Waitematā
District Health Board

Best Care for Everyone

Consumer Council

Wednesday

2 September 2020

2:00pm – 4:00pm

ZOOM: https://waitematadhb.zoom.us/j/95520255791
Meeting ID : 955 2025 5791

CONSUMER COUNCIL
2 September 2020

Venue: https://waitematadhb.zoom.us/j/95520255791
Health West Awhina Green Meeting Room, Health West Building, Waitakere Hospital Campus
Time: 2:00pm – 4:00pm

Consumer Council Members	Ex-officio - Waitematā DHB staff members
David Lui (Council Chair)	Dr Dale Bramley – Chief Executive Officer
DJ Adams(Ngati Maniapoto, Ngati Kahungunu)	David Price – Director of Patient Experience
Neli Alo	
Boyd Broughton (Te Rūnanga o Ngāti Whātua)	Other Waitematā DHB Staff members
Lorelle George	Matthew Knight - Project Services Director
Insik Kim	Kelly Bohot - Care Redesign Programme Lead
Angela King (Healthlink North)	
Ngozi Penson	
Jeremiah Ramos	
Kaeti Rigarlsford	
Ravi Reddy	
Lorraine Symons (Te Whānau o Waipareira)	
Vivien Verheijen	

APOLOGIES:

AGENDA

Disclosure of Interests (see page 5 for 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?

KARAKIA

1.	**AGENDA ORDER AND TIMING**	
2.	**CONFIRMATION OF MINUTES**	
2:00pm	2.	Confirmation of the Minutes of Meeting (22/07/20) Actions Arising from Previous Meeting
3.	**DISCUSSION ITEMS**	
2.05pm	3.1	Presentation: Consumer Engagement
2.25pm	3.2	Consumer Council selection, appointment and re-appointment
2.45pm	3.3	Presentation: Facilities Update
3.10pm	---	Break
3.15pm	3.4	Telehealth discussion (continuation)
4.	**INFORMATION ITEM**	
3.35pm	4.1	Patient Experience Report (for noting)
3.35pm	4.2	COVID-19 update (verbal)
5.	**ANY OTHER BUSINESS**	
3:50pm	5.1	Community concerns
3.55pm	5.2	Agenda for next meeting

Waitematā District Health Board
Consumer Council
Member Attendance Schedule 2020-2021

NAME	Jul 2020	Sep 2020	Oct 2020	Nov 2020	Feb 2021	Mar 2021	May 2021	June 2021
David Lui (Chair)	✓							
DJ Adams	×							
Neli Alo	✓							
Boyd Broughton	×							
Lorelle George	✓							
Insik Kim	✓							
Angela King	×							
Ngozi Penson	✓							
Jeremiah Ramos	✓							
Ravi Reddy	×							
Kaeti Rigarlsford	✓							
Lorraine Symons	✓							
Vivien Verheijen	✓							
+Dale Bramley	×							
+David Price	✓							

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

WAITEMATĀ DISTRICT HEALTH BOARD
CONSUMER COUNCIL

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
David Lui (Chair)	Director, Focus on Pacific Limited Board Member, Walsh Trust Chair - Board of Trustees, Henderson High School	25/08/20
DJ Adams	No declared interest	02/09/19
Neli Alo	No declared interest	24/09/19
Boyd Broughton	No declared interest	03/07/19
Lorelle George	No declared interest	03/07/19
Insik Kim	No declared interest	03/07/19
Angela King	An employee of Royal District Nursing Service which has a contract with Auckland District Health Board	03/07/19
Ngozi Penson	Board member for Neuro Connection Foundation Board member Mata of Hope NZ	14/07/20
Jeremiah Ramos	No declared interest	03/07/19
Ravi Reddy	Board Member – Hospice West Auckland Senior Lecturer – Massey University Honorary Academic – University of Auckland	19/02/20
Kaeti Rigarlsford	No declared interest	03/07/19
Lorraine Symons - Busby	MOU Liaison – Waipareira Trust	24/09/19
Vivien Verheijen	Member, Consumer Advisory Committee - PHARMAC	04/08/20

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act 2000, a member of a DHB Board who is interested in a transaction of the DHB must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Board.

A Board member is interested in a transaction of a DHB if the member is:

- 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 1 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 Board member in carrying out responsibilities, then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

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

- take part in any deliberation or decision of the Board relating to the transaction; 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 the initiation of the transaction.

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

The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if a majority of other members of the Board 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 Board relating to the transaction concerned. Board members are expected to avoid using their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Board'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 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.

2. CONFIRMATION OF MINUTES

2.1 Confirmation of the Minutes of Meeting 22 July 2020
Actions Arising from Previous Meeting

DRAFT Minutes of the meeting of the Consumer Council

of the Waitematā District Health Board

Wednesday, 22 July 2020

held at Waitematā Room, Whenua Pupuke Clinical Skills Centre
commencing at 2.11pm

CONSUMER COUNCIL MEMBERS PRESENT:

David Lui (Chair)
Neli Alo
Lorelle George
Insik Kim
Ngozi Penson
Jeremiah Ramos
Kaeti Rigarlsford – *present by video conference from 2.17pm*
Lorraine Symons (Te Whānau o Waipareira) – *present by video conference*
Vivien Verheijen

ALSO PRESENT:

Judy McGregor (Board Chair) – *present by video conference*
Warren Flaunty (Board Member)
Dr Andrew Brant (Acting Chief Executive) - *present from 2.57 pm*
David Price (Director of Patient Experience, Ex-officio member)
(Staff members who attended for a particular item are named at the start of the minute for that item.)

APOLOGIES:

Apologies were received and accepted from Dr Dale Bramley, DJ Adams and Ravi Reddy.

WELCOME:

The Consumer Council Chair welcomed everyone to the meeting.

DISCLOSURE OF INTERESTS

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

1 AGENDA ORDER AND TIMING

Items were discussed in same order as listed in the agenda.

2 CONFIRMATION OF MINUTES

2.1 Confirmation of Minutes of the Consumer Council Meeting held on 10 June 2020
(Agenda pages 7-11)

An update to the Minutes was requested in the first bullet point of Item 3.2 to state that the focus of the Consumer Council includes community engagement. The Minutes is updated with the correction as follows:

High-quality healthcare services can be measured using the Health Quality and Safety Commission's Health Quality and Safety Indicators. These indicators measure internationally recognised range of aspects of quality – safety, patient experience, effectiveness, access/timeliness, efficiency and equity. The Consumer Council's work focuses on safety, access, equity, patient experience and community engagement.

Resolution (Moved Ngozi Penson/Seconded Lorelle George)

That the Minutes of the Consumer Council Meeting held on 10 June 2020 be amended as follows and approved:

High-quality healthcare services can be measured using the Health Quality and Safety Commission's Health Quality and Safety Indicators. These indicators measure internationally recognised range of aspects of quality – safety, patient experience, effectiveness, access/timeliness, efficiency and equity. The Consumer Council's work focuses on safety, access, equity, patient experience and community engagement.

Carried

Actions arising from previous meetings (Agenda pages 12-16)

The council noted the updates on the actions arising. A clarification was requested with respect to the data on bowel cancer quality improvement as presented on the equity of access measurement and performance information. An update on this information will be provided.

Progress of projects related to health literacy was also requested by the group.

3 DISCUSSION ITEMS

3.1 Consumer Engagement and Māori patient experience initiatives (Agenda pages 18-19)

The Chair and the group welcomed Allanah Winiata-Kelly (Māori Patient and Whānau Experience Lead). Allanah provided an overview of the initiatives and work since she started during the COVID-19 lockdown period.

Matters covered in the discussion and response to questions included:

- Discussions have been on-going with the team to work towards improving Māori patient experience. While improving outcomes for Māori, the initiatives are facilitated with the intent towards making it better for whānau of all backgrounds as there are commonalities of how quality and wellness is viewed across cultures.
- Key area of focus identified is cultural knowledge in particular engaging with whānau and workforce training. Recognition of the gaps and training needs rely on the staff and the team.
- The need to address the 'power imbalance' between the patient and clinician. Clinicians should change the view from 'patient' to an 'individual' to remove fear and facilitate person-centred conversations.
- Improving engagement with the community could start with learning cultural knowledge during tertiary education, professional organisations and

continuously with their teams. Recognition of the gaps could start with self and team reflection.
- There is also work on recruitment to identify and address gaps. Recruitment experience influences perception of the organisation by the candidate and whānau as a preferred employer.

The Chair advised Allanah that the Consumer Council looks forward to working collaboratively with her and thanked her for her time.

Dr Andrew Brant joined the meeting at 2.57pm

3.2 Waitematā Website Wish List Development (Agenda page 20)

Sharon Puddle (Head of Digital Transformation) and Matthew Rogers (Director Communications) were present for the discussion.

The 'Waitematā Website analytics' report was tabled to the group. Sharon and Matthew summarised the content of the report noting statistics on user behaviour, devices used and pages visited.

Matters covered in the discussion and responses to questions included:

- It was noted that use of the website by staff has grown disproportionately with access by the public.
- There is an improvement with the current lay-out/presentation of the website. Work has been started for the re-development of the website but was paused due to COVID-19 response.
- There is technology limitation with the current website. The need to upgrade the technology was highlighted in order to implement changes. Security and privacy is also a paramount consideration.
- It was noted that the new website should be able to accommodate updated information that is needed by the community. It should be accessible, provide options for languages and easy ready versions. It was also noted by some that content in the desktop version of the website can also differ when viewing on the mobile. These are all being considered in the new website.
- It was confirmed that some of the videos and content in the website have English subtitles.
- It was suggested that while the DHB is still unable to implement a website that will have language navigation and translation, contact details of the DHB's translation services are posted in the website so that the service could assist users or direct them to where they could find information they require.
- It was suggested that a consumer working group be set-up to look into the navigation and functionality of the website being developed. It was noted that the aim is to have a test-environment website developed by September 2020.
- The Council noted their willingness to support the working group and to provide inputs on proposed content of the website.

The Consumer Council thanked Matthew and Sharon for their time.

Session went on break 3.20-3.30pm

3.3 Telehealth (Agenda pages 21-25)

Kelly Bohot (Care Redesign Programme Lead), David Grayson (ORL Doctor), Charlie Aitken (Telehealth Facilitator), Tim Alvis (Project Manager), Gloria Patterson (Outpatient Physiotherapy) and Maneesh Deva (Pediatrician) were present for the discussion.

Kelly Bohot provided a summary of the paper providing an overview of the concept of telehealth and noting that the project has been in progress since 2018 but was accelerated in response to COVID-19. During the COVID-19 lockdown period, around 17,000 specialist appointments were provided remotely (over video/telephone). These appointments would have been cancelled if telehealth was not offered.

She noted that prior work has been done to understand the perception of the community with respect to conducting appointments by telehealth and the significant improvement with respect to preference and feedback compared to surveys conducted in 2018 and 2019. The recent survey also highlighted the importance of patient preference and patients being provided with an option.

Matters covered in the discussion and responses to questions included:

- Work is on-going to integrate patient administration system into telehealth which will integrate booking, reminders and links to patient records.
- There are requirements being worked out such as access to email and technology and email validation for patients. The DHB is also working on guidelines to identify consultations that could be conducted via telehealth. The initial consultation however will continue to be face to face.
- Interpreting services have also been incorporated into telehealth. Council will be provided with statistics of those who have used interpreting services with telehealth.
- Telehealth consultations are conducted through Zoom and are not recorded. The DHB is using enterprise account and Zoom has undergone security upgrades. The platform has also been reviewed and approved by the Northern Regional Alliance (comprised of Northland, Waitematā, Auckland and Counties Manukau DHBs).
- Telehealth could provide indirect benefit to the DHB since clinicians are able to see more patients, space can be utilised for other activities, it also improves patient experience (due to convenience) and outcomes (patients are able to attend instead of cancelling due to work or other concerns such as finding care for a family member).
- It was suggested to look into patient needs and condition when booking telehealth appointments. Some patients may have hearing and other disabilities that will hinder an effective discussion.
- It was also suggested that on-line booking should be integrated when providing telehealth option. The ability to change the appointment should also be possible.
- It was noted that the Consumer Council could assist in providing inputs to change the patient booking process to be more patient-focused and responsive to user needs.

The Consumer Council thanked the team for their work and time

Andrew Brant and Lorraine Symons retired from the meeting at 4.00pm

4 INFORMATION ITEM

4.1 Patient Experience Report (Agenda pages 27-28)

The report was noted.

5 OTHER BUSINESS

Agenda for the next meeting and Community Concerns

Due to the meeting running over the time, the Chair asked the members to email him should there be community concerns and topics they would like to be included in the next agenda.

The Chair thanked the members and attendees for their time.

The meeting adjourned at 4.21pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 22 JULY 2020.

_____CHAIR

ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE CONSUMER COUNCIL AS AT 25 AUGUST 2020

Minutes ref.	Topic	Person responsible	Action / Status
10/06/20	Provide additional information on the DHB's work around Choosing Wisely Campaign (service redesign and equity)	David Price (Director, Patient Experience)	- To be scheduled in a future meeting

3. DISCUSSION ITEMS

3.1 Presentation: Consumer Engagement
3.2 Consumer Council selection, appointment and re-appointment
3.3 Presentation: Facilities Update
3.4 Telehealth discussion (continuation)

3.2 Discussion: Consumer Council Selection, appointment and re-appointment

Recommendations:

The recommendations are that you:

a) Review the current provisions related to the appointment of members of the Consumer Council's Terms of Reference

b) Reflect on the process of other Consumer Council Groups related to selection, election and appointment.

c) Discuss the process for selection, election and appointment of the Consumer Council.

Background

The approved Terms of Reference (TOR) of the Consumer Council states that two years after the inaugural appointment, each year, one third of seats of the Council will be vacated a selection or election process will take place with the potential to be re-elected. The details of the election and re-election process would be determined by the Consumer Council.

In line with the TOR, selection of members should maintain the demographic balance and the structure. The relevant sections of the TOR has been pasted below:

Structure

The Consumer Council should be lay people and should live within or have strong connections to the Waitematā area recognising the discrete areas of Waitakere, North Shore and Rodney and reflect our MOU partnership with both Te Rūnanga o Ngāti Whātua and Te Whānau o Waipareira.

There are up to 13 consumer members and 2 ex-officio staff on the Consumer Council. Members will have diverse backgrounds, contacts, knowledge and skills, and must be passionate about consumers being able to access the best possible services and care.

The following minimum representation will be sought to establish the foundation Council

- *Māori – two members with strong connections to the local Māori community*
- *Pacific – one member with strong connections to the local Pacific community*
- *Asian – one member with strong connections to the local Asian community*
- *Health Link – two Health Link Board members*
- *Disability – one member with strong connections to the local disability community*
- *Youth – one member with strong connections to local youth*
- *Mental health and Addiction – two members with lived experience and/or strong connections to the local community of mental health and addiction service users.*

Remaining members will be appointed to reflect the following areas of interest:

- *Child health*
- *Women's health*
- *Older persons health*
- *Chronic conditions*

- *Rural health*
- *Primary health*
- *High deprivation populations*

When making appointments, consideration must be given to maintaining a demographic balance that generally reflects that of the population, to provide a good cross-section of age groups, health experience and geographical locations of the local community and representation from the Lesbian Gay Bisexual Transgender Transsexual Intersex (LGBTTI) community would be welcome. Although appointed to reflect the consumer voice in a particular area of interest, they will not be regarded as representatives of any specific organisation or community.

Appointment of Chair

Appointment of the Chair will be conducted every 12 months. Any member of the Consumer Council may put forward their expression of interest to the Council Secretariat. The election of the will be conducted in a scheduled regular meeting of the Council and the Chair will be selected based on majority of votes.

The Chair can be elected any number of times as long as he/she remains a member of the Consumer Council.

Review of other Consumer Group Selection, Election, Appointment process

A review of the selection and appointment process of other DHBs and agencies have been pasted below for reference:

Review of Performance

The Consumer Advisory Chair, in consultation with the Chief Executive, will assess the performance of each Member. The performance of the CAC Chair will be assessed by the Chair of the Board.(PHARMAC)

The CEO may at any time on written notice to the Chair and relevant member, remove a member from the Consumer Council if he considers that the member is failing to adequately perform the duties of the role as defined in position descriptions and Code of Conduct. In addition, if a member fails to attend three meetings in a row without an apology, they will be asked by the Chair to step down as a Consumer Council member. (Waikato DHB)

Appointment and Selection

The Consumer Council appointment process will be open and transparent. The message about the Consumer Council and the request for applications will be promoted using all available communication channels – newspapers, community groups, networks, information evenings, newsletters and social media. Applicants will be short-listed using the competency matrix criteria, followed by an interview with the Chief Executive, Board Chair and community leaders. (Nelson Marlborough Health)

Members shall be appointed by the CEOs of HBDHB and Health Hawke's Bay (with endorsement by the respective boards), following consultation with the consumer and community groups in each of the areas of interest, as appropriate. (Hawke's Bay Health DHB)

Consumer Council Members will be appointed by the CEO or their delegate.
Consumer Council members will be recruited via an open Expression of Interest process. (Waikato DHB)

Terms for re-election/re-appointment
Waikato DHB – Term of appointment is for two years with further appointments not exceeding two additional terms

Hawke's Bay Health DHB – Term of appointment is for two years with further appointments for a maximum of three terms

Questions for Discussion

The following questions are posed for discussion:

- Are there other considerations to be taken into account on selection of seats to be vacated?
- What should we consider to evaluate performance of the members?
- Are there other considerations to be to be taken into account when evaluating applications/conducting the selection process?

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
David Price	**Director of Patient Experience**	**021 715 618**	✓

3.4 Continuation of Discussion: Telehealth

Recommendations:

The recommendations are that you:

a) Discuss the questions set out in the table below (key issues) during the meeting

Key Issues

Our volume of telehealth appointments has decreased since we entered COVID alert level 1.

Current work to sustain and implement telehealth includes building patient choice into our booking processes, integration of the video software with our booking system, exploring options for telehealth pods in the hospitals and the community, and development of electronic tools such as patient information, patient questionnaires, electronic laboratory requests, electronic prescribing, electronic outpatient outcome forms and electronic surgical waitlists.

Opportunity	Learnings to date	Discussion points
Patient experience	- Feedback from patients who have and have not experienced telehealth over the last 3 years tells us we should develop our services so we can offer teleheath options - 'Webside' manner could be optimised to ensure effective communication and health outcomes - Telehealth can both increase accessibility (reduce travel, save time, save money) but it can also create inequity (lack of access to a device, data or space to take a call)	How can we ensure we offer a choice that is equitable and accessible?
Organisational processes	- We deliver more telephone than video appointments, however patient feedback suggests video may be more effective than telephone. - Validated email addresses are required to book a video appointment in our patient administration - Our current booking processes are not set up to offer patient choice of appointment type - It is difficult to contact the right person if you want to change your appointment - We need a set of electronic tools to make appointments work effectively when the patient and clinician are not in the same physical place eg we need electronic options to replace our paper	How can we collect more validated emails so we can book video appointments for patients?

	forms and information sheets - We have a set of outpatient principles but these are implemented to varying degrees by different specialties (see attached). Most specialties agree that first specialist appointments (FSAs) should be face to face and follow up appointments could be delivered by telehealth if an examination or investigation is not required. Clinical appropriateness is important to reduce clinical risk and unforeseen consequences, for example increased likelihood of being sent for more investigations following a telephone appointment.	
Staff experience	- Telehealth appointments can be more effort for administrative staff as they take longer to book - Telehealth appointments take the same amount of time for clinicians as face to face visits at the hospital	How do we achieve benefits for patients at scale?

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Kelly Bohot	Care Redesign Programme Lead, i3	021 024 88164	✓

Outpatient operational principles

Appointment bookings

- The decision to use a booking type/mode of delivery sits with the individual clinician. The following booking types/modes of delivery are available in iPM:

	Booking type/mode of delivery*	Definition
No patient contact	Non-contact	An event where decisions about patient care are made after a review of the clinical data and referral, but without contacting the patient. Must include a written plan of care to the GP
Telehealth (Contact with patient but not in person)	Telephone	Telephone contact between patient and clinician
	Video conference	Video conference contact between patient and clinician
	Remote monitoring	Monitoring of patient's biometric health information communicated from a remote patient medical device
Contact with patient in person	Face-to-face	Individual face-to-face appointment in the same location. Tests are included as face-to-face

- Face-to-face appointments should only be used when clinically necessary.
- Clinicians identify any patient for whom a telehealth (telephone, video conference) consultation is *not* appropriate.
- When a telehealth (telephone, video conference) consultation is not appropriate, the clinician must clearly indicate that a face-to-face appointment is required.
- Clerical staff need to be informed of the changes to booking type/mode of delivery* so the correct appointment can be booked. Booking type/mode of delivery can be identified at triage, outcome or between appointments.
- Appointments should not be cancelled to be rebooked later unless absolutely necessary.
- Future bookings can be made no more than 3 months out.

Patient access and experience

- Appointments must be accessible and equitable for the patient. Patients offered telehealth appointments (telephone, video conference and remote monitoring) should be contacted by clerical staff to ensure they have the resources to access their appointment eg ability to hear and talk on the telephone and access to a device, internet and a physical space to participate in a video conference consultation, access to support persons and/or interpreting services .
- If the patient is unable to access the booking type/mode of delivery* requested by the clinician, an alternative booking type should be arranged.
- The *Telephone and Video Conference Gu*ide should be followed to ensure patient access and experience is optimal for all telehealth appointments.

Outpatient documentation

- All consultations must have an outcome form and clinic letter dictated.
- Outcome forms must be returned to the booking team within 24 hours of the appointment.
- The *Outpatient Paperless Toolkit* is under development to make outpatient appointments easier to deliver.

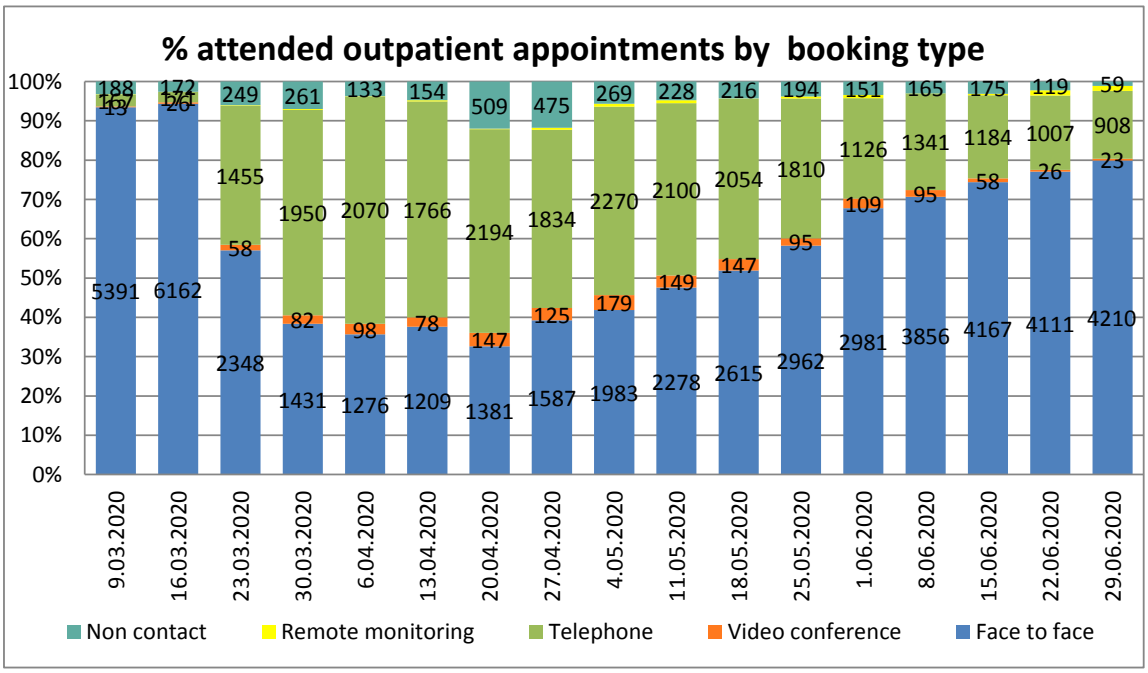
Telehealth discussion background paper presented to the Consumer Council

Background

Telehealth

The NZ Telehealth Forum and Resource Centre[1] defines telehealth as the use of information and communication technologies to deliver health care when patients and care providers are not in the same physical location.

We have been testing telehealth (telephone and video) appointments with a small number of services and patients since 2018. When the New Zealand government introduced social distancing as a measure to contain the spread of COVID-19, we took the opportunity to scale our learnings and transition face to face outpatient appointments to telehealth where appropriate. During the COVID-19 lockdown period clinicians across Waitemat*ā* DHB provided approximately 17,000 outpatient appointments that otherwise would have been cancelled. The graph below shows the number and proportion of outpatient appointment by booking type attended between 9 March 2020 and 3 July 2020.



Since coming out of COVID-19 lockdown our telehealth volumes have reduced. Patient experience feedback has been positive and tells us we should continue to offer telehealth appointment options.

Patient Experience of telehealth

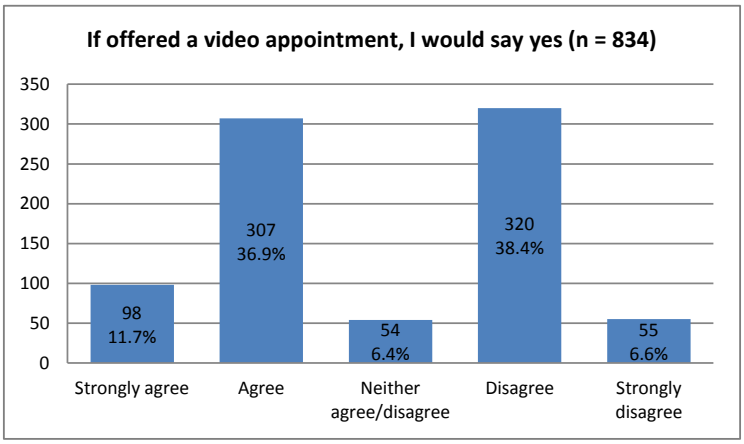
We have gathered patient experience feedback at intervals over the last three years.

[1] See: https://www.telehealth.org.nz/

In 2018, we offered video appointments to 218 patients across otolaryngology, diabetes and physiotherapy. Just under half (45.2%, n = 98) chose a video appointment over a face to face visit at the hospital. The top four reasons for choosing a video appointment were 1. to reduce travel, 2. save time, 3. save money, 4. shorter wait. The majority (82%) told us their video experience was the same or better than a face to face visit to the hospital and that they would be likely or extremely likely to choose a video appointment again (88%).

In 2019, we surveyed 996 patients on arrival to their outpatient appointments at North Shore and Waitakere Hospital sites (response rate 99.2%). The survey aimed to understand current outpatient experiences and opinions about the potential use of technology to support delivery of care including use of email, text and video calls.

Just under half of patients 48.6%, n = 405, told us they would say yes to a video appointment as an alternative to visiting the hospital.



Accessibility
The most common reasons for declining a video appointment were:

- no access to a device (46%, n = 175)
- prefer a personal visit (36%, n = 138)
- do not like/feel comfortable using video calls (7%, n = 26)

In May 2020, our patient experience team supported us to complete 44 telephone interviews with patients who had received a telephone or video appointment during the COVID-19 lock down period. The aim was to understand the patient experience and whether we should continue to offer telehealth appointments in the future. The results were encouraging; 95% of respondents told us telehealth appointments are a good service to provide and that patients should be offered the choice.

- *"It should always be an option"*
- *"The selection of the appointment method depends on the patients' status, such as confidence and ability with new technology, language barrier, how serious the patient's condition is and the patient's preference as well"*
- *"If there is no need to come in, why make them"*

There was suggestion that video appointments may be more effective than telephone appointments:

- *"found [telephone] more brief…a sense of get over with it"*
- *"it worried me – you can't see me, or evaluate me, and you can't therefore provide the same standard of care or outcomes. Much better to have a video call instead so I can be seen on the screen"*
- *"prefer video to telephone calls, so I can see clearly and get more information".*

Impact of travel and cost avoidance on patients and our communities

Between 23 March 2020 and 3 July 2020, a total of 26,504 patients have received telehealth appointments. The collective travel, carbon and financial savings are summarised in the table below.

	Number of appointments over last 8 weeks	Travel avoided in km (mean 37.6km)	Carbon emissions avoided (125 CO2g/km)	Costs avoided (mean $149.49 travel, loss of earnings etc)
Telephone	25,035	941,316 km	117,664,500 CO2g	$3,742,482.15
Video	1,469	55,234.4 km	6,904,300 CO2g	$219,600.81
Total	**26,504**	**996,550.4 km**	**124,568,800 CO2g**	**$3,962,082.96**

Achievements to date

Item		Date
Zoom licences available for clinicians (24 months)		April 2020
100 integrated screens implemented in outpatient clinics		May/June 2020
iPM integrated with Zoom		June 2020
Zoom integrated with clinical portal		In progress
Telehealth patient website live		June 2020
Telehealth patient education/information videos		In progress
Telehealth pods in the community		In progress
Paperless clinics	eLaboratory orders	May 2020
	eOutcome forms	In progress
	eSurgical waitlist	In progress
	eHealth questionnaire	In progress
	ePrescribing	In progress
	email tool	In progress

4. INFORMATION ITEMS

4.1 Patient Experience Report
4.2 COVID-19 update (verbal)

Patient Experience Report

JULY 2020

Waitematā District Health Board
Best Care for Everyone

BACKGROUND

The Patient Experience Team supports the organisation by collecting, listening to and analysing patient, whānau, staff and community feedback to provide a better understanding of what matters to our diverse community. This informs organisational strategic direction and highlights local service improvements to enhance the patient experience and achieve better health outcomes for our community. The Patient and Whānau Centred Care Standards Programme, Chaplaincy Services and the Asian Health Services Team are also supported within the Patient Experience Team.

KEY STATISTICS – JULY 2020

NPS 82 Continues to score well above target

NPS Target 65

750 responses

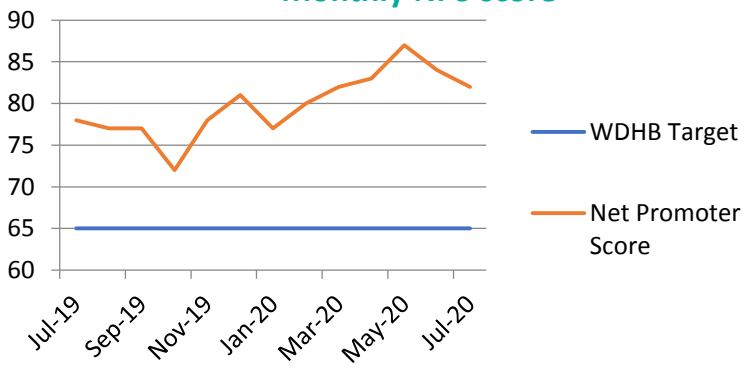
NPS 93 'Welcoming & Friendly ' Strongest performer

NPS 88 Māori patients and whānau

Net Promoter Scores (NPS) by ward /service

Exceptional NPS	Location	NPS
Ward 15	NSH	100
SCBU	NSH	100
SCBU	WTH	100
Low NPS	**Location**	**NPS**
Outpatients		46

Monthly NPS score



NPS Scores by ethnicity

July 2020	NZ European	Māori	Overall Asian	Overall Pacific	Other/ European
Responses	486	47	58	38	138
NPS	82	88	78	98	86

Highlights

- Asian Health Services has employed their first NZ Sign Language Interpreter on a permanent contract to meet current increased demand for this service.
- The Westlake Boys and Girls volunteers commenced their volunteer programme in July. Unfortunately COVID-19 caused a delay to this service commencing. Every Saturday and Sunday morning they will provide support to patients on Ward 14 and 15, providing companionship and activity support to our rehabilitation patients.

Areas for improvement

1. Pain management 2. Car parking 3. Food 4. Long wait times

Patient Experience Report

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Waitematā District Health Board
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Feedback

"My daughter was dealt with gently and with respect."
ARDS Botany

"Very helpful, friendly and thorough appointment.
Whānau Centre Paediatric Outpatient Clinic

"I didn't know what this appointment was about, but I am extremely happy with the service, its more than I expected."
Allied Health Community Child Health West

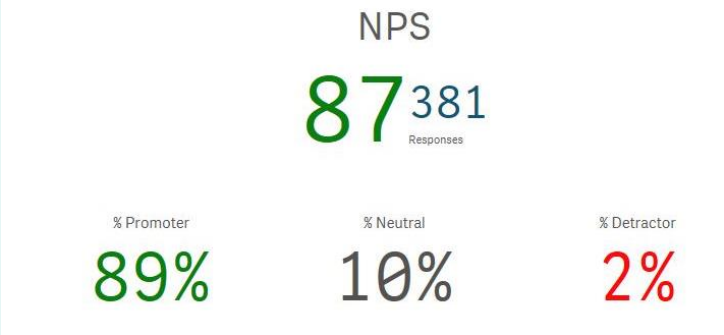
NPS Calculation

Promoter

Passive
- Likely

Detractor
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely

Net promoter score is calculated as the difference between the percentage of **Promoters** and **Detractors**



Kōrero Mai Calls in July

Reasons for calls:
1. Communication
2. Unknown treatment plan
3. Staff
4. Medical care

5. OTHER BUSINESS

5.1 Community concerns
5.2 Agenda for next meeting