Clinical Council

Summary of July 13th 2015 Meeting

Briefing on Urgent Interim Works – Dunedin Hospital

Peter Beirne presented and update on the urgent interim works at Dunedin Hospital.

It was noted that there has been feedback from the Ministry of Health about prioritisation within the business case. This will involve the ranking of the projects within the business case and this has been discussed with the Medical Directors and with the Provider Arm Executive Team.

To date, existing research has been reviewed and the Capital Policy has been consulted.

The Dunedin Hospital NICU/Children's ward upgrade has been examined to understand the benefits of that project, in light of plans for the next ones.

The Ministry and Treasury have requested detail on the impact of various options, including budgetary costs:

- Larger amount;
- Preferred option;
- Smaller cost option.

This may be exemplified in the refurbishment of the whole 5th Floor vs. just refurbishment of the actual ICU Unit.

There is a focus on the capital cost because of the burden of the annual depreciation costs which results in deficit problems in the future.

The National Capital Committee is to meet August 2015. They are looking at clinical benefit. It was noted that the principles of the 'decant' have not been discussed or placed in the document (e.g. academic space).

A copy of the business case will come to the Clinical Council when it is further developed.

Contract Changes for Rural Trust Hospitals

Liz Disney, Senior Manager, Systems Integration and Innovation, Planning and Funding, provided an overview of the process recently undertaken with the Rural Trust Hospitals. Planning and Funding wrote to all providers (there are over 900 contract lines held) about making a 5% reduction in principle (as agreed by Southern DHB Board). They then entered a round of negotiations with the Rural Trusts, reaching agreement with four out of the total five Trusts; not Waitaki District Health Services with who they remain in negotiations with.

In those where agreement has been reached, this was predominantly through matching funded volumes to actuals or using the intervention rates for purchased volumes. It was noted that presentations to rural hospital EDs had historically been higher than funded volumes, and Alliance South is undertaking work around urgent care provision. Southern

DHB currently pays higher than the national price for primary maternity services at Rural Hospitals as national price is not adequate. It was noted that through this approach, Planning and Funding has been able to meet the 5% reduction.

It was noted that there have been some changes from rural hospitals, for example Clutha Health First no longer want the services of the Respiratory Clinical Nurse Specialist, however, it is the business of rural hospitals to decide how they provide the purchased services within their contracted funding.

They are now looking at the Rural Hospitals as a whole rather than individually.

Medical College Visits

Professor Barry Taylor led this discussion. The recent adverse publicity from the problems with orthopaedic and intensive care Colleges' advanced training accreditation outcomes was noted. From the Colleges' point of view, they recommend improvements and if these are not met then they withdraw their accreditation.

It was noted that previously raised concerns regarding supervision of trainees indicates a wider systemic problem of trainees delivering care vs. having their training needs met. Expectations have changed over time, with a drive for consultant-led care. Supervision time has also been affected by changes in rostering of Resident Medical Officers.

There was discussion about what we should do at the DHB-level to coordinate this from an organisational position. There is a need to collate these activities and liaise with the Supervisors of Training for each of the Colleges.

Mr Bunton, Acting Chief Medical Officer, will organise a meeting of all College Supervisors of Training to discuss this process and report back to the Clinical Council.

Impact of working with a Commissioner vs. with a Board

Mr Bunton led the discussion on this topic by asking everyone what impact the change had had on them.

It was noted that the medical students had to be reassured that their training was unaffected.

It was also noted that the strategic planning for the Dunedin School of Medicine will now involve the Commissioners.

It was also felt that this was a good opportunity to work with Commissioners who bring added value to the organisation.

Mr Richard Bunton, Acting Chair