Te Whatu Ora
Health New Zealand
Taranaki

MINUTES

WAHARUA KŌPITO (CONSUMER COUNCIL)

30 April 2024
4.00pm
Education Meeting Room 2, Te Whatu Ora – Taranaki and Zoom

Present: Jane Parker-Bishop (Co-Chair), Paula King (Co-Chair), Wes Milne, Graham Walker, Ngāpei Ngatai, Shelley O'Sullivan, Nannette Pirikahu-Smith, Raymond Tuuta, Ainsley Luscombe, Angela Kerehoma, Dinah King, Dinnie Moeahu, Jamie Allen

In Attendance: Chris Sorensen, Senior Clinical Governance Advisor; Denise Kendall – Team Leader Hospital & Specialist Services Admin

Karakia and Welcome

- Council only time was held until 4.35pm.

Apologies

- Gillian Campbell, Tanya Anaha, Caroline Tyrrell and Nicola Clark were absent.

Previous Minutes

Terms of Reference

- Have been updated on the Te Whatu Ora Health New Zealand Taranaki website. Search for Consumer Council. Click on the link and a separate page comes up with all the Consumer Council information and documents.

Prescriber of PrEP in Community

- Landi Cranstoun advised Chris Sorensen that she prescribes this along with Dr Tanya Keogh in New Plymouth, and Dr Chris Heatherton in Hāwera.

Co-Chairs

- Contracts are being reviewed by Gillian Campbell. Need to confirm if term is for two years or if it has been changed to an annual term.

With the above comments, the minutes were accepted as a true and accurate record of the meeting held on 26 March 2024.

Regional Consumer Engagement and Whānau Voice, Te Whatu Ora

- Christine Chandler joined the meeting at 4.40pm and introduced herself and gave an overview.
- Support capability in Te Manawa Taki. Increasing consumer engagement capability – code of compliance?, Te Titiri 0 Waitangi.
- Christine opened floor to questions.
- Felt there had been a rapid review/survey re consumer engagement – based on that information changes were being made.
- Christine said the survey was not a review – it was to understand who has what in terms of consumer engagement and council and it was done separately and independently to the review.

- Jamie Allen was keen to understand in particular what are the benefits of having a regional consumer group and what were the key drivers?
- Who/How is responsible for ensuring the Articles and Principles of Te Tiriti 0 Waitangi are upheld in Health New Zealand/Te Whatu Ora?
- Christine responded that the Pai Ora act is to simplify to unify – national level decision to drive regional consistency. Policy making at national level and at regional level coming together to drive change – fair access to patients no matter where they live. Local level engagement for delivery as opposed to decision making. Aligning consumers across the region for service delivery. Local grass roots up is important. Can't answer a lot of the details yet – there is meeting on 7 May 2024 to discuss with Chairs how this will roll out and what the structure looks like. Still needs consumer engagement at district level. Every community is different and has different needs. Alignment at every level. Chairs will have a lot to say as to what is needed at local level. Recognising local diversity.
- Need to address issue with poor outcomes for rural areas. Is feedback from rural centres being sought and how is this being received?
- Renal health has challenges getting from Waverly to help in Hawera.
- Christine doesn't know how that will be resolved.
- TOR need to include who needs to be part of the council to cover diversity. Diverse representation needed. Poor/disabled people needing to travel to attend meetings. Need to be smart about using Zoom and moving where meetings are held – sharing of locations. Not sure what it will look like.
- Local needs to be in the wording not just regional.
- Christine encouraged the committee to share this information with your Chairs.
- There is an email address to submit questions to. Cvw@tewhatuora.govt.nz Hector Matthews's PA will pick up any questions and feed into the 7 May 2024 meeting.
- Who decides that there is a diverse enough? Quality commission will cover safety. Whānau feedback and engagement advisory group is being created and they will help develop parameters. What do we say to our communities? Messaging is "still require consumer engagement at all levels there is no move to remove consumer voice at local level". Discussion has just started. Chairs will have a voice in this. Engagement at every level including but don't know what it looks like yet. That's Te Whatu Ora's best intention. Consistently we will still require district engagement. The Code of Engagement and Pae Ora Act etc will help guide this.
- Dinnie felt that it's previously been gotten away with it. The Articles will need to be included as well. There needs to be a capability lift – Māori have a voice – everything is about protections.
- Question about the naming convention of Te Whatu Ora and the recent change to using Health New Zealand Te Whatu Ora – was this change legislated or policy? Feels there is a contradiction in embedding Te Titiriti.
- Christine will confirm if policy or legislation but had to leave the meeting. She is happy to come back again and/or answer questions via email.

Christine left the meeting at 5.07pm.

- Paula didn't think consumer input was put into the name formatting. Need to not be "token" in consumer engagement, hearing words like beholden but action is telling something different. This is why communities are disenchanted. Things are being done to us again without being involved.
- Sounds like a lot is top down instead of bottom up. Should be what consumers need not what top thinks they need.
- Concerned lot of focus is on top down instead of consumer up when deciding needs.
- Model doesn't work upside down – total nonsense. Our region is from Taranaki to Tairawhiti.

Te Whatu Ora Taranaki Update

Vaccination Rates

- Immunisation clear and accurate. Migration of data to new system currently.
- MMR – Māori, non-Māori, Pasifika over an age range from 6mths to 60mths – Chris will share information for minutes.
- Has been massive push to immunise. COVID changed how parents think about what their child should be immunised for.
- Report covers other areas as well. Lots of collaborative work happening.
- Huge population not trusting what is going into their children. COVID and immunisation fatigue.

Consumer Engagement Position

- Minimal changes to JD – progressed in next couple of weeks.
- Advisor position and JD to be done.

Other

- Chris Sorensen to email that it was found that name change not legislative.
- Thanks to those involved in quality safety markers – with Gill for approval. Had four good examples of consumer examples – scored two across the matrix.
- Email to Chris Sorensen to be resent. Particular story to Chris for room for improvement but not sure how to improve it. Quality improvement not a complaint. No consent – more principle. Niche issues that are not necessarily catered for in hospital. Will liaise from there.
- Co-chair update: Paula: Endocrinologist cover/shortage. Gill assures extra cover becoming available. Gill will advise what that will look like. Increase in FTE – not sure if short term or long term. Will they work with trans-gender patients? Unofficially yes.

Co-Chairs' Update

Endocrinologist Cover/Shortage

- Gill assures extra cover becoming available and will advise what that will look like.
- There will be an increase in FTE but not sure if short term or long term.
- Unofficially told that they will work with trans-gender patients.
- National updates were circulated via email – two updates.

Jo Scott-Jones joined the meeting at 5.27pm.

Quality Safety Marker Update

- All submissions came through from Channa Perry.
- Call went out hospital wide.
- Channa was only one who came back with appropriate submissions. Did a wonderful job. Concern that nothing came through from other areas of that calibre.
- QSM – possible to use as an exemplar? Already happening and new role will take over this. Template monitoring, checklist available then twice a year be able to pick out 12 and review them.
- Gill noted that Channa does amazing stuff. Knows it's not happening. Can't evidence it adequately.
- Summarise discussion and know pocket of great stuff happening, some stuff not being evidenced. Hope to be able to add on next time so can increase our score.
- Suggest to Gill to take back to her executive team and reflect on it so they know that consumer engagement is happening or not.

E-referrals

- Jo Scott-Jones introduced himself and gave an overview of what e-referrals are.
- Jo chairs the Regional Clinical Governance Group that looks after those programs for Te Manawa Taki.
- What is an e-referral? Across regional each general practice and Hauora use e-referrals to pass on referrals from specialists. Might refer to Hauora provider or another GP that offers specialist services. BPAC own this service.
- If anyone knows of any Hauora providers that might be interested let Jo know.
- Prior to e-referrals there were multiple ways of making requests; there were written letters/fax/emails dependent on department needs. Used to leave pads for referrals – used a lot and then got put in a drawer.
- As referrers are scrolling through e-referrals it reminds them of the services available in their areas.
- Introducing a cancer nurse co-ordinator role there was going to be e-referral at each station within hospital. Much more widespread now. May be hundreds of options available now e.g. might be thyroid problem would type in medical and would come up with a range of options available.
- Jo's group has oversite of how often used. Encouraging more places to use. Previously with five districts 16 different referrals – hoping to cut down to two e-referrals – hoping to minimise post code lottery.
- Template for minimum information for entering onto BPAC.
- Health pathway guides what to do with particular medical issues. Ngāpei commented that it's useful in helping with reducing inequities – how are we measuring that, have changed a whānau's experience with healthcare – still working on that.
- Shelley uses e-referrals and finds it very easy to use, time saving and referred to appropriate services. Allows two-way communication between GP and hospital and all communication stays in patient's file – can see through patient portal.
- Aware of community health pathways? National ones being created – best practice guideline, then how will it work in Taranaki. Need broad input of information of what is available in Taranaki – thinks this group could be helpful with this information.
- Clarification about alternative to e-referral? Is it best practice or the way to go. Can still use fax for example? E-referral is preferred method where available. ED in Taranaki – if Jo has an urgent case that needs to go to ED will send e-referral, send patient and then phone ED and say patient is on their way. Can't say colleagues all ring ED. Most use e-referral.
- If e-referral is declined – don't understand medical jargon and sometimes takes a while to get answers from GP. Is there something that addresses that in the community health pathway? Not aware. Transfer of care pathway has been completed and shared. Will note and see if something systematically can be done. A decline is not always a no – could be declined from that service but referred to another service but not made clear in correspondence. Language part is important to the whānau/consumer. Is a space for GP to add a comment to patient explaining next steps or if following up.
- Data collection on DNAs – increase in attendance because of referral systems? Data is held by H&SS. In e-referral process there is a way of saying potentially having difficulty making an appointment. Can reach out prior to appointment to check if any difficulties like transport. Not every service in the hospital provides that front footing. All Māori/Pasifika patients in Lakes has set up system to contact before appointment. Will be service specific in Taranaki. Could get GP to tick a box if difficulties with attending particularly paediatric.
- Community health pathways – best possible practice.
- Jo is happy to attend another meeting to discuss in more details and is keen to find out more about group – patient/whānau voice is important, sometimes difficult to access.

Community Discussion

- Thanks to Wes and letter for endocrinologist – supported by group to send. Chris will pop on letterhead. To be shared with Gill/Tanya.
- Thanks to Jamie letter for SOP – supported by group to send to Margie Apa, Dale Bramley, Fionnagh Dougan and new email address. Chris will pop onto letterhead.
- Disability in Action Access group update – secretarial services is inadequate. Need better support – Denise will source/find out what is happening with current support.
- Speech language therapy department. Appointment letter looked like was in Stratford but was told in New Plymouth. Day before appointment phoned again and it had been moved again. Card unclear. Process an issue, unclear on card. Chris will follow-up.
- Attitude when phoned through – phone was answered Health New Zealand and when the caller asked if this was Te Whatu Ora and was told no we're Health New Zealand. Has there been a directive? Thought that was individual choice which name to use. Follow through – who is manning the phone – gentle reminding that if people are asking Te Whatu Ora then say yes and move on. That first point of contact is important. Not acceptable. Can be an unconscious bias. Chris will pass onto telephonists – Chris will feedback response.
- Manaia – access a barrier – bus not regular enough. Buses are Taranaki Regional Council (TRC) matter – are trialing more. Best thing is to enquire through TRC. Any problems contact counselors in particular the Chair.
- HIV testing kits will be available online within next few weeks.
- Jamie – opening of Maunga Hapa anxiety support group on Friday at 5.30pm. Drop-in service for rangitahi and carers. Covering middle ground. Bring books for library.

Close of Meeting

- Jane thanked everyone for coming and for the contributions.
- Ray: Mihi to all on good work.
- Ray closed the meeting with karakia.

The meeting closed at 6.37pm.