

Here's
what you
told us

Proposed Health Facility for Westport

A summary of community feedback
on the draft concept plans and site
as at 20 April 2018

Proposed Health Facility for Westport: summary of community feedback to 20 April 2018

Introduction and background

Planning is advanced for a new Health Facility for Westport to be owned and operated by the West Coast District Health Board (WCDHB). It is intended to replace the existing facilities at Buller Health which are out-dated and earthquake prone, and uneconomic to repair.

The Buller District is part of an integrated West Coast Health System with local and regional health facilities and services. A new hospital for the West Coast is under construction in Greymouth, and there is a close working relationship with Canterbury DHB with a range of TransAlpine services. A preliminary design of a new health facility for Westport was developed by Warren and Mahoney architects in 2015. In May 2016 the National government joint Ministers of Health and Finance approved the Westport project and transferred governance of the Westport project to the West Coast Partnership Group. Noting the size of the facility was scaled back at that time to 1632 m². In the interim there was also a proposal for a Public Private Partnership development with ACC. That option was abandoned with the change of Government.

From September 2017, West Coast DHB re-engaged with clinicians and user groups to progress the project and further develop the concept plan along with specialist health planners and architects. West Coast DHB took the lead on this as there had been a long period of little activity that was creating uncertainty and frustration for the community and our staff. A public meeting was held with the community on Thursday 5th April 2018.

The new concept plan for the Buller Health Facility is significantly different from the plan published in the Westport News in July 2017 and now has a considerably larger footprint of 2034 m².

It adheres to current Australasian Health Facility Guidelines (these are the health planning guidelines that are used to guide all health facility developments throughout New Zealand) on room sizes for all but 3 rooms (two equipment rooms and a radiology PACS (computer records) room) as the guidelines don't cover these rooms.

This document outlines the public and staff engagement undertaken on the concept plans of the facility from September 2017 to May 2018. It includes the results of a public feedback process in April 2018.

Public and staff/user group engagement

Staff and user group engagement

A series of four 2 day West Coast DHB staff user groups commenced in September 2017 and these have informed a comprehensive redesign of the facility concept plan. Workshops have involved more than 50 staff from all disciplines.

West Coast DHB user groups and clinicians have been fully engaged in the design process for the new facility and their expert views and first-hand knowledge have informed the design. Their expert opinion continues to guide the design teams.

Public engagement

A public meeting to outline the new concept design was held on 5 April 2018 at the NBS Theatre in Westport. There was a capacity crowd at the Theatre. More than 400 local people attended the

meeting including many members of the Buller Health Action Group (BHAG), Buller Health staff and local media.

Also present at the meeting were: David Meates, Chief Executive West Coast DHB; Hon Clayton Cosgrove, West Coast Partnership Group Chair; MP for West Coast-Tasman Hon. Damien O'Connor Jenny Black, West Coast DHB Chair; Mr Pradu Dayaram, Medical Director Facilities; Dr Cameron Lacey, Clinical Director Mental Health; Karyn Bousfield, Director of Nursing; Fran Cook, Primary and Community Lead; Dr Vaughan Leigh, GP; Philip Wheble, GM West Coast DHB; Steve Summers, Clinical Nurse Manager Buller Medical; Mark Newsome, Facilities Director; Margo Kyle, Facilities Project Manager; Karalyn van Deursen, Strategic Communications Manager; Jim Coard, Ministry of Health project manager; Norma Campbell, Director of Midwifery; and Gary Coghlan, GM Maori Health.

It was acknowledged at the meeting that more public engagement was desired, and the public were invited to engage and feedback on the concept plan and preferred site of the new health facility.

It was clearly explained what was in and out of the scope of this engagement.

In addition to the meeting itself, the following public engagement steps were taken.

- Large size plans were put on display at Buller Health in the reception area. Post-it-notes were made available for people to write on to provide feedback, and they could also email newfacilities@wcdhb.health.nz
- At Buller Health reception A3-size printed copies of the plans were made available for people to take away.
- A copy of the presentation, site plans and room specifications documents shown at the public meeting on 5 April were also made available on the West Coast DHB website home page www.westcoastdhb.org.nz
- Video footage of the meeting and details of how to have your say were also made available on the West Coast DHB Facebook page <https://www.facebook.com/WestCoastDHB/>
- Floor plans were also available for people to view or collect from MP Damien O'Connor's office in the main street of Westport.
- The DHB placed a full page advertisement in the *Westport News* on Tuesday 17 April advising on the continuing process for feedback and where plans could be viewed (see Appendix 1).

The public was further encouraged to feed back to the West Coast DHB via the above channels. Feedback on the plans was accepted from 6 April to 20 April 2018. The DHB has also arranged for the latest draft plans to be displayed in Westport's public library, along with copies of this summary document. The summary document will also be available at the Buller Bay Information & Resource Centre in Ngakawau; Buller Health; Buller Medical and MP Hon. Damien O'Connor's office.

West Coast DHB staff along with members of the public are welcome to continue to provide feedback on any aspect of the planned facility at any time: comments can be emailed to newfacilities@wcdhb.health.nz

Results of the engagement process

Between the above dates, 1220 submissions were received.

Of these, 1179 were identical proforma letters (see Appendix 3) devised by the Buller Health Action Group and signed by individual submitters, and 41 were individual contributions from members of the public.

All submission points have been noted by the West Coast DHB. We thank members of the community for taking the time to engage with us.

Public feedback was collated and main themes were identified. Some personally addressed letters have been responded to directly.

Main themes of the feedback

A summary of all submission points is contained in Appendix 2.

The proforma letter is reproduced in full in Appendix 3.

A sample of verbatim feedback is provided in Appendix 4.

The proforma letter contained the following five main themes: 1) lack of consultation; 2) local involvement and leadership; 3) not enough beds including for palliative, respite and maternity care; 4) more residential aged care; 5) a dedicated private and secure mental health area.

These five themes also appeared in the other public submissions, with 11, 9, 73, 21 and 20 mentions of each theme, respectively.

These five themes are covered in more detail below.

Remainder of submission points

Of the 53 remaining submission points, 25 suggested minor changes to layout and clinical operation of the facility. These included: consideration of the size of the waiting room area, felt to be too big; suggestion for the appropriate siting of medical records; that X-rays should be taken by professional radiologists rather than nurses; and there should be a separate waiting area for sexual health patients.

Eight of the remaining submissions supported the building of the facility on the current hospital site and 3 asked that consideration of climate change be factored in to the site choice, 10 concerned matters related to site management including demolition costs, and 7 asked to take the District's ageing population into account.

Feedback also included several positive comments which are included in Appendix 4, a sample of quotes from personal submissions.

Overview of the five main themes

Some reflection on the five main themes is given below.

It is important to reiterate that no cuts to any current health services are planned in association with the new health facility for Westport

Theme 1: Lack of consultation (11 submissions plus 1179 proformas)

At the public meeting on 5 April, the community's request for more public engagement was acknowledged. As outlined above, the West Coast DHB has recently taken many steps to make information publicly available and to provide avenues for community feedback.

Theme 2: Local involvement and leadership (9 submissions plus 1179 proformas)

This theme is linked to community concern about the need for more community engagement, as addressed above.

A common sentiment was “that we should have one person from the BHAG group on the panel” or “an appointment of a local member to the WCDHB Partnership Group” i.e. local representation on the Partnership Group.

The Partnership Group is appointed by the Minister of Health. West Coast DHB will pass this feedback to the Partnership Group. In addition, Mr Cosgrove as Chair of the West Coast Partnership Group has also passed on this desire to the Minister of Health.

Theme 3: not enough beds for palliative, respite and maternity care (73 submissions plus 1179 proformas)

The overall theme of “not enough beds” included a variety of responses. As well as the proformas that asked for “at least six more beds”, 19 of the other submissions asked for more beds in general, 5 asked for four more beds, 3 asked for six more beds, 21 asked for more aged care beds, and 13 asked for respite care beds.

Buller Health currently has 15 beds including a nine-bed acute ward (the Foote Ward) and a two-bed Emergency Department, and 4 maternity beds. The occupancy rate of the Foote Ward is 42% and there are around 30 births per year in Buller Health’s Kawatiri unit.

The current plans for Westport’s new health facility proposes ten beds: one maternity bed, one palliative care bed, six flexible ward beds and two emergency beds. There are also two observation bays for ambulatory patients and for post- anaesthetic recovery following surgery on the surgical bus. Since the original hospital was built in the 1960s, models of care and ways of working have changed, in particular towards an emphasis on keeping people well in their own homes for as long as possible. Modern health facilities are designed to be future-proof with flexible configurations meaning they can be used in different way, the term planners use for this is ‘long life, loose fit’. Required numbers of beds and lengths of inpatient stay have changed in line with these changes in care.

Calculations of appropriate bed numbers have been made in accordance with current models of care, taking into account current and projected health service demand and population predictions in the West Coast District, including growth in the elderly population, and in conjunction with known bed numbers at other health facilities in the District and further afield. All population estimates are based on Statistics New Zealand forecasts – this is the same basis that all public sector planning is based on throughout New Zealand.

Demand for a maternity facility in Buller is low. There are currently around 30 births per year in the area which is why there is allowance for one maternity bed in the proposed new Westport health facility. This compares with around 230-280 births in the Greymouth area, for which two maternity beds are deemed suitable by maternity professionals.

Theme 4: more residential aged care (21 submissions plus 1179 proformas)

This theme is linked to community concern following the closure of the 15-bed Dunsford Ward at Buller Health in early 2018. Aged care is now provided at the privately-operated O’Conor Home, which was able to absorb the Dunsford numbers. O’Conor Home is a 68 bed aged care facility

providing 23 rest home beds which include 5 dual-purpose beds, 30 hospital beds and 15 dementia rest home-level beds.

Significant investment by the O'Connor Trust has gone into increasing the aged care capacity in the Westport area. Commitment to build the additional capacity was based on population projections and requirements for Aged Care facilities. Should demand change over time then the DHB would work with the O'Connor Trust to jointly plan additional capacity requirements. Provision of Aged Residential Care beds is not in the scope of the new facility. The DHB's model of care is for more care to be provided in the community so people can remain independent, in their own homes for as long as they are able to. As at Monday 7/5/2018 there are 10 vacant beds at the O'Connor Home.

Some additional respite beds were identified by the community as being required. Respite beds are generally provided via Aged Care Provider and the DHB will work with the O'Connor Home about funding respite beds.

Theme 5: a dedicated, private and secure mental health area (20 submissions plus 1179 proformas)

Community concern arises from the fact that part of this area – some of the consultation rooms – may be shared with other services when they are not being used for mental health services.

In the planned facility, mental health will have priority access to 6 consult rooms, plus access to 3 or 4 others as required.

A quiet wait space will be designed into the main waiting room and there are a number of smaller, discreet waiting areas throughout the facility including one close to the mental health consultation rooms. Distressed or agitated patients are able to be seen in the triage room by a dedicated triage nurse. There are other quiet areas, such as one of the un-booked consult rooms that will be available each day.

All commonplace aspects of ensuring patient privacy and confidentiality for everyone seeking health care services will be followed at all times.

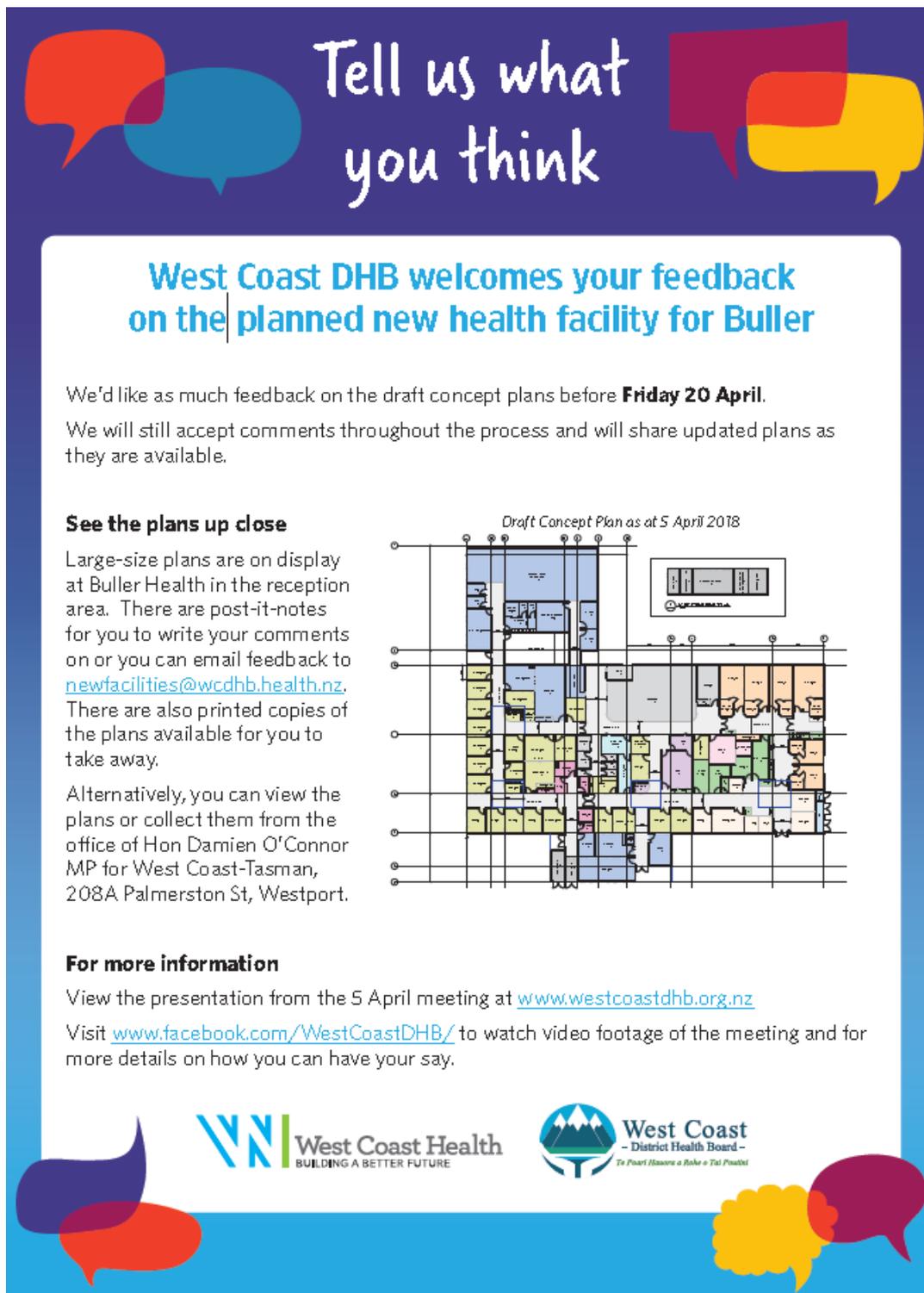
Next steps

This feedback will be shared with the Minister of Health; the Ministry of Health staff involved in the project; the West Coast Partnership Group members who are governing the project; the West Coast DHB members along with all West Coast DHB staff, and local MP for West Coast-Tasman Hon. Damien O'Connor.

This document is available for the public. If you would like printed copies or want to provide further comments please email newfacilities@wcdhb.health.nz

Once the feedback has been considered and discussed with the health planners, architects and user groups further amendments may be made to the next version of the plans. When they are available the updated concept plans will be displayed at Buller Health, the Westport Library and in West Coast-Tasman MP Hon. Damien O'Connor's office in Palmerston Street, Westport. West Coast DHB will also promote the availability of updated plans via the local media.

Appendix 1: Advertisement in Westport News



Tell us what you think

West Coast DHB welcomes your feedback on the planned new health facility for Buller

We'd like as much feedback on the draft concept plans before **Friday 20 April**. We will still accept comments throughout the process and will share updated plans as they are available.

See the plans up close

Large-size plans are on display at Buller Health in the reception area. There are post-it-notes for you to write your comments on or you can email feedback to newfacilities@wcdhb.health.nz. There are also printed copies of the plans available for you to take away.

Alternatively, you can view the plans or collect them from the office of Hon Damien O'Connor MP for West Coast-Tasman, 208A Palmerston St, Westport.

For more information

View the presentation from the 5 April meeting at www.westcoastdhb.org.nz
Visit www.facebook.com/WestCoastDHB/ to watch video footage of the meeting and for more details on how you can have your say.

Draft Concept Plan as at 5 April 2018



Appendix 2 – summary of submissions and key themes

Themes in Community Feedback

Summary of collated personal responses received 6th April - 24th April 2018

Number of responses that mention the themes listed below

Budget needs to exclude demolition	5
Budget should be exclusive of consultants fees	1
More beds required	19
4 more beds required	5
6 more beds required	3
More aged care beds required	21
2nd maternity bed required	12
Respite beds required	13
Consider ageing population	7
Use current hospital site	8
Consider climate change when deciding site	3
Local representative to be included in the Partnership group	9
Do not include community dental	3
Small kitchen - will services remain?	1
Kitchen next to dirty area and too far away from ward	1
Medical records too far away from ward	2
Doctors office to be included in ward	1
Waiting area too large - area could be used for beds or offices	4
Waiting area noise could affect ward patients	1
Palliative room too close to reception - no privacy	2
Office sizes may need to be bigger to accommodate families/support people	1
Suggested 6 month trial of proposed bed numbers	1
Require professional X-ray employees	2
Separate sexual health care waiting area	1
Dedicated children's bed	1
Happy with courtyard	1
Care to keep existing trees	1
Demolition costs and asbestos removal costs too high	1
Helicopter transport costs if not enough beds	1
Complete IFHC before a potential change in Government	1
More community consultation	11
Dedicated mental health space + separate waiting area	20
Not enough skilled carers in the community for elderly to remain at home	3

'Pro-forma' letter received 6th April-24th April

Lack of consultation	1179
Local involvement and leadership	1179
Require 6 more beds to cover palliative, respite and maternity care	1179
More residential aged care	1179
Dedicated private and secure mental health area	1179

Appendix 3 – Copy of Proforma letter received 1179 times

I am disappointed at the lack of consultation and the process to date. There should be local involvement and leadership in the consultation process, this way we would be ensured that all concerns are addressed in an open and honest manner, without manipulation.

I believe that there are not enough beds in the proposed facility and would like to see at least six more beds to cover palliative care, respite care, maternity care and overflow. This will ensure our facility is in some way future proofed and would lessen the current anxiety in our community.

Residential aged care is also of grave concern, as statistics show we have an ageing population and our only rest home is at capacity. DHB CEO, David Meates stated at the public consultation meeting that elderly should not have to move away from their families when going into care. Yet GM, Phil Wheble is reported in the Westport News as saying elderly will have to move away from their families if there is no capacity locally.

The Buller facility should also have an area that is dedicated to the mental health service. A private, secure area would ensure that patients dignity and safety is maintained. Patients should not feel threatened by a system that may expose them to public scrutiny at their most vulnerable times and a system that may result in delay of treatment due to the demand on shared facilities.

The Buller community is prepared to fight for what is right.
For the future, I expect meaningful consultation and respect shown to our community.

Appendix 4 – A sample of verbatim quotes received via personal submissions from individuals

“As you work conscientiously to progress health care in Buller to the most appropriate, sustainable, world class model of care, please address the issues of communication, eldercare and an integrated system”

“It is extremely important that ALL Buller staff at the coalface are listened to because they KNOW what works”

“Get some local community members on the panel”

“It is not really worth commenting on as it is just a jumble of rooms with names on them”

“We need a hospital that has the space, equipment and staff to cope with any emergencies”

“The community ‘per se’ are not health experts and do rely on local medical staff’s input to advise us of the appropriate levels of resources required to meet our ongoing and future needs”

“After this meeting I felt a bit more positive about the plans”

“I would like to add my concerns about the expectation that Mental Health clients use the same general Waiting Area as those persons waiting for GPs, Dental, A & E etc.”

“At last realising that the re-positioning of the Buller IFHC back onto the existing hospital site, is the most sensible siting of the new build”

“Thank you to the hard work and efforts to those responsible for producing the current draft plan”

“I encourage the WCDHB to ensure that appropriate advice is sought on the key design and functionality that are required”

“Your whole stay at home longer policy is theoretically attractive but not serving needy ill lonely old folks living in unsuitable houses”

“I think the waiting room is huge. Why?”

“There are a lot of staff in the current facility who feel that they have not been listened to. These are the people who work on the ground and are the most knowledgeable when looking at practicalities. Please listen to them.”

“I know the number of deliveries may not require another birthing suite per se but there needs to be another room attached that can be used for a variety of tasks.”