

South Island Health Services Plan

Clinician Involvement Q & A

What is the South Island Health Services Plan?

South Island DHBs have come together to plan long-term, viable health services across the mainland.

The South Island Health Services Plan aims to reduce inequalities in access to health services, and enhance the quality of clinical services:

- By making the health consumer the primary focus of any model of health-care quality management.
- Through quality of care systems that focus on: safety, effectiveness, access, efficiency, acceptability, appropriateness, and consumer participation.
- By considering the full continuum of care, spanning public health through to tertiary services, and including the supports required to enable service delivery.
- By enhancing the sustainability of all clinical services.
- Through the identification of future need and supply of clinical skills.
- Through acknowledgement that efficient and effective use of resources will be required across the South Island.

It aims to keep health services close to where people live, while also making sure those services are viable in the long term, from a clinical, workforce and financial perspective.

Changes in the way some services are provided may be necessary, however this will be driven from a long term sustainability perspective. The planning process is not about closure of hospitals or services, but rather clarification as to how each service and facility fits into the wider clinical network of services across the South Island, and how we can ensure viability of these services both now and into the future.

Why should I get involved?

Clinician input is vital if we are to come up with a workable plan that addresses all the possible issues. The plans developed need to be workable at all levels in order that we provide the best possible healthcare for the South Island population.

This is your opportunity to contribute ideas and expertise that will help ensure that the plan is both good in theory and in practice. Involvement in the development of the plan will ensure appropriate attention is paid to clinical issues and also help ensure a greater “buy in” by fellow clinicians once the plan comes to fruition.

What has happened to date?

Work has been progressing in the following areas:

- Conceptual framework
- Demand Modeling
- Service Development workstreams
 - Child Health
 - Human resources
 - Electives initiative
 - Neurosurgery
- Enabler workstreams
 - Communications

- Technology
- Economic and social impacts of clinician v patient travel
- Related Activity
 - Regional Asset Management Plan

Who is already involved?

A steering group with a representative from each DHB area has been established. Members of this group are:

South Canterbury DHB Chris Fleming, Chief Executive, Steering Group Chair

Nelson/Marlborough DHB Sharon Kletchko, General Manager Planning and Funding

West Coast DHB Wayne Turp, General Manager Planning and Funding

Canterbury DHB Mary Gordon, Executive Director of Nursing

Otago DHB Richard Bunton, Chief Medical Officer

Southland DHB Lexie O'Shea, Chief Operating Officer

Maori Health Nicola Ehau, GM Maori Health, NMDHB

Primary Care - vacant

Ministry of Health Siobhan Brown, Regional DHB Relationship Manager

Combined Trade Unions – Chris Wilson

SISSAL Rob Weir, General Manager

Working groups will be established focused on each area as the planning process progresses.

Jan Barber of SISSAL is the programme manager.

How much time will be involved?

The time involved will vary depending on the workstream and the agreement of the working party on what is required to achieve the project plan. Project management resource is provided by SISSAL for each workstream.

Will I get listened to?

All clinical workstream project groups will be lead by clinicians. All project recommendations will be made to the South Island Health Services Planning Steering Group and if endorsed forwarded to the SI Chief Executives to a decision. Where recommendations are not accepted these will be discussed with the project group to clarify the reason and the options for moving forward.

Who will take responsibility for services on a South Island basis?

Service configuration will vary, some will be delivered on a hub & spoke basis, others as a single service with outreach, while others remain planned and delivered locally. Clinical networks are likely to have a role in service planning. Some SI services may have a single Clinical Director.

Will this become just another talk-fest?

No. There is a clear direction from the Minister of Health that we need to work much more collaboratively in developing service plans. This is to be the way of the future when it comes to planning healthcare for the population of the South Island.