

Minutes for CDHB Consumer Council Meeting

Monday 26 January 2009 1130 – 1330

Hakaterere/ Rakaia Rooms - Level 3

Princess Margaret Hospital

“Nothing about us, without us”

Invitees	Maureen Arthurs, Margaret Bates, Richard Davison, Seulata Fui-Moagutuuli, Keith Gibb (chair), Jackie Girvan, David Lamb, Gythlian Loveday, Elizabeth Miller, Beth Nobes, Donald Pettitt, Robyn Rainey, Renee Sides, Jill Waldron, Gloria Weeks
Secretariat	Nigel Millar, Felicity Woodham
Visitors	Alexandra Gilbert (support person for Robyn Rainey)
1. Apologies	Nigel Miller, Donald Pettitt, David Lamb, Beth for lateness
2. Absent	Seulata Fui-Moagutuuli, Margaret Bates
3. Welcome	Maureen Arthurs
4. Minutes and Actions from meeting held 08 December 2008	
	<ul style="list-style-type: none"> ▪ Nomination process to be established for an Asian person, using the Asian Network through Partnership Health – further discussion and agreement that this role includes bringing a refugee and migrant perspective to the Consumer Council. Will be progressed with this determination.
5. Correspondence	
6. General Business	Felicity to attend Complaints Managers meeting, 03 February, to discuss role of consumers in the complaint management process.
	Action
7. Visions: Jackie	<p>Brings a rural perspective to the table. Jackie was born and grew up in a rural district, and returned as an adult. She is a registered nurse, general & obstetrics. Trained at Ashburton Hospital and returned as a ‘ward sister’ and then moved into a health promotion role. Jackie is now the regional manager for Presbyterian Support, Ashburton.</p> <p>Jackie sees the present issues for rural areas are:</p> <ul style="list-style-type: none"> ▪ Retaining services that are available now ▪ The need and issues arising due to transfers to Christchurch Hospital ▪ Meeting health needs of everyone in the community <p>Care needs to be better co-ordinated, with a good dose of common sense, particularly regarding appointment times at Christchurch Hospital, the number of visits required and the lack of co-ordination for these visits, issues of parking and driving in the city for some rural people. Need to make sure that all appointments add value to the person. Personally, has had a recent unsatisfactory experience at Ashburton Hospital and is working through the complaints process.</p>
Renee	<p>Renee is based as Peer Support at 198 Youth Health Centre, a free one-stop-shop for young people; is a Youthliner and was a co-conspirator in the establishment of the Otautahi Youth Council, to which she now mentors. Renee is undertaking the National</p>

	<p>Certificate in Mental Health and intends to follow this up with a qualification in Social Work. She is passionate about working with young people and is aware of their uniqueness in the community. Although Renee sees the need to conform to be respected, and is aware of the impact of 'first impressions', she believes in individuality; she will always endeavour to find a way to advocate for young people.</p> <p>A recent personal experience with a friend in the mental health system raised many issues for Renee around how young people can be treated in the 'system'. An 18 year old, in her first episode, was admitted to an adult ward, where the clinical staff had difficulty understanding the needs of the young person resulting in her not being treated with empathy or respect. Eventually she was moved to the YIP unit with significant improvement in both care and response. Renee was witness to the difficulty of her friend being considered to have behavioural rather than psychotic issues based on her age, and watched the service respond by criteria rather than understanding and meeting her friend's needs.</p> <p>This highlighted the need for young people to be in an environment which is appropriate to their needs.</p>
<p>8. Planning for the year</p>	<p>Review of the Terms of Reference – to refresh role. Need to prioritise and focus on what is manageable. Would appreciate feedback on effectiveness of input when reviewing documents and providing feedback. The following is a summary of objectives for the next 12 months:</p> <p>Improve consumer involvement in:</p> <ul style="list-style-type: none"> - complaints management process - service development, review, implementation, audit and evaluation - investigate the lack of representation for people with disabilities on the CDHB Disability Support Advisory Committee <p>Raise the Consumer Council profile both within the CDHB and to all consumers and advocacy groups</p> <ul style="list-style-type: none"> - engage the communications team - develop regular newsletters - Provide regular updates for HealthFirst and HealthBeat - Update and improve access to the Website - Improve networking with all stakeholders <p>React to:</p> <p>All reviews and documents presented to the Council, including:</p> <ul style="list-style-type: none"> - Maternity Strategy - Mental Health reviews - Canterbury Initiative (formally, the Referrals Project) <p>Take a proactive role in:</p> <ul style="list-style-type: none"> - accessibility issues - Advocate for those with disabilities (to include Plain English) - Focus on reducing the number of visits to hospital, particularly for pre-admission requirements (some people are having 3 visits, and how can this be reduced to one or

	<p>none?)</p> <p>Reports: Determine timing of reports with the CE. Invite CE to meet with the Council, share/discuss visions</p>
<p>9. Reports</p> <p>End of Life Keith</p> <p>CPHAC/DSAC Richard</p> <p>Quality and Patient Safety Council David</p>	<p>Each member of the working group has been asked to identify and list gaps in end of life care from their perspective.</p> <p>The CHPAC/DSAC chair recognised the lack of profile from a disability perspective. Further discussion with Council, with the chair to write to the CE, copy to chair of CPHAC/DSAC highlighting the lack of disability perspective and inquiring what action could be taken to rectify this significant gap. Action</p> <p>No meeting to report</p>
<p>10. Other Business</p>	<p>Keith tabled 3 documents:</p> <p>a. Robot-assisted laparoscopic radical prostatectomy (RALP) – a new surgical treatment for cancer of the prostate. New Zealand Medical Journal, 12 Dec 08, Vol 121 no 1287 www.nzma.org.nz/journal/abstract.php?id=3422</p> <p>b. PSA Testing and DRE, TRUS scanning with sector biopsy, improving histology, curative treatments and active surveillance for prostate cancer: a success story for men's health New Zealand Medical Journal, 12 Dec 08, Vol 121 No 1287 www.nzma.org.nz/journal/121-1287/3425/</p> <p>Seven DHBs team up for health management IT Computerworld www://computerworld.co.nz/news.nsf/mgmt/2D5D0844350DC272CC</p> <p>Robyn – noted that there is a drive with the revision of the H&DC patient rights to have the word 'compassion' added to right 1. Felicity to forward email for all to action is wished.</p> <p>General Consensus to have the March meeting focussed on Mental Health Services</p>
<p>11. Next meeting:</p>	<p>Monday 23 February 1130 to 1330 (note: light refreshments will be available at 1115)</p>