

Consumer Council

Wednesday

18 October 2023

2:00pm – 4:00pm

**Waitematā Room, Level 1, Whenua Pupuke Building
North Shore Hospital Campus**

In person attendance with Zoom option available

CONSUMER COUNCIL

18 October 2023

Venue: Waitematā Room, Level 1, Whenua Pupuke Building North Shore Hospital Campus
Time: 2:00pm – 4:00pm

<u>Consumer Council Members</u> Lorelle George (Chair) Neli Alo Samuel Cho Boyd Broughton (Te Rūnanga o Ngāti Whātua) Dan McCool (Te Whānau o Waipareira) Janet Fitzgerald Insik Kim Ian Ramos Ravi Reddy Kaeti Rigarsford Vivien Verheijen	<u>Ex-officio - Waitematā DHB staff members</u> Samantha Dalwood – Disability Advisor Brad Healey – Interim Lead – Hospital and Specialist Services Waitematā <u>Other Te Whatu Ora Health New Zealand Waitematā Staff members</u> Ravina Patel – Manager, Patient Experience Kate Dowson - General Manager, Primary Care Waitematā, Te Toka Tumai, Counties Manukau Samantha Gregory - Programme Manager, Primary Care Waitematā, Te Toka Tumai, Counties Manukau
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APOLOGIES:

Ian Ramos

AGENDA

Disclosure of Interests (see guidance)

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

WELCOME

KARAKIA

1. AGENDA ORDER AND TIMING	
2. Welcome / Karakia / Introduction	
3. CONFIRMATION OF MINUTES	
2.05pm	3.1 Confirmation of the Minutes of Meeting (06/09/23) Actions Arising from Previous Meeting
4. DISCUSSIONS	
2.15pm	4.1 Patient Experience Report – Ravina Patel
5. INFORMATION ITEMS	
2.30pm	5.1 Primary Care Q&A Session - Kate Dowson and Samantha Gregory
3.00pm	Break -----
3.10pm	5.2 Waiting lists for elective surgeries Update - Brad Healey
3.30pm	5.3 Iwi Māori Partnership Board Role Update - Boyd Broughton
3.40pm	5.4 Chair's Update - Lorelle George, Chair
6. ANY OTHER BUSINESS	
3:50pm	6.1 Community Concerns
	6.2 Area of interest for future meeting
	6.3 Meeting evaluation

**Te Whatu Ora Health New Zealand - Waitematā
Consumer Council
Member Attendance Schedule 2023**

NAME	Feb 2023	March 2023	May 2023	June 2023	July 2023	Sep 2023	Oct 2023	Nov 2023
Lorelle George (Chair)	✓	✓	✓	Cancelled	✓	✘		
Ngozi Penson (Deputy Chair)	✓	✓	✓		n/a	n/a	n/a	n/a
Neli Alo	✘	✓	✓		✓	✓		
Samuel Cho	✓	✘	✓		✓	✓		
Boyd Broughton (Te Rūnanga o Ngāti Whātua)	✓	✓	✘		✘	✓		
Dan McCool (Te Whānau o Waipareira)	✓	✓	✓		✓	✓		
Janet Fitzgerald	✘	✓	✓		✓	✓		
Insik Kim	✓	✓	✓		✓	✓		
Ian Ramos	✓	✓	✓		✓	✓		
Ravi Reddy	✓	✓	✓		✓	✓		
Kaeti Rigarsford	✓	✓	✓		✓	✓		
Vivien Verheijen	✓	✓	✓		✓	✓		
Brad Healey	✓	✘	✓		✘	✓		
+Samantha Dalwood	✓	✘	✘		✓	✓		
Student representative								

- ✓ *attended*
- ✘ *apologies*
- * *attended part of the meeting only*
- ^ *leave of absence*
- + *ex-officio member*

**TE WHATU ORA HEALTH NEW ZEALAND - WAITEMATĀ
CONSUMER COUNCIL**

REGISTER OF INTERESTS

Committee Member	Involvements with other organisations	Last Updated
Lorelle George (Chair)	Consumer Advocate – Harbour Hospice, Clinical Governance Committee	03/02/23
Neli Alo	Team Leader, Youthline Manukau	08/02/23
Samuel Cho	Committee Member, Waitākere Health Link	28/07/22
Boyd Broughton	Director of Health, Te Rūnanga o Ngāti Whātua Chief Executive Officer, Te Taumata Hauora Iwi Māori Partnership Board Mahitahi Hauora, Board Trustee	24/02/23
Dan McCool	Te Whānau o Waipareira	
Janet Fitzgerald	nil	14/03/23
Insik Kim	Committee Member, Waitākere Health Link Member, English Language Partners	08/02/23
Ian Ramos	nil	03/08/22
Ravi Reddy	Senior Lecturer, School of Health Science, Massey University Pacific Advisory Board, Eisdell Moore Centre of Healing and Balance Honorary Academic, University of Auckland	08/02/23
Kaeti Rigarlsford	nil	08/02/23
Vivien Verheijen	Member, Consumer Advisory Committee - PHARMAC Board member, Companionship & Morning Activities for Seniors (CMA) Lay member of General Standards Committee, NZ Law Society Director, Board of Comprehensive Care Limited (CCL)	14/03/23
(Student Representative)		

Conflicts of Interest Quick Reference Guide

Any Consumer Council member who has or may have an interest in a transaction or issue under discussion by the Consumer Council must declare the interest in writing to the Interim Director Waitematā. The declaration must include sufficient information that the nature of the interest and the potential for it to conflict with the interests of Te Whatu Ora Health New Zealand is clear.

A Consumer Council member may be interested in a transaction or issue if they are:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly owned health and disability organisation; or (iii) a body that is wholly owned by one or more publicly owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Consumer Council member in carrying out their responsibilities, then he or she may not be “interested in the transaction”. The decision as to whether someone is “interested in the transaction” must be made by the Interim Director Waitematā.

A Consumer Council member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Consumer Council relating to the transaction or issue; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or issue or the initiation of the transaction or issue.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The Consumer Council member can take part in deliberations (but not any decision) of the Consumer Council in relation to the transaction if a majority of other members of the Consumer Council permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Consumer Council Committee relating to the transaction concerned.

Consumer Council members are expected to avoid using their positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement, and which could compromise the Consumer Council Committee’s integrity.

IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair of the Consumer Council who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

Note: This sheet provides summary information only.

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE
CONSUMER COUNCIL AS AT 2 OCTOBER 2023**

Meeting Date/ Minutes ref.	Topic	Action / Status
26 July 2023	Dan McCool and Hinerau Ruakeke will connect in the coming weeks to discuss collaboration on the cultural safety training session for doctors.	In progress
6 September 2023	Samantha/Fabiana to share with the committee information on the <i>Hospital in the Home</i> service.	Actioned 27/09/23
6 September 2023	Te Aho o Te Kahu Cancer Control Agency have offered to attend a future Consumer Council meeting to present their work.	For noting

2. WELCOME AND INTRODUCTION

3. CONFIRMATION OF MINUTES

3.1 Confirmation of the Minutes of Meeting 06/09/23 Actions Arising from Previous Meeting

3.1 Confirmation of the Minutes of Meeting 06/09/23

Draft Minutes of the meeting of the Consumer Council of Te Whatu Ora Health New Zealand - Waitematā

Wednesday, 6 September 2023

Waitematā Room, Level 1, Whenua Pupuke Building
North Shore Hospital Campus and
by video conference commencing at 2.00pm

CONSUMER COUNCIL MEMBERS PRESENT:

Neli Alo
Boyd Broughton (Te Rūnanga o Ngāti Whātua)
Dan McCool (Te Whānau o Waipareira)
Janet Fitzgerald
Insik Kim
Ian Ramos
Ravi Reddy
Samuel Cho
Kaeti Rigarlsford
Vivien Verheijen

ALSO PRESENT:

Samantha Dalwood - Disability Advisor, Acting Chair of the meeting
Ravina Patel - Manager, Patient Experience
Brad Healey – Interim Lead – Hospital and Specialist Services Waitematā
Jonathan Christiansen – Chief Medical Officer
Bede Skinner – Team Leader Smokefree Services
Anne Crawford – Manager Smokefree Services
Fabiana Sierra - Minutes

APOLOGIES:

Lorelle George (Chair)

KARAKIA

A Karakia was led by Neli Alo.

WELCOME:

Samantha Dalwood, Disability Advisor chaired the meeting in the absence of Lorelle George; Chair, and welcomed everyone to the meeting.

Brad Healey; Interim Lead Hospital and Specialist Services, provided a brief overview of the winter challenges on hospital services across all sites, also occurring at the regional and national levels. He talked about the huge strain on the hospital services caused by staff

reduced hospital beds capacity due to an increase of the average length stay (up to 35% since Covid-19); thus, slowing down the hospital systems, as well as a flow-on effect on the numbers of ED admissions caused by staff shortage also affecting the After-Hours medical services in West Auckland.

He added that despite the high levels of stress on staff they are doing a fantastic job and really stepping up as needed. The medical teams are also maximising the use of the *Hospital in the Home* service, with clinicians monitoring up to 65 patients a day that can be cared for at home. Additional information on the *Hospital in the Home* service will be shared with the committee. Brad confirmed that the service had actioned contingency measures to deal with the medical doctors strike on 5 September.

DISCLOSURE OF INTERESTS

There were no updates or additions to the interest register.

There were no interests declared that might involve a conflict of interest with an item on the agenda.

1 AGENDA ORDER AND TIMING

Agenda items were discussed in a slightly different order than the one listed in the agenda.

3 CONFIRMATION OF MINUTES

3.1 Confirmation of Minutes of the Consumer Council Meeting held on 26 July (Agenda pages 9-18)

Resolution: (Moved Janet Fitzgerald/Seconded Vivien Verheijen)

That the Minutes of the Consumer Council Meeting held on 26 July 2023 be received and approved.

Carried

3.2 Actions arising from the previous meeting (Agenda page 19)

The council noted the updates on the actions arising.

- i. Dan McCool and Hinerau Ruakeke will connect in the coming weeks to discuss collaboration on the cultural safety training session for doctors.
- ii. Further to a brief conversation at the meeting, the Primary Care team will be invited to present to the Consumer Council.

4 DISCUSSIONS

4.1 Patient Experience Report (Agenda pages 21-26)

Ravina Patel (Manager, Patient Experience) joined the meeting in person. The report for July 2023 was taken as read.

Matters covered in the discussion:

Patient Experience National Survey responses:

Results for the last quarter of the National Survey:

- The National Patient Experience Survey scores showed similar results to previous months.
- Survey respondents were interviewed and provided additional feedback on issues that could be improved. Some of the issues raised were: cleanliness (patient rooms and bathrooms), noise during the night, racism (patients witnessing it from other patients towards staff), safety (patient to patient), discharge, communication (confusing and conflicting advice), food (more variety and choice).

Family and Friends tests:

- The net promoter score remains high at 77% and the feedback received was generally positive.
- There is also an improvement in the response rates likely due to the Westlake students volunteering work assisting patients as well as helping collect survey responses, that have increased from 500/600 to 750/800. Response numbers from Māori and Pacific patients have also increased.

Māori Patient Experience:

- Hinerau Ruakeke; Māori Patient and Whānau Experience Lead is currently working on the next education session for doctors and medical team.

Volunteers update:

- Volunteers numbers have stabilised. The team is working on the current recruitment applications, and on creating a programme to support the surgical ADU with volunteers.

Comments and issues raised:

- It was enquired whether there was a Pacific lens incorporated into the cultural safety training for doctors. It was noted that these modules were at the very early stages of development with the first session focusing on Māori engagement. However, as the project evolved it was expected a Pacific lens would be incorporated.

The Consumer Council thanked Ravina Patel for her work and for her time.

5 INFORMATION ITEMS

5.1 QSM information for approval by Consumer Council members (Agenda pages 27-78)

Ravina Patel and Samantha Dalwood spoke to the QSM report. The report was taken as read.

Matters covered in the discussion:

QSM Report for approval to be submitted to the Health Quality & Safety Commission (HQSC):

- The HQSC has changed the framework in August 2023 and has added additional markers. This change has brought our overall scores down as expected, because some of the additional markers we had not been working towards. Within the new framework, work will focus on increasing the scores of the new markers. It was noted that the changes have impacted the other districts in a similar way.
- Approval from the committee was requested to endorse the report for submission to the HQSC.
- The meeting approved the report to be submitted to the HQSC (Moved Vivien Verheijen/Seconded Neli Alo).

Samantha Dalwood thanked Ravina Patel for her work and for her time. Ravina left the meeting.

5.2

i. **New Zealand Registration Examination (NZREX) Doctors pathway pilot - Update** (Agenda pages 79-100)

Jonathan Christiansen (Chief Medical Officer) joined the meeting in person and gave a presentation.

Matters covered in the discussion:

NZREX Doctors pathway pilot:

- The NZREX pilot is a bridging programme focusing on healthcare and hospital systems in the New Zealand context aimed to help overseas doctors practice in NZ. A cohort of 10 NZREX successful applicants was admitted into the course.
- The bridging programme involves six weeks classroom based and 13 weeks of clinical practice. The first six weeks include upskilling in various areas, such as cultural safety with a visit to a marae, working with the Māori and Pacific health teams, in depth informed consent, coroner's case, etc. The next 13 weeks of clinical practice includes clinical supervision with a placement within a general medicine area in one of the three Waitematā hospital sites.
- The programme was very successful and all 10 cohort participants completed the final assessment and passed the programme, being subsequently employed in PGY1 positions within the Auckland region.
- The cost to run the pilot programme was overestimated and the cost to run the programme was less than expected. A report was submitted to Te Whatu Ora Health New Zealand with a proposal to streamline the programme for all NZREX doctors coming through to the NZ healthcare system in both urban and provincial settings.
- Feedback
 - NZREX candidates reported increased confidence functioning as House Officers in our system, interacting with patients and whānau, and senior clinicians.
 - Programme could be shortened to half of the length to achieve the same outcomes.
 - It was noted that the cohort of 10 participants was Auckland based and that the programme needed to be broadened to provincial centers. Hence the project could

be streamlined as the standard approach for NZREX graduates, including a more provincial setting,

Comments and issues raised:

- It was noted that in 2022 there were approx. 70/80 unemployed NZREX graduates. The programme had approx. 50 applications but there were only 10 spaces available in the pilot.
- There is another pilot programme in the Waikato with an intake of 10/12 NZREX into the Primary Care pilot which is currently reaching completion.
- There are still 50/60 NZREX graduates that have not been able to get admission to either of the pilots and are therefore unemployed.
- It was suggested that a similar programme could be used for other health workers such as nurses, and that some components of the training would apply to most professionals in the healthcare system.
- It was added that the outcome of this pilot reinforces the need to have a context specific training for the NZREX candidates, that includes not only passing the examination but also acquiring the clinical culturally relevant training required to maintain a high level of quality and clinical safety.
- The NZREX pilot cohort were all female, mainly aged late 20's to late 30's who were practicing doctors in their home countries, from various ethnicities, including middle eastern cultures, Indian sub-continent, eastern Asian cultures, etc.
- It was noted that if Te Whatu Ora Health New Zealand approved this programme to be established, the final project would undergo further refinement to enlarge the cultural safety component of the curriculum as well as ensure there is a component on disability. Samantha Dalwood added that the *Disability Equity* training is now mandatory to all staff members in an effort to gain greater understanding of the socio-cultural models of disability in the medical setting. And that staff can also access the *Culturally and Linguistically Diverse (CALD)* training course with Module 8 focusing specifically on working with families, with disabled people, and about how different cultures may see disability through a different lens.

ii. End of Life Choice (EOLC) Act - Verbal Update

Matters covered in the discussion:

End of Life Choice Act update:

- The *End of Life Choice Act* was first implemented in 2022 to support patients with Assisted death. The criteria are very specific to the act with requirements that include being a NZ citizen or resident, have less than six months of life on the best prognostic estimate, and be deemed competent to decide after a psychiatric review, etc.
- The majority of assisted deaths happens in the community, and very few occur at the hospital sites. There have been three assisted deaths at hospital this year. All approvals for this procedure come through the CMO Jonathan Christiansen.

- The EOLC Act is enacted by the Attending Medical Practitioner (AMP); a clinician with formal national training, mainly based in the community, but who often starts the legislative process at the hospital when requested by the patient.
- Waitematā has received positive feedback from whānau and the AMPs in how we have facilitated the process and provided the appropriate environment. We have also maintained a high level of sensitivity to support our staff members.
- National statistics from MoH show that 80/85% of people asking for Assisted dying are already engaged with palliative care as a formal service.
- Because the process has to go through every step of the legislation, and the requirement is to meet all the steps, and this takes time, there has been a number of patients who have died naturally in the time that the process is being applied for.

The Consumer Council thanked Jonathan Christiansen for his work and for his time.

3.10pm to 3.20pm – the meeting adjourned for a short break.

5.3 Smokefree Services - Verbal Update (Agenda pages 101-133)

Bede Skinner (Team Leader Smokefree Services), Anne Crawford (Manager Smokefree Services) joined the meeting via Zoom and spoke to a presentation.

Matters covered in the discussion:

Summary

- The Smokefree service uses the *Ask, Brief Advice, and Cessation support* (ABC) approach to support patients/clients with smoke cessation in secondary care and Te Whatu Ora Waitematā. The team also provide training to staff members so that they can best support patients/clients throughout their smoking cessation journey.
- This service is provided to the public via Secondary care and Specialist Mental Health & Addiction (SMH&A) and often involves assisting with nicotine withdrawal, counselling, Smokefree information and ongoing Smokefree support in the community.
- The service approaches patients admitted into hospital to help them with smoking cessation, and patients are then referred to community services for follow up upon discharge.
- Although tobacco use rates have slightly decreased in the last couple of years, vaping use has increased, thus being one of the major issues amongst youth caused by its widespread accessibility.
- The data showed that for a period of one year (Aug 22 - Jul 23), of the total number (116,687) of hospital admissions, 8% (9,602) of the patients were tobacco users. And of this subgroup Māori (22%) and Pacific (12%) showed the highest rates amongst the patients admissions. The data highlights inequity issues, which the service has placed as a high priority.

Demographics

National rates of tobacco use:

- 8.0% of adults were daily smokers in 2021/22, decreasing from 9.4% in 2020, and 16.4% in 2011/12.
- Daily smoking rates in 2021/22 were:
 - 19.9% Māori,
 - 18.2% Pacific peoples,
 - 7.2% European/other
 - 2.6% Asian

National rates of vaping:

- 8.3% of adults are now vaping daily, increasing from 6.2% in 2022

Waitematā

Number of patients hospitalised into Te Whatu Ora Waitematā Secondary Services (North Shore Hospital, Waitākere Hospital, Elective Surgery Centre, He Puna Waiora, Waiatarau, Mason Clinic, Taharoto Rd Clinic)

- Period Aug 22 – Jul 23
 - Total of 116,687 patients
 - 9,602 = 8% Number of patients who use tobacco
 - 22% Māori admissions who use tobacco
 - 12% Pacific admissions who use tobacco
 - 7% European admissions who use tobacco
 - 4% Asian admissions who use tobacco

Te Whatu Ora Health New Zealand Waitematā Smokefree Service

- Period May – Jul 23 at North Shore & Waitākere Hospitals
 - 1039 patients were reached by the service in many different ways: either face-to-face (472 in hospital), by phone, email and or by letter.
 - 322 Māori = 31%
 - 140 Pasifika = 13%
 - 21 Chinese = 2%
 - 15 Indian = 1%
 - 421 NZ European = 41%
 - Other 108 = 10%
 - Patients referred to a community smoking cessation service = 214
 - 78 were Māori = 36%
 - 35 were Pasifika = 16%

It was noted that from 1st Aug 23 we now record ethnicities as – NZ European, NZ Māori, Pacific, Chinese, Indian, Middle Eastern, Other Asian, Other European, Other, Unknown

World Smokefree Day 31 May 2023 to increase clients/patients and staff engagement

- Promotional stands run in main foyers of North Shore & Waitākere Hospitals with activities for clients/patients and staff, and prizes.
- Nicotine replacement therapy (NRT) & Quit cards given out on the day

Service delivery

- The service aims to identify patients who are admitted into hospital that use tobacco, and works with consenting patients towards a smoke cessation journey. Once the service has engaged with a patient that wants to quit smoking the team provides

support in many different ways, on a case by case basis and focusing on the patient's needs. Patients often need support throughout their hospital visit to remain smokefree, and so they may get nicotine replacement therapy (NRT) if they are experiencing nicotine withdrawal, or counselling with motivational conversations. Patients may also be referred to Smokefree services in the community for continued support, and they may be reached by phone, emails/letters.

- Provide hospital staff with education and training to enhance the comfortability of patients in hospital, and increase the number of Smokefree interventions and referrals to the Smokefree Service
- Run Smokefree groups and clinics
 - These are currently being run in the Mental Health Inpatient units
 - More to be launched for the NGO services in September

Patient experience:

- The Smokefree Service is a values-based service that strives for excellence in patient care to ensure that patients have the best experience during their time with Te Whatu Ora Waitematā. The Smokefree team therefore always endeavours to:
 - Have a non-judgemental and empathic approach
 - a patient focussed and led approach
 - Maintain regular interactions for support and motivation
 - Use evidence-based approaches and strategic planning to ensure patients have the best opportunity to become Smokefree.

Our priority populations:

- Many users of tobacco experience significant inequities which impact on all aspects of health, disparities and added risks that exist from using tobacco. Therefore, the Smokefree Service prioritises the following populations to help address these issues.
 - Māori
 - Pasifika
 - Pregnancy
 - Young families
 - Surgery
 - Chronic conditions
 - Mental Health
- As part of the Smokefree Service's strategy to help achieve Smokefree 2025 and address health inequities the Smokefree Service will also develop tailored plans to support these populations further with plans currently in development for: Pasifika, Māori, Mental Health and Pregnancy.

Consumer input

- Our service has consumer involvement at all levels of service development and decision making because it currently sits under CADS, which has a designated Consumer Team, as well as a Lived Experience workforce.

- Consumers are involved in all Governance decisions, and this ensures Consumer representation in the recruitment process, as well as attendance to meetings and forums.
- The service has received positive feedback and is developing a Smokefree specific consumer feedback process.

Key Issues

- Health inequities, socioeconomic barriers, and accessibility
 - Quitting smoking is really hard
 - Supporting patients long term to be Smokefree
 - Current tobacco users can be resistant to change
 - Lack of support, funding, and resources to support patients to quit vaping
- Re-establishment of the Smokefree Service
 - Office Space
 - Young team
 - Recruitment of Māori focussed practitioners
 - Proposed restructure to sit under the NPHS
- Collaboration with community smoking cessation service providers, referral drop offs and poor outcomes

Vaping

- Vaping is still used as a tool to support smoking cessation following the MoH's advice and guidance on vaping
- Primary care and some NGOs are offering support for people who vape but have never used tobacco
- A pathway within primary care is being established where He Puna Waiora Mental Health Unit can access Health Improvement Practitioner's (HIPs) and Health Coaches to support them around vaping
- Some community smoking cessation services will support those wanting to quit vaping if they have used tobacco in the past
- Our current contract is specifically on smoke cessation for tobacco users, but we may also provide support & information in some capacity for those who wish to quit vaping
- We are gathering data and resources to provide support for people to reduce/quit vaping

Comments and issues raised:

- Several issues were raised by the Consumer Council on vaping legislation, lung disability caused by vaping, and whānau approach. It was agreed to invite the team working on Vaping prevention & Youth initiatives to present at a future meeting.

The Consumer Council thanked Bede Skinner and Anne Crawford for their work and for their time.

5.4 Chair's Update (Verbal)

- Ravi Reddy provided a brief update on the National Consumer Council Chairs meeting he attended on behalf of Lorelle George, Chair.
 - There was a presentation by the Te Aho o Te Kahu Cancer Control Agency on the work they have been doing, and they have offered to attend a future Consumer Council meeting to present their work.
 - Ravi shared that Hector Mathews, Director Consumer Engagement and Whānau Voice at Te Whatu Ora provided an update on the Consumer Councils, and that Hector is part of a team tasked with preparing a report on all the Consumer Councils across the country. The report will serve as a stocktake on Consumer Council membership, location, Terms of Reference (ToRs), etc. The report will be submitted to the leadership team in November 2023. This review aims to inform the Consumer Councils future direction.

6 ANY OTHER BUSINESS

6.1 Community Concerns

It was agreed to invite the Primary Care team to a future Consumer Council meeting to discuss the issue of price increase of GP private practice consultations.

6.2 Area of interest for future meeting

No comments or concerns were raised.

6.3 Meeting evaluation

No comments or concerns were raised.

Samantha Dalwood, as Chair of the meeting, thanked the members and attendees for their time.

The meeting closed at 4.00pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF TE WHATU ORA HEALTH NEW ZEALAND -
WAITEMATĀ – CONSUMER COUNCIL MEETING HELD ON 6 SEPTEMBER 2023.

_____CHAIR

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE
CONSUMER COUNCIL AS AT 25 SEPTEMBER 2023**

Meeting Date/ Minutes ref.	Topic	Action / Status
26 July 2023	Dan McCool and Hinerau Ruakeke will connect in the coming weeks to discuss collaboration on the cultural safety training session for doctors.	In progress
6 September 2023	To invite the Primary Care team to a later meeting to discuss the price increase of GP private practice consultations	Primary Care team confirmed to attend the October meeting
6 September 2023	To invite the Smokefree team to a later meeting to expand on initiatives with Youth on vaping prevention	Smokefree team confirmed to present at the November meeting
6 September 2023	Samantha/Fabiana to share with the committee information on the <i>Hospital in the Home</i> service.	Actioned
6 September 2023	Te Aho o Te Kahu Cancer Control Agency have offered to attend a future Consumer Council meeting to present their work.	For noting

4. DISCUSSION ITEMS

4.1 Patient Experience Report – Ravina Patel

Patient Experience Feedback

1.0 National Inpatient Survey

Participation

Patients discharged from Waitematā hospitals between 14th to 27th August 2023 were emailed the survey. 1664 invitations were sent out to complete the survey and 519 responses were achieved, a 29.5 % response rate. This is higher than the national response rate of 24.7 %. Of the 519 responses, 32 responses were from Māori patients and 35 were from Pacific patients.

Performance

Highest-performing results for Te Whatu Ora | Waitematā

The table below shows the highest-performing questions for Te Whatu Ora | Waitematā in August 2023.

▲ Low sample size

Question [Click on a question to see more detail](#)

	Overall	c.i.	n
Before the operation(s), staff definitely helped patient to understand what would happen and what to expect.	August 2023	91.9% (88.1%-95.7%)	198
Patient definitely treated with respect by doctors.	August 2023	91.4% (88.9%-93.9%)	487
Patient definitely treated with respect by nurses.	August 2023	90.5% (87.9%-93.1%)	485
Patient definitely treated with respect by other members of health care team.	August 2023	89.0% (86.2%-91.8%)	464
Patient definitely treated with kindness and understanding by doctors whilst in hospital.	August 2023	88.3% (85.4%-91.2%)	471
Patient definitely treated with kindness and understanding by nurses whilst in hospital.	August 2023	88.1% (85.2%-91.0%)	481

Lowest-performing results for Te Whatu Ora | Waitematā

The table below shows the lowest-performing questions for Te Whatu Ora | Waitematā in August 2023.

▲ Low sample size

Question [Click on a question to see more detail](#)

	Overall	c.i.	n
Hospital staff definitely talked with the patient about whether they would have the help they needed when they left the hospital.	August 2023	58.6% (53.6%-63.6%)	372
Patient was definitely told the possible side effects of the medicine (or prescription for medicine) they left hospital with, in a way they could understand.	August 2023	59.6% (54.5%-64.7%)	354
Patient definitely had enough information about how to manage their condition or recovery after they left hospital.	August 2023	66.2% (62.0%-70.4%)	485
Patient definitely given enough privacy when talking about treatment or condition.	August 2023	68.4% (64.3%-72.5%)	494
Patient always kept informed as much as wanted about treatment and care.	August 2023	70.1% (66.1%-74.1%)	515

The treatment patients received was received very positively. Unfortunately discharge remains an issue to be worked through.

2.0 Friends and Family Test

2.1 Friends & Family Test Overall Results – Adult Survey

In September 2023, the Net Promoter Score (NPS) is 78 with feedback from 713 people. The NPS is on a par with the previous month, however the response rate is down slightly on the previous month. The overall NPS continues to score at or above the target of 70.

2.2 Friends & Family Test Overall Results



Figure 1: Waitematā overall NPS

PROMOTER - Positively rate the organisation and/or service and would promote to others

NEUTRAL – Satisfied with the organisation/service but may use another provider if available

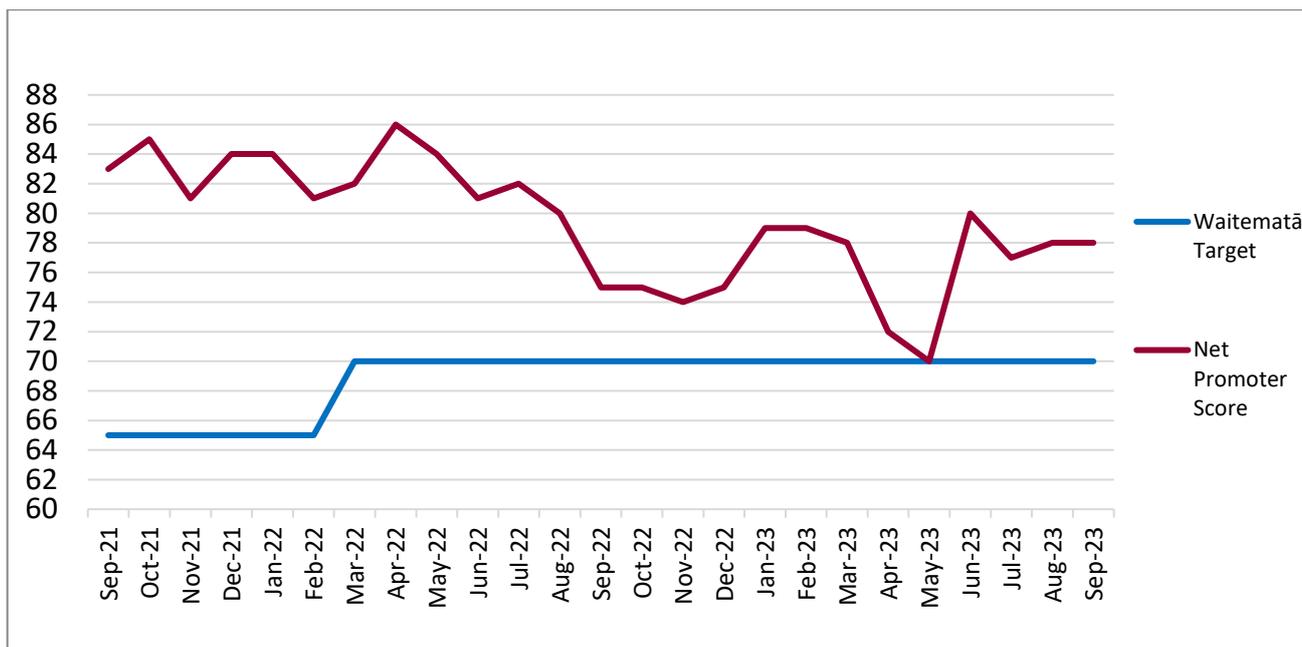
DETRACTOR – Negatively rate the organisation/service and would not promote to others

NPS is calculated by taking the detractor score away from the promoter score

Pt Experience by Service (Adult and Maternity)								
Month & Year	Surveys	Rate Overall Experience	Welcoming and Friendly	Listened To	Treated with Compassion	Involved in Decision Making	Explained in a Way I Understood	
Totals	713	78	84	80	84	73	79	
Sep-2023	713	78	84	80	84	73	79	

Table 1: Waitematā overall FFT results

Patient Experience Report (September 2023)



Graph 1: Waitematā Net Promoter Score over time

2.3 Total Responses and NPS to Friends and Family Test by ethnicity

September 2023	NZ European	Māori	Asian	Pacific	Other/ European
Responses	390	31	70	44	178
NPS	80	84	81	73	74

*Low base size, interpret with care

Table 2: NPS by ethnicity

In September, all ethnicities scored above the Waitematā NPS target of 70, with Māori and Asian rating us most positively with a score of 84 and 81 respectively.

September 2023	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	85	83	91	80	81
I was listened to	81	67	91	76	76
I was treated with compassion	84	83	91	78	82
I was involved in decision making	75	69	79	67	70
My condition/treatment was explained in a way that I understood	80	72	82	80	77

Table 3: NPS for all questions by ethnicity

This month, most measures achieve scores above our Waitematā target with the exception of ‘involved in decision making’ for Māori and Pacific, and ‘listened to’ for Māori which scored slightly below target.

2.4 Patient Experience Updates

➤ **Patient Feedback**

Patient feedback in September is positive with patients reporting professional and caring staff, great service and effective communication as the main reasons for providing a high score.

Patient Experience Report (September 2023)

“We were very impressed with all the nurses, they were so receptive to grandmas needs and quick to help with anything and so friendly and compassionate. Thank you for all you do!” (Muriwai, WTH)

“I was so very impressed with the care and love my Mum was treated with. What fantastic staff and thank you so much.” (Ward 11, NSH)

“The staff are accommodating and my 3yrs had a good dental experience which is great for her so she won’t be afraid every time we visit.” (ARDS, Ōrākei)

Areas for improvement:

- Hospital – call bell unanswered, not feeling listened to, understaffed and appointment cancelled without notification
- Auckland Regional Dental Service (ARDS) – no reminder emails, staff behaviours and attitudes, uncompassionate staff, no wait room activities for the children

➤ **Rainbow community support**

We have received valuable feedback from patients of the rainbow community, highlighting varying experiences in the care they have received. While some instances have been positive, others have not met the same standards.

This feedback is aligned with the views of approximately 26,000 individuals nationwide. Furthermore, data from the 2019 Counting Ourselves survey, which included 1,178 participants, sheds light on the challenges faced by the transgender and non-binary community. A significant finding was that over a third (36%) of the participants had avoided seeking medical care due to concerns about potential disrespect or mistreatment based on their gender identity.

In our efforts to better support the rainbow community, our team recently met with Nora Pursie, who serves as the Transgender Health Worker in Greenlane. This meeting was instrumental in gaining insights into areas where we can make meaningful improvements. Nora shared with us a range of ideas for implementing small changes that can positively impact the experiences of the rainbow community. Our team continues to meet and make a start of improving the patient experience of the rainbow community.

3.0 Māori Patient and Whānau Experience

No updates this month due to the Māori Patient and Whānau Experience Lead being away on leave.

4.0 Volunteers

4.1 Volunteer Recruitment Statistics

Volunteer numbers are on a par with the previous month.

Green Coats Volunteers (Front of House) (A)	Other allocated Volunteers (B)	Volunteers on boarded awaiting allocation (C)	Total volunteers available (D) (A) + (B) + (C) =(D)
41	143	04	188

Table 4: Volunteers Recruitment

We are still receiving and processing applications through the website and by word of mouth. The Patient Experience team is also working with local establishment such as the Poynton (retirement village) and local schools to improve recruitment with current resources.

4.2 Volunteer Highlights

➤ Waitākere Shop

The Waitākere Hospital shop continues to perform well. There have been some challenges to provide a diverse range of products and the whole team (volunteers, Hospital Auxiliary and the Patient Experience team) is exploring different ways to increase the procurement of popular items.

➤ Hospital Auxiliary

North Shore Hospital Auxiliary trialled a market stall for the first time in late August. The feedback was positive from those who visit, however numbers to the market were low and whilst it increased their visibility, sales were low. The team will try again in November.

At the beginning of September, Hospital Auxiliary received another large donation from Baby beanies for Africa (264 items). They donated many needed items for the hospital such as breast pillows, bottle bags, capes, stoles, Moses baskets and padded mittens. The donation was gratefully received as the team relies on donations of supplies to carry on with their work.

The Waitākere team has also been active supplying the gift shop with some knitted items, distributing donations to the adult and children's wards as well as starting to prepare packs for Christmas. This month both teams have donated more than 1,200 items to the hospitals.

5.0 Consumer Council Update

The Consumer Council met on 6 September 2023. They discussed the following agenda items at their most recent meeting:

- **Hospital Services Update** - Brad Healey; Interim Lead Hospital and Specialist Services, gave the meeting a brief overview of the winter challenges on hospital services. He talked about the huge stresses on staff with high sickness levels and a number of staff shortages. He added that staff are doing a fantastic job and really stepping up as needed. He confirmed that the service had actioned contingency measures to deal with the medical doctors strike on 5 September, and that while the consultation process was still ongoing decisions were made as quickly as possible to speed up actions to improve patient flow.
- **Patient Experience Report** – Ravina Patel, Patient Experience Manager presented her report and work that the team has been doing. She updated the group on the themes emerging from the national survey call backs, friends and family test results and feedback and an update on the volunteer programme.
- **QSM information for approval by Consumer Council members** - Samantha Dalwood; Disability Advisor and Ravina Patel spoke to the QSM Report for approval to be submitted to the Health Quality & Safety Commission (HQSC). The HQSC changed the framework in August 2023 and they have added additional markers. The members provided approval for the report to be submitted to the HQSC.
- **NZREX Doctors pathway pilot** - Jonathan Christiansen; Chief Medical Officer provided an update. The NZREX pilot is a bridging programme focusing on healthcare and hospital systems in the New Zealand context aimed to help overseas doctors practice in NZ. A cohort of 10 NZREX successful applicants was admitted into the course.
- **End of Life Choice (EOLC) Act** – Jonathan Christiansen; Chief Medical Officer provided an update. The End of Life Choice Act was first implemented in 2022 to support patients with Assisted death. The majority of assisted deaths happen in the community, and very few occur at the hospital sites, thus being the last resort. There have been three assisted deaths at hospital this year. All approvals for this procedure come through the CMO Jonathan Christiansen.
- **Smokefree Services** - Bede Skinner; Team Leader Smokefree Services provided an update. The Smokefree service uses the Ask, Brief Advice, and Cessation support (ABC) approach to support patients/clients with smoking cessation in secondary care and Te Whatu Ora Waitematā. The team also

Patient Experience Report (September 2023)

provide training to staff members so that they can best support patients/clients throughout their smoking cessation journey. Although tobacco use rates have slightly decreased in the last couple of years, vaping use has increased, thus being one of the major issues amongst youth caused by its widespread accessibility.

- **Chairs update** - Ravi Reddy provided a brief update on the National Consumer Council Chairs meeting he attended on behalf of Lorelle George; Chair. Ravi shared that Hector Mathews; Director Consumer Engagement and Whānau Voice at Te Whatu Ora provided an update on the Consumer Councils, and that Hector is part of a team tasked with preparing a report on all the Consumer Councils across the country. The report will serve as a stocktake on Consumer Council membership, location, Terms of Reference etc. The report will be submitted to the leadership team in November 2023. This review aims to inform the Consumer Councils future direction.

5. INFORMATION ITEMS

- 5.1 Primary Care Q&A Session - Kate Dowson and Samantha Gregory
- 5.2 Waiting lists for elective surgeries Update - Brad Healey
- 5.3 Iwi Māori partnership Board Role Update - Boyd Broughton
- 5.4 Chair's Update - Lorelle George, Chair

6. OTHER BUSINESS

6.1 Community Concerns

6.2 Area of interest for future meeting

6.3 Meeting evaluation