

CONCEPTUAL SERVICE PLAN for

WOMEN'S AND CHILDREN'S HEALTH SERVICES IN THE WHANGANUI & MIDCENTRAL REGION

Whanganui and MidCentral DHBs invite you to provide feedback and comment on the Conceptual Service Plan - Women's and Children's Health Services. This plan is our joint solution to the safe and quality provision of Women's and Children's Health services to both districts. This is your opportunity to have your say on the future of these services.

To provide feedback on the Conceptual Service Plan you can:

1. Make a written submission on your own behalf or as a member of an organisation. You can do this in three ways:
 - i. Visit either of our DHB websites www.wdwb.org.nz or www.midcentraldwb.govt.nz and make an electronic submission.
 - ii. Write a submission and return via post to Women and Child Service – Conceptual Plan Submission, Central TAS, Freepost 166224 , PO Box 23075, WELLINGTON 6140
 - iii. Email your submission to feedback@womenchildfamily.co.nz
2. Make a verbal submission on our freephone number 0800 557 001.

A submission form is available.

We will acknowledge your submission once received. All submissions will be reviewed and a summary of the submissions and outcomes will be made available on our websites, or on request.

To assist us in considering and acknowledging your submission, it would be helpful if you could complete the following:

Name:

Address:

Phone no. (day) (evening)

Email address:

Signature (optional)

Are you completing this submission for yourself on behalf of an organisation

Organisation (if applicable)

If you are representing a group, how many people do you represent?

I wish to speak to my submission at the hearing on 10th of June in Palmerston North or 11th June in Wanganui

All submissions will be received under the Official Information Act 1982. If you are an individual (as opposed to an organisation), personal details will be omitted if you tick the box or include the following statement in your submission:

"I do not give permission for my personal details to be released to persons requesting my submission under the Official Information Act 1982."

"I do not give permission for my name to be listed in the published summary of submissions."

Please identify which of the following categories describes you (please tick). NB: If you are completing this on behalf of an organisation, please identify the categories which best reflect the people you represent.

Is your interest as a:

User of Women or Child Services Provider of Health Services

Employee of Whanganui DHB Employee of MidCentral DHB

Other (please specify)

Ethnicity:

European/Pakeha Maori Pacific Island Asian

Other (please specify)

Age: Under 18 19-25 26-30 31-35 36-40 41-50 Over 50

Gender: Female Male

District (tick one)

Whanganui Districts:

Wanganui

Rangitikei

Waimarino and Waiouru Wards
of the Ruapehu Territorial Authority

Other Districts:

New Zealand Overseas

MidCentral Districts:

Horowhenua district

Manawatu district

Palmerston North city

Tararua district

The Otaki ward of the Kapiti Coast district

Questions

Women's Health

1. Do you agree with the preferred option of a combined clinical unit? Yes No
2. What do you see as the benefits of this option?
3. What do you see as some of the challenges of this option?

Children's Health

1. Do you agree with the preferred option of a managed clinical network? Yes No
2. What do you see as the benefits of this option?
3. What do you see as some of the challenges of this option?

Please return submissions by placing this completed form in an envelope and sending it to the Freepost address listed at right. No stamp is required.

Women and Child Service - Conceptual Plan Submission
Central TAS
Freepost 166224
PO Box 23075
WELLINGTON 6140