South Taranaki – *Alive with opportunities for better health care*

Summary Comment by the Dr Blayney Practice

What are the changes and why are they proposed?

- A hub ("Virtual Core") encompassing the Whanau Ora Network, an Integrated Family Health Centre (IFHC), shared "back office function" and coordination of transport etc., along with a Rural Hospital with Maternity unchanged, a downgraded Emergency Department (ED) equivalent to a GP A&M service (with off site on-call doctor at night), four short stay beds in ED and 6 beds (2 palliative, 4 rehab = "Intermediate") under GP supervision most likely in a "hospital level rest home".
- Direct access to Clinical Pharmacists, Care Managers, physiotherapists, Occupational Therapists and "mobile nurses" (District Nurses); phone and email GP consultations; and Kaiawhina (Maori advocates).
- Direct access for GPs to investigations such as urgent Ultrasound, Echocardiograms, CT and MRI (the latter two at Base Hospital), intravenous chemotherapy at Hawera Outpatients (but not dialysis) and after-hours access to urgent medicines at Hawera Hospital. Better access to specialist advice by GPs.
- "Other" providers to be able to access your health information (access to GP notes).
- A number of "changes" in General Practice that already occur in this and many other practices, such as screening, prevention, allowance for urgent consultations and prioritizing timing based on need.

According to the Management Proposal "we can do even better" and "we can't afford the status quo", so "working with clinical staff and health organizations delivering health services in South Taranaki, we have come up with some proposals".

What works well and what the health needs are in South Taranaki has recently been reviewed. Despite its short submission time, the best recent independent assessment was the **Bishop's Action Foundation Report** which identified Access to GPs in the biggest two practices as the greatest concern by far, followed by timely access to specialists. Any proposal must address these issues, namely GP and Medical Officer retention and improved efficiency.

This Management Proposal is all about saving money, despite the severe staff cutback at Hawera Hospital last year. I, and many others believe the down grading is short sighted and will lead to poorer health outcomes, worse retention and eventually increased costs to the TDHB. It tries to address some access issues but largely fails because, although some proposals are good (and others already exist in the efficient practices), many others will make retention difficult, particularly the efforts to move services out of Hawera Hospital (either centralized to Base or into Rest Homes).

Positive aspects we support:

- Better access to investigations and specialist advice.
- Some co-ordination of community health services BUT NOT through another practice's IFHC.

Aspects we cannot support:

- Downgrading ED and reducing In-patients beds below the current number resulting in the virtual loss of the in-patient ward and reduced patient access and worse doctor (including GP) and nurse retention.
- Fragmentation of primary services (this practice prefers referral by the GP or Practice Nurse to allied services, not this direct and often inappropriate duplication of services).
- Direct access by outside providers to your private primary (GP) electronic notes.
- The addition of another layer of bureaucracy in primary care with a poorly defined "Hauora Network" potentially controlling or restricting our patients' access to services or to our practice. Ruanui and SouthCare have the access issues and may wish to explore IFHC concepts, but publicly funded community services must be available to all South Taranaki residents and are best based at Hawera Hospital.

Access to more information, including the Facebook page [search "**South Taranaki Needs Hawera Hospital**"] and our preferred model, is available at drblayney.com and click on TDHB ST Review.