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MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 3 May 2011 at 1.00 pm in the Boardroom of Board Office, Gate 2 Heretaunga Street, Palmerston North

PRESENT:

Diane Anderson (Chair)
Ann Chapman (Deputy Chair)
Karen Naylor
Linda Gray
Mavis Mullins
Pat Kelly
Phil Sunderland
Charmaine Hamilton
Oriana Paewai

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Funding Division
Carole Chisholm, Committee Secretary

OTHER:

Staff: (6)
Public: (0)
Media: (0)

1. APOLOGIES

There were no apologies.

2. NOTIFICATION OF LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendment to the Register of Interests

There were no amendments.

3.2 Declaration of Conflicts in Relation to Today's Business

The following conflicts were noted in relation to item 13.1 "General Approach to Contract Review and Renewal for 2011/12".

Ann Chapman and the Otaki Womens Health Group
Oriana Paewai - Rangitane o Tamaki nui a Rua and Te Runanga o Raukawa
Karen Naylor and Plunket.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 5 April 2011 be confirmed as a true and correct received.

4.2 Recommendations to the Board

It was noted that all recommendations contained in the minutes were approved by the Board.

4.3 Matters Arising from the Minutes

There were no matters arising.

5. STRATEGIC/SPECIAL ISSUES

5.1 Commentary on "New Zealand Mortality Statistics: 1950 – 2010"

Following a Committee member's enquiry, management confirmed that the death rate for Maori in the DHB's region was nearly twice as high as non Maori. Cardiovascular disease and Cancer were part of the causes but it could be seen from the report that Cancer was increasing whilst cardiovascular disease was trending down. In relation to the demograhics of the area, it was noted that there was a higher population of elderly people, particularly in Horowhenua, Otaki and Tararua and the health of those people in the outlying areas was not as good as in the Manawatu and Palmerston North city. This was the reason why the death rates were slightly above average. However, the commentary did disclose that death rates were reducing across the district. It was also confirmed that lung cancer death rates were higher in Maori women than Maori men.

It was recommended:

that this report be received.

6. OPERATIONAL REPORTS

6.1 Health and Disability Services Eligibility Direction 2011

Management confirmed that there had been problems in the past in making judgments around eligibility for public funded health care and the report simplified and clarified the criteria.

It was recommended:

that this report be received.

6.2 Retinal Screening Services

Management noted that the outcomes of this service would assist both Primary Health Care and the issues within MidCentral Health's Ophthalmology Department.

A Committee member applauded the initiative and confirmed it was exactly the type of project the Board wished to see implemented.

Reference was made to para 7.4 on page 6.9 and the comment that the service was not specifically targeted to Maori but that Maori and Pacific people had high rates of diabetes and were generally more likely to experience poor diabetes control and complications. Management advised that it meant the service was not specific or exclusive to Maori. The Board was seeing a significant increase in Maori participation within the diabetes programme and there was no need for it to be specifically targeted.

Following an enquiry around the referral system, management advised that the General Practitioners and Chronic Care Teams were the referrers for diabetic patients.

A Committee member was concerned that there was potential for 'creep' and sought reassurance that the service was specifically for diabetes. A further point was how it would be capped.

Management advised that it was quite possible creep would occur and if the situation arose, the matter would be brought back to the committee for further sign-off.

Following a question around the test results, management advised that the optometrist undertook a preliminary examination of the photo he had taken and if there was an issue, the test would be referred to the Ophthalmology Department who would, after secondary screening, decide on their course of action. However, the General Practice Team would be advised, regardless of what occurred.

In response to a Committee member's enquiry concerning the increased retinal screening undertaken by opticians leading to a potential increase in ophthalmologists, management advised that this service had been undertaken in Horowhenua and Tararua over the last five years and no significant changes in the referral patterns had been seen district-wide.

The member advised she raised the point as having the potential to affect the Board further downstream.

The Chair noted that the service was a logical way to proceed and had been recommended by the DHB's ophthalmologists. There was potential for more IT investment. However, management advised that they were still working through the way in which the volume would be addressed.

It was confirmed that there would be no costs involved to patients undergoing optometrist testing.

It was recommended:

that this report be received.

6.3 Funding Division Operating Report – April 2011

Item 2.1 Review of Older People Service Specifications and Purchase Units
Management advised that it was important the Committee received this information as soon as it was available and understood it.

Item 2.3.1 Mental Health and Addictions: Key Performance Indicator National Project
In response to a Committee member's comment that between 2007 and 2009 MidCentral Health had scored below average in Post Discharge Community Care rates, management observed that this area had been a major focus over the last twelve months.

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Item 2.3.2 Primary Mental Health Services
The Chair referred to the research work undertaken by Health Care Development staff reported on pages 6.18 and 6.19 and noted that both General Practitioners and Nurses stated that they felt less confident dealing with Mental Health.

Management advised that within Primary Care there was a general willingness to upskill and better understand mental health. Given the specifics of that area, the way to upskill practitioners in General Practice was generally promoted as shared care. Psychiatrists, General Practitioners, Nurse Practitioners and Nurse Specialists worked together in and around appropriate pharmacological management as well as support networks for patients.

It was pointed out that Tararua may be a little more advanced in this area than other parts of the district. However, the process involved took some time due to the fact that specialist services were predominantly managing an acute service which meant some planning was involved for them to engage with general practice.

Item 2.4.3 Urgent Community Care Service
Management referred to the graph illustrating the number of patient transports to Palmerston North Hospital. The Horowhenua Pilot with St John had commenced in December 2010 and was already showing a rapid fall-off from the number expected.

The service was one that could be looked at for other areas although affordability would be a key issue. It was noted that the St John contract was not held by the DHB.

Item 2.5 Health Care Development
A Committee member referred to the patient sample questionnaire and expressed surprise that 81% of the group were experiencing pain, particularly at night.

Management noted that pain was an area that had not been addressed from a DHB-wide perspective and the research indicated that something should be done. The Board managed an acute pain service but there was no such service in the primary health area. While it had been on the agenda in 2008/09 the financial situation had meant no progress had been made. Whilst an acute pain service in the public sector may be on the agenda at this point in time, there had been no prioritisation in primary health for a little while.

In response to a question around the statement that over half the participants were living on less than $20,000 per annum, management advised that the people concerned had a disability and were not working. A further question related to care and fees. However, the study had not revealed issues of access as a problem.

Following a member's comment that there was no indication of the scale of pain, management advised that the pain commentary was a by-product of the report. The point was also made that more than 20% of admissions to the Emergency Department were pain related.

A further observation was that if pain was being better addressed in the community, it may have spin-off effects for MidCentral Health.

2.7.1 MidCentral Epidemiology report November 2010
The Committee offered their congratulations to Andrew Orange on his Pharmaceutical Society of NZ Fellowship award. Although these had been conveyed by management as requested at the April meeting, it was felt that Andrew's presence at this time warranted a personal acknowledgement.

In response to an enquiry concerning the length of time it took for Vitamin D to produce any measurable result, management advised that it appeared to take a month or so, quite a short timeframe. Unfortunately no measurable data would be available as that type of research required a very large investment. Although it would be possible to look at the Emergency

Department statistics in terms of falls, it would be difficult to tie these in with Vitamin D. Any conclusions would therefore be based on supposition.

It was recommended:

that this report be received.

6.4 Finance Report

Management confirmed that as the end of the financial year approach, Inter District Flows needed to be watched carefully. The two areas concerned were inflows from Whanganui DHB and outflows to Capital & Coast Health for cardiology work. At the present time the Funding Division was in line for a surplus to budget which would be break even.

A Committee member referred to the table on page 6.26 'Funder Financial Performance' and enquired whether the Maori Health expenditure variance was due to project underspend or something had not been completed. Management advised that it was the latter and programmes had not been embarked on.

It was recommended:

that this report be received.

7. GOVERNANCE ISSUES

7.1 Committee's Work Programme 2010/11

Following an enquiry the Chief Executive Officer advised that it was likely significant differences would be found between this Board's work plans and other DHBs. The most certain and fundamental premise of the work programme occurred at the start of every year when the Board looked at the framework and endeavoured to cover off accountability together with the way in which that could be demonstrated.

The Chair noted that during 2010 an investment had been made in diabetes pumps. There had not been any follow-up report and it was suggested that this be included in the Committee's work programme. Information on how it was progressing, issues encountered and the way forward would give comfort to the Committee.

Management confirmed it would put a paper together on the evaluation of the follow-up programme which had been extensively reviewed. There had been considerable discussions and negotiation with the provider and it was therefore appropriate to bring a report back to the Committee for their information.

The Committee requested that a report on the status of the diabetes pump follow-up be included in the Community & Public Health Advisory Committee's work plan, with the timeline taking into consideration the Funding Division's heavy workload over the next few months.

A further matter raised for inclusion in the work plan concerned an update on the political environment and what it looked like at the present time. The member noted that there were a lot of activities being taken on from a central perspective and it was an appropriate opportunity to look at the whole scenario. Following discussion it was agreed a workshop on the political environment should be placed on the work plan and scheduled to take place as soon as this could be fitted in.

It was recommended:

that the updated work programme for 2010/11 be noted.

5.10

8. LATE ITEMS

There were no late items under 2 above.

9. DATE OF NEXT MEETING

Tuesday, 7 June 2011.

10. EXCLUSION OF PUBLIC

Recommendation: that the public be excluded from Part 2 of this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reason stated.

Item	*Reason*	*Ref*
"In Committee" Minutes of the Previous Meeting	For reasons stated in the previous Agenda	
Contracts Update	Subject to negotiation	9(2)(j)
General Approach to Contract Review & Renewal for 2011/12	Subject to negotiation	9(2)(j)
Retinal Screening	Subject to negotiation	9(2)(j)

The meeting closed at 2.10pm.

Confirmed this 7th day of June 2011

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Chairperson