

MIDCENTRAL DISTRICT HEALTHBOARD

**Minutes of the Clinical Council meeting held on Wednesday 12  
February 2020 at 5.15pm, Seminar Room, Heretaunga Street,  
Arohanui Hospice, Palmerston North**

**CLINICAL COUNCIL MEMBERS PRESENT**

- Dr Simon Allan (Chair)
- Dr Garry Forgeson
- Sophie Loveridge
- Fiona Bradley
- Michael Bowey
- Dr Don Baken
- Dr Nicola Pereira
- Raeleen Toia
- Stephen Paewai

**IN ATTENDANCE**

- Judith Catherwood, General Manager, Quality and Innovation
- Chiquita Hansen, CEO, Think Hauora
- Lorraine Wellman, Chief Pharmacist/Professional Advisor
- Bernadette Brokenshire, Clinical Pharmacist
- Clare Hynd, Local and Community Pharmacist/Project Facilitator MidCentral Community Pharmacy Group
- James Carol, Community Pharmacist/Chair MidCentral Community Pharmacy group
- Jodie Hickey, Committee Administrator

**1. APOLOGIES**

Apologies were received from Council Members Dr Janine Stevens, Jane Ayling and Dr Garry Forgeson

Stephen Paewai opened the meeting with a Karakia

Dr Simon Allan, Clinical Council Chair asked all members to forward their CV or bio. to Jodie Hickey, Council Administrator so they would be shared within the council so all members would be able to see what each other brings to the table.

**2. NOTIFICATION OF LATE ITEMS**

Judith Catherwood advised she would like to discuss the Outpatient improvement program.

**3. CONFLICT AND/OR REGISTER OF INTEREST**

None

#### **4. INTRODUCTIONS**

New Clinical Council Member Raeleen Toia was introduced and an overview of her experiences were given.

Clinical Council Members introduced themselves to attendees.

#### **5. PHARMACY**

Fiona Bradley, Clinical Council Member, advised that each Pharmacy sector leader would share challenges and opportunities that they are facing.

Lorraine Wellman, Chief Pharmacist/Professional Advisor, advised that her biggest challenge was resourcing, Hospital pharmacy was currently 8 clinical pharmacist short according to benchmarking data, and have the lowest Pharmacy Technician to head ratio in New Zealand, and medical reconciliation is only done for 20% of their patients.

The facility that the Pharmacists work out of was small and cramped and was the 2<sup>nd</sup> smallest facility in New Zealand.

Technology continued to be a huge challenge.

Lorraine advised that a positive was the workforce is the most stable Pharmacy workforce in New Zealand and 43% of the pharmacy workforce gained extra qualifications in 2019.

Bernadette Brokenshire, Clinical Pharmacist, representing the Primary Care Support Pharmacy, currently a team of four.

Bernadette advised four members were placed in the areas of highest need, currently have a few gaps – Whakapai, Foxton and Levin.

Goals are to reduce medication related harm (65 years + taking 11+ medications) and reducing waste and clinical risk by going into patients homes and reducing the amount of medications.

Currently making connection with Rangitane to achieve good outcomes.

A challenge was that they are a small team and there was some resistance from GP to accept their recommendations.

James Carol, Community Pharmacist/Chair MidCentral Community Pharmacy Group, advised information sharing was a challenge for Community pharmacists, Scripts are handwritten – no other information included (medical history, other medications taken etc.), can be hard to read and often difficult to contact the prescriber.

James would like to see all pharmacists work together collectively and share information to ensure the best outcomes for patients.

Clare Hynd, Local and Community Pharmacist/Project Facilitator MidCentral Community Pharmacy Group, had one of the four community pharmacy groups in

New Zealand, currently had contracts with the DHB. Also working in the Ora Connect (I think) space.

One challenge was the vaccination services, currently not funded so would cost the patient as opposed to going to the doctor where would be free – if funded for Pharmacy this would take some pressure/free up appointments at the GP.

Medicine reviews were not funded but would be useful for the patient as pharmacists would be able to reassure them about the medicines they were taking and re-inforce the importance of taking them. Also helps ensure the patient is not taking redundant medicines or been over prescribed.

It was recommended:

Lorraine Wellman, Chief Pharmacist/Professional Advisor, to request MidCentral DHB Pharmacy Board TOR to be reviewed to ensure it was inclusive of the hospital as well as the community.

Judith Catherwood, General Manager Quality and Innovation, to support that Community pharmacists should become part of the Cluster Alliance Groups.

Pharmacy strategy to be brought back to the council when developed further.

Dr Nader Fattah, Clinical Council member to take feedback regarding the frustration Community Pharmacy are experiencing to relevant parties.

## **6. CLINICAL COUNCIL WORKPLAN**

Dr Simon Allan, Clinical Council Chair led the discussion on the Clinical Council work plan.

Dr Nader Fattah, Clinical Council member requested that Virtual Healthcare strategy be added as an item for the joint meeting for both councils to be updated.

Clinical Council members to continue to meet with clusters and report back to council.

It was recommended that:

Jodie Hickey, Council Administrator to develop template for cluster meeting reporting

## **7. CLINICAL COUNCIL VISION AND PURPOSE**

Dr Simon Allan presented the one pager to Clinical Council members. Council members liked the design and information included. It was suggested that enquires be replaced with "Concerns/Ideas contact:"

Black font was the preference.

Add your voice is important.

Jodie was to check with Communications if there is a logo that represents broader district or include map of the region.

It was recommended that:

Jodie Hickey, Council Administrator to work with Communications to make changes and send back out to Clinical Council members

## **8. FUTURE OPTIONS: CLINICAL GOVERNANCE STRUCTURE**

Judith Catherwood, General Manager, Quality and Innovation, advised she has discussed with Kathryn Cook, MidCentral DHB CEO, regarding the need to develop the strength of the clinical and consumer councils and their roles in influencing. One area of possibility was to consider greater joint working with the Clinical Board or merging to create a single Clinical Council with the Clinical Boards.

Judith ran through the Integrated Clinical Governance System and structure and the Subject Matter Shared governance groups (not all are currently active).

Judith ran through several options for consideration:

- Clinical and Consumer councils become advisory members of health and Disability advisory committee
- Organisation Leadership Team have a greater interface and support function with the two Councils
- Clinical Council and Clinical Board (including THINK Hauora Clinical Board) move to become a single oversight body.

Clinical Council advised they enjoy been independent of the other governing bodies and felt they were more able to speak out within the current structure. Having Consumer and Clinical Council chairs on the HDAC would add value. Clinical Council would like to receive information from Clinical board and be able to give feedback in an advisory capacity.

Concern was expressed that if the Clinical Council don't expand networks they may become siloed.

Clinical council advised they would not want to amalgamate the Clinical Board with the Consumer council.

It was recommended that:

Dr Simon Allan, Clinical Council Chair to work on updating the TOR and bring draft back to Clinical council meeting.

Clinical Council to be involved in workshops to review the clinical governance structures and support joint working with the Clinical Boards.

Clinical and Consumer council to have a representative on HDAC. It was noted this would be at the discretion of the new DHB Chair.

## **9. MINUTES**

It was resolved:

- That the minutes of the previous Clinical Council meeting 12 February 2019 be **approved** as true and correct.

## **10. MATTERS ARISING**

### **10.1 Facilities**

Dr Simon Allan, Clinical Council Chair, would be reporting to the board in March regarding the facilities. Funding provided through SPIRE of \$30 million.

Governance structure around new facilities has been refreshed.

A well prepared plan has been developed and is ready to go. Pods to increase bed capacity have been approved in principle.

Clinical Council advised they were concerned about staffing for the extra spaces been developed.

Clinical Council would like to investigate why staff are leaving and how could retention rates be improved.

It was recommended that:

The Clinical Council continue to follow the Facilities upgrades.

Celina Eves to attend March Clinical Council meeting and give update on nursing workforce challenges.

Clinical Councils to receive results from Engagement survey when completed.

### **10.2 Occupation Violence Strategy**

Clinical Council acknowledge the great work done by Keyur in getting the Occupational Violence strategy live in the workplace.

It was recommended:

The clinical Council continue to follow the Occupational violence strategy and receive 6 monthly reports.

### **10.3 Protection of Personal Property Rights**

Response included for noting only

### **10.4 Community Pharmacy Commissioning Policy Draft Consultation**

Response included for noting only

### **10.5 Cluster Pairing feedback**

Dr Don Baken, meet with Uru Arotau – Acute and Elective Cluster, cluster is facing significant challenge. Agreed to meet with Cluster two monthly, Cluster to feed information to Council through representatives.

## **11. LATE ITEMS**

Outpatient improvement program.

- Judith Catherwood, General Manager, Quality and Innovation, advised that herself and the Outpatient improvement group would like to meet with the Consumer and Clinical Councils to discuss the program. Judith suggested a special meeting of both councils.

It was recommended that:

A special meeting be held on the 11th of March for a duration of 1 hour to discuss the outpatient improvement program.

Meeting closed by Stephen Paewai, Acting Consumer Council Chair

## **12. DATE OF NEXT MEETING**

Clinical Council meeting

Wednesday 4 March

Arohanui Hospice Seminar Room, Heretaunga Street

Palmerston North

**Meeting Closed at 7.50pm**