

RESPONSES FROM HEALTH FORUM

Question No.1

As a starting point, are you broadly supportive of the changes proposed by the DHB?

Overall response: YES – but with the inclusion of important details

Concerns:

A need for much greater detail required

What constitutes emergency care – need to qualify this. What would not?

Who decides on who goes where – the GP or the hospital?

Who decides who pays for emergency treatment? Should N.Z's pay for emergency treatment?

Why can't tourists be charged for using emergency services?

We are being told that emergency services as presently configured are unsustainable, so why are we subsidising tourists and finding ourselves being penalised?

Will Queenstown's have a choice where they are treated?

Do we want the person making the decision on emergency care to have a financial interest? – concerns over conflict of interest; pressure/regulations on how triage is done and also that triage alone is not the indicator of hospital admission

Concern that local GP's are sufficiently skilled on necessary issues that can't be dealt with anywhere else – very subjective

Will there be adequate funding?

How will it be funded/ by what formula?

Who will pay for the redevelopment?

What provision will be made in the funding model that recognises the national benefit received from Queenstown's uniqueness and promoted destination of adventure tourism?

What damage potential will there be if things go wrong and appropriate treatment is not available? Fear that this would have a bad impact on reputation.

How can we be assured of equitable access to services relative to other areas?

How can we be assured that there will be no monopoly of GP services or providers?

How can we achieve a strategic plan to suit changing demographics?

Considerable ED expertise at LDH currently - concern to maintain true emergency specialists in ED Department.

Is a GP management system good enough for Queenstown?

Will the proposed changes mean an improvement in emergency room procedures eg.fewer transfers out of town?

Does the proposed model allow for the expansion required in next 20 years?

Where are the plans to improve and expand elderly care and maternity services?

What examples are there of similar models operating successfully within other communities of a similar size/demographic makeup?

Is the proposal for an Integrated Family health Centre influenced by Rousseau's relationship with Queenstown's largest existing health provider?

Under this proposal, Queenstown residents will be paying for emergency care, which currently is provided free – cloaked under attractive detail of upgraded hospital and expanded outpatient clinics etc.

Question No.2

Do you believe that Lakes District Hospital should be controlled by a local board of governance?

Overall response: YES – absolutely

Concerns:

How would the board be formed?

Will other community governed models be considered? What is the experience of other hospitals run by Trusts?

Who /how would the decisions be made regarding the governing entity and its board members?

Will the board members be elected/appointed by Wakatipu residents?

Will the community governed board be a profit driven business?

Where is the power and control going to lie within the structure?

What guarantee would there be that the local governing board would be answerable to the community?

How do we ensure that there is no conflict of interest?

How do we achieve a balance of clinical and management/administrative matters?

How would this board be funded?

How does the community retain control if the funding is inadequate?

Question No.3

Should this local governance board be established at the outset to enable it to become the driver of these proposed changes?

Overall response: YES emphatically

Should we appoint a taskforce from the community to drive the establishment of the new system?

How can we ensure a desirable balance of expertise – clinical, administrative, local representation on the board? Need high level business management expertise.

Will the initial board have sufficient flexibility and control to negotiate on behalf of the community?

What existing models are there in place elsewhere that could be examined?

Could appointments to the local governance board be coincided with Local Government elections?

Can consideration be given to a transition board?

The interim board should be negotiating now.

Question No.4

Do you believe that Lakes District Hospital should be redeveloped and retained on its existing site?

Overall response: YES

Concerns:

How can we ensure the ownership of the site?

Who would own the new building?

Who would pay for the redevelopment?

Can consideration be given to noise issues?

Would the present site be suitable for the community's longer term requirements?

What are the alternatives?

Would a private developer be able to purchase the site?

What is the airports position on redevelopment of the hospital?

Has the concept of public/private joint venture been considered?

Would this eliminate the current capital charge requirement that is being charged to LDH?

Question No.5

Should the land at Lakes District Hospital be returned to community ownership to enable a new local governance board to develop additional health services and income opportunities on the site?

Overall response: YES – would like additional detail on the opportunities that could ensue

Could QLDC own the land on behalf of the community?

Would there be public input into income opportunities?

Would this reduce our funding from the DHB?

What impact would the private income streams have on public?

Why can't private development be done separately?

How can we ensure that the community model will be able to develop additional health services?

Is a long term lease an option?

Has anyone asked out MP Bill English about this?

What level of financial transparency would we have if the local governance board took over the land?

Would the land be used for health/medical services only?

Question No.6

Should QLDC take a lead role in negotiating with the DHB to bring about the proposed changes?

Overall response: resounding NO – not a **lead** role, but should have some role

Would the Trust be willing to take a lead role in negotiating for the establishment of the board?

Should the Hospital be a regular item on Council's agenda?

Perhaps QLDC should have a representative seat on the board?

What happens at other hospitals like Dunstan?

Will George Berry be available to advise?

Is this central government putting responsibility onto local government – passing off the costs of restructuring/redeveloping?