

AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Minutes of the Hospital Advisory Committee meeting
held on Wednesday 6 August 2008 in the Marion Davis Library,
Building 43, Auckland City Hospital, Grafton
commencing at 11:00 am

1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Committee Members

Dr Chris Chambers (Chair)
Susan Buckland
Rob Cooper
Dr Ian Scott
Rt Hon Bob Tizard
Ian Ward
Professor Anne Kolbe
Lynda Williams

Jo Agnew
Harry Burkhardt
Dr Brian Fergus
Pat Snedden
Seiuli Dr Juliet Walker
Dr Rees Tapsell
Farida Sultana

Management in Attendance

Garry Smith – Chief Executive
Dr Margaret Wilsher – Deputy Chief Medical Officer, Medical Director Adult Services
Greg Balla – Director Performance and Provider Development
Dr Nick Argyle – Clinical Director Mental Health
Taima Campbell – Executive Director Nursing
Margaret Dotchin – Nurse Director
Dr Rick Franklin – Clinical Leader Greenlane Health Services
Kay Hyman – GM Woman's and Children's Health Services
Janice Mueller – Director Allied Health
Vivienne Rawlings – GM Human Resources Operations
Ian Bell – Board Administrator

Apologies, Conflicts of Interest

The Chair declared the meeting open at 11:50 am.

The Chair welcomed Professor Anne Kolbe and Dr Rees Tapsell as members of the Committee. There were no declarations of conflicts of interest relating to any items on the agenda.

2. CONFIRMATION OF MINUTES 2 JULY 2008

Moved Jo Agnew, seconded Susan Buckland

That the minutes of the Hospital Advisory Committee meeting held on 2 July 2008 be confirmed as a true and correct record.

Carried

A Starship Theatre project manager would be appointed by 31 August 2008. The Chair requested a presentation on paediatric service for the region which should be linked to the MoH national plan which was expected soon.

3. ACTION POINTS 2 JULY 2008

NICU Capacity

Kay Hyman circulated a paper on Neonatal Intensive Care Unit services giving the background to cot numbers, regional cot management principles and national cot management. The principle was to flex cot numbers rather than transfer out with there not being any necessity to transfer out of Auckland. National transfers were overseen by a neonatalist.

Orthopaedic Funding

A paper was being developed to address the question of ring fenced orthopaedic funding as it was a thought that the demand assumptions were incorrect. Capacity could not be easily flexed. There was a need to articulate desirability of switching funding to get better health outcomes.

4. PRESENTATION PRICING

Roger Jarrold presented to the Committee on the National Pricing Programme which has key objectives of setting national prices for use in IDFs. It sets reference prices for Funder Provider negotiations and benchmarking and tries to ensure high quality information was collated. The outcome of the Group was voted on by 21 DHBs with only three being subject to high IDF inflows with the balance being paid by PBF. While ADHB paid its Provider on the national prices most DHBs did not.

Prices reflected the average "efficient" cost of providing services based on information from 14 DHBs as 7 do not have costing systems. There had been an improvement in data with the Group expecting prices to increase at a greater rate than FFT. Significant issues are that counting is not consistent across the sector and that there are significant variations in average cost depending on age of equipment. Small changes in the average cost of secondary services have a significant impact on the size of the Tertiary Adjuster pool so it may be better for this to be removed. There would be a meeting of the Pricing Group next week with then the CEOs making a recommendation to the MoH.

It was not thought that the pricing issues were well understood, however at the sector level it is neutral with the funds just going around within the sector. A regional approach may be better as 85% of IDFs were in the Auckland metropolitan area. However in the wider view there is still a conflict between pricing and breaking even.

Pricing was also important if the Provider needs support. This reduces the amount that the Funder has available for other initiatives including primary care.

An alternative is for a regional approach through service planning and having a regional service funded by pooled PBF and standing alone rather than using a pricing model. This then raises the question of what are truly national services and truly regional services. It may therefore be better to keep the status quo and apply CPI with more emphasis on patient flows and service planning.

5. PROVIDER SERVICES MONTHLY REPORT

High adult volumes experienced in June continued through July with additional bed spaces being opened as well as having overflow assistance from Women's Health and Children's Health. This pressure would need to be considered for the next winter. Other learning's were the need for quick decision making, the workforce at night project and improving discharges but taking care not to increase readmissions.

Discharges were 3% up on the previous year.

Other points noted were:

- Outsourcing to maintain orthopaedic volumes.
- Approximately 2/3 of debt is recovered with debt increasing but with maternity taking a humanitarian view.
- The Christchurch planning tool (Cap plan) was being considered as it gave 98% accuracy on predicting volumes 3 days out.
- The need to increase productivity as a result of MECA wage increases had not come down to specific strategies for change that would generate the gains required.

6. HIGHLIGHTS FOR YEAR 2007/2008

A report on the achievements during the year ended 30 June 2008 in the Provider was tabled with the following noted:

- Increase in surgical production for ADHB population with over the last two years of acute volumes by 7% and electives by 34%.
- Volume increases achieved despite two RMO strikes
- Improvement in duplicate NHIs reducing to 4.6% with the aim being to get to 2%.
- Home dialysis service established and repatriation of patients back to Counties Manukau with their service opening on 4 July 2008.
- Lithotripsy service established at Greenlane with a reduction in waiting times.
- ED triage 2 compliance achieved 82% of the time in May against the MoH target of 80%.
- Baby friend hospital accreditation which includes focus on a breast feeding rate greater than 85%.
- Progress on ADHB family violence intervention project including primary healthcare training.
- Increase above target of paediatric spinal procedures however this had not impacted on waiting lists as desired.
- Director of Surgery appointed and improved throughput at Level 8.
- School nurses successfully implemented in all decile 1 to 4 secondary schools with excellent feedback.
- Caesarean rates remaining static at 31% with an aim to reduce that percentage.
- Mental Health Services funded to 70% of Blueprint funding.
- Mental Health Services close to fully staffed.
- Regional Palliative Care Group established which covered the wider ADHB not just hospitals.
- Management and successful containment of VRE with establishment of a regional group to manage inter-hospital.

The team was congratulated on the achievements made in the year ended 30 June 2008.

7. GENERAL BUSINESS



There were no items of general business.

8. NEXT MEETING

The meeting closed at 1:32 pm.

The next meeting is scheduled for:
11.00 am, Wednesday 3 September 2008
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE:.....