

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 4 November 2008 commencing at 8.30 am in the Boardroom, MidCentral District Health Board

Jack Drummond (chair)
Lindsay Burnell
Jim Jefferies
Stephen Paewai

Barbara Robson
Kerry Simpson
Cynric Temple-Camp
Ian Wilson

In attendance

Murray Georgel, CEO
Lareen Cooper, General Manager, MidCentral Health
Stuart Wilson, General Manager Corporate Services
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member (part meeting)
Nicholas Glubb, Group Manager, Child, Women, and Mental Health Services
Muriel Hanratty, Group Manager, ATR & Community Services
Brett Sheehan, Group Manager, Surgical Services
Lyn Horgan, Group Manager, Medical Services
Jeff Small, Group Manager Commercial Support Services (part meeting)
Simon Floris, Planning & Performance Unit
Dr Philip Marshall, Clinical Director, Dental Services (part meeting)
Kate Aplin, Project Manager, Child & Adolescent Oral Health Service Improvement Project
(part meeting)
Shirley-Anne Gardiner, Operations Manager
Robyn Shaw, Elective Services Manager (part meeting)
Ian Ironside, Portfolio Manager Secondary Care, Funding Division (part meeting)
Communications Unit (1)
Media (1)

1. APOLOGIES

Apologies were received from Ann Chapman and Richard Orzecki - As a candidate in the forthcoming general elections, Mr Orzecki was standing down from committee duties during October and November.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1. Amendments to the Register of Interests

Stephen Paewai advised he had been appointed chair of the Tararua PHO – he had been a member for a number of years. He has also been appointed a director of the Tararua Rural Education Activities Programme (REAP).

3.2. Declaration of conflicts in relation to today's business

There were no declarations of conflict in relation to today's business.

4. MINUTES

4.1. Minutes

It was recommended:

that the minutes of the meeting held 7 October 2008 be confirmed as a true and correct record.

4.2. Recommendations to Board

The Committee noted that the Board approved all recommendations contained in the minutes.

5. MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes.

6. STRATEGIC/SPECIAL ISSUES

6.1. Coroner's inquest into the death of Mrs Folole Muliaga

The risk associated with using home-based treatments for both the patient and DHB was raised. This risk was seen as an important message arising from the Coroner's inquest into the death of Mrs Muliaga. Members were assured MCH had very clear policies and procedures for supporting their home-based treatment programmes, and that patients were given guidelines on what they should do.

The Clinical Board was meeting at the end of the day and would also consider the recommendations contained in the Coroner's report.

It was recommended that

this report be received

6.2. Alignment of service needs and development contained in the Clinical Service Plan with revenue and costs

Barbara Robson asked if the Clinical Service Planning had taken into account the work being done on the development of bowel cancer screening. Management advised a lot of time had been spent looking at health needs and bed demand. Part of the forthcoming process would include reviewing that work. Another important component would be workforce

requirements. Ms Robson also commented that consideration would have to be given to such things as the new genetic technology and screening that would soon be available.

Ian Wilson advised that determination of how this project would be measured and reported to both this Committee and the Board would be critical to the success of the redevelopment. Management agreed with this sentiment, advising consideration was being given to the next reporting steps.

Access by local GPs and the sharing of clinical data stored in MCH's clinical data repository was raised. Management advised work was currently being done around a data warehouse for storing data. In relation to regional access, a current project was the replacement patient administration system, which was being undertaken in conjunction with Whanganui and Wairarapa DHBs. This should ensure freedom of clinical data movement between those boards. Nationally, there was a regional information system strategic plan covering the whole region, which would include the way in which data would freely flow between boards.

In relation to the patient administration system, other boards now wanted to join the process, and the Ministry was considering whether there should be a national solution. Whilst this might slow down MCH's development, it might also mean that MCH was the lead player. Members agreed that provided MCH was confident with their chosen system, they should continue with the process and let other boards join later, not wait for a national solution. Members felt the Ministry should set some ground rules around criteria for the inter flow of data between boards.

It was recommended that

this report be received

6.3. Women's and Child Health Services, Whanganui and MidCentral District Health Boards - update

It is recommended that

this report be received

6.4. Elective Services quarterly update

Management advised the Ministry had confirmed yesterday that with the finalised September results, there had been a significant improvement in meeting targets, and that dental, ENT, gynaecology, ophthalmology and orthopaedics were now compliant. There had also been a significant improvement in numbers for general surgery at DHB level (and to a lesser extent in urology).

Members discussed the system of returning to GP care the patients waiting >6 months for a first specialist assessment (FSA) who did not have an appointment date allocated. As the GP was advised to re-refer the patients with updated clinical information if a specialist opinion was still required, Management were asked if that inferred patients were being referred unnecessarily for specialists' opinions. Management agreed there were a number of referrals requested that did not require specialist attention. However, it was noted that GPs had a duty of care to refer patients who specifically requested a referral. GPs did have one-to-one contact with clinical staff at the hospital and contacted clinical staff when required.

There was a brief discussion on the impact of doing acute gynaecology work for the Whanganui DHB, contracting out work under the orthopaedic initiative to the private facilities, shortage of surgical nursing staff and the steps being taken to recruit more nurses,

the funding impact of being non compliant and whether the establishment of private radiotherapy would make a difference to our waiting lists.

It was recommended

that the report be received

6.5. Improved access to Palmerston North Hospital and car parking update

It was acknowledged that Management were doing everything possible to enhance and improve the current car parking arrangements. However, the Committee felt consideration should be given in future planning to a car parking building close to the hospital buildings, together with some free outside parking. This planning should be part of the site redevelopment work.

It was recommended

that the report be received

6.6. InterRai business case update

It was recommended

that the report be received

6.7. Price Volume Schedule for 2010

Emergency Department Funding

Management explained that the method of counting volumes in the Emergency Department had been changed in the last year. This had resulted in the target being set at a level lower than what was actually delivered.

The CEO explained there was always a difference between cost and revenue. If revenue was increased for a particular service, then the premium or subsidy was reduced – the difference between what was paid and the calculated amount by unit. But no more funding was given to the DHB to fund the service. So paying for this additional volume in ED would not mean a change to the overall financial result for MidCentral Health.

This year, there would be a change to the national pricing methodology which would mean it was getting closer to the cost. There had been an efficiency adjuster in the past which had inflated prices by the CPI, but costs had risen by 7 or 8%. The efficiency adjuster would be removed this year, dependent on CEO confirmation.

Other factors, such as the change to NZWIESo8 also impacted the ED volumes target setting process, making estimation difficult.

It was recommended that

this report be received

6.8. Investment in Child and Adolescent Oral Health Services Project

Having now received clarification on some of the detail of this project, members supported going forward with the plan. The following comments were noted from members:

What about disability access.

Public should be informed of changes.

Had initial concerns regarding access, but feel management have provided information on that. Was concerned about workforce, and management might be a bit optimistic about that. Recruitment is a major issue and it probably will be here too.

Barbara Robson commented on a number of issues including:

Model of Care

Ms Robson was still concerned there were no fixed sites in Horowhenua and Tararua. She said it would be possible to maintain and develop relationships with local health providers under the model although it could be hard if there was limited continuity of care.

Workforce

Huge concerns around workforce numbers. She was concerned about the new graduate situation at the end of this year which would see a dual qualification in dental therapy and dental hygiene - she felt this was an unknown situation and a risk.

Fixed and Mobile Chairs

She was concerned the balance between fixed and mobile chairs would not be attractive to the workforce.

Design of the Mobile Units

Ms Robson said the design of the mobile units was crucial and she understood why MCH wanted the larger 14.5m units. She was concerned this requirement may have been changed by the Ministry.

Other Concerns/ comments

Siting of the mobiles in the holidays was an issue.

There was funding uncertainty beyond the first three years.

Non achievement of volumes would be an issue if there was insufficient workforce.

Funding Division could always put money elsewhere or to another oral health provider.

As it would be a huge change for both the public and the therapists, Ms Robson had reservations about the new system.

It would be good to allow or encourage a therapist to develop an adult scope – this could really make it work.

The CEO concluded the discussion, stating when change was proposed, it did not always meet with everyone's approval. Management endeavoured to cover as much risk as possible and provide support and assistance where required.

It was recommended that

1. MidCentral District Health Board accept the offer from the Ministry of Health of:
 - \$3,896,010 capital expenditure over 3 years, and
 - \$2,560,000 operational expenditure over 3 years
 for the Investment in Child and Adolescent Oral Health Services Reconfiguration, on the understanding that at Year 4 additional operational expenditure will be included in Population Based Funding share and that Future Funding Track adjustments will be covered by the Ministry of Health on an annual basis;

2. MidCentral District Health Board undertake community engagement following approval from the Ministry of Health to progress the Investment in Child and Adolescent Oral Health Services Reconfiguration;
3. The Chief Executive progress agreement with the Ministry of Health, this agreement being contingent on mobile clinic design being agreed by both parties.

Barbara Robson abstained from voting.

7. OPERATIONS REPORT

The General Manager, MidCentral Health, presented her operations report.

7.1. Accreditation Inspection – Emergency Department

The Australasian College for Emergency Medicine visited Palmerston North Hospital on 3 November to look at MCH's registrar programme with the emergency department, with a view to reinstating it. There had to be a minimum of three FACEMs for the training programme to be approved. MCH now had three. If MCH gained accreditation, it would assist with recruiting senior medical officers.

7.2. Medical Assessment/High Dependence Units workshop

This workshop had been delayed until February 2009 so that the appropriate clinical staff could attend.

7.3. Scorecard report – Did Not Attend results

The percentage of patients who did not attend booked outpatients clinic appointments was noted. Management confirmed clinics were over-booked as a strategy to ensure all appointment slots were filled. Various other strategies were followed, eg phoning or texting patients to remind them of appointments. Transport difficulties were being reduced as a result of patients using the shuttle service.

7.4. Emergency Department attendances

The issue of whether people were using the Emergency Department instead of seeing their own GP was raised. The suggestion of a DHB GP run clinic was made. Management advised a survey had been undertaken a while ago to see if the Emergency Department was being used instead of GP services. However, the number of people doing this was minimal. Management felt there was an issue in relation to people delaying seeking medical advice, as they then presented at the Emergency Department as an acute case.

7.5. Recruitment

Members were updated on progress being made particularly to recruit allied health professionals.

7.6. Finance Report

The General Manager, Corporate Services, explained a number of the tables and graphs contained in the finance report.

7.7. Renal Transplants

Members thanked Management for providing information on transplant options. The advantage of having someone promoting the donor service was noted.

It was recommended

that this paper be received

8. GOVERNANCE ISSUES

8.1. Work Plan for 2008/09

It was recommended

that the updated work programme for 2008/09 be noted.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

2 December 2008

11. EXCLUSION OF PUBLIC

It was recommended

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	Reason	Reference
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	
Operations Report – : Patients Complaints : MECA accruals	To protect personal privacy Subject to negotiations	9(2)(a) 9(2)(j)