

# REPORT TO THE community

SUMMER 2014

INSIDE  
Our report card  
Meet the Chair  
Rural life: Karamea

*Healthy West Coast*  
Te Hauora o Tātou – The Health of Us All







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# Tangible progress in West Coast Health

**I'm delighted to report we are moving closer to an integrated and person-centred health system for the West Coast community. There are increasing tangible results from many of the programmes planned and put in place which are now making a real difference to people's health and wellbeing.**

In the pages of this report, you will see some of these recorded so you can understand the breadth of work being undertaken.

Just to highlight a few:

- Over the past year there has been a significant reduction in the average wait times for routine General Practice team appointments on the Coast and this has increased access to primary care for our community.
- A significant number of Coasters are now receiving customised packages of care in their own homes. This is happening throughout the West Coast.
- Admissions into aged residential care decreased 11% from last year

as more people are being supported to remain well and independent in their own homes. Currently about 93% of Coasters aged 65 and over live in their own homes.

- West Coast people needing surgery and outpatient services are now waiting one month less than they were last year. In the past year, there have only been four occasions when patients have waited more than 150 days for a first specialist assessment or surgery.

The West Coast Health System has continued to improve its performance on all of the Health Targets.

Much has been achieved to reorient our health system – we look forward to seeing further progress on facilities and importantly, the new ways of working that will help improve the health and independence of Coasters.

Our relationship with Canterbury has strengthened and we are seeing tangible benefits for staff and our patients. We expect this relationship will continue to evolve and mature over the coming year as we develop



services and ways of working that are sustainable long-term.

A heartfelt thank you to all our staff who continue to do the best for their community.

**David Meates**

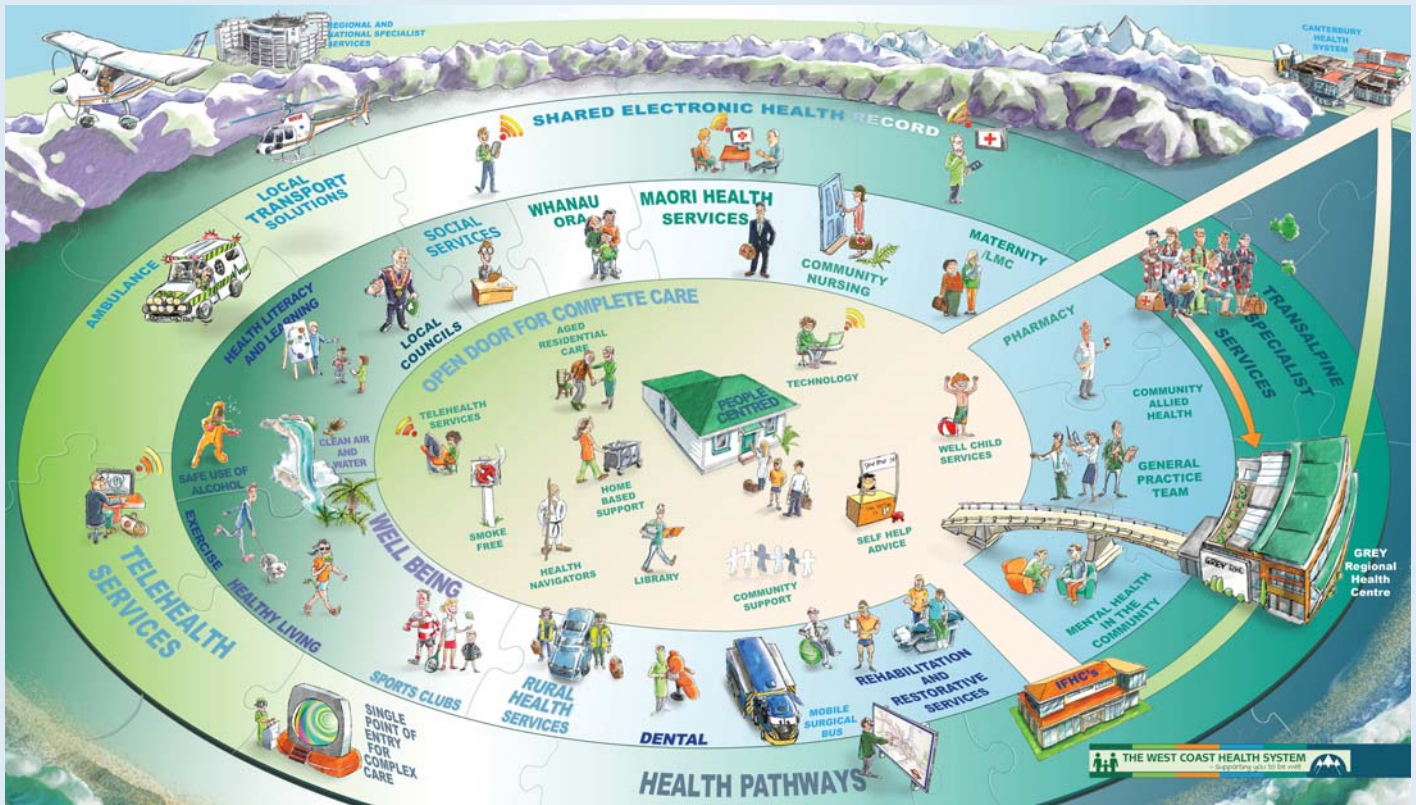
*Chief Executive*

*Canterbury & West Coast DHBs*



# We've made progress!

2013/14 brought us closer to an integrated and person-centred West Coast health system



And this is how we know...



Healthy  
Environment  
& Lifestyles



Health Care  
Home



Single Point  
of Referral for  
Complex Care



Transalpine  
Health Service



Settings



Health  
Professionals



Integrated  
Information  
Systems



Transport



Māori Health



Healthy  
Environment  
& Lifestyles

## Focused on:

- The reorientation of health services to ensure emphasis on prevention and health promotion.
- The creation of health-promoting environments.
- The development of healthy public policy.
- Community action by working alongside citizens on issues such as town development strategies.
- The development of personal skills, i.e. life skills classes.

## Healthy Lifestyles

*We're helping people learn how to stay healthy...*

**27% more** people were referred to green prescription for healthy lifestyle education during 2013/14, **exceeding** our target by **31%**.



## Smoking cessation advice

*We're supporting smokers to quit...*

Numbers accessing smoking cessation services remained consistent, while the number of Coasters who smoke has dropped by **31%** since 2006.



## Before School Checks [B4SC]

*We're ensuring that young Coasters are well and ready to learn...*

**90%** of four-year-olds were provided with a Before School Check during 2013/14, a **9% increase** on last year.



Health Care  
Home

## Focused on:

- An Integrated Family Health Service (IFHS).
- Teams of nurses and doctors, with pharmacists and other community-based health professionals.
- New ways of working with wider teams.
- Email and telephone consults, as well as face-to-face.
- Links with ambulance, ED and hospital.
- Reduced waiting times.

## Pharmacy integration

*We're delivering better integrated primary healthcare services...*

**31%** of community pharmacies on the Coast now work directly with GPs in the general practice setting.



## Average GP wait times

*Our communities are spending less time waiting...*

Routine appointment wait times have fallen from **5.8** days to **1** day over the past 6 months.



## HealthPathways

*The journey through the healthcare system is clearer and more consistent...*

**417** HealthPathways (**56%**) are localised and live on the West Coast. A further **20%** are complete and in the clinical approval process (as at June 2014).





Single Point  
of Referral for  
Complex Care

## Focused on:

- All complex care being managed together.
- Multidisciplinary teams undertaking assessments.
- Better outcomes for people and whānau.
- Referral and assessment from any setting, including hospital, the community and home.
- Coordinating home-based care for acutely unwell people as an alternative to hospital admission.

## Finding your way

*We're better supporting folks to navigate healthcare...*

Numbers of patients accessing our Health Navigator service **increased 244%** on last year.



## Working together

*We're working better together for the benefit of our patients ...*

Inter-Disciplinary Team (IDT) meetings now occur at all practices.



## Complex care

*We're doing better at providing joined-up, coordinated care...*

The Complex Clinical Care Network [CCCN] assessed **23% more clients** than last year.



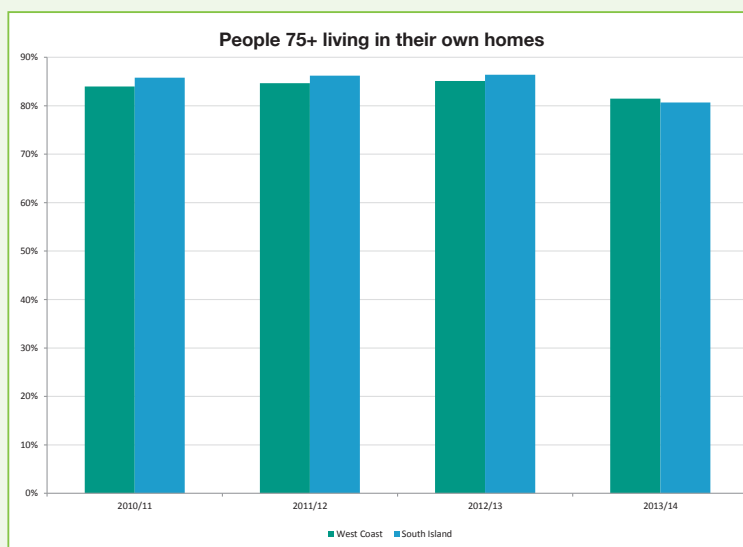
## People 75+ at home

*People 75+ are being supported to live well in their own homes for longer ...*

## InterRAI

*We're using comprehensive tools to identify the care that's needed ...*

Increased use of InterRAI by the CCCN, including all new residents coming into residential care.



And admissions into aged residential care have decreased **11%** from last year.





Transalpine  
Health Service

### Focused on:

- Local and visiting hospital services for the Coast.
- Most services on the Coast, some elsewhere.
- Strong links with Canterbury DHB clinical and organisational staff.
- Sustainable support for Coast-based staff.

### Our Transalpine Partnership

*We're delivering safer and more sustainable hospital-level services...*

#### Increased collaboration with Canterbury:

- We've progressed Transalpine discussions about medicine, surgery, anaesthesia and mental health
- We've strengthened Transalpine orthopaedic services
- We've completed comprehensive reviews of both maternity and mental health services, and we're now implementing outcomes in partnership with Canterbury



### Surgical and Outpatient Services

*Our communities are waiting less for hospital-level services too...*

Patients are waiting **one month less** than last year.

And we're consistently meeting the new targets - throughout the year, there have been only four times when patients have waited longer than the new 150 day target for a first specialist appointment or surgery. This is one of the best results in the country.



Settings

### Focused on:

#### Greymouth

- Redevelopment of Grey Base Hospital
  - Flexible care
  - Acute care into one hub.
- Integrated Family Health Centre (IFHC)
  - Opportunity to bring primary and community care together, improving the patient journey.

#### Westport

- IFHC with associated primary care-level inpatient capacity.
- Opportunity to bring primary and community care together, improving the patient journey.

#### South Westland

- Integrated rural model.

### Buller IFHC

*We've secured Government commitment to new facilities...*

**\$8 million** confirmed for the Buller IFHC.

### Grey Base

*On the wider Coast...*

**\$68+million** confirmed for the new Grey Hospital and IFHC.



### Grey Hospital Electrical System

*Our existing facilities are safer while we wait...*

Has had a comprehensive upgrade completed, and can now supply reliable power to the site.





### Focused on:

- Strong core of specialists and generalists based on the Coast, supported by specialists in Canterbury.
- Stronger links within the health system on the West Coast.
- Stronger links with Canterbury.
- Training our future workforce.

*We're bringing the future workforce to life...*

### In medicine

- We've begun employing rural medicine doctors
- We've increased the stability of our GP workforce
- We've made permanent appointments in anaesthesia [now fully staffed], and general surgery.



### In nursing

We continue to develop for the generalist nursing workforce to meet the needs and support the agreed model of care.

- Concurrently we continue to develop the breadth of specialist nursing roles to work alongside the generalist nursing team.



### In Allied Health

(physio, OT, speech language, radiology etc)

We've completed a review of our Allied Health workforce, and kicked-off implementation of a new leadership framework.



### Focused on:

- Services and staff working closer together.
- Timely sharing of accurate information among members of the healthcare team.
- People have control over who has access to their health information.
- People are not repeatedly asked for the same information.
- Use of videoconferencing and telehealth to overcome the tyranny of distance.

### Video consultations

*Healthcare is more accessible...*

Patients seen via video link **increased 38%** on last year. Proportionately, the Coast remains one of the biggest users of telehealth in the country.



### Clinical Information Systems

*Clinicians are better supported to deliver coordinated care, enabled by technology...*

- A single Transalpine clinical information system is up and running [Health Connect South (HCS)]
- Mental health services are now supported on HCS
- Referrals to hospital are now managed electronically
- A number of other initiatives have been kicked off, including technology to link primary and hospital data systems and e-signoff of test results.





## Focused on:

- Better transport options for healthcare.
- Supporting local solutions within the Coast.
- Supporting Transalpine solutions.
- Solutions for planned and unplanned care.

## Westport – Grey

*We're working to improve ground transport...*

**242** patients travelled by Red Cross shuttle service from Westport to Grey, and numbers continue to rise  
(from August 2013 – April 2014)



## Coast – Canterbury

*and air transport...*

We're exploring charter options for improved air travel for patients and clinicians between the West Coast and Canterbury.



## South Island-wide

We're working on improved regional transport solutions with DHBs across the South Island.



## Focused on:

- Working with whānau to implement whānau ora.
- Developing Kaupapa Māori services.
- Developing mainstream services to be more responsive to Māori needs.
- Integrating Māori health provider services within the broader West Coast health system.

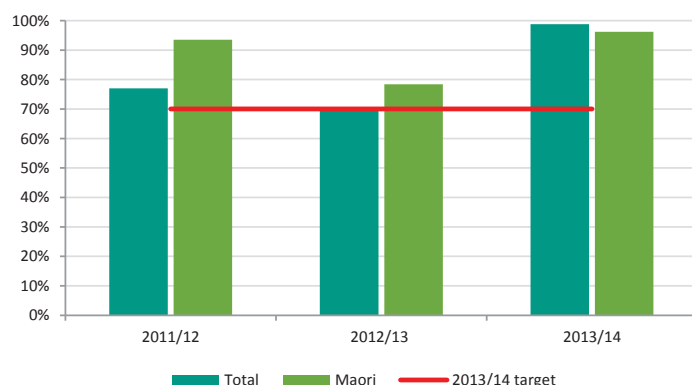
## Diabetes management

*We're working towards equitable outcomes...*

**97%** of West Coast Māori estimated to have diabetes have had an annual check in 2013/14, a **19% increase** on last year.

This percentage is the same as the percentage for the total population, and means we're addressing longstanding equity issues.

% of people estimated to have diabetes who have had an annual diabetes check



## Breast screening

**92.3%** of Māori women had a breast screen examination this year, a **6%** increase and the **best result nationwide**.





# How do we do all this?

## Underpinning our work to better connect the health system is the reincarnation of the West Coast Alliance.

Working across organisational boundaries, the Alliance delivers whole-of-system clinical leadership across eight key priority areas.

### Advisory Groups

#### Reference Groups

*e.g. Maori, Local, Diabetes Team*

#### External consultants

*e.g. Legal, change management, policy expertise*

### Alliance Leadership Team ALT

Selected to lead our alliance and the work that falls within the agreed scope of alliance activities.

- Provides system-level oversight, monitoring of workstreams and ensuring connectedness and a whole of system approach by alliance activities.
- Provides a range of competencies/expertise required to support the alliance to achieve its objectives.

- Medical Primary & Secondary
- Nursing Primary & Secondary
- Allied Health
- Public Health
- Maori Health
- Mental Health
- DHB Planning & Funding

### Alliance Support Group ASG

Facilitates, administers & supports the workstreams and leadership team (the 'glue').

- Provides feedback to workstreams and advice to ALT, as well as to their own organisations.
- Allocates resources to operationalise/implement priorities (i.e. Who will do what, how will the costs be managed?)

- WCDHB Programme Director
- GM Grey/Westland
- GM Buller
- PHO Executive Officer
- Te Kaihautu Poutini Waiora
- Alliance Programme Coordinator

### Programme Office

- Alliance Programme Coordinator
- Project Managers

### Workstreams

Propose transformational service improvement, identify areas requiring redesign and innovation.

- Report regularly to ALT
- Feed into annual planning around deliverables

**Buller IFHS** *Integrated Family Health Service*

**Grey | Westland IFHS** *Integrated Family Health Service*

**Health of Older People**

**Pharmacy**

**Mental Health**

**Child & Youth Health**

**Public Health/Health Promotion**

**Rural SLA** *Service Level Alliance*

# Peter Ballantyne – Chair, West Coast District Health Board

**Since June 2014 chartered accountant Peter Ballantyne has been chairing the West Coast District Health Board, but his relationship with the West Coast goes back years.**

Starting his career in the (then) National Bank of New Zealand on the junior desk posting the mail, Peter completed a commerce degree and qualified as a Chartered Accountant. He moved to the accounting firm Wilkinson McShane & Co which later through various mergers became Deloitte. He remained with Deloitte until retiring as an Audit and Advisory Services Partner in 2002. He then carried on as a consultant to the firm for a number of years.

period of the Canterbury Earthquakes.

He was cross-appointed to the West Coast DHB by the last Health Minister Tony Ryall, who wanted “cross-pollination” between boards, Peter says.

“The Minister felt it was important to get people on to the same wavelength, leading to a greater regional collaboration between boards.”

Peter served as Deputy Chair on the West Coast District Health Board and



a matter of figuring out what we can do with the funding available to provide a really sustainable health service to the Coast, taking into account all the factors around that. David Meates has built a very good team around him ensuring that we have the capability to really make a difference.

“With the collaboration of Canterbury and support of Government, we’ve got a real opportunity to build a service on the West Coast that is first class.”

The approval of funding from the Government has meant the build of the Grey Hospital and Integrated Family Health Centre has become a reality, with an estimated completion date of January 2017.

At the same time the development and build of the Buller Integrated Family Health Centre is also becoming a reality and work is proceeding with the design and build of this facility.

Peter talks about the benefits of the Transalpine arrangement. And occasionally working in a Transalpine manner presents him with a barrier when he drives over for meetings.

“I once sat on the side of the Grey River for five hours and one other time had to turn back and get a plane – but only getting stuck twice in six years is pretty good.”

## The significant improvement in general practice waiting times on the Coast reflects the real progress being made.

In previous years Peter had first come into contact with the West Coast DHB when Deloitte were contracted as the internal auditors to the District Health Board and Peter was the Client Service Partner.

He also had other West Coast clients that brought him over the mountains.

Peter’s governance experience included chairing the Anglican Living Division of Anglican Care Canterbury /Westland which provided retirement village, rest home and hospital care. He is a member of the University of Canterbury Council, was co-opted on to various Canterbury District Health Board Committees and then was a government appointee to the Canterbury District Health Board and served a term as deputy chair during the

on the retirement of the Chair Dr Paul McCormack in June this year was appointed Chair.

The collaboration with the Canterbury District Health Board also resulted in the appointment of a shared Chief Executive – David Meates, in 2010.

Peter describes overseeing the health system on the West Coast as very much a “people business”.

“I like the West Coast. The people are straight up and tell things as they are. If they disagree with you, they are prepared to work issues through.”

He believes issues that arise are not necessarily about funding, or lack of it.

“We get the highest rate of health funding in New Zealand per capita. It’s





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The weather has provided “more fine days than not” and Peter loves the landscape.

However he is aware that transport from one coast to the other can be a real challenge for patients, and the West Coast DHB.

“It would be good if we could have the Air New Zealand flight schedule changed to get surgeons across earlier in the day when specialists are coming to operate on the Coast.”

He noted the recently announced cessation of the Air New Zealand service to Westport but regards it as another problem which he knows the West Coast will find a way to address and overcome.

District Health Board successes on the Coast include working with the South Island Alliance, the formation of Alliance work streams on the Coast, closer alliance with the West Coast Primary Health Organisation, development of health pathways and telemedicine, developing the dedicated nursing workforce, and developing Coast-based rural hospital medicine (generalist)

doctors. He notes the creation of a new career path for clinicians so they can get early generalist experience on the Coast while being able to enjoy the great outdoors.

The joint appointments between the West Coast DHB and the Canterbury DHB and the development of rurally-focused, urban-based specialists have and will play a major part in the development of the West Coast Health System.

The significant improvement in general practice waiting times on the Coast reflects the real progress being made.

Information Technology advancement is also playing and will play an even bigger part in health on the Coast.

Peter has personal connections with health – three sisters were nurses (one also a midwife), his wife Claire is a registered nurse and is the coordinator of the CDHB Diabetic Retinal Screening service in the Eye Clinic. His daughter is a geriatrician at the Auckland District Health Board, one son is a process engineer based in Wellington working as Principal Advisor

Rail Safety with the NZ Transport Agency and another is a budding filmmaker and producer in Auckland.

With Claire he has enjoyed a lot of skiing in the past and they both enjoy sailing as time permits.

He agrees wholeheartedly with the vision for the West Coast District Health Board, that centres around people staying well in their own homes, when it’s safe and practical to do so.

And he believes the entire board has those best interests at heart.

“There are some real challenges – the ageing population, poverty, sustainability of our workforce, transport, quality and patient safety and Māori health issues. We’re totally committed to getting the health system right on the West Coast. And I think we’re very lucky to have the board, management and staff that we have. As a team we can and will develop a health service on the Coast in collaboration with Canterbury that we can all be very proud of but it will involve total dedication by all, including the support of the community.”



**Providing healthcare in a small isolated rural community is never going to be a nine-to-five job. Here's some thoughts from some of the team who work to keep Karamea healthy...**



# All hands to the pump...

**When St John's volunteer Joelle Fox is not studying for her national diploma to be an Emergency Medical Technician, she's a real estate agent and mum in Karamea.**

As often happens in small, isolated communities, volunteers really help things tick along. And things happen way beyond the hours of a city worker.

Joelle is delighted to be doing her St John's training in Karamea, where it's far more likely than a place like Nelson that she'll get some hands-on experience.

"When an ambulance is called in Karamea, it's usually pretty dire. People around here might have their fingers chopped off and still make their way over to the clinic or the nurse's place way before they or anyone else would ring the ambulance. So while we're needed less frequently, when there is a call, it's really interesting work."

The Rural Nurse Specialists are the Primary Response in Medical Emergency (PRIME) responders for the area – the chief clinician available to attend callouts along with St John trained volunteers. While they have their fair share of normal rural callouts, the rugged roads can create havoc both through traffic accidents and being difficult to negotiate in bad weather.

In big cities, responders would be in constant contact with their communications centres. In Karamea, one and a half hours' drive and some mountainous road travel from the nearest hospital at Westport, there's often situations where the ambulance

team is on its own outside any radio or mobile coverage area.

Rural Nurse Specialist Jenny Roumieu says of course everyone knows everyone else in a small area.

"My first accident on the Bluff were locals who were also related to the ambulance officer in attendance. Two fire trucks responded and pretty much the entire fire brigade, about 20 people, watched how I dealt with it as PRIME responder and new kid on the block. I didn't grow up here and that was a little bit intimidating. That was 12 years ago, and I'm accepted now."

As part of that acceptance, people bang on Jenny's door in the middle of the night, including those who arrive practically in a diabetic coma.

"It would be great if people did what other folk do around the country and call 111 for an ambulance. That's the safest thing to do and they'll still get a Rural Nurse Specialist (RNS) in attendance, as well as the ambulance staff," Joelle added.

RNS Cathy Sampson says the work is pretty varied in a place like Karamea. She and Jenny job share everything from ante and post-natal care through to palliative care.

"People expect us to know about everything. We operate under standing orders so we can assess, diagnose and



**Karamea Health Centre**

treat with a prescribed set of treatment options, which doctors will sign off in hindsight. That's the only way it can work in an isolated area like this."

Jenny's background is in acute intensive care and Cathy's is in public health and emergency care.

The two will be in daily telephone contact with Greymouth's Rural Academic Practice, when they're not flying in for weekly clinics.

The community supports the local clinic, helping to fundraise for a satellite phone, datascope and various other equipment.

Other visiting clinicians back up the nurse-led practice, with the likes of a mental health registered nurse calling in once a week from Westport.

"The biggest challenge is the remoteness – both physically and also being a long way from colleagues. But we choose to live here because we are committed to this community. It's a lifestyle that wouldn't suit everyone, but we love it," Cathy says.





Maria Swinburn, Dot O'Connor and Amanda Hopkins of Parfitt Kids prepare goodie bags for children staying over in hospital.

# It's all about the kids!

**Several visits to hospital with their kids over a number of years led locals Amanda Hopkins and Maria Swinburn to set up a registered charity that offers useful support to children and their families.**

Vet nurse Amanda Hopkins and primary school teacher Maria Swinburn created Parfitt Kids early in 2012. They could see that a positive distraction for hospitalised children would be hugely helpful for both the patients and their parents. And so they came up with the idea of giving children in hospital gift packs.

Working closely with the Clinical Nurse Director Dot O'Connor (now also on the Parfitt Kids committee) who is in charge of the hospital's Parfitt children's ward, they started off by making up age appropriate gift packs for children – 1 and under, 2 – 3 years, 4 – 6 years, 7 – 10 years and 11+ years.

Now Parfitt Kids provides gift packs for parents who have to stay in hospital

with their children (toiletries, meal vouchers, etc.), for children who are in the Emergency Department, for children at several hospital clinics and often for children undergoing day surgery.

"They help make the waiting time, usually hours, go faster. And these packs are a useful distraction," Amanda says.

Parfitt Kids has contributed to the maternity ward by supplying woollen beanies for newborn babies. Other purchases include play equipment for the maternity waiting room/lounge.

Local students have helped the charity out recently with donations from Greymouth High School and Grey Main

School. The Warehouse Greymouth has also made donations.

Last year the charity donated more than 100 Christmas gifts for under-privileged children, donated art supplies and raffle prizes for kindergartens, preschools and other organisations where children are the prime focus.

"It's been a labour of love, but we really are just trying to help out the children in our community," Maria says. "We know what it is like first hand to be put into hospital with no warning. It can be very difficult with increased stress levels and being emotionally, financially and physically drained."

**Parfitt Kids**  
parfittkids@hotmail.co.nz





# Meet our people

## Introducing Diane Williams, Nurse Practitioner, Rural Academic General Practice, Greymouth

The West Coast currently has one Nurse Practitioner, Diane Williams, who works for the Rural Academic General Practice in Greymouth. As of 1 July this year, new legislation has allowed more scope for Nurse Practitioners to prescribe medicines or controlled drugs.

Diane says before the new legislation she was able to prescribe from a limited number of medicines and would often need approval from doctors to prescribe the full range required for primary health care needs.

"Now for a lot of things I am allowed to prescribe independently. What that means is better access, or another option for patients, when a doctor is busy. The patient generally doesn't have to wait for a doctor to do a script." Although like any of her prescribing colleagues, if something is unfamiliar she seeks advice and collaborates with the doctors or the pharmacy.

Becoming a Nurse Practitioner takes quite some effort. It involves completing a clinical Masters Degree, regional and national leadership, research, teaching, and a minimum of

four years specialist clinical experience.

As well as supervising nurses doing post-graduate papers, Diane is an advisory council member for the Rural Health Network Alliance and executive member of Nurse Practitioner New Zealand. This year saw her published as co-author in an American Nurse Practitioner Journal. She is frequently requested to be part of advisory groups on behalf of the College of Nurses Aotearoa and to the Ministry of Health.

She has now been a Nurse Practitioner for eight years, the last two and a-half on the West Coast following a long stint in Gisborne. Diane particularly likes being based at the Rural Academic General Practice, right next to Grey Base Hospital.

"It's an amazing job. I mostly do clinical work with day to day teaching and because of where we're situated, we're able to get people to the lab or x-rays, access to consultants ... it works really well and is very patient-centred. And we've trialled quite a few different things in terms of the way we work together as a team."

She comments on the stoic rural folk she often treats in Greymouth.

"They're very unassuming – similar to those up north. But it's different from the East Cape too. I've never worked with so many elderly people. Old age is not so common in Gisborne.. Having the practice so close to the hospital here has many advantages for the higher number of elderly patients."

Diane is looking forward to the advent of the new co-located Greymouth Hospital and Integrated Family Health Centre.

"That's exactly the sort of thing you want to have happen. District nursing, podiatrists, consultants should be right there for appointments through the IFHC. And then if they need any hospital-based services, like scans or x-rays, or they discover something that needs immediate attention, the patient can be shifted immediately to the next building."

In her own time, she is a mountain biker, does yoga, is part of a pub quiz team and loves exploring the Coast, from the glaciers to Karamea.

"I've got the best job I ever had!"



# Your Consumer Council

The West Coast District Health Board's Consumer Council is looking for a Pacific Island representative.

The Consumer Council was established as a way for consumers to have a strong voice in planning, designing and delivering services on the West Coast.

The Consumer Council is invited to participate in, and comment on, many of the West Coast DHB initiatives to enhance the patient's experience.

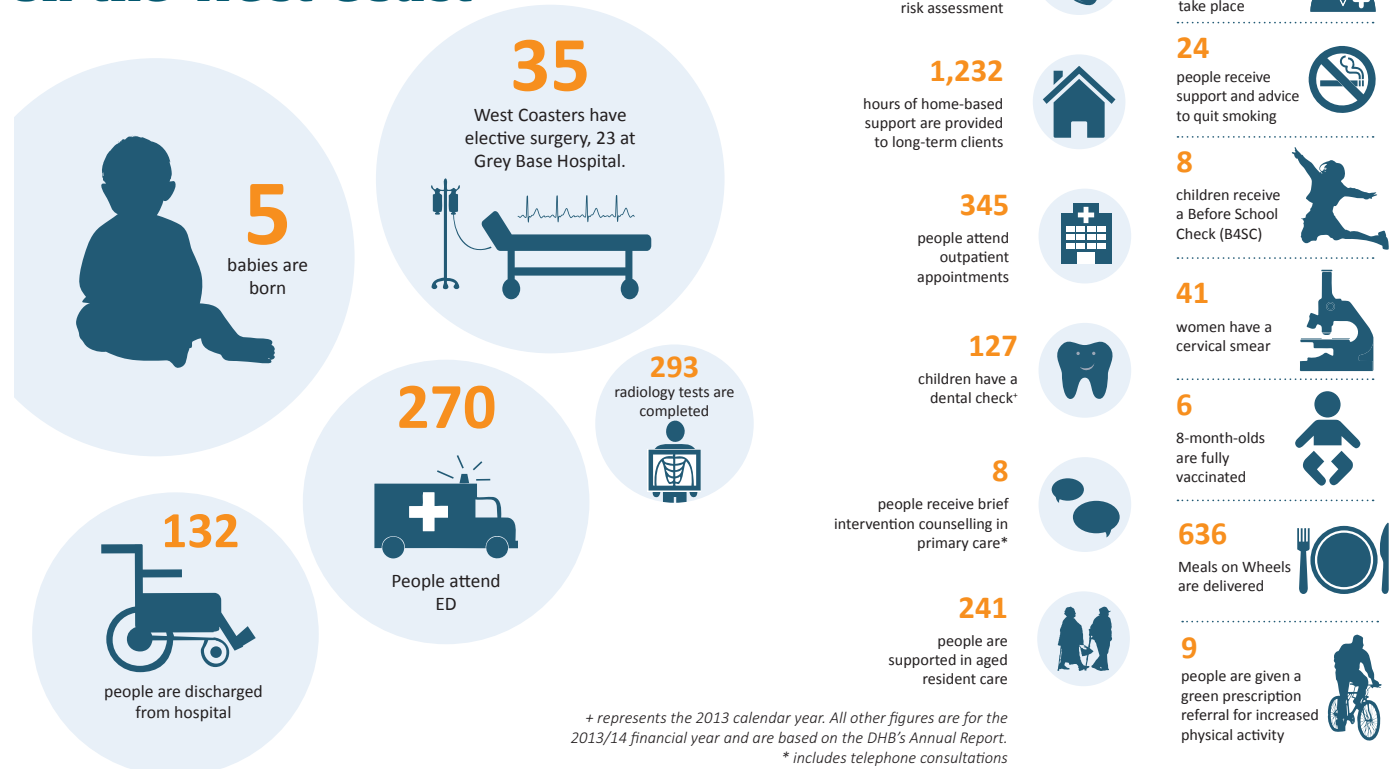
The council is made up of a range of people with diverse ethnic backgrounds and areas of interest that include Māori health, mental health, people with long term conditions, people with physical, intellectual and sensory disabilities, older people, youth, men, women, rural communities, people with visual and hearing impairment and people with alcohol and other drug addictions.

For more information, visit the Consumer Council pages on the DHB website, [www.westcoastdhb.health.nz](http://www.westcoastdhb.health.nz).



Keith McAdam (Westland), Julie Bell (Admin Support), Barbara Holland (Chair), Katherine Adlam (Buller), Judy Tutchen (Greymouth), Lynnette Beirne (Greymouth), Mark Davies (Westland), Joe Hall (Greymouth), Neil Stevenson (Buller), Alice Cardwell (Greymouth). Inset: Ned Tauwhare (Westland).

## In an average week on the West Coast



**Healthy West Coast**  
Te Hauora o Tatou – The Health of Us All



We value your feedback and welcome comments to [community@westcoastdhb.health.nz](mailto:community@westcoastdhb.health.nz) or to Community Relations, PO Box 387, Greymouth 7840.

We would like to thank Tourism West Coast for the use of some of the images in this publication.



## Your Health Information

Your health information is collected and shared between the healthcare providers looking after you. HealthOne is a secure electronic record that allows those healthcare providers to quickly access information such as your test results, allergies, medications, GP summaries and hospital information.

This helps them to make safer, faster and better informed decisions about your care.

## Your Choice

If your GP or Community Pharmacy is part of the HealthOne programme, some of your health information will be available to authorised medical professionals involved in your care. If you don't want your health information shared in this way, you can "opt off" HealthOne at any time.

Simply call freephone 0508 837 872 (0508 TESTSAFE) or email [testsafesouth@cdhb.health.nz](mailto:testsafesouth@cdhb.health.nz) to confirm you want to opt off altogether, or if it is specific information you don't want shared, ask one of your healthcare providers such as your GP to ensure that information is not shared.

**For more information ask for a leaflet at reception,  
visit [www.HealthOne.org.nz](http://www.HealthOne.org.nz)  
or phone 0508 837 872 (0508 TESTSAFE).**