



Minutes for HSP Consumer Council Meeting

Monday 25 August 2008 1200 – 1330

Hakatere/ Rakaia Rooms - Level 3

Princess Margaret Hospital

“Nothing about us, without us”

Attendees	Margaret Bates, Richard Davison, Seulata Fui-Moagutuuli, Keith Gibb, Jackie Girvan, David Lamb, Gythlian Loveday, Elizabeth Miller, Beth Nobes, Donald Pettitt, Robyn Rainey, Jill Waldron (chair), Gloria Weeks, Charmaine Wilson
Secretariat	Nigel Miller (Chief Medical Officer), Felicity Woodham (Health Services Planning Manager)
Visitors	Alexandra Gilbert (support person for Robyn Rainey)
1. Apologies	Keith Gibbs, Nigel Millar, Margaret Bates, Seulata Fui-Moagutuuli
2. Absent	
3. Welcome	
4. Minutes and Actions from meeting held 25 August 2008	
	<p>Actions:</p> <ul style="list-style-type: none"> ▪ Correct minutes from 28 July meeting
5. Correspondence	<p>Response from QIC, Pat Sneddon. Contact made with the two people who are managing the consumer involvement work-stream</p> <p>Received from Whanau Tautoko Charitable Trust on behalf of Charmaine Wilson, tending her resignation due to personal health reasons.</p>
6. Meeting times	<p>General discussion regarding meeting times. Need to work within work commitments. Difficult for some to focus for 2 hours, need a break half way. Meetings should be tight, allow robust debate and complete the necessary work at each meeting.</p> <p>Decision – start at 1130, finish at 1330. Break at 1230.</p> <p>Felicity to confirm at next meeting, with regard to room availability.</p>
7. Transition of the Consumer Council	<p>Board required more information prior to making a decision to transition the HSP Consumer Council to the CDHB Consumer Council. To be represented at the September meeting.</p>
8. Vision	<p>Canadian who has been in NZ for 16 years. Is the manager of Psychiatric Consumer Trust, and has a degree in Sociology. Has been involved in Mental Health for the past 3-4 years as a consumer representative. Would like to spread experience across the health continuum and build solid partnerships and relationships.</p>
Beth Nobes	
David Lamb	<p>Self-employed as a farm management consultant. Key interest is chronic conditions; personal experience includes kidney failure/dialysis, cancer and heart trouble. Aspires to respond to other consumers/patients, representing other consumer and support groups. Would like to achieve a proactive approach and seek to influence the CDHB in health service delivery. Sees role as an intermediary, between providers/planners and consumers/patients, to</p>

	<p>distil ideas/concerns from consumers and be regarded as an extra reference group for the CDHB. Need to ensure that communication is a two way process otherwise not of benefit, this includes the Board. Wants to see the Council as a cohesive, well informed and when necessary, assertive team, that is able to see the bigger picture.</p>
9. Asian perspective on the CC	<p>Following discussion, Donald moved that we explore how we could broaden the council to include an Asian perspective. Agreed.</p> <p>This is in response to the growing Asian population in the Canterbury District, and the need to understand and respond to their health needs.</p> <p>Action: Felicity to progress through Nigel Millar</p>
10. Health Services Planning	<p>In general, there was acceptance of the direction and principles of HSP, but concern regarding application and implementation that will need to be monitored. Some key discussion points around application and implementation included:</p> <ul style="list-style-type: none"> ▪ Barrier free environments. ▪ That the consumer receives the best value from the health system. ▪ That, to represent consumers well in health services planning, that the Council members require training. ▪ Need flexible services to meet a variety of different consumer needs, including plain language information and flexible appointments and training staff in how to appropriately work with people with learning disabilities. ▪ Need to take the time to offer choice.
11. Complaints process	<p>General feeling is that the complaints process is not working for all and that more should be undertaken to ensure a consistent approach across the CDHB. Access to patient advocacy services is also mixed, knowing who is available and how to contact them, the need for a person who is 'expert' in disability related services.</p> <p>Action: the chair to write to the Clinical Board, expressing the CC's concerns regarding the complaints process and asking how the CDHB could ensure a consistent approach is achieved for all.</p>
12. Single Electronic Patient Health Record	<p>Felicity presented the concept of a single electronic patient health record, as outlined in the HSP document. Gordon Davies, CEO, wants district wide commitment to explore the concept for the people of Canterbury. After discussion and highlighting some key concerns, the Group endorsed the exploration of a single electronic patient health record.</p>
13. Next meeting:	<p>Tuesday 28 October 1100 to 1300 (note: light refreshments will be served at 1115)</p>