



# Hawke's Bay Clinical Council Meeting

Combining with Hawke's Bay Health Consumer Council

**Date:** Wednesday, 12 July 2017  
**Meeting:** 3.00 pm to 6.00 pm  
**Venue:** Takarangi Conference Room  
Te Taiwhenua o Heretaunga, 821 Orchard Road, Hastings

**Council Members:**

Chris McKenna	Jules Arthur
Dr Mark Peterson	Dr Kiri Bird
Dr John Gommans	Dr Tae Richardson
David Warrington	Dr David Rodgers
Dr Andy Phillips	Dr Russell Wills
Dr Robin Whyman	Debs Higgins
Lee-Ora Lusi	Anne McLeod
Maurice King	Nicholas Jones

**Apologies:** Robin Whyman, Russell Wills

**In Attendance:**

Kate Coley, Executive Director - People & Quality (ED P&Q)  
Ken Foote, Company Secretary  
Tracy Fricker, Council Administrator and EA to EDP&Q  
Graeme Norton, Chair HB Health Consumer Council  
Kerri Nuku, Māori Relationship Board Representative

**PUBLIC**

<b>Combined HB Clinical &amp; HB Health Consumer Council Meeting</b>		
<b>Item</b>	<b>Section 1– Joint Discussion</b>	<b>Time (pm)</b>
1.	Welcome / Introductions	3.00
2.	Clinical Services Plan discussions with Sapere Research Group	3.05
	<b>Afternoon Tea</b>	4.30
3.	Surgical Expansion Project – Clinical & Consumer Engagement Presentation – Sharon Mason / Ben Duffus / Janet Heinz	4.40
4.	Community Pharmacy Services Agreement Update – Di Vicary	4.55
5.	2017/18 Budget Presentation – Tim Evans	5.05
	<b>Closure of the combined meeting</b>	5.15

**PUBLIC**

<b>HB Clinical Council Meeting</b>		
<b>Item</b>	<b>Section 2 – Routine</b>	<b>Time (pm)</b>
6.	Apologies	5.20
7.	Interests Register	
8.	Minutes of Previous Meeting	
9.	Matters Arising – Review Actions	
10.	Clinical Council Workplan - Health Awards	
	<b>Section 3 – Decision</b>	
11.	Laboratory Guidelines (for endorsement/approval - late paper)	5.30
	<b>Section 4 – Reporting Committees</b>	
12.	HB Radiology Services Committee – Dr Mark Peterson	5.40
13.	HB Laboratory Service Committee (verbal - meeting held 3 July) – Dr Kiri Bird	5.45
14.	PHO Clinical Advisory & Governance Group Report – Dr Tae Richardson	5.50
15.	<b>Section 5 – Recommendation to Exclude the Public</b>	

**PUBLIC EXCLUDED**

<b>Item</b>	<b>Section 6 – Routine</b>	
16.	Minutes of Previous Meeting	5.55
17.	Matters Arising - Review Actions	
18.	Member Topics of Interest - Issues / Updates	6.00

**NEXT MEETING - Wednesday, 9 August – Annual Meeting commencing with lunch at 12.30 pm**  
**Venue: HBDHB Corporate Boardroom**



## **CLINICAL SERVICES PLAN**

Discussions with Sapere Research Group





## **SURGICAL EXPANSION PROJECT CLINICAL & CONSUMER ENGAGEMENT**

Presentation



 <b>HAWKE'S BAY</b> District Health Board Whakawāteatia	<b>Community Pharmacy Services Agreement 2017/18 new services</b>
	For the attention of: <b>Clinical and Consumer Councils</b>
Document Owner:	Dr Kevin Snee, Chief Executive Officer
Document Author(s):	Di Vicary, Portfolio Manager
Reviewed by:	Paul Malan, Acting Head of Strategic Services; and Executive Management Team
Month:	July 2017
Consideration:	For Discussion

## RECOMMENDATION

That **Clinical and Consumer Council:**

1. Note new pharmacy services via CPSA extension.
2. Discuss and comment on the draft Terms of Reference for the Pharmacy Services in the Community Development Group.

## OVERVIEW

The current Community Pharmacy Services Agreement (CPSA or 'the Contract') has been extended for 12 months. This enables the Hawke's Bay District Health Board the opportunity for local development of pharmacy service leadership and governance to enable the full potential of the new contract being developed for 1 July 2018.

An important step is the formation of the Hawke's Bay Pharmacy Services in the Community Development Group.

## BACKGROUND

The current Contract is a national agreement which has been extended for 12 months to give certainty to the sector as a new contract continues to be developed in readiness for 1 July 2018. The new contract being developed for 1 July 2018 will align with the other two national contracts, Aged Related Residential Care and Primary Health Organisation where appropriate, and is consistent in delivering the key objectives of the New Zealand Health Strategy and the Pharmacy Action Plan.

*Integrated Pharmacist Services in the Community*<sup>1</sup> is the vision for the new pharmacy contract. Delivering on this vision will see District Health Boards (DHBs) working with the sector, consumers, and other stakeholders to co-design a service delivery model that has consumers at the centre. It will also provide Hawke's Bay DHB with greater flexibility to meet the needs of our local population, promote pharmacists as experts in medicines management, and encourage collaboration between consumers, their pharmacist, and broader multi-disciplinary teams.

<sup>1</sup> The vision booklet *Evolving Consumer Focused Pharmacist Services* is available from: <http://centraltas.co.nz/assets/Publications/Pharmacy-Documents/Integrated-pharmacists-in-the-community/FINAL-Integrated-Pharmacist-Vision-Booklet.pdf>

### **CONTRACT EXTENSION NEW FUNDING INITIATIVE**

The 12-month extension, effective 1 July 2017, includes addition funding allocated by DHBs in 2017/18 for:

- Smoking Cessation
- Workforce Development
- Long-term Conditions Service broadened on Mental Health criteria eligibility.

Decisions on service specifications have been occurring nationally throughout June, with further decisions still pending, thus implementation has been delayed until September / October. While waiting for national decisions, local discussions have started.

#### ***Smoking cessation***

Hawke's Bay DHB understand that if a local service delivery is unable to be agreed upon then nationally agreed service specifications will be implemented as a default. These smoking cessation service specifications require further engagement with PHARMAC and are currently in development.

Hawke's Bay DHB (HBDHB) Smokefree Team and Strategic Services proposed that community pharmacies are invited to become a community provider as part of the HBDHB Tobacco Control Programme. Learnings from pharmacy based programmes operating in other DHS will assist with development.

#### ***Workforce development***

A list of Workforce Training options is currently being developed nationally. Once finalised this will be provided to community pharmacies and DHBs. This list will be permissive and not exhaustive.

National guidance is that cultural competence, care planning, communications and motivational training, and relationship centred care be given more prominence on the list.

#### ***LTC (Mental Health) Service***

This is an existing funded service in community pharmacy. The focus for 2017/18 is to expand access by increasing referrals from secondary mental health services to pharmacies for the LTC (Mental Health) Service. Each DHB is allocated a number of LTC referrals for Mental Health service users based on their PBFF share. It was decided on 19 June that DHBs need to have a local process to ensure the allocation is applied. The process need to include engagement with the appropriate stakeholders, and ensure the best use of resources, with the people most in need receiving the service.

In the future how Hawke's Bay DHB could best utilise additional funding for new pharmacy services based in the community would be discussed at the Hawke's Bay Pharmacy Services in the Community Development Group.

### **PHARMACY SERVICES IN THE COMMUNITY DEVELOPMENT GROUP**

The development of a Hawke's Bay Pharmacy Services in the Community Development Group has been identified as a priority by the members of Health Hawke's Bay PHO and Hawke's Bay DHB Strategic Services who meet monthly to discuss pharmacy strategy.

The Group will facilitate collaborative model of care design for Hawke's Bay pharmacy services based in the community, which are delivered in innovative ways, across a broad range of settings. Local co-design with a focus on placing consumers at the centre of any service delivery while promoting pharmacists as the experts in medicines management aligns with government plans such as the NZ Health Strategy and Pharmacy Action Plan and enables Hawke's Bay to flexibly support local service delivery to meet community needs.

### **ATTACHMENT**

Please find attached the proposed draft Terms of Reference for the Hawke's Bay Pharmacy Services in the Community Development Group.





## TERMS OF REFERENCE

### Hawke's Bay Pharmacy Services in the Community Development Group

July 2017

<b>Purpose</b>	<p>The Pharmacy Services in the Community Development Group provides strategic and operational advice to the Hawke's Bay Health Alliance Leadership Team on how best to provide quality and high value pharmacy services in the community, which meet stakeholder needs and have consumers at the centre. It seeks through better utilisation of the community based pharmacy workforce and the promotion of pharmacists as experts in medicines management to assist our population to reach their full health potential. This will be achieved this through collaboration with consumers, pharmacists, and broader multi-disciplinary team to develop flexible co-designed service delivery models.</p>
<b>Functions</b>	<p>The functions of the Pharmacy Services in the Community Development Group ('the Group') are to give advice on the:</p> <ul style="list-style-type: none"> <li>• The development and enhanced utilisation of pharmacist and pharmacy staff skills and scopes of practice.</li> <li>• Better health outcomes, patient experience and 'best value' for the public funding applied to community pharmaceuticals and community based pharmacy and pharmacist services, through new service delivery models, and the minimisation of waste, maximised efficiencies, innovation and technology.</li> <li>• Local delivery of national<sup>1</sup> and local strategies which involve pharmacy or medicine, according to the principle of equitable resourcing; matching resources to need is a priority.</li> </ul> <p>The recommendations of the Pharmacy Services in the Community Development Group must ensure:</p> <ul style="list-style-type: none"> <li>• Consumers are placed at the centre of all service delivery.</li> <li>• Integration of pharmacy services provided in the community with other health services.</li> <li>• A commitment to the Treaty of Waitangi principles of Partnership, Participation, and Protection, and the Hawke's Bay health sector values.</li> <li>• Development and implementation of primary health care services that are able to be delivered in a sustainable way by pharmacists and/or their staff to improve health outcomes for the people of Hawke's Bay.</li> <li>• Ensure that full engagement with health providers and consumers underpins any recommendations for change to existing arrangements and obligations, through leadership, open communication and mutual respect.</li> </ul>
<b>Level of Authority</b>	<p>The Group has authority to give advice and make recommendations to the Hawke's Bay Health Alliance Leadership Team. The Hawke's Bay Health Alliance Leadership Team in turn, may give advice and make recommendations to the Hawke's Bay District Health Board and Health Hawke's Bay Te Oranga Hawke's Bay (PHO) Board, or exercise any powers delegated to it by the Boards.</p>

<sup>1</sup> Such as the NZ Health Strategy and Pharmacy Action Plan

	<p>Group members are authorised to request access to Hawke's Bay District Health Board information and reports to assist them to execute their duties. All information received remains the property of HBDHB and will be used for lawful purposes for the benefit of Hawke's Bay District Health Board only. Information governed by privacy legislation, including information relating to personal health records, will not be available to Group members.</p>
<b>Membership</b>	<p>The Group members, including Chair, will be selected for their leadership, skills, and strengths, and include:</p> <ul style="list-style-type: none"> <li>• Four community pharmacists, consisting of both pharmacy owners and non-owner pharmacists</li> <li>• A clinical pharmacist working in general practice</li> <li>• A hospital pharmacist</li> <li>• A pharmacy technician working in community setting</li> <li>• The Chief Pharmacist</li> <li>• A Health Hawke's Bay PHO representative</li> <li>• A general practitioner</li> <li>• Another primary care prescriber (midwife, nurse, pharmacist)</li> <li>• Registered nurse working in primary care / community care</li> <li>• Two consumers, one being Māori</li> <li>• The Executive Director Primary Care</li> </ul> <p>Other representatives may be seconded as required. Nominations are sought for membership from Hawke's Bay providers (self-nomination is acceptable)</p> <ul style="list-style-type: none"> <li>• In the event that nominations for positions exceed the number required, Hawke's Bay Health Alliance Leadership Team will determine formal appointments.</li> <li>• In the event that there are not enough nominations for positions, Strategic Services will support the Hawke's Bay Health Alliance Leadership Team to identify and approach potential appointees.</li> </ul> <p>The term of membership is three years, with members being eligible for reappointment. The maximum term is three consecutive terms i.e. nine years; except for those present due to their employed role e.g. Chief Pharmacist.</p>
<b>Chairperson</b>	<p>The Chair will be appointed by the Hawke's Bay Health Alliance Leadership Team.</p>
<b>Meetings</b>	<p>The Group will meet as required, depending on the activities engaged in at any given time. There will be a mix of face-to-face, teleconference, video conference, or other suitable mechanisms agreed within the Group. Matters may be managed between meetings through discussions or other formal communications. The Group Chair shall convene a meeting upon the request of any Group member who requests a Group meeting.</p> <p>Matters of procedure are provided for by the Hawke's Bay DHB Standing Orders for Board Committees as set out in the HBDHB Governance Manual (Schedule 5). When making a decision, determination or resolution, our Pharmacy Services in the Community Development Group must:</p> <ul style="list-style-type: none"> <li>• have regard to its Terms of Reference;</li> <li>• consider the matter before them in good faith and use their best endeavours to facilitate a consensus decision;</li> <li>• not prevent a consensus decision being made for trivial or frivolous reasons;</li> <li>• use all relevant information in a timely fashion; and</li> </ul>

	Actively seek and facilitate a consensus decision, determination, or resolution.
<b>Quorum</b>	A quorum will be a majority of Group members, with a minimum of two pharmacists who work in a community pharmacy setting.
<b>Reporting</b>	The Group will report to the Hawke's Bay Health Alliance Leadership Team. The Group will involve and consult with wider primary health care representatives to advise the Group on issues and priorities in medicine management health care delivery.
<b>Operational support and Minutes</b>	<p>The Group will be serviced and fully supported by a person engaged as secretary for this purpose by the Hawke's Bay DHB. The secretary will provide normal secretarial duties as well as liaison and related activities to ensure the Group is able to fulfil its functions.</p> <p>The secretariat in conjunction with the Group Chair shall establish the distribution of agendas and minutes to Group members. Agenda and supporting papers are to be sent out at least five working days prior to a meeting being held.</p> <p>Minutes of each meeting shall be recorded and distributed promptly to each member of the Group. A summary of minutes of each meeting shall be submitted to the Hawke's Bay Health Alliance Leadership Team for information/with recommendations for endorsement.</p> <p>Operational and management support will be provided by the Portfolio Manager Integration and Health Hawke's Bay PHO Clinical Advisory Pharmacist, expanding to the Clinical Pharmacist Facilitator team leader as required.</p>
<b>Review</b>	These Terms of Reference will be reviewed after six months of the Group being established, and every two years thereafter.





## **2017/18 BUDGET**

Presentation



**Interests Register**  
 3 July 2017

**Hawke's Bay Clinical Council**

Name Clinical Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of interest to
Chris McKenna (Director of Nursing)	Hawke's Bay DHB - Susan Brown	Sister	Registered Nurse	Yes	Low - Personal - family member
	Hawke's Bay DHB - Lauren McKenna	Daughter	Registered Nurse	Yes	Low - Personal - family member
	Health Hawke's Bay (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
Dr Mark Peterson (Chief Medical Officer - Primary Care)	Taradale Medical Centre	Shareholder and Director	General Practice - now 20% owned by Southern Cross Primary Care (a subsidiary GP training and standards	Yes	Low
	Royal New Zealand College of General Practitioners	Board member		Yes	Low
	City Medical Napier	Shareholder	Accident and Medical Clinic	Yes	Contract with HBDHB
	Daughter employed by HBDHB from November 2015	Post Graduate Year One	Will not participate in discussions regarding Post Graduates in Community Care	Yes	Low
	PHO Services Agreement Amendment Protocol (PSAAP)	"Contracted Provider" representative	The PHO services Agreement is the contract between the DHB and PHO. PSAAP is the negotiating group that	Yes	Representative on the negotiating group
	Health Hawke's Bay Limited (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
Dr John Gommans (Chief Medical Officer - Hospital)	Council of Medical Colleges	Royal New Zealand College of General Practitioners representative and Council of Medical Colleges Executive	May impact on some discussions around medical training and workforce, at such times interest would be declared.	Yes	Low
	Stroke Foundation Ltd	Chairman of the Board of Directors	Provides information and support to people with a stroke. Has some contracts to the MOH	Yes	Low
	Internal Medicine Society of Australia and New Zealand (IMSANZ)	Immediate Past President and a current Director of IMSANZ	The IMSANZ represents the interests of specialist General Internal Medicine physicians throughout Australia and New Zealand	Yes	Low
Jules Arthur (Midwifery Director)	Royal Australasian College of Physicians (RACP), Adult Medicine Division Committee (AMDC)	Member and Chair elect of NZ Committee	RACP represents Physicians in all Adult Medicine specialties across Australasia; the NZ AMD representing those based in NZ	Yes	Low
	National Midwifery Leaders group	Member	Forum for national midwifery and maternity issues	No	
	Central Region Midwifery Leaders report to TAS	Member	Regional approach to services	No	
	National Maternal Wellbeing and Child Protection group	Co Chair	To strengthen families by facilitating a seamless transition between primary and secondary providers of support and care; working collaboratively to engage support agencies to work with the mother and her whanau in a culturally safe manner.	No	
	NZ College of Midwives	Member	A professional body for the midwifery workforce	No	
Dr Kiri Bird (General Practitioner)	Central Region Quality and Safety Alliance	Member	A network of professionals overseeing clinical governance of the central region for patient quality and safety.	No	
	Te Timatanga Ararau Trust (Iron Maori)	Partner (Lee Grace) is a Trustee	Health and Wellbeing	Yes	Low - Contract with HBDHB
	Gascoigne Medical Raureka	General Practitioner	General Practice	Yes	Low
	Royal NZ College of General Practitioners	Member	Health and Wellbeing	No	
	Royal NZ College of General Practitioners	Lead Medical Educator in HB	Health and Wellbeing	No	
	Te Ora Board (Maori Doctors)	Member	Health and Wellbeing	No	
	Te Akoranga a Maui (Maori chapter for RNZCGP)	Member	Health and Wellbeing	No	
David Warrington (Nurse Director - Older Persons)	Hawke's Bay Community Fitness Centre Trust	Trustee	Health and Wellbeing	Yes	Low - May potentially request funding from DHB
	The Works Wellness Centre	Wife is Practitioner and owner	Chiropractic care and treatment, primary, preventative and physiotherapy	Yes	Low
Dr Tae Richardson (GP and Chair of Clinical Quality Advisory Committee)	National Directors of Mental Health Nursing	Member		No	Low
	Loco Ltd	Shareholding Director	Private business	No	
	Dr Bryn Jones employee of MoH	Husband	Role with Ministry of Health as Chief Advisor in Sector Capability and Report on CQAC meetings to Council	Yes	Low
	Clinical Quality Advisory Committee (CQAC) for Health HB	Member		No	
	HQSC / Ministry of Health's Patient Experience Survey Governance Group	Member as GP representative		No	
	Life Education Trust Hawke's Bay	Trustee		No	
	Dr Bryn Jones employee of MoH	Husband	Deputy Chief Strategy & Policy Officer (Acting)	No	
Pacific Chapter of Royal NZ College of GPs		Secretary		No	

HB Clinical Council 12 July 2017 - Interests Register

Name Clinical Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
Andrew Phillips (Director Allied Health HBDHB)	Nil	Not Applicable	Not Applicable	No	Nil
Dr David Rodgers (GP)	Tamatea Medical Centre Tamatea Medical Centre City Medical NZ Police Health Hawke's Bay (PHO) initially - from 1 July 2015 under HB District Health Board Advanced Care Planning Urgent Care Alliance National Advisory Committee of the RNZCGPs Health Hawke's Bay (PHO)	General Practitioner Wife Beth McElrea, also a GP (we job share) Director and Shareholder Medical Officer for Hawke's Bay Collaborative Clinical Pathways development Steering Group member Group member Member Medical Advisor - Sector Development	Private business Private business Medical Centre Provider of services for the NZ Police Was the Champion for the initial work, however on 1 July this moved under the HBDHB umbrella (with a community focus). Health and Wellbeing Health and Wellbeing Health and Wellbeing Health and Wellbeing	Yes Yes Yes No No No Yes No Yes	Low. Provides services in primary care Low. Provides services in primary care Low. Provides services in primary care    Low. Ensure position declared when discussing issues around the development of urgent care services.  Low. Ensure position declared when discussing issues in this area relating to the PHO.
Debs Higgins (Senior Nurse)	Eastern Institute of Technology (EIT)  The NZ Nurses Society	Lecturer - Nursing  Member of the Society	Education.  Provision of indemnity insurance and professional support.	No  No	  
Anne McLeod (Senior Allied Health Professional)	Aotearoa NZ Association of Social Workers  HB DHB Employee Heather Charteris Directions Coaching	Member  Sister-in-law Coach and Trainer	  Registered Nurse Diabetic Educator Private Business	Yes  Yes Yes	Low  Low Low: Contracts in the past with HBDHB and Hauora Tairāwhiti.
Dr Robin Whyman (Clinical Director Oral Health)	NZ Institute of Directors  Australian - NZ Society of Paediatric Dentists	Member  Member	Continuing professional development for company directors Continuing professional development for dentists providing care to children and advocacy for child oral health.	No  No	  
Dr Russell Wills (Community Paediatrician)	HBDHB Community, Women and Children and Quality Improvement & Patient Safety Directorates HBDHB employee Mary Wills Paediatric Society of New Zealand Association of Salaried Medical Specialists New Zealand Medical Association Royal Australasian College of Physicians Neurodevelopmental and Behavioural Society of Australia and New Zealand NZ Institute of Directors	Employee Spouse Member Member Member Fellow Member Member	Employee Employee Professional network Trade Union Professional network Continuing Medical Education Professional network Professional network	Yes Yes No Yes No No No No	Potential, pecuniary Potential, pecuniary  Potential, pecuniary     
Lee-Orla Lusis (Clinical Nurse Manager, Tōtara Health)	Tōtara Health and Choices Kahungunu Health Services Hawke's Bay Primary Health Nurse Practitioner Group Hawke's Bay Nurse Leadership Group College of Nurses Aotearoa (NZ) Fusion Group Committee ED High Flyers	Employee Member / Nurse Practitioner Intern Member Member Representative Representative	Clinical Nurse Manager  Professional network Professional network	Yes  No No No No No	Potential, pecuniary      
Dr Nicholas Jones (Clinical Director - Population Health)	NZ College of Public Health Medicine Association of Salaried Medical Specialists HBDHB Strategy & Health Improvement Directorate National Information Clinical Leadership Group	Fellow Member Employee Member	Professional network Professional network Employee Professional network	No No No No	    
Maurice King (Community Pharmacist)	Napier Balmoral Pharmacist  Pharmacy Guild of NZ  Pharmaceutical Society of NZ Clinical Quality Advisory Committee (CQAC) for Health HB	Shareholder and Director  Member  Member Member	Community Pharmacy  Representative and negotiating organisation for Pharmacy  Pharmacy advocacy, professional standards and training. Independent Advisor	Yes  Yes  Yes No	Has various contracts with HBDHB to provide pharmacy based services. Low. Ensure position declared when discussing issues in this area. Negotiations on behalf of Napier Pharmacy with HBDHB. Low. Ensure position declared when discussing issues in this area. Low



**MINUTES OF MEETING FOR THE HAWKE'S BAY CLINICAL COUNCIL  
HELD IN THE TE WAIORA MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD  
CORPORATE OFFICE ON WEDNESDAY, 14 JUNE 2017 AT 3.00 PM**

**PUBLIC**

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**Present:** Chris McKenna (Chair)  
Dr Mark Peterson  
Dr John Gommans  
Dr Russell Wills  
Dr Robin Whyman  
Dr David Rodgers  
Dr Nicholas Jones (*left the meeting at 4.10pm*)  
David Warrington  
Dr Kiri Bird  
Andy Phillips  
Debs Higgins  
Jules Arthur  
Lee-Ora Lusi  
Anne McLeod

**In Attendance:** Kate Coley, Executive Director – People & Quality (ED P&Q)  
Ken Foote, Company Secretary  
Dr Kevin Snee, Chief Executive Officer  
Tim Evans, ED Corporate Services (*attended latter part of meeting*)

**Apology:** Dr Tae Richardson

**SECTION 1: ROUTINE**

**1. WELCOME AND APOLOGIES**

Chris McKenna (Chair) welcomed everyone to the meeting.

An apology as noted above was received from Dr Tae Richardson. Members were advised of Billy Allan's six-month secondment to Health Quality and Safety Commission and an appointment will be made for the duration of his absence. An apology was noted from Kerri Nuku, an attendee member.

**2. INTERESTS REGISTER**

There were no additions or amendments to the Interest Register.  
No conflicts were noted for items on the agenda.

**3. CONFIRMATION OF PREVIOUS MINUTES**

The minutes of the meeting held on 10 May 2017, were confirmed as a correct record of the meeting.

Moved and carried.

#### 4. MATTERS ARISING, ACTIONS AND PROGRESS

The work plan was included in the meeting papers with July items summarised below:

**Item 1: Clinical Council Annual Plan 2016/17 Objectives**

An update on development of model of care will be provided to the August meeting (which has been included on the workplan).

#### 5. CLINICAL COUNCIL WORK PLAN

The work plan was included in the meeting papers with the items summarised below:

A joint meeting to Workshop the Clinical Services Plan with Sapere was proposed and agreed for Wednesday 12 July (venue Te Taiwhenua):

**Action: Confirm Sapere's availability to attend a Workshop on the Clinical Services Plan. Ascertain Consumer Council member's availability for a Wednesday meeting; firm up venue, agenda and timing. Once confirmed, advise all parties.**

**Items in common for Clinical and Consumer Councils:**

Final Operational Budget update  
Recognising Consumer Participation – Policy Amendment  
Consumer Engagement Strategy  
Community Pharmacy Services Agreement  
Alcohol Strategy Update  
Quality Accounts (draft)

**Clinical Council items:**

Ngātahi Vulnerable Children Project (Presentation)  
Quality Dashboard (Clinical Council and FRAC)  
HB Radiology Services Committee Report  
Laboratory Guidelines for Approval  
HB Laboratory Service Committee Report  
PHO Clinical Advisory & Governance Committee

## SECTION 2: PRESENTATION / DISCUSSION

#### 6. COLLABORATIVE PATHWAYS - Presentation

Dr Mark Peterson introduced the topic and Leigh White Portfolio Manager Strategic Services, presented.

An example of both system(s) were provided on-line to members (Map of Medicine [MoM] and Nexxt). Currently two GP practices were trialling and feedback was being sought on functionality.

In addition to the detail contained in the report, the following points were noted.

- Gains were being made with users now including AAU, ED and Central HB.
- Advised some pathways are being changed/adapted to better reflect what was actually happening e.g., hips and knees. Oral boosted therapy had been introduced to the Cellulitis pathway which was positive for GPs, reduced cost and was better for the patient.
- We are still using Map of Medicine and working with Nexxt to develop the dynamic process.
- It was noted that the Map of Medicine contract had been extended to the end of December 2017.

"Was a decision required beyond December and what is happening with MoM and other systems around the country?" In response:

- In discussions with MoM, they cannot provide a dynamic pathway and do not deal with secondary pathways.
- We have to the end of October to work with Nexxt when we will present to Clinical Council the results of the trial in the two pilot practices. Both Map of Medicine and Nexxt are aware.
- Auckland DHB went to Canterbury system after considering Nexxt. It is not known exactly why this occurred but local politics in Auckland is complex.
- It is likely that HBDHB will investigate Canterbury Pathways again as part of the review later this year.
- "Health One" was moving out around the country with a consumer portal as well which we are keeping an eye on.

Council **noted** the update of Nexxt proof of concept implementation.

## 7. CONSUMER EXPERIENCE FEEDBACK QUARTERLY - Presentation

Kate Coley, Executive Director – People & Quality provided an update:

We are now experiencing a significantly lower than usual response rate from consumers/patients, who have been in hospital. Maternity had a much higher survey response rate which was likely due to patients being provided with devices to answer the questionnaire prior to leaving. This questionnaire consisted of only 4 questions, compared to the national survey with 30 questions. In HB Maternity, there were 174 respondents (50% had baby in last 6 months, 50% in last year), with 22% Maori, 78% NZ European.

Challenges in capturing feedback through surveys has been experienced by DHBs nationally with response rates down 28%. Waikato DHB's rate was 48%, mainly achieved through hard copy forms being provided for completion which (really not sustainable due to the extra work required by staff). The weighted scores for Communication, Coordination, Partnership and Physical and emotional needs were in-line with that being achieved nationally.

The small sample of data available in HB for quarter three (Jan-Mar 2017) was not an adequate reflection of our community with an inability to provide a breakdown by age for this quarter. Māori do feature poorly in the response rate.

Points requiring attention:

- Survey methodology
- Method(s) / reach to capture survey detail
- Linking in to Event Management System
- Will be linked to System Level Measures – and include Primary care
- Project under Transform and Sustain

The next update would be rescheduled to September then again in December.

## 8. HEALTH SYSTEM PERFORMANCE INSIGHTS - Presentation

Andy Phillips, Chief Allied Professions Officer provided an overview of this work with DHB Shared services. A national initiative with the Steering Group chaired by Andy this piece of work which had been progressing for six months.

A programme overview was provided stating the high levels goals which ultimately focus on delivering better outcomes for more people for the same or less overall system cost and the ways that may be achieved.

An overview was provided on what was currently progressing and what was required from DHBs to move this forward, specifically:

- Engagement of Executive Leaders

- Communication of this presentation for awareness
- Feedback and advice
- Direct engagement
- Support for continued participation of Governance Group members

**Queries and feedback:**

- Where is the funding coming from? MoH not on board yet. Provided from TAS but various partners are supporting.
- Any progress on coding of outpatients? Not coding outpatients, would be omitted from this. Some coded by the Health Round Table (HRT) but we have chosen not to do so. We do not submit data on HRT.

Andy advised the group are now able to commence the work, with buy in now agreed by the various stakeholders.

The Clinical Council **noted** the presentation and the work that was progressing

**HEALTH ROUND TABLE DATA (HRT) - Presentation**

The presentation by Dr Russell Wills (Medical Director) entitled "Morbidity and Mortality at HBDHB" was provided to members.

An overview follows:

- The mortality rate was higher than expected and has been for some time (24%)
- Mortality rates vary from year to year but higher in winter.
- Areas of higher mortality were in General Medicine, ICU and General Surgery
- 75% of deaths occurring were over 65, with 60% of those being over 75 years.
- People who die in hospital are often only there for a short time (64% <5 days & 15% 0 days).
- High proportion of older, short length of stay, palliative. \*\*
- Deaths amongst Māori or Pasifika were not over-represented
- Numbers of preventable deaths by diagnosis was small
- Patient complications are increasing in complexity
- The Relative Stay Index (RSI) fell, but was increasing again: 3,900 preventable bed days, especially CHF, respiratory & hip replacement. Opportunities exist here.
- Hawkes Bays 28-day readmission rate has improved (sitting in the middle of DHBs nationally)
- Opportunities exist to reduce bed days (e.g. Heart Failure and shock; Respiratory and Hip Replacement).

What Next?

- ✓ Work towards having Clinicians much more engaged in quality improvement
- ✓ More Multidisciplinary work and M&M becoming more MDT
- ✓ Involve consumers

\*\* Those patients who were known to be palliative on arrival at Hospital, does raise questions! In Australia, this is much less common! The people admitted to care hypotheses needs to be tested!

- Do we have the right decision making at the front end?
- Is Advanced Care Planning occurring in Primary Care?

Having good and reliable data is an essential part of clinical governance! It was noted that the graphs improved when a senior clinical coder was involved within HB. Within NZ, Australia and the UK there is a lack of senior clinical coders.

A presentation on Clinical Coding followed later in the meeting and Russell was thanked for his work and fantastic presentation.

### SECTION 3: INFORMATION

#### 9. YOUTH HEALTH STRATEGY

Nicky Skerman presented this paper to Council advising the Youth Health Strategy had been endorsed by the Board a year ago and this was an update on progress made

The biggest gain is our new Youth Consumer Council was that they link into the HB Health Consumer Council which works very well. The focus was on raising the profile of the youth sector in health and the youth members on Council are very active in this regard. They have also been instrumental in the health literacy sense with their skills, one example being the language used in a report.

This is about redesigning youth services and 40 stakeholders have been involved in the redesign process, via expressions of interest. This has the potential to create opportunities to improve the responsiveness of services for youth with a common vision, outcomes, and indicators.

The Youth Council provide their services free of charge, with a nominal amount provided to the HB Youth Consumer Council monthly.

Rewarding volunteers is the topic being discussed by Committees in July.

The Clinical Council **noted** the update provided and the next steps

- Youth services stakeholder group to be set up in 2018 once all youth services are in place
- Continue to support the Youth Consumer Council
- Continue to work with the Ministry of Health helping to share with other DHBs the work we are engaged within the youth space.
- Develop a dashboard looking at outcome measures when data from June 2016 becomes available eg, teenage pregnancy and suicides rates.

### SECTION 4: MONITORING

#### 10. TE ARA WHAKAWAIORA – ORAL HEALTH

Dr Robin Whyman, Clinical Director Oral Health spoke to the paper specifically around oral health in young children in our community.

What needs to happen?

- Requires multifaceted approach. The contract was heavily focused on enrolment and we are not utilising well child Māori whanau approach.
- Build around national oral health campaign which is getting a lot of traction.
- Water fluoridation – CHB data rated low in oral areas. This was receiving focus and the CHB Mayor was supportive.
- Once the Fluoridation Bill gets through Parliament and passed to DHBs, will be advised how they wish to manage local areas. This will go through Parliament in August this year.

ASH and ACCESS rates – caries free at 5 years. ASH was at the very low end. We are talking about the very young with oral disease or difficult to manage children. Focused on ACCESS outcome not the ASH outcome, however both are important.

**Questions:**

- Access to oral care for adults and what to do about it, as there was a gap that needs to be focused on between 18-30 years. Oral health funding currently is up to 18 years of age. Maori Health services will speak to Te Taiwhenua o Heretaunga regarding contracts.

Robin was thanked for his very comprehensive report with Council **noting** the report provided.

**SECTION 5:**

**11. RECOMMENDATION TO EXCLUDE THE PUBLIC**

The Chair moved that the public be excluded from the following parts of the meeting:

13. Minutes of Previous Meeting (Public Excluded)
14. Matters Arising – Review of Actions (Public Excluded)
15. Clinical Coding
16. People Strategy Update

The meeting closed at 5.00 pm.

Confirmed: \_\_\_\_\_  
Chair

Date: \_\_\_\_\_

**HAWKE'S BAY CLINICAL COUNCIL**  
**Matters Arising – Review of Actions**  
**(PUBLIC)**



Action No	Date issue raised	Action to be Taken	By Whom	By When	Status
1	08/03/17	<b>Clinical Council Annual Plan 2016/17 Objectives</b> Request an update from primary care on development of the model of care.	Co-Chairs	Aug	
2	14/06/17	<b>Joint Workshop planning for Clinical and Consumer Councils workshop on Wednesday 12 July:</b> a) Sapere representative(s) availability b) Consumer Council availability for Wednesday c) Confirm venue, agenda and timing d) Advise all parties.	Chris Graeme  Admin Admin	Asap	Actioned Actioned  Actioned Actioned
3	14/6/17	<b>Mortality rate detail</b> Jules to provide to Brenda for issue.	Jules	asap	Actioned







## HB CLINICAL COUNCIL WORKPLAN 2017-2018

Meeting Dates	Papers and Topics	Lead(s)
9 Aug 17	<p><b>Annual Meeting 1.00pm start including lunch at 12.30pm – 5.30pm. Venue : HBDHB Boardroom, Corporate Office</b></p> <p>ICU Learnings Report – Action Plan update (qtlly)            Quality Annual Plan review 16/17            Implementing the Consumer Engagement Strategy            Recognising Consumer Participation            Quality Accounts Draft            Collaborative Pathways Update            Clinical Council Annual Plan and Objectives            Social Inclusion Strategy            Palliative Care Strategy outcomes (action)            Health Awards</p> <p><b>Monitoring</b>            Te Ara Whakawaiaora - Culturally Competent Workforce (local indicator)            Te Ara Whakawaiaora - Mental Health and AOD (National and local indicators)            Annual Maori Health Plan Q4 Dashboard only            PHO Clinical Advisory &amp; Governance Committee</p>	<p>Kate Coley            Kate Coley            Kate Coley / Jeanette            Kate Coley / Jeanette            Kate Coley / Jeanette            Mark / Leigh White            Ken Foote            Tracee TeHuia            Andy Phillips / Paul Malan            Anna Kirk</p> <p>Kate Coley            Sharon Mason            Tracee TeHuia/Patrick            Tae Richardson</p>
6 Sept 17	<b>HB Health Sector Leadership Forum – East Pier, Napier</b>	
13 Sep 17	<p>Orthopaedic Review – phase 3 draft            Quality Accounts Final            Quality Annual Plan 2017/18 year            Consumer Experience Results (March, <b>June</b>, Sept, Dec)            Serious Adverse Events draft (p/excl)            Position on Reducing Alcohol Related Harm</p> <p><b>Monitoring</b>            Te Ara Whakawaiaora / Healthy Weight Strategy TBC            Falls Minimisation Committee            Maternity Clinical Governance Group            PHO Clinical Advisory &amp; Governance Committee</p>	<p>Andy Phillips            Kate Coley            Kate Coley            Kate Coley            Kate Coley            Tracee TeHuia / Ayre</p> <p>Patrick LeGeyt / Shari            Chris McKenna            Chris McKenna            Tae Richardson</p>
11 Oct 17	<p>Establishing Health and Social Care Localities            Gastro Review – Progress Update 6mthly</p> <p><b>Monitoring</b>            Laboratory Service Committee            Radiology Services Committee            Infection Control Committee update            HB Nursing Midwifery Leadership Council Update &amp; Dashboard 6mthly            PHO Clinical Advisory &amp; Governance Committee</p>	<p>Tracee TeHuia            Kate Coley</p> <p>Kiri Bird            Mark Peterson            Chris McKenna            Chris McKenna            Tae Richardson</p>

Meeting Dates	Papers and Topics	Lead(s)
<b>8 Nov 17</b>	Tobacco Annual Update against plan Best Start Health Eating & Activity (6 monthly update) Quality Dashboard Quarterly <i>reporting commences</i> ICU Learnings Report – Action Plan update (qly) Legislative Compliance 6 monthly update (FRAC action) People Strategy update – next viewing in February 2018) <b>Monitoring</b> Annual Maori Plan Q1 July-Sept Dashboard HB Clinical Research Committee Update Te Ara Whakawaiaora / Smoking TBC PHO Clinical Advisory & Governance Committee	Tracee TeHuia Tracee TeHuia / Shari Kate Coley Kate Coley Kate Coley Kate Coley Tracee TeHuia John Gommans Patrick LeGeyt / Penny Tae Richardson
<b>6 Dec 17</b>	Consumer Experience Results Qtly (Dec – Mar 18) Clinical Pathways Committee <b>Monitoring</b> PHO Clinical Advisory & Governance Committee	Kate Coley Mark Peterson / Leigh Tae Richardson
<b>2018</b> <b>14 Feb 18</b>	Orthopaedic Review – closure of phase 3 Quality Annual Plan 2017/18 – 6 month review People Strategy Clinical Services Plan Collaborative Pathways HB Laboratory Services Committee HB Radiology Services Committee Annual Maori Plan Q2 Dashboard <b>Monitoring</b> Te Ara Whakawaiaora / Access 0-4 / 45-65 year (local indicator)	Andy Phillips Kate Coley Kate Coley Tracee TeHuia / Carina Leigh White Kiri Bird Mark Peterson Tracee TeHuia / Patrick Mark Peterson
<b>14 Mar 17</b>	Establishing Health and Social Care Localities in HB (6mthly) Consumer Experience Feedback Q2 Falls Minimisation Committee Update <b>Monitoring</b> Te Ara Whakawaiaora / Breastfeeding (national indicator)	Tracee TeHuia Kate Coley Chris McKenna Chirs McKenna



## LABORATORY GUIDELINES

Late Paper





## HB RADIOLOGY SERVICES COMMITTEE

12

Verbal Update





## LABORATORY SERVICES COMMITTEE

Verbal Update

13







## PHO CLINICAL ADVISORY & GOVERNANCE GROUP

Verbal Update





## **Recommendation to Exclude the Public**

### **Clause 32, New Zealand Public Health and Disability Act 2000**

That the public now be excluded from the following parts of the meeting, namely:

- 16. Minutes of Previous Meeting (Public Excluded)**
- 17. Matters Arising – Review of Actions (Public Excluded)**
- 18. Member Topics of Interest – issues / updates**

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.
- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.
- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).

