MidCentral District Health Board

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Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 5 April 2011 at 1.00 pm in the Boardroom of Board Office, Gate 2 Heretaunga Street, Palmerston North

PRESENT:

Ann Chapman (Acting Chair)
Linda Gray
Pat Kelly
Mavis Mullins
Karen Naylor
Phil Sunderland
Charmaine Hamilton

IN ATTENDANCE:

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

OTHER:

Staff: (5)
Public: (1)
Media: (0)

1. APOLOGIES

Diane Anderson and Oriana Paewai; Pat Kelly (late)

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

Karen Naylor noted her conflict in relation to item 6 on page 13.1 'Well Child Framework Contract' (Patron of Plunket).

Pat Kelly entered the meeting.

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4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 1 March 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. OPERATIONAL REPORTS

5.1 Cardiology Landscape Review

Mike Grant introduced the Cardiology Landscape review and noted that the report had been considered by the Hospital Advisory Committee earlier in the day. As a result of their discussions, the Committee had requested that a workshop be held enabling members to see the programme outline, the deliverables and timeline. They had also taken into consideration that there were short, medium and long term requirements around local, regional and sub regional services. This committee would also be invited to attend.

$300,000 - $400,000 had been budgeted for in the 2011/12 financial year and the cardiac cath lab was the major capital requirement. This would be commissioned in the last quarter of the 2011/12 financial year. $1.2m would be in the out years financials, subject to Board approval. The financials as raised in the report had not taken into account any potential revenue from IDF inflows. The next financials would include inflows from Wanganui and outflows to Capital and Coast Health.

A Committee member confirmed the report was a very good document but was a statement of the present. There was an absence of discussion around possible new technological or clinical trends, nor long term strategies. Age structure was also seen as another area which could prove misleading. As an example it was pointed out that of those people shown in the 75 – 85 group with cardiology problems, very few of those people would only have that complaint. Conditions including arthritis and diabetes also had an impact on cardiology demand. In addition, non availability of data was noted, although it was recognised that some of the problems were due to a lack of national data. The member advised that she raised the matter as a point and not a complaint.

In response to a request for more commentary around invasive waiting lists, management advised the recommendations confirmed the need for this area to be looked at. A person living in Palmerston North and referred by their General Practitioner to see a cardiologist would have a specialist assessment. If they were considered not to be an immediate risk they would be referred for a set of diagnostic procedures. This could be anything from a treadmill test to an echocardiogram and were performed at MidCentral Health. It may also involve being placed on a waiting list. (At the present time approximately 700 patients were on that list awaiting a diagnostic treadmill test). At this stage the cardiologist had already reviewed the referral information from the GP or actually seen the patient. Although their condition was not regarded as urgent or significant, nevertheless the patient would go through the diagnostic programme. It was that area where MidCentral Health needed to work with the GP and nursing service, together with the cardiologist, to better manage that 'go ahead' of patients. It was also noted

that if a patient needed acute care they got it or if a patient's condition changed, they could go to their GP and be dealt with on that basis.

The Tararua and Horowhenua programme enabled a large number of patients to undergo the diagnostic programme all on the same day. This was due to a dedicated cardiologist and technician and was the reason why the programmes had been successful.

Following an enquiry around the very low number of responses when compared to the number of stakeholders and agencies involved, management advised that the draft had been circulated for feedback prior to the release of the final draft. As a result the report had been worked through with the stakeholders in a robust manner followed by a further two weeks of consultation. By the time stakeholders received the final draft, they were comfortable with the content.

Following a Committee member's enquiry around the emphasis on clinical governance, management agreed it was a change in style and membership.

Committee members' comments on the review document included:

- The recommendations were really useful and appeared achievable;
- Surprised at the assessments of the performance indicators but that was good;
- Workshop will be a good way of gaining a better understanding and further information; whether there were any gaps in terms of reporting that needed to be identified; clarification of the timeline; and in terms of the budget, what funds had been allowed for already and had the additional FTEs been included.
- An excellent report which contained some good information. Complimented those involved in completing the review within two months.

A further comment noted that members were reliant on Disease State Plans and Service Strategies to signal any areas of concern. As Cardiology had not been highlighted previously this raised the question of what could be learned going forward. There would be potentially other areas where investment funds were unavailable but it was always important to know what the issues were, prioritise and make assessments.

Management noted that cardiology issues had been obvious for sometime. The standard discharge ratios and other metrics reported on in relation to heart disease performance in the district showed MidCentral Health had been a poor performer. The reason for this had been difficult to assess at times but included Capital and Coast performance together with other variables which had been included in the review.

The Chief Executive Officer advised that management endeavoured to include all of the Board's issues into the annual plan ahead of time. However management had begun receiving feedback from the financial reviews which disclosed Cardiology as being an area to be looked at.

It was confirmed that committee members would be invited to the Cardiology workshop whenever that was scheduled. The reasoning behind the Hospital Advisory Committee's decision to request a workshop was the wish for a stronger recommendation than "that this report be received".

It was recommended:

that this report be received.

5.2 Funding Division Operating Report – March 2011

Mike Grant introduced his report.

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Item 2.1.1 Funding Long Term Supports for People with Chronic Health Conditions
In response to an enquiry around responsibility for people with insufficient funds to meet demand and the eligibility criteria, management confirmed that the matter had not been resolved and it continued to be work in progress.

Management referred to the top of page 5.5 and advised that experience suggested there would be an unfavourable financial risk for the central region as opposed to other regions. In this particular case if the Board moved to population based funding there was a risk in 2012/13 of $271,000 to MidCentral. Out of expenditure of approximately $800,000 this amount was quite significant. It was therefore in the Board's interests to keep this under surveillance and manage it appropriately.

Following an enquiry around dispute resolution and terminology referred to on page 5.5, management noted the most suitable practice was to have any dispute resolved as best as possible beforehand. As with anything, and particularly in this matter, there would be disputes.

Item 2.2.3 Maori Provider Development Scheme
In response to a question concerning the provider with an outstanding report, management confirmed this was a one-off and a different provider from the previous occasion.

Item 2.7 Pharmacy
A member took the opportunity to acknowledge Andrew Orange's Pharmaceutical Society of New Zealand fellowship award and extended her congratulations. It was unfortunate that he was not present at the meeting and to be complimented in person. Committee members endorsed these comments. Management confirmed the Board was fortunate in having Andrew as their Pharmacy Advisor and would ensure the message was passed on.

It was recommended:

that this report be received.

5.3 Finance Report

In response to an enquiry around the reason for an increase in IDF wash-up, management confirmed that this was due to more throughput.

It was also confirmed the Funding Division would be slightly favourable at year end. $500,000 on $450m was marginal. The result was growing within the provider arm where there were significant positive variations to budget. These related to contained personnel costs, reduction in clinical supply costs and increased revenue.

It was recommended:

that this report be received.

6. GOVERNANCE ISSUES

6.1 Work Plan

It was recommended:

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

7. LATE ITEMS

There were no late items under 2 above.

8. DATE OF NEXT MEETING

Tuesday, 3 May 2011.

9. 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	
2011/12 District Annual Plan	Under negotiation	9(2)(j)
Funding Division Operating Report: Well Child Framework Contract	Subject of negotiation	9(2)(j)

The meeting closed at 1.55pm.

Confirmed this 3rd day of May 2011

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Chairperson