

## CONCEPTUAL SERVICE PLAN for **WOMEN'S AND CHILDREN'S HEALTH SERVICES IN THE WHANGANUI & MIDCENTRAL REGION**



### Message from the Chief Executive Officers

*Whanganui and MidCentral DHBs currently fund and provide women's and children's health services to women and children in their districts. Historically the two districts have provided these services in complete autonomy. A change in the way the services are delivered is required to ensure these services are safe and viable. The planned change is to have joint and collaborative services across the two DHBs.*

*When significant change is proposed, we have made a commitment to consult with our communities, to gather feedback, and to ensure that the changes we propose meet your needs.*

*We would like the opportunity to hear from you about the proposed changes and consider any potential impact upon families/whanau and the wider community.*

**Memo Musa**  
Whanganui DHB

**Murray Georgel**  
MidCentral DHB

### How does the service work now?

At the moment, both MidCentral DHB and Whanganui DHB provide very similar services to women and children within their boundaries. Each DHB is experiencing challenges to recruit specialist staff and ensure the health care we provide is safe and sustainable into the future.

Over the past 15 years, increased specialisation of the workforce, changes to work/life balance, the impact of professional bodies (such as Medical Colleges) on professional boundaries and standards, and worldwide competition for medical talent have had a huge impact.

It is increasingly hard for smaller DHBs like Whanganui to recruit and keep specialist staff, in particular areas such as obstetrics and gynaecology. With increasing competition from overseas hospitals the situation is unlikely to improve in the short term. In fact, for a number of services, even greater difficulties are predicted within the next five to ten years.

### Why are we proposing these changes now?

During 2006, staffing issues led to obstetric and gynaecology (O&G) and paediatric services at Whanganui Hospital being unable to deliver the 24 hour access that had previously been provided. A number of arrangements and short term agreements between Whanganui and MidCentral Health were put in place to ensure access to acute care for the people of Whanganui DHB district. MidCentral Health responded to support the Whanganui population within its staffing levels, with consequent pressure on services at MidCentral Health.

The Board and management of both DHBs joined together to develop a long-term, sustainable service model that will meet the health needs of women and children living in both DHB areas, now and into the future.

They established a Regional Taskforce, comprising clinical staff from both DHBs, to develop a conceptual plan for women's and children's health services in the Whanganui-MidCentral region. In this process the Taskforce considered issues of quality, safety, access, workforce requirements with a view to ensuring community needs are met today and into the future.

The Taskforce's proposed solution is a combined clinical women's health unit and a managed clinical network for child health services.

### What are we proposing?

#### Women's Health:

- The preferred option is a 'combined clinical unit' operating across the two DHBs and providing 24/7 acute secondary (hospital) obstetric and gynaecological service at both Palmerston North and Wanganui Hospitals.
- This model is based on a specialist medical team which will work across both hospitals supported by junior medical staff, midwives and nurses.
- At least three of the medical specialists will work predominantly at Wanganui, including the provision of acute services, while others will work predominantly in Palmerston North.
- Primary maternity services will be provided at both hospitals through DHB-based and independent lead maternity carers (predominantly midwives). Secondary obstetric services, including inpatient (eg caesarean sections, management of post partum haemorrhage) and outpatient services (eg antenatal specialist care) will also be provided.
- The gynaecology component of the service will include gynaecological surgery and outpatient services (gynaecology clinics, colposcopy and infertility clinics).
- Clinics at existing rural health centres will be provided.
- The combined unit (also referred to as Regional Women's Health Service or RWHS) will be led by a Service Governance Group made up of clinical and management experts from both DHBs. In addition, a position of a Regional Clinical Director of Women's Health Services will be established.

#### Children's Health:

- The preferred option is a 'managed clinical network' to co-ordinate service initiatives and standards across the two

DHBs.

- Each DHB's child health department continues to run as an independent unit while the network (also referred to as the Whanganui-MidCentral Regional Child Health Network) will support clinicians through joint clinical standards, workforce planning and inter-sectoral engagement. The initial service initiatives will focus on community paediatrics and other community-based services.

## Why is our approach different for each group?

Currently, Whanganui DHB has sufficient paediatricians. Therefore the model reflects the need for greater collaboration, cooperation and clinical leadership between the two departments.

Both approaches require a clear commitment from both organisations with clinical leadership, a common information technology platform, improved transport and accommodation system for patients, families and clinicians.

## What are we trying to achieve?

A joint regional approach to organising women's and children's health services in the Whanganui-MidCentral region will:

1. improve the long-term clinical viability of the services by creating a larger population base
2. improve the long-term clinical viability of the services by strengthening professional relationships
3. create a larger pool of medical, midwifery, nursing, allied health and to support recruitment and retention of these staff
4. enable both DHBs to proactively arrange service cover in periods of staff shortages
5. ensure funding for registrars and other medical, midwifery, nursing and allied health training posts
6. improve quality and safety systems
7. have a greater ability to provide services targeted at improving the health of vulnerable population groups
8. ensure the right balance is struck between services provided locally and being safe and sustainable
9. give both DHBs and their staff a greater certainty and clarity of future direction, leading to confident and effective decision-making on future investments in workforce, facilities and technologies
10. combine the purchasing power of the two DHBs to enable required infrastructural investments to occur in such areas as transport and information technology.

Whilst the Taskforce's initial focus was secondary (hospital) services, it is acknowledged that the regional solution will require both DHBs to not only work differently within the secondary care environment, but also with primary health care and community providers like midwives and GPs.

## What are the challenges we face?

There are a number of challenges that are associated with taking a regional approach, including:

1. perceived loss of local services, which may arise if local 'ownership' of services is confused for local availability of services
2. perceived loss of local autonomy, which may arise from having to govern the service jointly and make the decisions regionally (as opposed to an exclusively local decision-making process)

3. aligning priorities between the two DHBs, which may create tensions and make it difficult for the joint service to achieve a consistent approach across both DHBs
4. maintaining access to women's health services for MidCentral DHB's communities if MidCentral has to use its clinical staff to support Whanganui
5. increased travel for women and families, particularly for acute and after-hour care.

The proposed service models are designed in such a way as to overcome these challenges. An important part of that process was ensuring the solutions to the challenges we face were developed by clinicians. On balance, it was felt that the benefits of a regional approach far outweighed any potential disadvantages.

## How will the proposed changes affect you?

There will be no change to the way from how you would currently access services. Your family doctor or other primary care professional will refer you to the service in the normal manner. If you require immediate attention then you still call 111 or go to your local Emergency Department.

For people of the Whanganui District if you require more acute treatment you may have to be cared for in Palmerston North. In this case you will be transported to Palmerston North Hospital. Eligibility for transport arrangements and accommodation for your family will be in accordance with national policy.

## What happens next?

This plan has been developed by both Whanganui and MidCentral DHB's clinical staff who believe the plan is the safest way to provide these services. We now wish to seek your views on the plan through the attached submission form. These views will be analysed and considered when making a final report which will go to both Whanganui and MidCentral District Health Boards. If the concept is approved by both DHBs a detailed implementation plan will be developed.

## How can I have a say?

The period for public consultation is from Monday 21 April to Friday 30 May 2008 for the Whanganui district and from Monday 5 May to Friday 30 May 2008 for the MidCentral district.

The consultation document is being distributed widely and further copies are available on the Whanganui DHB's website: [www.wdhub.org.nz](http://www.wdhub.org.nz) and MidCentral DHB's website [www.midcentraldhub.govt.nz](http://www.midcentraldhub.govt.nz) or by leaving a message on our phone message system on 0800 557 001. It is also available from public libraries within the region, and from the DHB's facilities.

Included in this package is a submission document that provides an opportunity for you to give us your views on any aspect of the proposal.

Members of the project team are available to meet with any group that seeks further input or clarification. To request a presentation, contact us on the freephone 0800 557 001.

Public meetings will be held in the Whanganui DHB district in Waimarino, Taihape, Rangitikei, Wanganui and two marae-based meetings. Details on public meetings will be available from WDHB's website, public libraries, and through the public notice section of your local media.