



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

Future Health Services in Buller

Feedback



Forty-two written submissions were received from the public, staff and unions regarding the proposed Buller Integrated Family Health Centre.

This feedback followed a public meeting in Westport and the subsequent release of the Sapere Report – *Buller Health services plan working paper: Model of care description, capacity estimation and options analysis*.

Please excuse any typos that may have occurred as the result of getting handwritten submissions typed.

Names of individuals providing feedback have been blacked out to protect their privacy.

West Coast DHB CEO David Meates expressed his pleasure at the interest generated in this first phase of engagement regarding the proposal.

"We are very pleased that the community has taken the time to give us some feedback on what is important to them.

David Meates says the next steps are for more detailed planning to continue on both the single site and split site options at the same time as the model of care for healthcare in the Buller is further refined. Staff and unions will be involved throughout this phase and the public will be kept informed with ongoing developments.

Public Feedback

1

I feel that the attendance at the meeting was fine. It was chaired well, and all points aired, for and against were received with respect.

My point, culminating in a question put to the CEO is that "attraction and retention of GP's in particular, is perhaps priority number one.

How can this be accomplished?

The CEO advanced some sound ideas regarding total packages etc and pointed out that we are not really unique in this respect. Most country areas are struggling a bit and are in the same boat.

Some years ago the field of education in which I worked for 40 years provided good accommodation for its "country professionals".

This was the attraction necessary for the younger person with perhaps a young family to get out, earn a living without the worry of providing his or her own home for a while.

Younger GPs starting off would really appreciate something like this. Creature comforts appeal, especially if they are "upmarket"

If the West Coast District Health Board could provide free of charge, two or three large houses and perhaps two smaller flats for GPs to have for the period of their stay, I feel that this would be a tremendous incentive.

I spend 3-4 weeks in South Africa, a traditional recruiting area, each year. There are doctors there that would take advantage of an offer like this. With young families, they may even decide to stay on, rather than "step on" to Australia, a common scenario.

While, it seems, a large number of GPs, understandably, become a little mercenary, some of them could become very comfortable here, given the right conditions.

We do not offer good accommodation in Westport.

Lets look at this aspect of life for our doctors. They should be the nucleus of any strategic planning about which continuity, efficacy of health programme delivery issues, and the like would be integrated effectively.

Two million dollars would effectively deliver to a degree, solutions to recruiting and retention problems, just as it did 50 years ago in Education.

A similar mandatory "two-year country service before registration" would be in order also, but that would be a Medical Council issue.

[REDACTED]

I enjoyed the meeting and the apparent sincerity of those who attended.

2

[REDACTED]

[REDACTED]

[REDACTED]

We feel it is paramount that you hear the views from the residents at Kynnersley Home.

We understand the absolute need for change. We also want to be positive about the changes that are ahead. However, our concerns are very real to us and we need the WCDHB and the community to understand because the final decision affects us directly.

We support the one stop option. However, we would like the facility to remain on the existing site for the following reasons:

We feel very much part of the community because of our current location

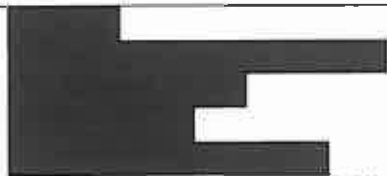
- We are able to walk to the SE Centre and have a swim
- We can walk around the block and talk to the children at the Early Learning Centre
- At weekends we get to see the children playing hockey and netball
- We have two schools very close so there is always a lot of activity around us

We are not like a lot of other rest homes, we do not just sit around. We are active and independent. A lot of that independence is a direct result of location and the ease in which we can interact physically and socially with the rest of the community.

We do not want to be located on the O'Connor site as we would feel like we are being hidden away in disgrace amongst the trees. We will have nowhere to walk to. No community to interact with. It is a distance into town and would make us feel isolated from the rest of the community. At the current site we have facilities close enough and accessible for us to enjoy.

We are also concerned we will lose a choice of facility. Currently the elderly in Buller have a choice as to which facility they would like to spend the rest of their days. By having a joint facility this takes away that choice. O'Connor is a Catholic based facility and some of us will not feel comfortable living there. We feel the WCDHB need to take this into consideration as it is an important aspect of holistic care.

3



Feed back from the Health meeting Thursday 6th may 2011

My interest in Buller health varies from my 82 year old mother to my husband four children and their partners and five grandchildren which some of, have on going health issues. We also own a dairy farm and because of the nature of our business need to know we can access adequate medical treatment when necessary.

Four members of our family attended the meeting on Thursday and the following is the feed back I would like to have clarified.

The one complex verses two ? Is this regarding old age care only or what.

Why was Dr Cooper targeted to answer questions at the meeting and not the health manager, who was on the panel.

Nothing at all was said about the state of the existing buildings, and if they are up to earthquake standard etc.

What I.T. services are not being used now but would be in a new complex.

What services are being duplicated at present that will save costs with a nice new complex.

How is a nice new complex going to keep Dr's here.

It was implied that there would be new services available in a new centre.. like what.

I think the continuity for patient care is paramount as others said at the meeting, the constant swapping of locums for any age patient with on going health issues is frustrating, confusing and not good practice for all involved as each Dr has his own way of treating and the patient can end up confused and not happy.

I understand Dr Cooper to say that now a patient is assigned a Dr and a nurse and so the continuity should improve greatly. But the point is the Dr stills makes the final decision not the nurse.

In regards to linking with other specialists.

I have been in the surgery when a Dr has contacted a specialist on call, via phone for a further diagnosis. The problem was sorted quickly and so the linking was done from an old building successfully.

If it is duplication of administration within the hospital and medical centre. Why not swap the outpatients and the medical centre around and expand and build between the existing outpatients and the corridor to x-ray at a much reduced cost.

A great re-arrangement and utilization of existing buildings could house other services.

We are now a throw away society but it is not necessarily the best option.

For example the old nurse's homes were sold off and are still being used today for other purposes. Surely these could have been utilised for other services.

All I say is to think hard as we all love to work in a nice new environment and have the best of every thing but at what cost.

Lastly I would like to ask David Meates to please work hard on the discharge of patients from other hospitals and them having to find their own way home, I found this amusing to say the least as this has been a long work in progress statement as, 50 years ago my husband then a 12 year old boy was discharged from grey hospital to find his own way home on his own.

So not much has changed.

Surely with the amount of hospital cars travelling the coast road, co-ordination could be done with the doctors morning rounds and discharge along side with vehicles travelling to Westport.

Thank you for asking for feed back,

P.S. I was concerned with the lack of young people at the meeting and would like to suggest the school news letters and the local paper are now days a must to get to the wider community as I appreciate how hard it is to get information out to all.

4



Hello there.

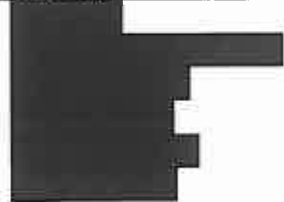
Following a number of articles in The News on the topic of the Buller Medical

Centre looking for solutions for the future, the one thought which comes to mind is why the whole search for solutions was not done in reverse order. Why not get the medical staff opinions first - they are the people who work there every day, know what is lacking and what can be improved; then open it to the public (as is being done now) and only then employ and pay the outside experts to crunch the numbers? Looking at the public comments so far, this would have eliminated expensive work on the proposal of moving the Med Centre to the O'Connor site, and save a lot of money in the process.

What this city needs is more permanent doctors and medical personnel in a Medical Centre that has been modified and updated in the same location.

It is my opinion that WCDHB should retain ownership.

5



IFHC Integrated Family Health Care Facility Model of Care Proposal Consultation

To whom it may concern

I do not support any of the three preferred model of care proposals presented in the Sapare Research Group Report recently released for public consultation.

The present and future delivery of health services to the Buller community is a matter that affects and concerns me and my family very deeply. Like many locals I am hoping that this consultation is genuine and that the Buller Joint Action Group takes on board the feedback they get from this preliminary stage of consultation and come up with Option 4.

Having rejected the three models of care endorsed by the Buller Joint Action Group I suggest that this group be reconstituted and starts again. A more representative, open-minded and fresher BJAG needs to be assembled to identify and progress an acceptable conceptual model of healthcare that will meet Buller's future health care needs.

Having concluded that an Option 4 needs to be identified, I have asked many local persons what they think of the three options presented so far and have taken into consideration feedback from letters to editor in The News.

The two key messages that I am getting are:

"That most people would prefer some form of a splits health care delivery option and that both the ownership and the funding of any new buildings and services needs should remain the responsibility of the West Coast DHB."

Repeated questions and comments that I am also hearing are:

Why would we want to shift everything to O'Connor Home?

Leave the hospital where it is!

Surely most of the newer buildings can be reconfigured to suit new purposes!

We need better services not new buildings.

Kynnersley and O'Connor homes provide very different and special rest home

choices!

Why destroy the peaceful, tranquil and unique environment that O'Connor home provides for its residents?

Don't they realise that the O'Connor home sits within a flood zone?

We need dementia beds and soon?

O'Connor home would be a great place for a dementia facility.

Treat mental health patients with dignity! Provide them with a separate reception and acute assessment room!

How many of the nurses that replace our doctors will be the more qualified nurse practitioners?

In future will nurses in general and practitioner nurses be any easier to recruit than doctors?

Would nurses employed by the O'Connor Home Trust be paid less than those employed by the WCDHB?

In my view a possible viable option 4 concept would involve a split delivery model of future health care with all of the proposed IFHC services sited on the Buller Hospital grounds with all the rest home and dementia services situated at O'Connor Home.

I envisage utilising a predominately brown-field reconfiguration of the existing Buller Hospital buildings with the addition of some purpose built buildings should this prove necessary to obtain operational efficiencies. O'Connor Home would be where the most new buildings would need to be built to provide additional rest home beds and accommodate dementia residents.

This concept for Option 4 is just my personal thinking as it stands right now. However, feedback tells me that among the wider community there is a real desire to retain Kynnersley Home and having had a family member spend time in residence at both O'Connor and Kynnersley homes, I can appreciate some of the reasons behind this thinking.

Obviously, the split facility model approach does not have the potential to achieve the same amount of savings as the one-site model. However, there are some very intrinsic qualities of care and people value issues that also need to be taken into account when seeking to identify an appropriate model of future health service delivery for our community.

The feedback process so far has already highlighted people's desire to retain their choice of rest home care facility. It has also highlighted the sentiment that this community would want our nurses and carers to be paid at appropriate WCDHB rates, whichever rest home facility they choose to work in.

Thank you for the opportunity to participate in this consultation process.

6



To whom this concerns,

Firstly for such an important, long term and far reaching infrastructure change that affects every person in the Buller region this to date brief consultation with the community is to my mind inadequate and less than satisfactory. A three week deadline since the public meeting and two weeks since the Sapere report's release is far too tight a time frame especially given that in recent weeks the community has also been encouraged to respond to the annual draft plan. The Sapere report is very general and does not clarify issues and

concerns that are specific to the Buller region. If the council has a genuine desire to encourage public consultation and debate on this important issue of future health care in the region then it needs to provide adequate appropriate information that does inform the public.

I agree in principal to the need for an up graded integrated family health centre. Points to be considered I think are as follows;

With a rapidly aging demographic I am sure there will be a need for both Kinnersly and the O'Conner home to be retained. People need choices that cater for their differing needs. One is situated in town and one is semi rural (I know for myself I'd want the semi rural while others would want to be in town). These choices relate to retaining as much independence as possible and support aging gracefully and with dignity.

Many of us desire to stay in our own homes as long as possible and I am pleased to see that palliative care that supports this is to be a strong component of the chosen health model. I support the idea of increasing rest home beds and a dementia unit at the O'Conner home. This makes sense as there is plenty of space to expand there and it is a lovely setting. We also need to keep the existing Kinnersly Home.

I believe that if the Hospital buildings are still strong they should be utilized be doing the necessary upgrading and modernizing of existing buildings and extending where necessary to provide an up to date health centre that provides the services this community needs. In this way less money will go in to building and instead can be used to provide the services it is intended for. It means our services stay on a site that is relatively central and has proved successful to date.

Who will be running this service? Will it still belong to the community?

What input into the design, layout and operating of the service will health professionals such as doctors and nurses have? Having personally experienced being a professional now working in a purpose built building where the professionals who work there were not adequately consulted and the ongoing frustrations that go with missed opportunities for collaborative consultation I really understand where the nurses and nursing association are coming from and why they will be concerned about a lack of consultation. They are the people who know what is required, please respect and value them as professionals by consulting with them and making the most of their skills and knowledge in a collaborative mode.

Yours sincerely

7

26 05 11

[REDACTED]

DHB Proposals

I would like to lodge my approval for Option 2 in the proposed changes with our health system in Buller. As predicted our population will become progressively older and as such will need more beds for care. It would seem preferable to retain places like the O'Connor home and adapt them to meet our populations increasing need.

Council should pursue the consulted, thoughtful, and frugal redesign (ie and NOT VIA BGBB Team Architecture!), of the existing Buller Hospital site to deal with all remaining hospital service provisions and keep them away from the elderly whose peace and privacy should be respected.

Sincerely

8

26 05 11

[REDACTED]

[REDACTED] my preferred option is one site at the O'Connor

	<p>home as the future of the Health board in the Westport should be settled now so there is a future health system for the now and next generation in the Buller area</p> <p>Hope you all get you act together for the community and not for your own self worth</p> <p>Thank you</p>
9	<p>26 05 11 [REDACTED]</p> <p>I have only three comments to make based on the inadequate information provided in the Sapere Report:</p> <ol style="list-style-type: none"> 1. It is essential that the current practice of rotating GP's so that patients have no idea who they will see, and no continuity of care or relationship must stop and be replaced with a system that provides for consistency and continuity of care. Any health care (building, system, or whatever) that does not provide this basic essential is to me, completely useless and in fact bordering on dangerous as it creates a situation where no doctor/patient relationship knowledge except for the paperwork, exists. And we all know how inconsistent record-keeping and admin has been to date. 2 I absolutely disagree with only one waiting room to be shared by both mental health and other patients - privacy is essential for people already stressed and mentally challenged. Only bureaucrats could possibly come up with an idea like this which opens the door to all sorts of episodes, and problems. It is bad enough having to share waiting rooms with infectious and contagious conditions let alone folk who are unpredictable at best and who need sensitive, caring help in a non-public environment. 3. I believe the DHB needs to collaborate with O'Connor Home and work with them to maximise the collective funding for elder care in this community. There has been enough money wasted already trying to bring in outside providers who would have usurped O'Connor Home's position as preferred provider, and overriding a Community asset proudly supported for many many years by this Community. The kind of caring O'Connor staff provide is community based and non-political - unlike some of the services provided via Buller Medical. Instead of building yet more buildings why not give the eldercare funding to O'Connor and provide design services to them to create a facility this community can count on for the growing retirement population of this area.
10	<p>We would like to have all sites on one area so resources can be shared to better our health service cost- wise, for our future care in Westport for all people. We want a place where we can get good medical care for our future needs as we grow older. Family care with Doctors who get to Know you and you them .Our preferred site is the O'Connor Home.</p> <p>[REDACTED]</p>
11	<p>I support the split site, with the integrated family health centre on the present site. Thank you. [REDACTED]</p>
12	<p>Firstly, I commend the Buller JAG and WCDHB for initiating action and working together for improved health services in the Buller.</p> <p>I have had a cursory review of the draft Sapere report and am unable to form a view on the main thread of this document - that being which of the 3 options presented should be pursued. The reason I cannot form a view is because</p>

apart from Section 2.1 of the report which approaches the subject, there is a dearth of information about what comprises or contributes to quality health care. Is it a building, is it the equipment, is it 'operational efficiencies' afforded by putting people in one space (i.e. an integrated model), or is it the people that fill that space, their leadership, their collaboration, their culture, their ability to change to meet the ever-dynamic needs of our world - or a combination of the above? And if it is a combination of these things, then how important are the respective parts?

If 'build it and they will come' will genuinely resolve the issues I perceive to be present such as the inability to recruit and retain healthcare professionals, lack of care continuity, poor customer experience due to inconsistent workplace culture, attitudes and customer focus etc, then I would lean towards Option 1 as a preferred long term option. But I'm not sure 'build it and they will come' is the case. Could a quality health care system not be born, ignited and maintained in the existing facilities for a sum substantially less than the \$21-22M capital spend required for Option 1 or 2?

Could a few million dollars not buy the resources to lead and revolutionise the current health care facility? Perhaps the right question might not be 'What will building a new facility change'?

but 'What will building a new facility not change'? How might those lingering elements play out? What other elements might the Buller JAG and WCDHB pay attention to?

I am concerned that there has been no real attempt to explain what the public can expect to see and experience in a new facility? I feel this is a potential pitfall and opportunity for failed expectation in the future if the picture of what a service user will experience is not clearly painted and spelt out. With a new building comes connotations of improved everything - I doubt that will be the case.

The purpose of this email is not to criticise and I realise this is not overly 'usable' feedback. I commend the overall initiative. I am simply concerned that a wonderful opportunity may not be fully realised. I look forward to following this project.

Regards, [REDACTED]

13

[REDACTED]

[REDACTED]

After attending the public meeting on the plans, we have had some discussion in the workplace over this. At the meeting it was put forward that the building of a \$23 million health centre would improve health outcomes in the Buller as all health related services would be together. It seems to us that the majority of those services are already together in one building. You have Buller Medical Service, the hospital facilities, Community Mental Health with Alcohol & Drug Services, X-ray, physiotherapy, visiting specialists, maternity, dementia care and palliative care in one area where there is no more than a 2 minute walk down the corridors between any area. If it doesn't work now, I cannot see how spending \$23 million on another building is going to help. This will just put our area in huge debt and the problems will still be there.

We would be better served using the money that would service a \$23 million debt on employing more doctors and managers who manage people, not just paper, and educating them and the nurses on how to use their computer system and the legal requirements of what they are doing. Some effort should be given to a proper induction of locums. This would save a lot of my time which is spent fixing incorrect prescriptions, something for which I get no recompense.

I found it interesting that it was reported in the local newspaper that the report on the centre suggested that an on site pharmacist was to be 50% funded by the pharmacy. It is interesting that such a statement could be made with absolutely no consultation with the pharmacy. What would give anybody the idea that I would be willing to fund a pharmacist who generates absolutely no income. If the rest of the report was produced with the same kind of research that that statement had, it obviously cannot be relied upon to be accurate.

I am also concerned that reports are saying that there would be 18 jobs lost with the consolidation of services at a saving of, I believe, something like \$1.8 million per year. This would indicate to me that those jobs would be professionals as opposed to administration staff who I am sure are not paid that kind of money, if they are it is no wonder you are going under. I suspect the job losses will be nurses as I am quite sure the whole aim in this process is to get rid of Buller Hospital. The point I wish to make here is that we need to keep the professional personnel, not get rid of them. I could understand that there would be some consolidation of administration positions. That would actually make sense.

Another point discussed within the pharmacy was the suggestion of the centre being a teaching facility. This seems absurd to us. You have doctors who are now unable to meet the needs of the community for appointments and you want to take out more of their time for training students.

I am sure that health services in the Buller area can be improved. But I am gravely concerned that this money is going to be spent and we are still going to be left with the same problems happening as there is no real effort going into fixing the actual problems. It won't be better, it certainly won't be sooner, it will probably be more inconvenient and it will be a lot more expensive.

I am personally against this new centre being built until such time as Buller Medical Service has some decent systems put in place so that they can prove that they can run more efficiently and effectively because if that happens it will mean that the pharmacy will be able to run more efficiently and effectively.



14 Buller Health Feedback

The following are my comments about the Buller health service proposals:

1. From the information provided so far, I have no idea whether one site or two would be the best deal for patients and staff. However, I note the O'Connor Home is in a flood zone and combining all health facilities on that site could be risky.

2. Buller's biggest primary health care problems are continuity of care and patients getting timely appointments to see their own doctors. I have yet to see any evidence the proposed changes would make a difference.





3. We may be better served by a brownfields development - reconfiguring buildings at Buller Hospital and adding to them as required, and by better equipment and transport, than expensive all-new facilities.

4. Buller desperately needs its own dementia beds.

5. Mental health patients should have a separate reception and acute assessment room, or they may be reluctant to seek health care.

6. How real are the personnel cost savings in the Sapere report when they apparently include slashing the locum GP budget? The report provides no evidence to back up the contention that better facilities will help Westport attract more permanent GPs.

	<p>7. I'm concerned the WCDHB may want to pass its responsibilities for owning and operating Buller health services to a community trust. I agree with the New Zealand Nurses Organisation that this would benefit neither staff nor the community.</p> <p>8. I agree with the integrated family health centre concept. It must include a birthing unit and maternity care.</p> <p>9. I agree with the concept of flexible beds and that bed numbers should remain similar to now, plus dementia beds.</p> <p>10. Transport, particularly for Buller patients discharged from Grey Hospital, is a major issue which the WCDHB has yet to address. It does not seem to feature in any of the four planned stages for Buller's health service development.</p> <p>██████████</p>
15	<p>██████████ Westport 23 05 11</p> <p>Buller Health To Whom It May Concern:</p> <p>Your asked for feedback, my thoughts are With the heavy industry in our district and the planned Bathurst resources project this year I can see the need for more beds than proposed</p> <p>Young families will come for work opportunities so at least 2 maternity beds Buller medical to stay by hospital, there is plenty of ground to build on</p> <p>Regarding pharmacy what about the existing pharmacist and her new shop, does she move or go under</p> <p>Dementia case unit to be built at O'Connor Home including long stay patients</p> <p>Under Buller medical there are thousands of dollars worth of electricals, heating equipment piped from the boiler house nearby, the building is on a floating floor, so was quiet safe in the earthquake Thank you ██████████</p>
16	<p>██████████ Westport 26 05 11</p> <p>To Whom It May Concern: I wish to register my submission on the changes at Buller Health and would prefer a split site with surgery and hospital on one site preferably the existing hospital grounds and Dementia unit at O'Connor Home plus long stay beds Thank You ██████████</p>
17	<p>Centrally located Run by DHB not a trust Lots of full time doctors Mental Health -Separate waiting room/crisis room</p>
18	<p>No to location at O'Connor house Unit needs to be centrally located in town. Also there is erosion of the river bank (by O'Connor home) if there is a flood the hospital would be at risk.</p> <p>No to private trust owning IFHC unit. Stay with DHB ownership for funding and</p>

	working conditions and to ensure services for the community.
19	<p>Option 2 Split site – funded by DHB to be at the existing Hospital site. Site 2 funded by Trust at O'Connor Home</p> <p>Option 1 To be also funded and run by DHB on the existing Hospital Site.</p>
20	O'Connor Home left as is, with addition of Dementia Unit. Hospital and Buller Medical to be left on present site.
21	<p>To Whom It May Concern:</p> <p>The reason for it to be central is because everyone would be able to travel to it. I also do not think Mr McManus should be on both the O'Connor Trust and the Jag as it is a conflict of interest.</p> <p> , Westport</p>
22	<p>One site at Buller Health Palliative where RNs are on site 24/7. Not suitable at present, with carers there at night/afternoon WCDHB owned Enough rooms for staff Rest home patients further away from Ambulance Bay. They need quiet and sanctuary.</p>
23	<p>Can we ensure the hospital / unit is built to grow and expand into the future?– have design so that expansion is planned for.</p> <p>Eg modular sections that can be easily repeated, and or built on top of (second floor).</p> <p>It is essential that staff from all departments are consulted prior to planning and building to gain input, improve functionality and ensure successful build and operation hospital / care facilities.</p> <p>Please ensure enough storage!!! for everything – again with room to grow.</p>
24	<p> Westport 27 05 11 Sapere Report</p> <p>The above report accepted!</p> <p>My concern is that the community be considered and there ability now and in the future be of the utmost importance. The area being of a low socioeconomic group and likely to remain so. With all the changes going on in the community and nationally Tax etc) any stability in this area – hospital – medical – will be a bonusfor section thesite, do not locate them out of town – O'Connor home area. This will avoid over 50% of the community being faced with find changes, to attend appointments. This is also in the national interest. Rebuild a new hospital in the existing site with say 20-24 beds that can be utilized for the varying needs in... changeable. The complex should remain under WCDHB ownership and control.</p> <p></p>
25	<p></p> <p>To Whom It May Concern:</p>

CEO WCDHB

Dear Sir

After attending your recent presentation of proposal changes to Health Services in our region. I have to say I came away with many questions un answered and feeling very pessimistic about the changes envisaged.

It is difficult to make reasoned decisions where you couldn't disclose sites and costs.

I am totally opposed to the O'Connor Home site for the Medical centre given that it is a recognized flood zone. It seems that few lessons have been haved been learned from the catastrophic events in Canterbury, the worst hit areas were where building took place on swampy land, similar to what you are considering building on.

Privatisation is not an option that should be considered, private investors will expect a good return for their money, which will inevitably result in higher charges for medical services, Westport people are already struggling with excessive costs with high rates etc.

If the sick cannot afford to visit a GP the cost is higher when they are admitted to hospital.

Leave the medical centre at its current location and hand the administration over to the excellent staff we have there.

Bring consultants to patients provide them with the necessary facilities to do their job. The current system is chaotic and very stressful for all concerned. We have lost many wonderful GPs in recent years because of bureaucracy making Doctors work load untenable.

Provide good quality leaning for care-givers. Leave the elderly where they are contented, just up grade the facilities.

Build a dementia unit, there is a great need for it.

You will only get good health care if you have properly trained staff who really believe in what they doing makes a difference.

Sincerely

Wednesday, 25 May 2011

Buller Feedback
West Coast District Health Board
PO Box 387
GREYMOUTH

Dear Sir/Madam

The Board of Trustees has considered the plan for Buller Health and how it would impact on the school.

Any improvements to the current Health Service would have to be seen as an advantage to the health and well being of the staff and pupils. Particularly positive was the 'respect of the patients time' mentioned in the report as this has a major impact on staffing and coverage of staff to attend routine appointments, which can at present mean 1-2hours away from the classroom.

An improvement in the health Services offered should make the attraction of younger families to the district more viable thus maintaining or increasing the school rolls.

Our one concern would be with the dental service requiring children to attend a central clinic however we can see a solution to this. If parents are required to take children out of school to the central clinic, it will involve parents losing time from work.

As the District Health Board currently has updated the dental caravans for the Coast we see that the solution would be for all children to have an initial examination at their own school, to determine whether or not further treatment is required. Those children requiring treatment would then be expected to attend the central clinic. Parents do not object to this for injuries or ill health of their children but it appears to us to be an unnecessary expense to families if there is nothing wrong with the children.

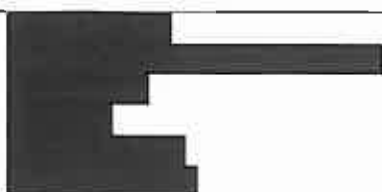
Having the initial examination will mean children are more relaxed and comfortable in their own surroundings. We understand the want to have all services in one 'hub.' However, the accessibility and affordability for families must come first.

Yours faithfully



Pp Board of Trustees

	Staff Feedback
1	<p>13 05 11</p> <p>[REDACTED] Buller Medical</p> <p>1. Our Community and Buller Health staff should have vital input into the whole process and decision making. After all they/we are the ones who live here and its our health service for our health needs and our working environment. Don't forget also that even though we are staff, we are part of the community using the service also so shouldn't be separated from the community.</p> <p>2. The concept of one site IFHC is the best option and makes the most sense, however I don't think the issue of location (which has been suggested can wait to down the track) can be ignored. Location is very relevant in Buller and making a decision on one vs split site is largely based on the location. Therefore is relevant to the current discussion.</p> <p>3. Nursing staff are underrepresented in many of the groups meeting around the health service in Buller. There is no Buller Health nursing rep on JAG (only a GP and managers), or on most of the larger workstreams, there is some input from one or two nurses at much lower levels. (the nurses have initiated their own group working with Felicity Woodham to address how we might work better together to improve integration between units).</p> <p>I have heard much comment that we need doctors input on issues, but not statements that we need nurses input. As a nurse leader I am invited to attend some meetings but all the doctors are invited for input (especially the upcoming TO BE workshops). This is not against doctors - their input is important, but I am pointing out that nurses are the largest workforce working in this environment and most often first patient contact, running the wards/areas, with a valuable perspective - for patients as their advocates when they are unwell, often insight into their needs and the community as a whole's needs, what works and doesn't in the environment and a nursing perspective rather than just a medical or management one.</p> <p>4. I support one staff member's comments at the recent forum that much of the information being presented to us was actually developed by us in recent years in an attempt to address the issues in our health service. It is a little condescending to disregard this. Having said that, this is merely a statement of support for the comment and not a grievance as my focus is on what is best for the health of our community and health service and working as a team to achieve this.</p>
2	<p>10 05 11</p> <p>[REDACTED]</p> <p>I think a single site for the Buller IFHC would be best served for the public of Westport.</p> <p>The best area for this would be in the vicinity of the existing hospital. Aged care should NOT be split to go to another site as this would take away the Freedom of choice for our older citizens to decide where they would choose to live at this stage of life.</p> <p>The existing hospital is close to the schools, the solid energy centre, and closer to the town centre.</p> <p>Yours Sincerely</p>
3	<p>[REDACTED]</p> <p>Subject: RE: Release of Sapere report</p> <p>On page 17 of this report there is a table (#6) - column one shows current beds - I expect that a subtotal will total the numbers above it - in this column the numbers are 51 and 27 the subtotal is 88 - theses 2 figures actually add up to 78. the second group of figures add to 13 and the final total is 91 (88 + 13=101, 78+13=91), looks to me that the subtotal ARC shuld be 78 and not 88. Some of the other totals also arn't quite right - eg last colum 2+1+6+2==11 not 10 and in colum 4 first subtotal 60+12+48=120 not 118. I expect figures in a table to add up - maybe in this case they are not meant too, but that is not good practice when you have subtotals and totals (my life is not really boring - honestly!)</p> <p>[REDACTED]'s first point re the ARC subtotal in table 6 is correct – this is a transcription figure – the total figure is correct, but the subtotal is written as 88 but should read 78. Apologies for missing this in the proofread.</p> <p>The other discrepancies are due to rounding – as signalled in the footnote to the table: "Note: bed numbers may not exactly equate to totals due to rounding."</p>


To the Buller Feedback Team,

Firstly, Thank you for holding a meeting early in the planning process and for the commitment shown from the various speakers.

I support an integrated health service across two sites. I believe this will enable the retention of more of the existing buildings, two sites will offer less of an intimidating area to negotiate for clients trying to familiarise themselves with relocated services. I believe two sites offers an improved opportunity for responsive health care in an emergency (earthquake, mine disaster etc.). Two sites offers more intimacy and an enhanced sense of community for the consumers.

My concerns about the public consultation, are the focus on buildings and technological advance without linking this with a model of care.

I did not come away knowing how people living in Buller, who do not access primary care (as a social worker I meet many) will have improved access to services. How will enrolment growth be improved so that all the community accesses the health centre? Surely the configuration of the building is influenced by the proposed models of care.

For example, I support nurse led practice, nurse practitioners, and a kaiawhina to establish community links and to alleviate the wait for/pressure on GPs. Will the building plan support this model of care? Will social workers be integrated into the nurse and doctors services, not just hospital services, as currently happens?

I was very impressed by the way the speakers encouraged the audience to consider themselves ambassadors of the Buller, and to take some personal agency in ensuring health professionals have a positive and welcoming experience. Sometimes professionals experience constant negativity and doom and gloom from Bullerites. The people of Westport need to take some responsibility for retention of health professionals. This was conveyed well in the meeting.

I look forward to hearing about subsequent developments.

Kind Regards

8 Thank you for this opportunity to share my opinions about the proposed IFHC.

In my opinion it seems that to have ONE site is the best proposal. One of the purposes of building an new IFHC is to reduce costs and ONE site will obviously allow this to happen.

If we are to have one site then the only place this can go is O'Connor Home otherwise you have two sites - O'Connor Home will take on all residential care, and the IFHC is left with 8 beds? This doesn't really make sense to me! It makes sense to have health services close to residential care for ease of access for the elderly.

However, if the IFHC is built at O'Connor Home, I hope that you are intending to keep the beautiful O'Connor Home building? John Vaile said in the Wpt News that O'Connor Home would have to be pulled down, but my understanding is that much work has been done to earthquake proof this lovely building with its historical facade and I believe it is important to keep this frontage as it is, including the gardens and trees out front. This is a HOME for the residents who live here and they deserve to have a beautiful garden, lawns and old trees to look out at.

To keep the O'Connor Home frontage, I'm wondering where the IFHC would be built, and am assuming it will be in a sub-divided paddock at the back of O'Connor Home. This would allow plenty of room for building of the IFHC, parking (we need to ensure that we don't end up like Grey Hospital with NO parking available for clients - it is appalling down there!) and a helicopter pad.

I agree with anticipated building strategy on pg 17 of the report:

1. Build for current demand plus a margin. The projection is that our population is falling, but can we REALLY tell that?
2. Design the facility such that additional wings can be added at a reasonable cost in future.
3. Design the facility such that beds can be reconfigured between different uses and levels of care in the future.

, I am interested in the wellbeing of our families, particularly women and children and concerned about several things:

	<p>* Does the LMC based maternity service include a delivery suite that is fully equipped to the standard required by a primary unit?</p> <p>* With less beds in the Maternity Unit, will there be space somewhere in the IFHC for Breastfeeding employees to breastfeed or express milk in a private, comfortable room with resources to assist this process i.e. a suitable chair for breastfeeding and/or a fridge to store expressed breastmilk?</p> <p>* Step 10 of the Baby Friendly Hospital Initiative (BFHI) is to foster the establishment of breastfeeding support groups. Currently the monthly BABES in Arms breastfeeding support group and the weekly Mum4Mum Breastfeeding clinic take place in the lounge of Kawatiri Birthing Unit. Will the new IFHC allow for a venue, preferably within the maternity unit, for these activities to continue?</p> <p>* [REDACTED] Ante-natal Education programmes each year. Will a room be available, large enough for up to 10 couples to attend these classes?</p> <p>I look forward to seeing the plans that are developed once we move on to stage 2 of this process.</p> <p>Regards, [REDACTED]</p>
9	<p>Hello [REDACTED]:</p> <p>We are excited about the opportunity of the IFHC, we would prefer all services be under one sight as we are small enough for this and it would be easier to share resources and create a one team concept.</p> <p>We are concerned about the inaccurate detail around FTE in the Sapere report for mental health, despite already verbally telling the author of that report that the figures were incorrect.</p> <p>Regards [REDACTED]</p>
10	<p>[REDACTED]</p> <p>Sent: Monday, 30 May 2011 5:45 p.m. To: Buller Staff Feedback Subject: feedback</p> <p>Hi,</p> <p>I have been discussing this with some of the people I know in Westport and it seems there hasn't really been the connection that might have been envisaged by the public meeting. I attended the meeting and it was made clear at the meeting that a 'plan' would follow and once that was presented to us (the public) we could have a go at giving feedback. It was made clear that the plan was not being presented at the public meeting, therefore we are still waiting for a plan on which to give feedback! A friend who put his email address down at the meeting has not received any further information by email so its like we are awaiting the next move...what is the plan?</p> <p>I have seen the sapere report some time ago and gave feedback at a meeting in Buller Health , the Sapere guy was at the meeting and we were told that following the meeting some modifications would be made to the report before it was presented to the public..I did not see any of our feedback incorporated into the report that was released, it looked like exactly the same document..so hence it doesn't seem worth the effort of giving more feedback. I have written submissions on earlier plans for the IFHC presented by the PHO and the LEGG report . Again I have no idea if anyone read these or thought about the comments that were made.</p> <p>From a clinicians point of view the one site or two makes little difference to me, its a small town and easy to get around from one place to another. Intergration of information systems is probably the most important area that will affect my practice and I would like the Reefton and Westport databases on Medtech to be combined as I work at both sites lab results and x rays are frequently sent to the wrong address and it would improve safety no end if the results all came to the same are, also on weekends and after hours Reefton patients often come to Westport and its easier to see their medical history if we can access theri medtach notes in westport. I also see that Reefton has been purposly left out when previously it was included in the statistics for IFHC (and the extra population was used to calculate capacity etc).</p> <p>Reefton clinic is extremely vulnerable currently with high staff turnover, low morale, no permanent GPs and no medical leadership. If there is anyway that some helpful people could help us to keep Reefton going (we are all exhausted and continually worried about our inability to maintain a safe level of service) it would be greatly appreciated.</p> <p>In terms of the propsed structure of management for the IFHC I only have one reeservation and that reflects ehat has happened in Reefton since the DHB took over and changed the management</p>

structure. The GP arm of the facility needs to have a dedicated practice manager that is able to run the place almost like a private business, maybe there needs to be financial incentives for nursing and management staff? Our inefficiencies have increased and our patient throughput has decreased by not having a dedicated person to help us keep the flow moving, chasing recalls, follow ups improving data input etc. We tend to do our own trouble shooting with patient rebooking/ IT issues, lack of supplies, there is no real connection between the clinicians and the administrators except the receptionist and although everyone is working hard to the same aims we are inefficient. Having worked in some highly efficient and profitable private practices I miss the position of 'practice manager' in Reefton and see that the structure planned for the IFHC is also to have no real practice manager but an 'office manager'..in my experience in Reefton this does not seem to work and we have tried pretty hard to make it work there for nearly 2 years.

Yours sincerely,

[REDACTED]

11 08 05 2011

Below is some feedback following the presentation last week regarding the future of Health Services in the Buller.

Personally I think a single site Health Services would be best.

More cost effective

As staff are the most valuable resource, they can be utilized in more than one areas, when and where the need is greatest.

I believe versatility is key to maintaining interest and contentment in the workplace, and therefore retention.

I do not believe that the O'Connor Home site is the best place as a single site health service, geographically it feels too far away. I think a more central location would better suite Buller Residents. Buller Hospitals current site being a possibility, but I would be open to other options. I see the main focus on health in the next 20 years is education of the public. We are already educating patients via a few nurse specialist positions, but I see educational roles as having no bounds.

The more we educate people how to manage their chronic conditions eg, Diabetes, hypertension, COPD, in theory they would less likely require GP input, and acute assessment for exacerbation of their conditions, hence saving money.

Education regards smoking cessation and teen pregnancy needs to start in the junior schools. So instead of being just the ambulance at the bottom of the cliff, we have an opportunity to incorporate in our new Model of Care these educational needs.

Has the JAG Committee considered funding for, or a room in the final facility, as a hands on, down to earth learning room, suitable for all ages, "just a thought"

If a split came to pass, apart from the obvious extra financial requirement I have a concern about Palliative Care being away from the acute areas.

Palliative Care is such a specialty, that particularly if the patient is in the end stage of life and on a "pain pump", that person requires daily input and assessment from a Doctor. Their medication is often tweaked daily to afford them the most comfortable death. If we had a split site would there be a Doctor routinely on both sides.

Thanks

[REDACTED]



New Zealand Nurses Organisation

Submission to the West Coast District Health Board

On the

Buller Health Services plan working paper: Model of care description, capacity estimation and options analysis

May 2011

Inquiries to: Christin Watson, Organiser, or

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INTRODUCTION

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Buller Health services plan working paper: Model of care description, capacity estimation and options analysis.

- The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 45,000 nurses and health workers. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated. Our members include nurses, midwives, students, kaimahi hauora, health care workers and allied health professionals.
- The NZNO vision is "Freed to care, Proud to nurse". Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations.
- NZNO has consulted with its members and staff in the preparation of this submission in particular NZNO delegates and members working in the Buller District.
- NZNO recognizes the need for healthcare facilities to find ways to deliver healthcare services in an efficient and effective manner within recognised financial constraints and resource issues. NZNO welcomes the proactive stance the West Coast District Health Board is taking in planning for the future care of residents in the Buller area. However, the lack of any involvement by frontline clinical staff in the development of this paper is concerning.
- NZNO recognises there are fiscal restraints within healthcare at this time associated with the need to constantly find savings to provide adequate services. This document indicates a \$2 million saving associated with staff cost but with minimal detail in how those savings would be realised. Further, the proposal identifies three concepts broadly with no indication of ownership and governance and no detail regarding implementation.
- The NZNO is pleased to note however that the proposal identifies the efficacy of developing nurse-led services and further developing the opportunities for the delivery of advanced nursing and allied health practice on the West Coast and particularly in the Buller region. Whilst this is an obviously sensible approach to the future delivery of healthcare services in this region no advice regarding how this might be achieved, has

been sought from frontline senior nursing staff in the development of this proposal including the efficacy of achieving that goal.

DISCUSSION

- NZNO recognises there is always potential for positive outcomes with finding ways to do things better in healthcare delivery. Specifically in the current environment where the health dollar is being increasingly reduced, there is value in a proposal to develop better service provision and support over whole services, especially focusing on the wise use of resources in this fiscally restrained period. It is NZNO's contention though that until the ownership of the health service at Buller is determined this proposal is null and void and planning for the future under those circumstances is a mute point. This lack of attention to ownership and governance prior to the development of this proposal has created a great deal of anxiety for our members.
- Ownership and governance of health facilities is critical to developing a model of care for any health service and lack of attention to this in the first instance creates uncertainty on how to move forward to produce a viable model of care that will meet the needs of health consumers anywhere. Our members are particularly concerned as lack of knowledge of ownership and governance has the ability to impact on the viability of their jobs, the service they might be required to provide in the future, and the potential for erosion of their current conditions of work. NZNO emphatically states it will not support this type of movement. NZNO is clear that there must be sound economic and human resourcing rationale for the proposals and no lessening of conditions of employment or professional support structures for nurses and health workers
- NZNO is concerned that neither the Buller Joint Advisory Committee nor the Sapere Research group has consulted frontline nursing staff in a meaningful way about this proposal. NZNO believes it is critical to getting it right that clinical staff and unions have clear input into the development of any options and proposals. Further NZNO requests that there is an extensive, meaningful, and timely consultation process on any options or proposals with these groups. This includes having representation from both these groups on any steering group set up.
- Further NZNO believes there needs to be account taken of potential conflict of interests on the Buller Joint Advisory Group. Of primary concern to our members is the involvement that the O'Connor Home representatives on the Buller JAG have in developing and recommending the model of care that may advantage the Trust. It is important that our members and the wider community have confidence that their best

interests will be taken into account when determining the provision of health care services at Buller. This will require the highest levels of transparency in the development and decision making processes.

- NZNO members consulted regarding this proposal are keen to see the development of a single site, a DHB run service where all cadres of staff can work more closely together to provide a viable and efficient service to the residents in the Buller region. They believe the critical mass of all services on one site is important and will contribute to providing a better and higher quality service overall. Their preference would be to remain on the current site and have all services there including aged care and mental health.
- The drive by the Minister of Health for primary health care that is better, sooner more convenient has, as one of its targets, the reduction in number of presentations to Emergency Departments. NZNO believes it is vitally important health care planners identify the needs of the communities they are responsible for and plan for their needs into the future. The proposal to implement a new model of care in the Buller has merit but only if services are not reduced and there is a clear indication of how that will be implemented. Reducing staff numbers within aged care is a misguided risk when the forecast for Buller is for a marked increase in an aged population with complex and long term condition management. It is vital that the DHB invests in retaining health care workers given the difficulties in recruiting health professionals on the West Coast.
- NZNO is concerned the proposal's preferred model of care for urgent care patients will be seen on a first come, first serve basis. This is a very antiquated and unsafe way to provide emergency care to clients with possible life threatening conditions. It is every New Zealand citizens right to have access to a 24/7 acute assessment function which includes skilled and knowledgeable triage to determine the urgency of treatment for each and every patient who accesses the health service in the Buller area. NZNO does not support the devolution of services that will increase the cost to the patient – e.g. increases in charges for afterhours services.
- NZNO identifies the proposal indicates a marked shift into community-based care in future with little concurrent analysis of the impact related to staffing and increase of services that might be required. Rather in the staffing analysis there is a paltry increase of 0.4FTE by 2031 of community/rural nursing, 0.2FTE of Occupational Therapy, Social work and Radiology, and no increase in mental health. The prediction of a 70% increase in the over 65 age group in the next 20 years will markedly change the model of care and the staff required to deliver that care. NZNO is concerned that the forecasts for staffing

requirements and indeed health care at Buller are based on limited information and analysis, and will create a barrier to more innovative models of care that will better meet the needs of the population at Buller into the future.

- NZNO has identified the document indicates a \$2 million saving in personnel by going to a single site facility but does not provide detail in how this will be achieved and in fact it does not correlate to the costs related to the proposed reduction in nursing staff. Again there is little detail to indicate how this might be achieved and how our members might interpret this information to inform any decision they might make about their futures in Buller. NZNO would like to know the specifics of the actual costings of a nearly 2 million dollar savings in relation to staff comparing option 1 and option 3, and what is the person breakdown in relation to the 18FTE?

CONCLUSION

NZNO thanks you once again for the opportunity to comment on the Buller Health services plan working paper: Model of care description, capacity estimation and options analysis. and recommends that you:

- **note:** that NZNO believes there is always potential for positive outcomes with finding ways to do things better in healthcare delivery.
- **note:** it is NZNO's contention that the ownership and governance of the health service at Buller is crucial to any planning for the future and must be decided before any decision about models of care can be made.
- **note:** NZNO is concerned that neither the Buller Joint Advisory Committee nor the Sapere Research group has consulted frontline nursing staff in a meaningful way about this proposal.
- **note:** NZNO believes it is critical to getting it right that clinical staff and unions have clear input into the development of any options and proposals.
- **note:** NZNO requests that there is extensive, meaningful, and timely consultation on any options or proposals with these groups. This includes having representation from both these groups on any steering group set up.
- **Note:** NZNO is clear that there must be sound economic and human resourcing rationale for the proposals and no lessening of conditions of employment or professional support structures for nurses and health workers
- **note:** NZNO believes there needs to be account taken of potential conflicts of interest on the Buller Joint Advisory Group.

- **note:** NZNO members consulted regarding this proposal are keen to see the development of a single site, a DHB run service where all cadres of staff can work more closely together to provide a viable and efficient service to the residents in the Buller region.
- **note:** NZNO would not support the move to deny the public in the Buller region access to 24/7 emergency/ acute care. Rather NZNO is emphatic that this is every New Zealand citizens right to access to basic health care. NZNO believes devolution of services must not increase cost to the patient.
- **note:** NZNO is concerned that the forecasts for staffing requirements and indeed health care at Buller are based on limited information and analysis, and will create a barrier to more innovative models of care that will better meet the needs of the population at Buller into the future.
- **note:** NZNO would like to know the specifics of the actual costings of a nearly 2 million dollar savings in relation to staff comparing option 1 and option 3, and what is the person breakdown in relation to the 18FTE?

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