

Wakatipu Health Reference Group Annual Report for 2012

Background:

In May 2011 the newly formed Southern District Health Board (SDHB) asked the National Health Board to lead an independent process to develop accelerated planning for future health care provision for the people of the Wakatipu basin. A panel was formed to undertake this work and in August 2011 a report was produced with 21 recommendations to the SDHB.

One of the panel's recommendations was for a community reference group to be established and for it to have input into future health services planning and also to monitor SDHB's delivery of the report recommendations.

Resulting from this was the establishment of the Wakatipu Health Reference Group (WHRG) in October 2011. The group has the following representatives:

- Mayor Vanessa van Uden – QLDC representative and Chair
- Martin Hawes – Community representative
- Tony Hill – Community representative
- Dr Elinor Slater – Primary care clinicians' representative
- Dr James Reid – Secondary care clinicians' representative
- Robert Mackway-Jones – SDHB Executive Director of Finance and Funding in attendance

We have provided this report to update the local community and stakeholders on how the group has viewed SDHB's commitment to implementing the report recommendations.

Overview of the last 15 months:

The Wakatipu Health Reference group has held monthly meetings and at some times, twice monthly meetings. All members of the reference group are mindful that the recommendations of the National Health Panel have a two year timeframe and our meetings are very focused on ensuring the delivery of as many of the recommendations as practicable in that timeframe. However, it needs to be acknowledged that some of the recommendations will be on-going rather than ever being fully complete, for example, recommendations 8¹ and 9².

We have worked through the recommendations with a view to trying to define what success will look like. This is an ongoing focus and we have been delighted with the co-operation and assistance of the SDHB to date.

Of the 21 recommendations, nine are complete (Recommendations 3, 4, 5, 7, 11, 17, 19, 20 and 21 from the Report of the Wakatipu Health Services Panel – copy of the recommendations is attached) with the others all being in progress.

Three recommendations relate to enhancing regional service planning and our observation is that the SDHB is working hard to remove some of the historic anomalies of access to and provision of services that existed when the Southland and Otago DHB's operated separately. The SDHB has assigned a senior manager (Robert Mackway-Jones) to work with us and this has enabled good progress in a number of areas.

¹ Recommendation 8: *'The SDHB pursues a partnership opportunity with the University of Otago to develop a centre of excellence for the training of rural health practitioners.'*

² Recommendation 9: *'Lakes District Hospital expands the breadth of services that the medical and nursing teams can provide.'*

Three recommendations relate to the SDHB retaining its hospital services at Frankton and these were agreed by the SDHB Board and have been achieved. Additionally there has been significant progress towards development of the current hospital site as a health campus (recommendation 6 from the Report of the Wakatipu Health Services Panel)

Four recommendations relate to the clinical workforce and the SDHB now has a registrar position at Lakes District Hospital [LDH). The position is currently vacant but an appointment has been made and it will be filled in June 2013. This medical officer will join the full complement of 8 doctors at LDH and a number of these staff are in vocational training programmes.

An important development is the concept of “special interests” which means allowing clinical staff to enhance their scope of practice by undertaking work that might normally be done by hospital consultants (recommendation 10 from the Report of the Wakatipu Health Services Expert Panel). Hence either general practitioners or senior medical officers (at the hospital) can undertake particular procedures under the supervision of a consultant. This should allow more work to be done locally and avoid patient travel or referral to consultants in either Dunedin or Invercargill.

Three recommendations relate to enhancing integration. Earlier this year the SDHB ran an expressions of interest and proposal process to identify health providers who might be interested in developing services on the Frankton hospital campus site. From this process the SDHB has since announced it is working to expand and introduce new services on the site with:

- Southern Cross Hospitals
- BUPA (an aged care services provider)
- Queenstown Medical Centre/Southern Cross Primary Care Partnership
- Queenstown Pharmacy

The local doctors at the Lakes District Hospital and Dunstan Hospital have also been very active in creating and enhancing the working relationships which support services at both sites, for example an unofficial working group from both hospitals meets monthly to develop opportunities for collaboration.

Five recommendations are based on improving outpatient and community based services and a number of new services were introduced during the year. These new services included:

- A specialist diabetes nurse for the Central Otago area
- Increased number of Orthopaedic outpatient clinics at LDH
- New Gastroenterology and scoping outpatient clinics at LDH
- New Respiratory outpatient clinics at LDH
- New obstetrics and gynaecology outpatient clinics at LDH
- Increased outreach palliative care services provided by Hospice Southland

The final three recommendations related to Governance arrangements for health services including the SDHB continuing to run LDH. These were all agreed by the SDHB Board and have been implemented.

In summary:

While progress on some recommendations may not be as great as was anticipated, there are still many opportunities being pursued. There has been significant progress in improving the services offered to residents of the Wakatipu basin as follows:

- More outpatient services are being offered at LDH, thereby reducing the numbers of our community having to travel further afield
- Significant progress on developing the concept of a health campus for the Wakatipu Basin located on the current LDH site.
- Increased ability for local doctors to undertake work in areas of special interest has further reduced the need for patients to travel to see consultants
- In the near future we will have a CT Scanner located in Dunstan.

The location of a CT Scanner at Dunstan will undeniably provide a significant increase in service for the Wakatipu community in terms of accessibility. As a group we are comfortable with this outcome and it is hoped that as part of the campus development we will see even more availability of imaging in the Wakatipu such as MRI and/or CT scanning.

Looking Ahead:

As well as continuing our focus on monitoring the implementation of all of the recommendations we have three key areas which we need to ensure are progressed in the next twelve months:

- Planning for Central Otago region – currently only limited progress has been made on the development of a longer term health services plan. This is important as it will provide guidance on the future direction of health services in our region. It is anticipated that an initial draft will be available in June/July 2013 and the group understands SDHB will make this open for public comment.

One of its purposes is to clearly outline where services will be located to meet the needs of the communities in the region. This will ensure there is not a duplication of services and each health dollar is spent wisely, delivering services appropriate to our communities' needs.

- Integrated Information Systems – this is really a SDHB action and they have recognised and undertaken work in order to achieve this. We wish to add our voice to the need to enhance what is currently provided as we have no doubt this will provide benefits for our community both in terms of easier access to health services through the free flow of information between all parties.
- Wakatipu Health Trust – After many years of invaluable service to the community, particularly in the area of securing funding to purchase major pieces of diagnostic equipment, the Trustees of the Wakatipu Health Trust have chosen to resign during the last year. While the Wakatipu Health Reference Group was not established to fundraise and indeed has a limited life we clearly see the need to preserve the structure of the Wakatipu Health Trust for future fundraising needs.

We have not made the progress that was needed to effect this and doing so will be one of our key focuses. There will, however, need to be individuals found from our community that are willing to take up the challenge of fundraising and put themselves forward as potential trustees for this Trust. Anyone that is interested can contact any of the Reference Group members. Your support and commitment would be most appreciated.