



Minutes

Public session

Meeting of the Combined Statutory Advisory Committee

held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 7 April 2017, commencing at 9.30am

Combined Statutory Advisory Committee members in attendance

Mr Stuart Hylton, Committee chair
Mr Frank Bristol
Ms Jenny Duncan
Mr Charlie Anderson
Ms Maraea Bellamy
Mr Graham Adams
Mrs Philippa Baker-Hogan (*arrived at 9.40am*)
Ms Susan Osborne (*arrived at 9.40am*)
Mr Les Gilsean
Ms Harete Hipango
Mr Darren Hull
Ms Annette Main
Mrs Judith MacDonald (*arrived at 9.40am*)
Mr Matthew Rayner (*arrived at 9.45am*)
Hon Dame Tariana Turia
Dr Andrew Brown

In attendance

Ms Sue Campion, Communications Manager
Mr Matthew Power, Funding Manager Service and Business Planning
Ms Candace Sixtus, Portfolio Manager, Primary Care
Ms Tracey Schiebli, General Manager, Service and Business Planning
Mr Peter Wood-Bodley, Business Manager, Surgical and Mental Health
Mrs Eileen O'Leary, Project Manager
Mr Kilian O'Gorman, Business Support Manager
Mrs Julie Patterson, Chief Executive Officer
Ms Katherine Fraser-Chapple, Business Manager, Medical, Community and Rural Services
Mrs Rowena Kui, Director Maori Health
Mr Declan Rogers, Nursing Manager, Surgical Services
Mrs Andrea Bunn, Senior Portfolio Manager, Mental Health and Health of Older People
Mr Jon Buchan, Child and Maternity Health Portfolio Manager
Mrs Jevada Haitana, Associate Director of Nursing
Ms Trish Greer, Manager, Health Records
Mr Ulyses Espiritu, Nurse Coordinator, Patient Safety and Quality
Ms Lanee Wondergem, Personal Assistant, Service and Business Planning
Mrs Marama Cameron, Acting Allied Health Manager
Ms Ngaire Evers, Project Manager
Mrs Kaydi Tindle, Personal Assistant, Service and Business Planning (*minutes*)

Mrs Julie (Pet) McDonnell, Te Puke Karanga Hauora

Media

There were no media representatives in attendance.

Public

There were in some members of the public in attendance.

Welcome

The committee chair welcomed Dr Andrew Brown to the table and introductions were given from each committee member.

1. Apologies

Apologies were received and accepted from Dot McKinnon.

2. Conflict and register of interests update

2.1 Amendments to the register of interests

The committee chair asked that committee members email through to Tricia Wells, board executive assistant, their new and amended conflict of interest to be registered formally.

It was noted that Harete Hipango has been confirmed as the National Party candidate in this year's general election and will be on leave from the committee until after the election.

2.2 Declaration of conflicts in relation to business at this meeting

Mr Stuart Hylton:

- Executive of the local branch and central Cancer Society in relation to the patient transport section of this agenda.

3. Late items

No late items were advised.

4. Minutes of the previous meeting

It was resolved that:

The minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 3 March 2017 are approved as a true and correct record.

All agreed

5. Matters arising

Nil

6. Committee Chair's report

The committee chair acknowledged the weather crisis Whanganui has just been through and advised the preparedness of Civil Defence including the Whanganui District Health Board was outstanding.

7. Report from the General Manager Service and Business Planning: Access to Services - Improving attendance at scheduled appointments and supporting patient transport

The general manager service and business planning advised the committee that this meeting is focused on getting a better understanding of the reasons why many people do not attend (DNA) scheduled hospital appointments.

Management is seeking advice from members on what the district health board (DHB) can do to increase people's attendance at appointments and any actions, improvement and any investment into supporting patient travel.

The purpose of the report is to share findings from the Whanganui DHB review of missed outpatient appointments.

The main theme is quality and service improvement, improved navigation and supporting and strengthening whanau through whanau-centered care.

7.1 Improving attendance at scheduled appointments

Lead: Eileen O'Leary, project manager, service and business planning

In 2016, the Whanganui DHB undertook a review of outpatient appointment did not attend (DNAs) as part of understanding of how to meet the needs of the people, whānau and the communities we serve.

The review had three phases:

- Quantitative analysis of available data.
- Review of literature and lessons from other DHBs.
- Qualitative study using case studies and interviews with patients, parents/whānau, Māori Health Outcomes Advisory Group (MHOAG), service leaders, primary care, a school, and DHB clinical and administrative staff.

A service improvement work programme has been developed and will continue during 2017, to build on work that has already occurred, to address the findings of this review:

- Patient/whānau-centred booking and systems pathways.
- Improved communications, including signage, patient information, building health literacy.
- Better contact information capture and methods of communication.
- Organisational and staff development across all disciplines.
- More flexible clinics.
- Value in appointments.
- Strengthening partnerships with other services and providers who are working with our whanau on a day to day basis.

Whanganui District Health Board missed outpatient appointment presentation:



Presentation for
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The comments below were noted from discussion following the presentation:

- It can be difficult to get children to appointments, especially those with complex issues.
- Use of IT as an enabler – text to remind is a vital reminder tool.
- The need for language whanau can relate to, e.g. ENT appointment, what does ENT mean to the patient?
- Signage needs to be clear and directions to the right clinic.
- The current patient booking system is hospital driven, but there are some small-scale initiatives to move some clinics to a patient driven discussion, asking the patient 'what is the best time for you to attend this appointment?'
- The principles of changing the culture so the system values people's time, no door is the wrong door and from a 'cup half empty to half full' attitude.
- The increasing use of international staff presents issues in training to ensure they are culturally aware.
- The DHB's system for checking death notices was questioned as the concern that a whanau may receive an appointment for a deceased relative. It was suggested that Whanganui Online be also checked because it includes information direct from funeral homes and could pick up a person who was not noted in the funeral notices.

A committee member noted the need for navigation outside of the system. We need a system that does things the right way in the interest of the whanau. There is a link missing and some of the biggest needs are external. Whanau do not want to be in the situation of doing the wrong thing, but if they cannot find their way through the system they have no choice.

A committee member commented on the projects usefulness as it highlights all the issues we already know and as people have already said, 'it identifies respect and communication are key right from the beginning'. Once they are in the system, the navigation process is crucial.

A committee member noted the effort needed with our pronunciation of Te Reo Maori, breaking down the barriers means getting things right.

7.2 Supporting patient transport

Whanganui DHB provides considerable funding support for patient transport and accommodation. Despite this, some people are likely to be missing out on the healthcare they need because of gaps in our somewhat complex system.

People's access to health services is underpinned by their ability to get to the service, if that service is not one that comes to them. Therefore their transport options affect equity of access – a key strategic focus for Whanganui DHB. Changes in services regionally and nationally can have implications for transport and accommodation.

Whanganui DHBs size, demographics and geography all impact on access and transport options for the people it serves. The DHBs relatively small size means it relies on other larger DHB to provide some specialist services.

The future reality is that more patients will have to travel for specialist treatment across New Zealand as services need to become bigger to remain clinically and financially viable.

WDHBs manager, health records, attended the meeting and shared some positive feedback received around patient travel. She also noted there is significant administration involved in supporting people establish if they are eligible, registering and coordinating their travel and accommodation. As well as applying the NTA criteria, the office also applies discretion when there is a very real need and yet the patient/s do not strictly meet NTA criteria or existing supports such as using a health shuttle. At these times the DHB has approved the use of a taxi van, taxi or other support to ensure the patient has the access they need.

Te Puke Karanga Hauora's general manager attended the meeting and highlighted key areas of concern for rural patients:

- Her own journey to the meeting was an example of the barriers rural people, especially those living on the River Road, Pipiririki and Jerusalem face to attending appointments. The Parapara Road as blocked and she had to travel via Ohakune and Taihape to Whanganui.
- The importance of taking into consideration where rural patients live when scheduling appointments and the difficulties/stress these patients face travelling to appointments, especially early in the morning or late in the day.
- Increasingly Raetihi people appear to be gaining confidence and trust in the shuttle system.
- Capacity for patients to travel if need be, e.g. taking people away from their work – funding is available according to strict eligibility criteria and only for patient that have been referred from a specialist.
- Clinical staff need to be more aware of setting a realistic plan of suiting the person living in a rural community.
- The need to use existing local knowledge and networks to coordinate transport options that best meet the needs of the patient involved and their whanau.
- Te Puke Karanga Hauora's resources can be very stretched filling the gaps in existing transport.

The following comments were noted from the discussion:

- Patient travel is all about coordination and having someone available to undertake this coordination.
- Hospital service and culture – what training is given to the staff in patient scheduling?
- We need to reflect what we can do internally to be more responsive.
- Creating a distributed leadership approach with key access points distributed across the system.
- Convenience, timeliness and comfortable forms of transport – considering the most suitable form of transport for the patient.
- Whanganui District Council's impact on people's ability to travel to health appointments – communication around road closures.
- We cannot change the NTA policy but we can work outside of this policy at a cost to the district health board.

- Are we being proactive and asking people 'are your appointments causing you any transport issues'?
- Technology is proving a major and obvious issue.

Action - the committee requested the general manager, service and business planning prepare a report to present to the board on patient travel and DNA, suitable for public release.

8. Information papers

Taken as read.

9. Date of next meeting

The next combined committee meeting is scheduled for 26 May 2017.

10. Glossary and Terms of References *(for information only)*

Taken as read.

11. Exclusion of public

It was unanimously resolved that:

The public be excluded from the remainder of this meeting under clause 32, Schedule 3 of the New Zealand Public Health and Disability Act 2000 on the grounds that the conduct of the following agenda items in public would be likely to result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2) (g) (i)) of the Official Information Act 1982.

Agenda item	Reason	OIA reference
Minutes of last meeting held on 3 March 2017 (public-excluded session)	For the reasons set out in the committee's agenda of 3 March 2017	As per the committee's agenda of 3 March 2017
Service and Business Planning risk register	To protect the privacy of natural persons, including that of deceased natural persons To protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Section 9(2)(a) Section 9(2)(b)(ii) Section 9(2)(i) and 9(2)(j)
Early learnings from work on missed outpatient appointments	To protect the privacy of natural persons, including that of deceased natural persons	Section 9(2)(a)

Persons permitted to remain during the public excluded session

The following person(s) may be permitted to remain after the public has been excluded because the board considers that they have knowledge that will help it. The knowledge possessed by the following persons and relevance of that knowledge to the matters to be discussed follows.

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive and senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Committee secretary	Minute taking	Recording minutes of committee meeting

Meeting closed at 12.30pm