

## AUCKLAND DISTRICT HEALTH BOARD

### HOSPITAL ADVISORY COMMITTEE

Minutes of the Hospital Advisory Committee meeting  
held on Wednesday 2 July 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  
Dr Ian Scott  
Bob Tizard  
Ian Ward  
Farida Sultana

Jo Agnew  
Brian Fergus  
Pat Snedden  
Seiuli Dr Juliet Walker  
Dr Rees Tapsell  
Lynda Williams

##### Management in Attendance

Garry Smith – Chief Executive  
Dr David Sage – Chief Medical Officer  
Margaret Dotchin – Nurse Director  
Fionnagh Dougan – Manager Mental Health, GM Greenlane Clinical Centre  
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 11:14 am.

Apologies had been received from Harry Burkhardt, Rob Cooper, Professor Iain Martin and Ngaire Buchanan. Ian Ward had apologised for lateness.

There were no declarations of conflicts of interest relating to any items on the agenda.

#### 2. CONFIRMATION OF MINUTES 4 JUNE 2008

Moved Pat Snedden, seconded Jo Agnew

*That the minutes of the Hospital Advisory Committee meeting held on 4 June 2008 be confirmed as a true and correct record.*

Carried

### **3. ACTION POINTS 4 JUNE 2008**

There were no action points from the minutes.

### **4. PROVIDER SERVICES MONTHLY REPORT**

Inpatient WEIS for the month were 100% to contract and 6% down on the previous May with year to date 101% of contract and 5% above the year to date the previous May. The strike had been managed tighter with decreased cancellation of electives and deferment of appointments.

NICU had two days of red alerts but this was accommodated in flexing cot numbers. The MoH had undertaken capacity work some 4-5 years ago and there would be additional national capacity in cots when Capital and Coast's new facilities came on line. There was national flexibility with some mothers being transferred however capacity should be sufficient for the next 5-6 years although there needed to be further input from other DHBs. The Committee asked to be updated on the national planning for NICU capacity.

There were a number of vacancies with potential impact on services including anaesthesia technicians, cardiovascular intensive care unit nursing and allied health staff. There had been regional agreement to an +extra payment to regional midwives. Lead maternity carers with access agreements gave ADHB an overview of their clinical practice.

Orthopaedics production planning had identified the need for more capacity.

Ian Ward joined the meeting at 11:23am.

While there was a need for increased referral rates related to the Orthopaedic initiative a request through the MoH to allow this ring fenced money to be diverted to other orthopaedic procedures had been declined. GP liaison officers were talking to GPs to ascertain what the real demand is including assessing what was being done in the private sector. Hip replacement referrals were only providing 2 months work. If the private sector was taken into account the Auckland intervention rates appeared to be close to national intervention rates. The Chair is to be briefed on the request to switch funding in orthopaedics for discussion with the Minister.

Ring fencing of funding also affected Ophthalmology with money ring fenced for cataracts and not other procedures.

The new WEIS NZO8 had a higher weighting for surgery and less on medical than the previous which was weighted more to medical. While the affect did depend on product mix there may be some impact on revenue with a possible impact of \$1m. WEIS were used to pay our provider arm. With WEIS8 only just being introduced ADHB had requested that it be used for another year and not change to WEIS9.

To understand the increased volumes for laboratory tests these would need to be analysed service by service but generally there is an increase across all services.

June was experiencing more demand and to address this to decrease admissions to wards more SMOs were put in ED, there were more phone consultations and work was



being done with rest homes through practice nurses to prevent admissions from this source.

Concentrating on reducing waiting times for acute surgery also reduced length of stay and with medical, the times to be assessed in ED and APU or see a speciality also had an affect on admissions. ADHB had one of the lowest lengths of stay in comparison to Health Roundtable data.

Pressures on time needed to be balanced with clinical safety.

The Transition Lounge was also handling greater volumes.

Planning for Starship was trying to look 20 years out as to the mix of services, bed and resources needed as this was a national resource and so needed to fit into the broader MoH plans. In the short term there was the oncology ward upgrade and then theatres.

Any development at Greenlane would be part of regional discussions.

Bariatric surgery had commenced with patients being determined by meeting criteria of access. There would be limited numbers and they would be addressed in a team approach with physio etc. support.

**5. GENERAL BUSINESS**

There were no items of general business.

**6. NEXT MEETING**

The meeting closed at 12:00 pm.

The next meeting is scheduled for:  
11.00 am, Wednesday 6 August 2008  
Marion Davis Library  
Building 43  
Auckland City Hospital  
Grafton

**CONFIRMED**

**CHAIR:** .....

**DATE:**.....