcode lottery is particularly around poverty and the insidious effect it has on people's ability to access health in general, for instance someone might only have \$10 worth of petrol in their tank for everything they have to deal with and they have to choose between accessing health or getting food, this is surprisingly common in Northland. People are living at or below the poverty line and some people could be stuck in their homes for weeks at a time. There aren't enough resources to enable people to help themselves
- We are not well represented through our last census as this was captured electronically and a number of people were not able to complete it as they didn't have access to the internet. There are more people up here than was actually shown in the census. The census also does not give a true reflection around what's needed for health and disability
- Accessing services for a young man with intellectual disabilities is particularly difficult, they often fall out of the system and it is then really hard to get them back in. Also if they are under a Child Health Service and then reach an age where they come under adult services there is quite a gap and no coordination. You often have to keep going back to the GP unnecessarily
- Northland has a high number of Maori population and we see in our workforce that it doesn't reflect our community, often people can't complete training because of their situation. There must be competent people who can relate to the population, we are not there yet and we have a long way to go
- Simon asked whether Northland have taken any steps regarding the health and inequity issues. There was recently a presentation to the Council by Lisa Crossland who is involved in various projects at the moment, Kim will send the details. Our Maori Directorate is actively involved in promoting equity and the DHB is listening and taking steps to stop positive discrimination. The DHB is now providing mobile services that go out into the community and are quite effective
- The Ministry wants to provide a lot more flexibility with the funding that is provided
- The Ministry will want further input from the Consumer Council at a later date

4. Updates from regular meetings

4.1 Clinical Governance Board

Brian Vickers

- There is an e sign off project for tests like ECG, X-ray and EEG. These tests will now be done electronically rather than physically signing the documents. The project will enable doctors to sign that they have seen the test electronically. This will potentially cut out a lot of confusion and results will be available more quickly. They quoted an example that the Emergency Department used to wait two hours for results when in fact it only took ten minutes. There was a discussion around who the result is sent to, how it can be reassigned to another clinician to cover a change of shift for example. Mike Roberts has asked the project team to meet with the webPAS group to discuss how to prevent labelling errors.
- There was a presentation about the Health Round table (HRT) by Rowan Croft. It might be interesting to have this brought to the group in the future. HRT is a benchmarking system for hospitals around Australia and New Zealand, they look at how well our hospital does compared with other hospitals. They consider things like falls and infection control and they rank all the hospitals. This enables hospitals to see how they are doing against the international averages and improve themselves

- The rate of complaints for Northland District health board has increased slightly, the board thinks the reason could be that the access to services and rationing of the same could account for the increase. Accessibility to services is down because of demand on services

4.2 Child Health Clinical Governance Group Kathryn Sadgrove
The meeting was cancelled

4.3 Maternal Health Clinical Governance Group Kathryn Sadgrove
These meetings are now bi-monthly. There was a security incident recently at maternity, this involved someone firing shots as they drove past. It turned out to be a bb gun. As a result of this there have been extra security measures put into place

4.4 ASH Lisa Young
Lisa wasn't in attendance to provide an update

4.5 Site Master Planning Kevin Salmon
Kevin wasn't in attendance to provide an update

4.6 Hand hygiene May Seagar
May wasn't able to attend the last meeting. May did suggest at a previous meeting that they could use luminol and they were going to spray luminol randomly around the hospital to show the germs around. This will be happening this month some time

5. Any other business - None

Summary of action points:

Who	What