



# Nelson Marlborough District Health Board

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Jackie McGrath & Mike Cunliffe  
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Dear Jackie and Mike

Thank you for your letter dated 23 November, regarding your concerns about the proposed changes in health services in Golden Bay. The information in your letter is, I presume, feedback from your members following the meeting held on 17 September 2009 when the suggested organisational design was presented on behalf of the Interim Management Group (IMG).

I will address the issues you raise in the order outlined in your letter.

- Community Trusts are widely used in small communities, and there are a number of valid examples in the health sector of trusts successfully operating in small rural communities.
- The final staffing position is yet to be established, and will come out of the final design and model of care. It is likely that there will be changes, which the IMG has stated will be managed by attrition.
- I am unsure what the basis is for a belief that the current high quality of care will be downgraded? Services will be provided largely by the same group of staff that currently provide the services, and it is not seen to be in anyone's interest that this quality be reduced. The right level of staff and skills will be maintained. In fact one of the original drivers of the proposal was that integration would ensure the ability to maximise the skills available in the Bay in the best way.
- It is not the intention to have a lowly paid health facility. The Business Cases prepared by the IMG have assumed the retention of current terms and conditions. All members of the group feel strongly about this, and there is no plan to change this approach. I recognise that this concern stems from the situation in Motueka, but it must be recognised that there is a different situation in Golden Bay: In Motueka the business case was developed and controlled by a third party, who had particular views and financial constraints, and the District Health Board (DHB) had no ongoing role in the facility's governance. In Golden Bay the business case is being developed by the three key providers, who will each continue to be directly involved in the governance of the new facility as members of the Trust.
- There is no basis for the District Nurses concern regarding charging for services. The DHB will remain committed to ensure that there is equity of access across the district, and is unlikely to sanction the introduction of a fee for a service that has previously been free and continues to be free elsewhere in Nelson Marlborough. There is also a prescribed national process that General Practitioners must go through in order to raise their fees. Such applications are subject to independent audit and any rises above the average are turned down.

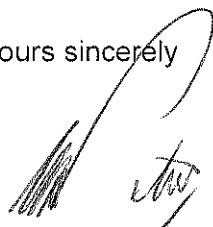
- The physical design of the facility has only been a recent task by the IMG, as many other tasks were required first, including the model of care. The Clinical Nurse Manager has been involved in the model of care and as soon as was possible in the detailed evaluation of design concepts. Her input has modified subsequent drafts. The design is far from finalised and is part of the current consultation and open days. The current draft design was made available to staff prior to being released publicly, and their input will be valued.
- It is anticipated that the management structure will be considerably more efficient than is allowed by the separate structures of the three entities at present. There is no desire to over-encumber the new service with management and the IMG will certainly welcome input from staff as to the most effective management structure.
- In terms of communication with Golden Bay hospital staff, as you are aware, there have been staff consultation meetings over the last six to twelve months with DHB management staff and unions discussing the proposed models of care, possible building design features and staff concerns and questions. On each occasion staff and their unions have been asked to provide further written responses or present their ideas to management as they wish. It has to be said that there has been little confirmed detail on which we could realistically talk in depth with staff about until very recently. I have also discussed the matter with what information I had each time I have met the staff at the Golden Bay staff forum.
- You raised concern about the integration process creating conflict between staff and employers. The point that a 'threatening environment' is being created is strongly disputed. If this understanding was taken from the discussion on the 17<sup>th</sup> September, then that is regretted. I am told that there has always been a strong desire to be clear at all times that the purpose of integration is to keep services in the Bay and there has been comment that without integration or something else, there is a risk to continuation of rest home services in the Bay. There is no intention of reducing services provided through the hospital, or for services that the DHB will be contracting for, as a consequence of integration. However, the DHB is not in a position to continue to provide additional funding for the Joan Whiting Trust for rest home services beyond the end of December 2009.
- It will be in the interests of the Trust to ensure that staff are well trained and up skilled. It is felt that the proposal to employ the staff through the Primary Health Organisation (PHO) supports this approach, in that the PHO will seek at all times to ensure it fulfils its contract with the Trust to provide appropriately skilled and qualified staff. The Trust in turn is able to specify in its contract what levels these are.
- Tasman District Council (TDC), like the DHB, Medical Centre and Joan Whiting Trust was asked to nominate two members to sit on IMG. The Council nominated Jack Inglis and Stuart Borlase. As such Jack Inglis is a member of the IMG as a nominee of the TDC, not as a trustee of the Friends of Motueka Hospital Trust. Members of the IMG are well aware of his other interest and manage any conflict accordingly.
- I am not sure what mandate of seven years ago is being referred to here. The proposal came from the community just under five years ago. In terms of turning the aspiration into reality, the IMG has been in existence just over 18 months. As with communication with the staff the community has been kept apprised as much as possible. It is appreciated that there is significant interest in the matters you raise, but the reality is that information can only be shared when it is available. What is available is currently being shared through the open days and consultation process. I have also taken opportunities, as both Chair of IMG and the Chief Executive of the DHB, to speak to the community through Grey Power forums and the Joan Whiting Trust AGM.

You quote Dr Clark's comments of March 2008 regarding trusts. Since that time the IMG has been established, including participation by Dr Clark. The concept of a trust has been much more widely evaluated and developed, including the Terms of Reference of the Trust which are now publicly available. It has always been, and remains, the DHB's position that if the public of Golden Bay do not wish integration to proceed, the DHB will not force it.

The DHB shares the staff's desire for a free, effective publicly funded health service in Golden Bay. I do not believe the proposed integration compromises that desire.

I trust this response assists in answering the concerns of your members and I hope you will share it with them and continue to participate at every opportunity in the ongoing developments in the Bay.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Peters', with a large, sweeping flourish above the name.

John Peters  
**Chief Executive**  
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