

AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

**Minutes of the Hospital Advisory Committee meeting
held on Thursday 6 December 2007 in the Marion Davis Library,
Building 43, Auckland City Hospital, Grafton
commencing at 11:00 am**

1. ATTENDANCE AND APOLOGIES

Committee Members

Wayne Brown (Chair)	Harry Burkhardt
Dr Chris Chambers	Barry de Geest
Dr Virginia Hope	Dr Di Nash
John Retimana	Dr Ian Scott
Professor Iain Martin	

Management in Attendance

Garry Smith – Chief Executive
Dr David Sage – Chief Medical Officer
Roger Jarrod – Chief Financial Officer
Dr Nick Argyle – Clinical Leader Mental Health
Ngaire Buchanan – General Manager Operations
Margaret Dotchin – Nurse Director
Fionnagh Dougan – Manager Mental Health Services, GM Greenlane Clinical Centre
Dr Rick Franklin – Clinical Leader Ambulatory Services
Kay Hyman – General Manager Woman's and Children's Services
Janice Mueller – Director Allied Health
Vivian Rawlings – GM Human Resources Operations
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 11:15 am.

Apologies had been received from Ross Keenan and Associate Professor Pat Alley. Barry de Geest had apologised for lateness.

4 SPNIA

Stephen Munn, Chair Clinical Practice Committee presented to the Board advising that the Clinical Practice Committee (CPC) had been formed based on a Mayo Clinical model before the national Service Planning and New Health Intervention Assessment (SPNHIA) initiative. The CPC was a local committee within the SPNHIA framework with a role in gate keeping service changes and new health interventions and horizon scanning using material produce by the Health Policy Advisory Committee on Technology in Australia.

While the CEO had asked for a review service by service the Committee was insufficiently resourced to undertake this at present.

The Committee used a scoring tool based on quality of evidence with modifiers using priorities established by ADHB and the MoH. He advised that the Committee was advisory to the Deputy CMO and CEO and outlined the submissions to date. Outcomes to date were that innovations that had cost savings or were cost neutral scored well and were escalated regionally to national forums, however at present there was not an Auckland regional forum and the national forum is very slow with no funding.

He concluded that the members of CPC believed whole heartily in the evidenced based approach but was hampered by the lack of a clear “next step” for technologies and that while it would help to have a regional forum there is a lack of a clear track for well evidenced technologies to be funded at the end of the process. This had lead to agitation and annoyance with the innovators in the medical community that made submission, and had resulted in them finding other avenues to institute changes that were not subject to as careful technological review. There should be an identifiable funding stream that does not detract from current DHB core business with a suggestion that the Medical Services Advisory Committee (MSAC) model in Australia be adopted with the Minister of Health being able to make funding decisions.

The Chair thanked Stephen Munn for his presentation and expressed support for what they were doing with a suggestion that the presentation and a note be forwarded to the new Minister. It was noted that within the national pricing framework Auckland and Canterbury were seen as high end providers and as such should have more weighting in terms of national decisions than other DHBs.

David Sage presented to the Committee on the National Service and Technology Review Advisory Committee (NSTR Advisory Committee). The Committee reviewed business cases for introduction of new technologies to New Zealand. The Committee could not see anything that would be only regional rather than national so had not put any resources into regional forums. The first year’s work streams had been business cases on photodynamic therapy, bariatric surgery, left ventricular assist devices and PET/CT scanning. Photodynamic therapy was low cost when looked at individually but nationally can be substantial. Bariatric surgery was comparable to the introduction of cardiac bypass surgery with an assessed payback period by the CPC of 3 years. When totalled for the whole country it involved considerable cost. With PET/CT the CMOs forum was considering where it should be located and as this logically fell with ADHB it introduction did lose momentum at the national level.

Barry de Geest joined the meeting at 12:08pm.

The PET/CT business case recommended staged introduction to New Zealand of the technology which was agreed to by NSTR but nothing was happening however there was a move by the private sector for its introduction. There was evidence that when new technologies were introduced by the private sector prices could be set high.

The Committee thanked Stephen Munn and David Sage for their and their Committees work.

2. CONFIRMATION OF MINUTES 1 NOVEMBER 2007

Moved Ian Scott, seconded John Retimana

That the minutes of the Hospital Advisory Committee meeting held on 1 November 2007 be confirmed as a true and correct record.

Carried

3. ACTION POINTS 1 NOVEMBER 2007

Clinical Indicators

This was being discussed at the Clinical Board and would not be ready for presentation until the next year. Work was being undertaken on redesigned of what needed to be reported. Clinical indicators could be used as a defensive mechanism so there was a need to choose the right ones with a suggestion that the Health and Disability Commissioner be involved.

Garry Smith introduced Greg Balla, Director of Performance and Provider Development whose career had mostly been in large international organisations helping to make structural improvements through measuring systems and recording so that it was known what was going on and how processes could be improved. There should also be clearer systems for making decisions on resource allocations.

5. PROVIDER SERVICES MONTHLY REPORT

Using Wies per FTE and production planning it was becoming possible to see where there was an over allocation and need to shift resources to get the balance of production pressure while looking after staff's welfare. Planning would take a whole systems approach based on a customer framework addressing the patient's journey through the whole system. It was noted that PHOs' degree of connection with their GPs was not strong.

VRE had been contained to the areas where it had been found but had not been entirely eradicated with 56 patients affected and another unique strain identified. Screening of all patients entering ADHB had ceased although there was continuing screening of patients going to the four areas affected. Pressure on staff had been considerable. The Board thanked all staff involved with good internal and external communications and the Chair had been kept well informed.

The seventh ranked reason for elective surgery cancellations was the unavailability of ICU beds. There could be up to 700 variations or adjustments to planned procedures within a month with these classified as cancellations within PIMS. This was a data issue as in fact they weren't cancellations.

The MoH had been asked to clarify ineligibility of patients but their response had not been helpful. Invoices for non recovered debts were being made to referring DHBs or the MoH.



Severely compromised young people with eating disorders were being provided medical stabilisation within Starship and a case was being prepared to put to Planning and Funding to provide in-patient services. Nationally it was recommended that Auckland and Christchurch be centres for in-patient services however no funding had been attached to this recommendation. This matter is to be updated to the new Board.

6. GENERAL BUSINESS

Celebration Week

The Committee thanked and complimented the Management Committee for running Celebration Week which added to reasons why people wanted to work at ADHB. It was noted that the 30 years of service medals were worn with great pride by those recipients.

7. NEXT MEETING

The meeting closed at 12:51pm.

The date of the next meeting would be determined by the new Board to be held at:
Marion Davis Library,
Building 43,
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE:.....