

Questions and Answers regarding public meeting 26 April 2010

Questions and answers have been summarised where there were similarities and categorised by topic and reworded where the meaning was unclear.

Hospital site

1. Has IMG considered the potential difficulties for some Takaka people to travel to the hospital location, including cost, lack of footpath for mobility scooters and walkers, whether the Wrinklies bus will be available, access by school children?
Yes. Three quarters of Golden Bay people live outside Takaka so most people drive to the medical centre now (and then drive to the pharmacy to collect their prescription after). The community hospital is 2.5 km from the town centre and Rototai Rd is 1.5 km from the town centre. We will explore options for those who have difficulty accessing health services.
2. What about safety of access to and from the hospital?
The traffic engineer's report found the hospital site requires minimal changes compared with the other sites, has less safety deficiency and operational issues and meets the New Zealand Transport Authority desire to have all development access onto the state highway via a formed local road network.
3. How much extra land is being acquired for parking and expansion etc and at what cost?
We will acquire sufficient for extra parking and potential expansion needs. The extra land needed is 6000 square metres and the cost is \$70000
4. What will happen to hospital therapeutic garden areas?
They will be preserved and where possible replanted where vegetation needs to be removed.
5. Has IMG considered disruption during construction?
Yes, we recognise it will be an inconvenience, but that is part of the price we pay for a much cheaper integrated facility.
6. Are there adequate water supplies?
We are in contact with the local water scheme (of which the hospital is a member) to determine what is involved in ensuring adequate water supplies.
7. Will there be adequate fire protection?
Yes
8. What is being done about potential flooding at Bridgers Hollow?
There are potential flooding issues wherever an integrated health facility would be located. With Bridgers Hollow there is an alternative route for people coming from the west.
9. Will local builders get a fair chance to tender for the new work?
Yes

10. Is the 18 months time frame realistic?

We hope so, but it will depend largely on receiving consents and on successful fundraising. However we believe that the redevelopment of the community hospital site will be quicker to achieve than a Greenfields development

Rototai site

11. Why shouldn't an integrated centre be built where one third of the Bay's population live, close to where many elderly people have chosen to live?

Only a quarter of the population of Golden Bay currently live in Takaka, which still leaves over three quarters of the population who live further afield. Also, integration is about preserving and improving our existing health services and ensuring they operate as effectively as possible in the future and the most affordable way of doing that is at the hospital site.

12. Has the risk of flooding influenced the decision against Rototai?

Price has been the major factor against Rototai. Flooding issues could be resolved albeit at a cost.

13. What is the cost of the Rototai option?

At least an extra \$2.9 million for land purchase and additional building and another \$500,000 for road changes. The owner recently advised IMG via the media that a 5-10 percent discount could be offered. This would reduce the extra cost of Rototai to \$2.75 million, which still renders this option unaffordable.

Consultation

14. Why has the community not been listened to?

We believe it has. We have taken on board many of the suggestions and have spent a lot of time over 5 years talking with individuals and groups and responding to questions and concerns in a variety of ways.

15. Why has there not been suitable transparency of decision making; IMG is not a statutory body and has not been elected?

IMG is not a decision making body; it is an advisory group which has been making recommendations to the relevant decision-making organisations such as the DHB, NBPH and Joan Whiting, all of which have elected representatives or appointed trustees and have responsibility for making the decisions relating to the current health services in the Bay.

16. Can residents vote to make the final decision?

No – but we have always said we will base any final decision on the wishes of the community. We believe the most effective way of doing that is through a variety of forums so we can comprehensively ascertain people's views.

17. How will IMG listen to and respond to any future concerns?

As we have done all the way through, by talking to individuals and groups, listening to what they say and assessing how their concerns can be met.

18. Given the opposition from some people, does IMG believe they have a mandate from the people to go ahead with their plans?

IMG respects the position of people who have expressed their opposition, but believes it has received sufficient confirmation to make the recommendation to proceed to the three providers who make the ultimate decisions. However no final decision to go ahead will be made until consents and funds are in place.

19. Why have the majority apparently in favour of the proposals been so silent?

We understand that it is because they are comfortable with the way the process has been managed and simply want the project to go ahead.

Finance

20. What right does IMG have to expect the people of Golden Bay to endorse the creation of such a large debt?

The mortgage will be well covered by secure income that comes from government funding. We believe there is no risk that the community will end up carrying any debt burden.

21. How will the trust pay for its bridging loan?

There is no need for a bridging loan. A decision to go ahead with the project will not happen until funding has been secured.

22. Who will put their name on the mortgage?

The property owning trust will be the mortgage holder.

23. What will happen if the trust cannot pay its bills?

The mortgage will be well covered by secure income that comes from government funding.

24. Can IMG guarantee the community will not end up with rate increases or having to fund raise to save the project?

The project funding has nothing to do with Tasman District Council (apart from resource or building consents) or ratepayers. We believe our business case shows the project is financially robust to stand alone.

25. Who do the IMG expect to volunteer for a trust taking on large debts in an uncertain financial climate?

We are confident the financials are robust and trustees will not be exposed to an imprudent financial risk.

26. Will rent paid to the trust be cut by NBPH?

Any lease will have a secure tenancy agreement.

27. Aren't the funding streams for health services rather than renting a facility?

Each of the three businesses now pay either rent, a mortgage or ownership costs to the government. Paying accommodation costs is part of the cost of providing health services.

28. How much of the \$5 million to cover health services in the Bay is already committed to services now provided?
All of it – funding won't decrease with integration. Indeed should integration not take place, funding will reduce with the loss of rest home services.
29. Is there any guarantee from the DHB or MOH that planned funding increases will occur?
The budgeted increases are conservative, based on long experience and current expectations. No one can give guarantees about the future.
30. What provision is being made to prevent a similar shortfall in funding that Joan Whiting has faced?
The financials have been carefully tested and are conservative.
31. Where will the money come from to build a GP surgery in Collingwood and where will it be located?
We are looking at a number of options – including locating something on the school grounds. We currently have made provision to rent a facility.
32. Where is the money coming from to keep the rest home open until the new facility is ready?
The rest home is essentially using its remaining equity by borrowing against its land and buildings to meet the shortfall in its operating costs.
33. Where are the savings if the rental will cost \$550,000?
Each of the current businesses already pay either rent or a mortgage. While we are paying more rent, we are able to achieve operating efficiencies through integration.
34. Will the mortgage ever be paid off?
Yes – like any normal mortgage. This one is planned to be paid over 15 years.
35. What has the last 5 years of investigation into integrated health cost so far?
There are some relatively small specific costs such as for design work and publication of information to the community. These costs and the work done by the DHB and PHO have been borne by those organisations.
36. How many of the IMG/administrators will be paid, taking money away from the front line?
IMG members are not paid and it is not proposed that trustees of the community trust will be paid. Regarding staffing, current proposals are to reduce overall administrative staff.
37. Will the PHO be directing some of its government funding to alleviate the shortfall in rest home funding or will the “private paid” portion of doctors' fees be used?
The budgets have been based on running one business so the revenues and costs are viewed across all facets. That is one of the advantages of integration.
38. How can a small community afford this?
Integration means we can combine the income received by the three different organisations and achieve cost savings by managing resources more effectively and efficiently. The business case forecasts have been prepared for the next 10 years

and are built around what is affordable. For example, adding to the hospital saves more than \$3 million compared with building from scratch at Rototai Rd. Without integration we would be unable to keep rest home services in Golden Bay and that could have a flow on effect on the range of services provided by the hospital.

39. Will patient fees rise?

No, not as a result of integration. There are strict government guidelines that govern any increases in patient fees.

Integration

40. Why not just amalgamate rest home and hospital or merge the services, rather than the facilities?

Because that is not integration. Integration is about having all of the Bay's health professionals working as one team across the health needs of its patients and residents.

For integration to be effective the services need to be on one site, with doctors and medical centre nurses working as a team with the hospital staff. The hospital and rest home need to be on the same site to achieve the efficiencies so rest home services can stay in Golden Bay.

Keeping existing services in their current separate locations won't achieve those outcomes. Without integration we cannot deliver any improved services, or keep rest home services. Without a rest home there will be a flow on impact on the range of services the hospital can provide. Without an integrated service, we will also struggle to keep doctors and nurses.

41. How can a rest home be viable in Takaka and not Collingwood?

Because integration allows for efficiencies that cannot be achieved on different sites.

42. Why not just update Joan Whiting?

It is too small to survive on its own.

43. Will food be cooked locally or brought into the Bay in bulk?

That has not yet been considered. The intention is that with all services provided to the facility, suppliers will be chosen based on what is most practical.

44. Do you have the support of the majority of GPs, nurses and caregivers to bring medical services together?

Yes

45. Have you allowed for inflation?

Yes

46. If people don't want the medical centre to move isn't it true that Golden Bay people can say no?

The medical centre is rented by NBPH through the doctors to provide the service. It is up to NBPH to decide where medical centre facilities will be located. It will take into account the needs of the community.

47. Why not raise money to keep existing services rather than take on \$4 million debt?

Without integration we cannot deliver the benefits of integration, which includes sustaining rest home services in the Bay. No rest home services would have a flow on effect to the hospital, and we will struggle to keep doctors and nurses.

48. Have you undertaken a comprehensive study on the present and projected health needs of Golden Bay?

Yes, some time ago. It assisted our thinking in designing the integration proposals.

49. Is this not the DHB exiting from its responsibilities – is this swapping a public hospital for a private one?

No – The DHB will continue to be the major health funder. NBPH is a statutory organisation formed through the Ministry of Health Primary Health Strategy to coordinate services. It is publically funded.

50. What risks are posed through transferring management of hospital services to Nelson Bays Primary Health? Does it have the relevant skills, experience or infrastructure and will that impose additional costs?

The DHB and PHO work closely together and will ensure there are the suitable skills to manage the service, as there are at present.

51. Will there be good provision for patient transfer from Nelson Public hospital

Yes – this will continue as now.

52. Under the new system would communication between Nelson hospital and relatives improve?

We believe one of the advantages of integration is that services are better linked which in itself leads to improved communication.

53. What about services for the young and health promotion?

A focus of integration is preventative health, which includes health promotion.

54. How are services going to be more holistic?

This is one of the key focuses of integration – so that health services are better linked and there are no gaps. We are designing the building with the flexibility to cater for additional or alternative health services where this makes sense.

55. What are the improved services that you have referred to?

- Better after hours care
- Better health promotion
- Fewer gaps in services
- Health professionals who have a better overview
- Another full time doctor, hopefully a woman

56. Is the pharmacy to be completely removed from town?

No – any pharmacy at the hospital would be a dispensing one only.

57. Will simple surgery be carried out at the hospital?

Yes, through the mobile bus as at present.

58. Will nurses be the first call for emergencies after hours?

In most cases, yes. The nurses will continue to have close contact with the on call doctor, and emergency services where appropriate.

59. Who are the “health professionals” from whom the IMG will accept advice?

These are the local doctors and nurses and the region’s health professionals working for the PHO and DHB.

Staffing

60. Will there be wage cuts?

No

61. Will there be 24-hour on-site doctors?

No – but there will be 24 hour nursing care with much better coordination with on call doctors and emergency services.

62. Will nursing support receive further training to make them more effective?

On going training will continue to be an important part of providing health services in Golden Bay. It is anticipated that nurses employed by the PHO will be able to continue to access the DHB training.

63. Will increased administrative staff take money away from front line staff?

There is no plan for increased administrative staff apart from an overall manager. The business case proposes a reduction in staff of about 10 percent, relating mostly to administrative and support staff, which can be achieved through combining three enterprises.

64. Are you intending to cut staff and restrict any future doctors?

Any reductions in staff can be achieved through the efficiencies of integration. Below is the current planned adjustment in overall staffing.

Staff type	Full time equivalent staff
GPs	1.00 more
Managers	0.75 fewer
RNs	0.7 fewer
Caregivers	1.62 fewer
Support staff	2.32 fewer
Activities coordination	0.10 fewer
Total	4.30 fewer

65. Will the new doctor be full time or locums? When will the new doctor be employed? Are you increasing the number of doctors and reducing the number of nurses?

The additional doctor has yet to be employed but we are exploring different options, including employing more than one doctor whose total hours would be the equivalent of one full time doctor. The total (see question 64) provides for 0.7 of one FTE fewer nurse, based on current estimates of the efficiencies that can be achieved.

66. How can staff numbers be cut when they are already stretched in some areas? The proposed reduction of 4.3 staff relates mostly to support staff. At the same time we intend adding a 5th doctor. The reductions are proposed because staffing use can be managed more efficiently when the services are combined.

67. How can caring services be maintained with funding cuts? No funding cuts are planned. Services can be provided more effectively and efficiently.

68. Are you intending to pool staff and resources from the medical centre and the hospital in order to make the rest home viable? Integration involves operating the various health services as one entity. Many staff will continue to specialise in their current area of expertise. There will be some crossover of staffing in some areas. Training will be provided if and where necessary.

69. How will the facility be a good place to work if having fewer staff means they have less time to spend with patients? Staff will find a lot of benefits in being able to work more collegially with a wider range of health professionals. We believe the standard of health care will be preserved and, we expect, enhanced.

70. Are the current staff confident projected staffing levels are adequate? Change always brings concerns. However we believe that most staff support the proposals and believe the projected staffing levels are appropriate.

71. From where will the money for the transition manager and management be sourced? The cost of a manager is paid out of the overall revenue received from health funding. A manager is critical to ensuring the new integrated facility operates optimally.