

# Consumer Council

**Wednesday**

**22 March 2023**

**2:00pm – 4:00pm**

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

**In person attendance with Zoom option available**

# CONSUMER COUNCIL

## 22 March 2023

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

<p><u>Consumer Council Members</u></p> <p>Lorelle George (Chair) Ngozi Penson (Deputy Chair) Neli Alo 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</p>	<p><u>Ex-officio - Waitematā DHB staff members</u></p> <p>Samantha Dalwood – Disability Advisor Brad Healey – Interim Lead – Hospital and Specialist Services Waitematā</p> <p><u>Other Te Whatu Ora Health New Zealand Waitematā Staff members</u></p> <p>Ravina Patel – Manager, Patient Experience Janice Kirkpatrick – Operations Manager Dermatology, Diabetes, Endocrinology, Fracture Liaison, Infectious Diseases, Palliative Care &amp; Respiratory Lisa Sparks - CNS Diabetes Team Leader, Diabetes Service Simon Young - Consultant Physician, Endocrine/Diabetes, Medicine</p>
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### APOLOGIES:

Samantha Dalwood  
Brad Healey  
Samuel Cho

### 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

	<b>1. AGENDA ORDER AND TIMING</b>
	<b>2. Welcome / Karakia / Introduction</b>
	<b>3. CONFIRMATION OF MINUTES</b>
2.05pm	3.1 Confirmation of the Minutes of Meeting (08/02/23) 3.2 Actions Arising from Previous Meeting
	<b>4. DISCUSSIONS</b>
2.15pm	4.1 Patient Experience Report – Ravina Patel 4.2 Update on Wheelchair Pilot – Ravina Patel 4.3 Update on Communications – Ravina Patel
	<b>5. INFORMATION ITEMS</b>
2.40pm	5.1 QSM Report presented for approval by Consumer Council members – Ravina Patel
2.50pm	--- Break ---
3.00pm	5.2 Update on Diabetes Services – Janice Kirkpatrick, Lisa Sparks, Simon Young
3.30pm	5.3 Chair's Update - Lorelle George, Chair
	<b>6. ANY OTHER BUSINESS</b>
3:45pm	6.1 Community Concerns
3.50pm	6.2 Area of interest for future meeting
3.55pm	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)	✓							
Ngozi Penson (Deputy Chair)	✓							
Neli Alo	x							
Samuel Cho	✓							
Boyd Broughton (Te Rūnanga o Ngāti Whātua)	✓							
Dan McCool (Representative of Te Whānau o Waipareira)	✓							
Janet Fitzgerald	x							
Insik Kim	✓							
Ian Ramos	x							
Ravi Reddy	✓							
Kaeti Rigarfsford	✓							
Vivien Verheijen	✓							
Brad Healey	✓							
+Samantha Dalwood	✓							
Student representative								

- ✓ *attended*
- x *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**

<b>Committee Member</b>	<b>Involvements with other organisations</b>	<b>Last Updated</b>
Lorelle George (Chair)	Consumer Advocate – Harbour Hospice, Clinical Governance Committee	03/02/23
Ngozi Penson (Deputy Chair)	Member, Metro Auckland Clinical Governance Forum Member, Ethnic Advisory Group (EAG), English Language Partners Northern Region Laboratory Network Point of Care Testing (POCT) Network Group, Co-Founder - Middle Eastern, Latin American, African (MELAA) Advisory group (MAG) Member, Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE) University of Auckland	13/03/23
Neli Alo	Team Leader, Youthline Manukau	08/02/23
Samuel Cho	Committee Member, Waitakere Health Link Member, Metro Auckland Asian and MELAA Primary Care Service Improvement Group (Auckland DHB and Waitematā DHB) Member, Asian Health Action and Advisory Group (Counties Manukau Health)	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		
Insik Kim	Committee Member, Waitakere Health Link Committee 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 Rigalsford	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)	15/03/23
(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 17 JANUARY 2023**

<b>Meeting Date/ Minutes ref.</b>	<b>Topic</b>	<b>Action / Status</b>
07/12/22	<ul style="list-style-type: none"><li>• Feedback on the pilot programme for Volunteers to give assistance to patients using hospital wheelchairs.</li><li>• Update on Communication</li></ul>	Ravina to provide an update at the meeting on 22 March 2023

## **2. WELCOME AND INTRODUCTION**

### **3. CONFIRMATION OF MINUTES**

3.1 Confirmation of the Minutes of Meeting 08/02/23

3.2 Actions Arising from Previous Meeting



### 3.1 Confirmation of the Minutes of Meeting 08/02/23

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

**Wednesday, 8 February 2023**

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

#### **CONSUMER COUNCIL MEMBERS PRESENT:**

Lorelle George (Chair)  
Ngozi Penson (Deputy Chair)  
Samuel Cho  
Boyd Broughton (Te Rūnanga o Ngāti Whātua)  
Dan McCool (Te Whānau o Waipareira)  
Insik Kim  
Kaeti Rigarlsford  
Ravi Reddy  
Vivien Verheijen

#### **ALSO PRESENT:**

Samantha Dalwood - Disability Advisor  
Brad Healey – Interim Lead – Hospital and Specialist Services Waitematā  
Jacky Bush – Quality and Risk Lead and Manager  
Geraldine Kirkwood - Complaints and Adverse Events Manager  
Te Aniwa Tutara – Project Manager, He Kamaka Waiora  
Janine Pratt – Project Manager, Facilities Services Group  
Matthew Knight – Project Director, Facilities Services Group  
Brad Marais - Project Manager, Facilities Services Group  
Haitham Alrubayee - Program Director, Facilities Services Group  
Fabiana Sierra - Minutes

#### **KARAKIA**

Boyd Broughton led the Karakia.

#### **APOLOGIES:**

Neli Alo  
Ian Ramos  
Ravina Patel

#### **WELCOME:**

Lorelle George, Consumer Council Chair welcomed everyone to the meeting, and led a round of introductions welcoming Dan McCool as a new member and Boyd Broughton as a returning member. Brad Healey, new Interim Lead Hospital and Specialist Services, was also welcomed. Brad Healey introduced himself and provided an overview of his role and of his work history.

## **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 to the one listed in the agenda.

### **3 CONFIRMATION OF MINUTES**

#### **3.1 Confirmation of Minutes of the Consumer Council Meeting held on 7 December 2022**

The Minutes of the Consumer Council Meeting held on 7 December 2022 were received and approved.

#### **3.2 Actions arising from the previous meeting**

There were two actions arising from the previous meeting.

- i. Feedback on the pilot programme for Volunteers to give assistance to patients using hospital wheelchairs.
- ii. Update on Communication

### **4 DISCUSSIONS**

#### **4.1 Patient Experience Report (Agenda pages 17-21)**

Ravina Patel (Manager, Patient Experience) was unable to attend the meeting. She had provided her *Patient Experience* report in advance of the meeting. The report was taken as read. Any questions or comments related to the report were asked to be sent to Samantha Dalwood or Ravina Patel for response.

### **5 INFORMATION ITEMS**

#### **5.1 Overview of Complaints and Compliments (Agenda pages 23-31)**

Jacky Bush (Quality and Risk Lead Manager) and Geraldine Kirkwood (Complaints and Adverse Events Manager) joined this meeting in person, and they spoke to their report.

Matters covered in the discussion:

Complaints' process

- All feedback is received by the Consumer Feedback administrator who distributes the feedback/complaints to the relevant services
- Feedback comes through to the team via several channels
  - Telephone, email, paper letter, and internally submitted by staff members on behalf of patients

- Complaints are sometimes resolved instantly, or they may be forwarded to the Feedback team.
- Complaints are then triaged and distributed amongst the relevant services for them to communicate with the complainant to address the issue and reach a resolution.
- Complainants receive a response within 14 working days. Under the Code of Rights there is a 20-working day timeframe to respond to the complainant and the organisation is consistently meeting the target to respond well under the 14 working-day period.
- The process encourages services to engage with the complainant to address the issue.
- Once the service has responded to the complainant, and both parties have reached a resolution, the complaint and relevant information is filed on record. This allows the complainant to reopen the case at a later date for further investigation and resolution, should they want to.
- If the service is unable to reach a resolution with the complainant, the Feedback team then provides the complainant with information on alternative steps to escalate their request with independent entities, such as the Health and Disability Advocacy Service and the Health and Disability Commissioner.
- The Feedback team has regular meetings with the Health and Disability Advocacy Service to ensure that they work in a partnership to address any incoming complaints.
- When the complaint is received from a Māori consumer the Feedback team engage the Māori Health team to apply a Māori lens to respond appropriately to the consumer. The same process applies to consumer complaints received from Pacific or Asian communities where the team works closely with the Pacific Health and the Asian Health teams respectively.
- The Feedback team also deals with complaints received from family members. There must be consent provided from the consumer as privacy is a priority and needs to be maintained at all times. Cases where the consumer is unable to provide consent are looked at on a case-by-case basis and the best judgement is made.

Comments and issues raised:

- Query on the percentage of Māori consumers complaints that have come through, which currently seems very low. The Feedback team will look at this percentage to ensure this percentage is not associated with lack of access to the channels available to provide feedback/complaints.
- The team are currently working on how to best ensure that consumers feel safe and able to provide feedback. Need to ensure that consumers and their families are also aware of the feedback/complaints process to be able to easily provide their comments without fears of health services being impacted by their voiced concerns. The team are open to hearing any suggestions on how to improve and increase the reach of the current feedback channels to better capture all consumers' voices, including those that may be currently underrepresented, to have a more accurate view of any potential service improvements required.
- It was suggested that perhaps it could be a good idea to have a Māori and Pacific Health advocate based in all medical wards/spaces where consumers can easily approach

them for conversations when consumers may be struggling with specific needs being unmet.

- It was suggested that it could be useful to look at the total number of patients that go through each service and compare this number with the number of complaints received by service in order to have an accurate percentage of complaints based on the total number.
- It was noted that complaints that are received in other languages other than English are referred to the appropriate team such as the Asian Health team for translation. This translation will then inform the response sent to the consumer who receives a response in English and the language that they made the complaint in.
- It was raised that for the last three years ED service has consistently had a high number of complaints and this prompted the question of what had been done to address this. Brad Healey mentioned that in his current role he will be looking at these issues and will be making improvements on patient flow throughout the hospital services. These improvements in patient flow will undoubtedly have a positive impact on the patients journey from their arrival to ED.
- It was noted that to change the perception around complaints perhaps utilising a more open language with consumers such as feedback for both good and bad experiences, rather than using the word *complaints*, would encourage consumers to feel more comfortable sharing their consumer experience with the services.
- Query on whether Te Whare Tapa Wha had been incorporated into the feedback/complaints process to ensure that all consumers, in addition to Māori and Pacific communities, were aware of all the aspects of their visit, not just medical, for which they can provide feedback, and that it should be clear to patients that they can voice their views on the involvement of their whānau with the medical team during the patient's journey. It was suggested that perhaps the team could look at the posters displayed in the wards and public spaces to ensure that all aspects of care are included in the feedback process.
- It was noted that discrimination complaints in the report include all types of perceived discrimination, and includes age, gender and sexual orientation perceived discriminations.
- It was also raised that perhaps the resolution aspect in the feedback process meant that the issue had been resolved from the service perspective, but not necessarily from the complainant's perspective. To clarify this point it was explained that prior to the resolution letter sent to the complainant by the service, a lot of work from the feedback team and the services has already happened in terms of organising meetings that involve all relevant parties to discuss and to find a solution to the complainant's concern. It was suggested that perhaps the resolution part of the process needs to be clearer from the service user's perspective to ensure everyone is on the same page.
- Query on whether the feedback/complaints process is accessible in all languages in all the channels available, with the message delivered to consumers in a way that is also inclusive of people with all kinds of disabilities. It was noted that accessibility is still a work in progress and that although there is content available in several languages including NZ Sign Language and Easy Read, the team are still working on getting information displayed in Braille, audio and certain languages.

- It was raised that communication is one of the main aspects of the patient experience that is consistently related to the number of complaints. It was noted that some of the main areas related to communication were linked directly with the patients' care as well as with their families.
- It was agreed that the Feedback team will come back to provide an update in August 2023.

The Consumer Council thanked Jacky and Geraldine for their work and for their time.

3.00pm – the meeting adjourned for a short break.

## **5.2 Facilities Update (Verbal)**

Janine Pratt (Project Manager, Facilities Services Group), Matthew Knight (Project Director), Brad Marais (Project Manager), and Haitham Alrubayee (Program Director) joined this meeting by Zoom and they spoke to a presentation.

Matters covered in the discussion:

### Tōtara Haumarū

- Currently most of the work for this project is happening on the internal areas of the building. The team are busy going through all the fits-out job that goes on to the walls. With the primary focus on installing and completing the services to then start with the finishes.
- The project is due for practical completion at the end of 2023 and it is scheduled to go live in April 2024.

### Waitākere Urgent Beds and ICU

- The project is currently in the detailed design phase.
- The project involves a facility with a medical ward of 30 beds, and ICU with six beds.
- Te Whatu Ora Health New Zealand have approved the budget, currently pending Ministerial approval, to continue the project based on the business case of 2021.
- Expecting a delay of 3 months because of the delay of the approval. Once the budget has been approved by the Minister, the team will then work on securing a contractor by July 2023.
- The project is scheduled for completion at the beginning of 2026.

### Mason Clinic – E Tū Wairua Hinengaro

- The project is at the completion of the detailed design stage. There is a contractor already on board, and they started the work on the site on 31 January 2023.
- The contractor is currently preparing for the earth work, and there is also a subcontractor engaged for the steel work.
- There was a site blessing last week, and it is anticipated that there will be another event engaging the Ministry of Health in March pending confirmation.
- This is a major development for the Mason site due to the scale (10,000 m<sup>2</sup>) and being the first building of the approved master plan.

- Once the facility is finished all the service users from the existing leaky building will be relocated into the brand-new build, and the leaky building will be demolished.
- The facility will provide Forensic Mental Health and Intellectual Disabilities Services for the region, as well as some services for the region from Taupo north.
- The project completion is scheduled for August/September 2025, and the shift from the services currently in the leaky building is scheduled to start early 2026.
- Mason Clinic currently has 121 beds, and it is expected that by 2040 the number of beds will increase to 260. This increase is subject to funding approval of the master plan to demolish the leaky building, and the build of a new facility on that site. This new growth capacity reflects the fact that Mason Clinic was built in the nineties, and the population has considerably grown since then.
- This programme has been driven by the need to ensure that people receive the care they need in the right place. The business case reflects this aspect, in particular taking into consideration that patients are either remaining in the corrections environment, or in our secondary services, and may not be getting the appropriate care they need.
- [REDACTED]
- The team are currently thinking about seeking the funding for the next project which involves more space for clients with intellectual disability to provide more appropriate care to younger people and women.
- This project underwent a rigorous consultation process with a strong cultural engagement since the moment of inception, with a Kaumātua that was onsite overseeing the project and providing advice from the concept phase and all the way through until now.
- The project was developed in partnership with the Mental Health Consumer Advisory group, and they provided a strong service user perspective that was taken into account in the design of the facilities.
- This facility is the first of its kind in terms of model of care in New Zealand to provide a Forensic Mental Health service on multi-levels. The building has two internal courtyards, one on the ground floor and the other one on the first floor on both sides. There is also the High Secure Unit, that will be the first one for the region, and which will be linked to the Auckland prison. When the Stage 1 of the building is completed its facilities will be able to provide a secure indoor recreational space with an outdoor space at the centre surrounded by the service facilities.

#### Other Facility Developments

- Whānau accommodation:
  - This is a new build facility working with the Māori Health team at North Shore Hospital.
  - The team are currently occupying an area on the ground floor of the hospital, that has 3 bedrooms, and caters for 6 family members.
  - The whānau facility is a new build located by the main entrance on Shakespeare Road at North Shore Hospital that will provide 17 bedrooms, communal rooms, kitchen, and bathroom facilities for whānau visiting relatives in the hospital.

- Currently at the end of the construction phase with the building scheduled to be opened in April 2023.
- The Women’s Health Birthing Suite at North Shore site
  - An old resus area at the North Shore site has been demolished on the ground floor, with the aim to provide combined clinic and consult rooms for the Women's Health team, currently spread over several areas across the NSH campus, and for them to have a single space.
- Waitākere additional car parks and EV infrastructure
  - Recently completed the installation of 46 space car parks for electric vehicles for staff use, with 42 out of the 46 already in use.
- North Shore Hospital Central Sterile Services Department (CSSD) upgrade
  - Currently remodelling CSSD to provide additional capacity and new equipment to service NSH’s theatres as well as the additional theatres in the Tōtara Haumarū building.
  - Project is due for completion in September 2023.
  - This project will enable the increase in the number of machines that carry out the sterilisation process to clean the various pieces of equipment used in theatre, which also requires a significant amount of work to adapt the infrastructure.

#### Infrastructure

- The team are also busy trying to ensure that the existing infrastructure is resilient and future proofed.

The Consumer Council thanked Janine and her team for their work and for their time.

### **5.3 Māori Cultural Competency Training (Verbal)**

Te Aniwa Tutara (Project Manager, He Kamaka Waiora) joined this meeting by Zoom.

- Te Aniwa runs the Registered Māori and Equity training sessions at Waitematā and Auckland sites once a month. She was invited to provide an overview of the Cultural Competency training options currently available to staff members of the organisation that the Consumer Council members could also attend. The Consumer Council acknowledged the valuable input from Te Aniwa and thanked her for her time.

3.45pm – Boyd Broughton left the meeting.

### **5.4 Chair’s Update (Verbal)**

The Chair provided an update on the recruitment for two current vacancies for Consumer Council representation. The Chair also provided an update on points discussed at the two recent National Consumer Council Chairs’ meetings she attended, including one with HQSC.

- Currently recruiting a Consumer Council member to represent the Rodney area as well as student representatives from high schools in the Waitematā district. The Chair and Samantha Dalwood have been actively requesting expressions of interest to fill these vacancies.

- Dan McCool will provide details of a school that could be interested in providing student representation.

## **6 ANY OTHER BUSINESS**

### **6.1 Community Concerns**

No community concerns were raised.

### **6.2 Area of interest for future meeting**

No comments or issues were raised.

### **6.3 Meeting evaluation**

It was noted that the meeting had been very successful with the pace being appropriate to address the points listed on the agenda and with enough time to ask questions.

The Chair thanked the members and attendees for their time.

The meeting closed at 4.10pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF TE WHATU ORA HEALTH NEW ZEALAND -  
WAITEMATĀ – CONSUMER COUNCIL MEETING HELD ON 8 FEBRUARY 2023.

\_\_\_\_\_ CHAIR



**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE  
CONSUMER COUNCIL AS AT 22 DECEMBER 2022**

<b>Meeting Date/ Minutes ref.</b>	<b>Topic</b>	<b>Action / Status</b>
07/12/22	<ul style="list-style-type: none"> <li>• Feedback on the pilot programme for Volunteers to give assistance to patients using hospital wheelchairs.</li> <li>• Update on Communication</li> </ul>	Ravina to provide an update at the meeting on 22 March 2023

## **4. DISCUSSION ITEMS**

- 4.1 Patient Experience Report – Ravina Patel
- 4.2 Update on Wheelchair Pilot – Ravina Patel
- 4.3 Update on Communications – Ravina Patel

**Patient Experience Feedback**

**1.0 National Inpatient Survey**

The next survey will go live on 14 February 2023. The sample who receive the survey is a selection of patients who visited the hospital during the two-week period from 16 January to 12 February 2023.

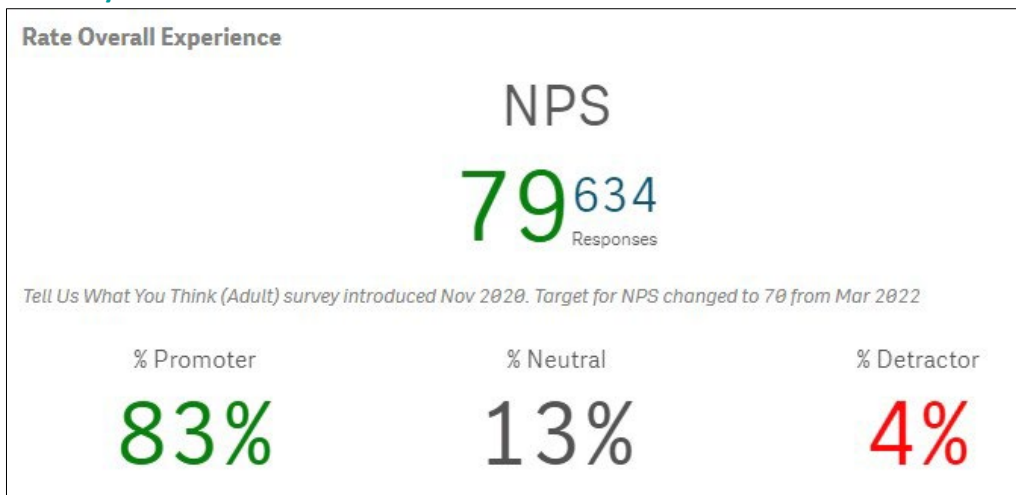
Participants have until the 14 March 2023 to complete the survey and results will be made available around 13<sup>th</sup> April 2023.

**2.0 Friends and Family Test**

**2.1 Friends & Family Test Overall Results – Adult Survey**

In January 2023, the Net Promoter Score (NPS) was 79 with feedback from 634 people. The NPS is up four on the previous month and the number of responses is up from 537 last month to 624 this month. The overall NPS continues to score above the target of 70.

**2.2 Friends & Family Test Overall Results**

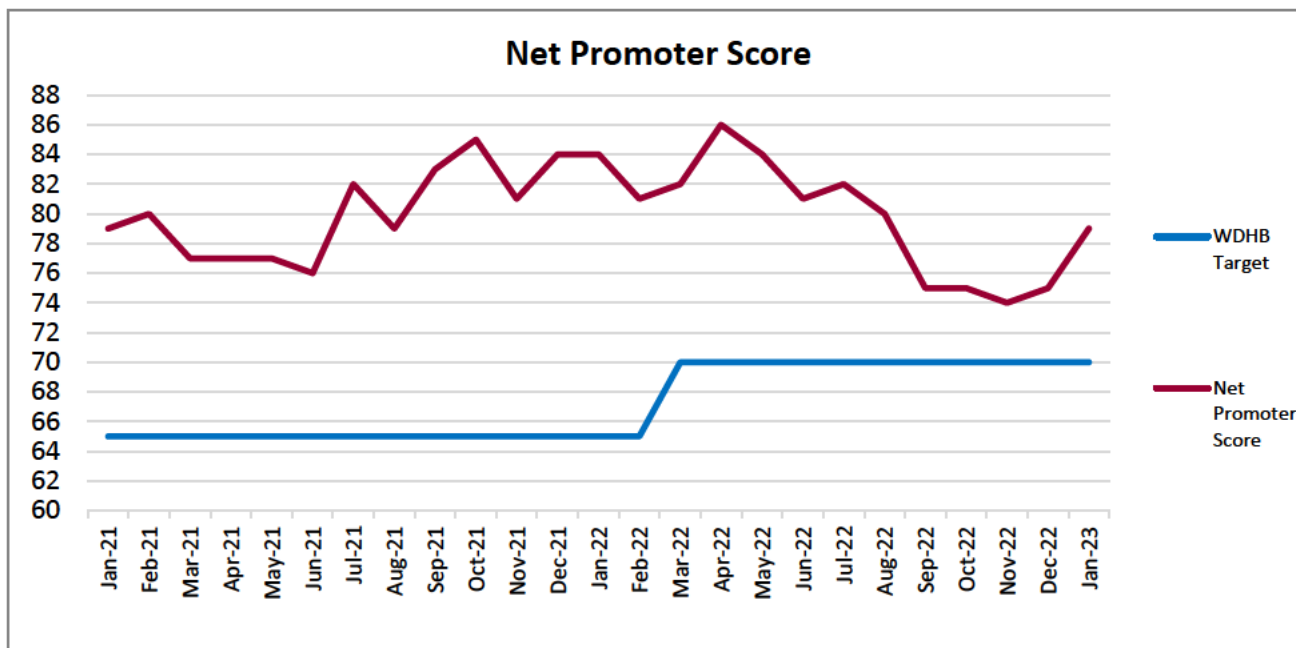


**Figure 1:** Waitematā DHB overall NPS

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
<b>Totals</b>	<b>634</b>	<b>79</b>	<b>86</b>	<b>81</b>	<b>84</b>	<b>68</b>	<b>81</b>
Jan-2023	634	79	86	81	84	68	81

**Table 1:** Waitematā DHB overall FFT results

Patient Experience Report (January 2023)



Graph 1: Waitemata DHB Net Promoter Score over time

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

January 2023	NZ European	Māori	Asian	Pacific	Other/ European
Responses	351	30	66	40	147
NPS	77	93	88	80	73

\*Low base size, interpret with care

Table 2: NPS by ethnicity

In January, all of our ethnicities scored above the Waitematā NPS target of 70, with Māori giving us a high score of 93.

January 2023	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	87	97	90	87	81
I was listened to	79	84	93	72	80
I was treated with compassion	84	97	86	83	79
I was involved in decision making	61	67	89	69	72
My condition/treatment was explained in a way that I understood	78	90	89	79	82

Table 3: NPS for all questions by ethnicity

This month, most of our measures score at or above the DHB target, with the exception of ‘Involved in decision making’ where NZ European, Māori and Pacific all scored below target.

**2.4 Patient Experience Updates**

➤ **Community Support Leaflet**

48 patients and whānau have provided feedback about a free community support leaflet patient experience is developing. The feedback, input and suggestions were all very positive and feedback topics were plentiful. Most of the patients we spoke to wanted to keep the draft version of the leaflet for various reasons including struggling with a

## Patient Experience Report (January 2023)

teenager, family member with mental health issues, looking out for lonely people etc. A full report of the responses will be available once all feedback has been collected.

### ➤ Patient Feedback

Patient feedback in January has once again been positive with patients reporting compassionate care and staff who are kind, knowledgeable and caring.

*“Therapist was excellent at explaining what was needed. Fast and efficient at removing tooth from my very reluctant daughter.” (ARDS, Albany)*

*“Very happy, care was amazing, very professional and reassuring.” (ESC, NSH)*

*“The staff I dealt with were always most professional, very polite, answered all my questions. Were always calm.” (Hospital in the Home)*

Areas for improvement:

- Hospital – addressing pain, staff attitudes and behaviours, wait times and improved communication.
- Auckland Regional Dental Service – improve appointment booking service, explanations and service.

## 3.0 Māori Patient and Whānau Experience

### Patient and Whānau Feedback

The current “Tell us what you think” patient experience survey does not accurately capture Māori patients’ narratives in a way that makes sense to Māori. Therefore, a new survey that will allow Māori the space to speak freely about their experiences in a way that utilises tikanga and Mātauranga Māori values through Whakawhanaungatanga is being developed. The questions will be open-ended thus allowing the patient or whānau the space and time to respond as they wish. The Māori Patient and Whānau Experience Lead will trial this process initially with a small number of “long stay” patients or whānau in February and March this year and who are currently in hospital.

### Poutama Equity Roopu

Maori Patient and Whanau Experience Lead has been invited to join the Poutama Equity Roopu which looks at equity across the board in Waitemata.

### Discharge Project

Māori Patient and Whānau Experience Lead is working alongside the Patient Experience Co-ordinator to ensure Tikanga Māori Best Practice is included in the hospital discharge process for Māori patients. This is being done in collaboration with the Poutama Equity Roopu.

## 4.0 Volunteers

### 4.1 Volunteer Recruitment Statistics

Volunteer numbers are down by four from the previous month with the retirement of Hospital Auxiliary members.

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)
44	117	3	164

**Table 4:** Volunteers Recruitment

The Patient Experience team continues to process new applications through our website and word of mouth.

## 4.2 Volunteer Highlights

### ➤ Hospital Auxiliary

For the month of January, Hosp Aux donated just about 1,200 items to both hospital. Donation includes various items such as Moses basket, Manaaki cover (ice pack cover) etc.

### ➤ Wheelchair pilot

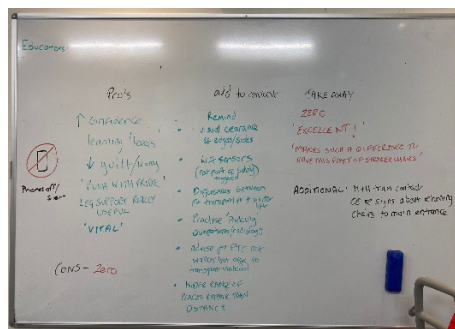
The Moving & Handling team trained nine volunteers on 19<sup>th</sup> January to safely transport patients in the Stryker wheelchair.

The training sessions involved learning about the different features of the wheelchair, practicing wheeling patients and undergoing assessed by the trainers. The trained volunteers then trialled what they had learnt for three weeks.

On the 9<sup>th</sup> February, the trainers and volunteers met to evaluate the pilot. The feedback collected from volunteers and other staff members was positive making the pilot successful. Over the coming months, some of our other volunteers can be trained to transport patients using the Stryker wheelchair.



Picture 1: left to right back row trainers: Susan & Mary  
Front row volunteers: Jane, Shirley, Pat, Lesley, Coordinator Genevieve & Volunteer Carol



Picture 2: Volunteers' feedback

## 5.0 Consumer Council Update

The Consumer Council met on 8 February 2023. They discussed the following agenda items at their most recent meeting:

- **Patient Experience Report** – The Patient Experience report was taken as read and questions from the Council members were noted. The final name of the gynaecology unit, Hine Tuānuku - Women's Health Clinic, was given to the Council and they were thanked for their input into the feedback process.
- **Overview of Complaints and Compliments** – Jacky Bush & Geraldine Kirkwood. Jacky and Geraldine outlined the complaints process and how the organisation responds to feedback. They talked about the different ways that patients and Whānau can give feedback and how they can be supported to go through the process. There was a robust discussion on how the consumer experience could be improved, and some good ideas. Jacky and Geraldine will come back to the Council later on in the year, possibly bringing a case study to show the process from initial feedback to a resolution that the patient and their Whānau were happy with.
- **Facilities Update** – Janine Pratt-Project Manager, Matthew Knight-Project Director, Brad Marais-Project Manager, and Haitham Alrubayee-Program Director from Facilities Services Group (FSG) updated the Council on the projects that they are working on. The projects included Tōtara\_Hamaru, the Primary Birthing Unit at Waitākere, Whānau accommodation at North Shore and the Mason Clinic/E Tū Wairua Hinengara. The Council thanked the staff for coming and were pleased to see these works are progressing.
- **Māori Cultural Competency Training** – discussion with Te Aniwa Tutara, Project Manager, He Kamaka Waiora. Te Aniwa outlined opportunities for Council members to develop their cultural competency through training. Options include some information from the Māori members of the Council, the four-hour course that Te Aniwa runs monthly, or the two-day course that is run at Waitākere Marae. These options will be developed and presented to the Council.

## **5. INFORMATION ITEMS**

- 5.1 QSM Report presented for approval by Consumer Council members – Ravina Patel
- 5.2 Update on Diabetes Services – Janice Kirkpatrick, Lisa Sparks, Simon Young
- 5.3 Chair's Update - Lorelle George, Chair

## 5.1

### Consumer Engagement QSM self-assessment endorsement

#### Recommendations:

The recommendations are that you:

- a) Note the information paper
- b) Endorse the March 2023 self-assessment recommendations

#### Background

The consumer engagement Quality and Safety Marker (QSM) is measured by all Te Whatu Ora-Health New Zealand districts bi-annually. The next self-assessment is due to the Health Quality Safety Commission (HQSC) on the 31 March 2023. Our self-assessment will be uploaded to the dashboard self-reporting system, with a matrix to indicate whether a domain is being met, supported by evidence and qualitative comments for each domain.

The self-assessment is designed to demonstrate improvement over time as Districts invest in more mature and effective ways of consumer engagement. As with the previous self-assessment completed in November 2022, prior to submitting the self-assessment the Consumer Council is responsible for endorsing the self-assessment.

Due to short time between the last submission, there has been no movement within the three Domains areas. This means that there has been no change in our overall scores since November 2022. Therefore, it is recommended that the Consumer Council endorse the following scores for March 2023.

The following scores are recommended for each domain:

- Engagement = Consultation (3),
- Responsiveness = Involvement (3),
- Experience = Partnership and Shared Leadership (3)

Included as part of the evidence to support the submission are the following:

- Consumer Council minutes, these include the reflections of the Council members at each meeting.

Appendix:

- Self-assessment document with ratings
- Hine Tuānuku Women’s Health Clinic – North Shore Hospital

*Please note all other evidence is available in previous Consumer Council meeting minutes*

#### Contact for telephone discussion (if required)

Name	Position	Telephone	Suggested 1st contact
Ravina Patel	Patient Experience Manager	[REDACTED]	
Samantha Dalwood	Disability Advisor	[REDACTED]	✓



March 2023 - Consumer engagement quality and safety marker (QSM) | SURE (Supporting, Understanding, Responding and Evaluating) framework

		1 – Minimal   Te itinga iho	2 – Consultation   Te akoako	3 – Involvement   Te whai wāhi	4 – Partnership & shared leadership   Te mahi tahi me te kaiārahitanga ngātahi												
		What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:												
<p><b>Engagement</b> The environment created to support community engagement.</p> <p><b>Te Tūhononga</b> ko te taiao kua hangaia hei tautoko i te tūhononga hapori.</p>	<b>Consumers</b>	Consumers are involved in one of the following areas of the organisation: direct care, service delivery, policy, and governance. Representation and input do not reflect the population served.	Consumers are involved at some levels of the organisation in at least two of the following areas: direct care, service delivery, policy, and governance. Representation and input is partially reflective of the population served. Representation is not equitable.	Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. Representation and input is mostly reflective of the population served, and there is a transparent process for recruiting membership at all levels. Representation is not equitable (e.g. a broader understanding of health care and the wider determinants of health is not possible).	Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. The representation and input reflect the broader population served (e.g. clubs and associations, educational institutions, cultural and social groups, churches and marae), and there is a transparent process for recruiting membership at all levels. Representation is equitable and covers a broader understanding of health care and the wider determinants of health.												
	<b>Equity</b>	Equity is a little known or discussed principle in the organisation.	Equity is a well understood principle in some parts of the organisation and there is intent to act upon achieving equity for the population served.	Equity is a well understood principle throughout the organisation and there is intent to act upon achieving equity for the population served.	Equity is a well understood principle throughout the organisation and achieving equity for the population served is acted upon.												
	<b>Consumer Council</b>	The consumer council is newly established, with a lack of resources, systems, and processes.	The consumer council is newly established, partially resourced, and evaluation has not yet occurred.	The consumer council is well established, partially resourced, and occasionally evaluated.	The consumer council is well established, resourced, and regularly evaluated.												
	<b>Co-design</b>	Co-design is not used or understood by the service.	Co-design is a method understood by parts of the service. It has not been used to improve processes at this point.	Co-design is a method used and applied by parts of the service. This means using co-design to improve the system for staff and consumers.	Co-design is a method used and applied within the service. This means using co-design to improve the system for staff and consumers.												
	<b>Workforce</b>	There is limited evidence that the organisation encourages a diverse workforce.	The organisation encourages a diverse workforce through its recruitment strategy, although the broader population served is not reflected.	The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served.	The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served. Consumers are included on interview panels where appropriate. Equity is incorporated as part of the recruitment strategy.												
	<b>Health Literacy</b>	There are no systems or policy related to health literacy within the organisation for verbal and written information.	A health literacy policy is in place, however not influencing common health literacy practices. Consumer health literacy group is in place to review written information, however not embedded into patient information review process.	Regular health literacy staff training is available. Consumer health literacy group is embedded into the patient information review process, including online platforms, wayfinding, consumer information and mobile applications.	Organisation is endorsed as a 'Health Literate Organisation'. Consumer information is codesigned and there is accountability for including feedback. Information is accessible to all consumers												
			<table border="1"> <tr><th>Organisation</th><th>Score</th></tr> <tr><td>✓</td><td>2</td></tr> </table>	Organisation	Score	✓	2	<table border="1"> <tr><th>Organisation</th><th>Score</th></tr> <tr><td>✓</td><td>2</td></tr> </table>	Organisation	Score	✓	2	<table border="1"> <tr><th>Organisation</th><th>Score</th></tr> <tr><td>✓</td><td>3</td></tr> </table>	Organisation	Score	✓	3
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		What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:
<p><b>Responsiveness</b> Responding to and acting on what consumers are saying about the service and having the right information at the right time for consumers accessing services.</p> <p><b>Te Noho Urupare</b> ko te urupare, ko te mahi i ngā kōrero a ngā kiritaki mō te ratonga me te whai i te mōhiohio tika i te wā e tika ana mō ngā kiritaki e uru ana ki ngā ratonga.</p>	<b>Systems</b>	There is a lack of systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.	There are emerging systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.	There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems work well for many who access services.	There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems involve broad representation, and allow for diverse feedback (e.g. different cultures including Māori and Pacific, younger and older, different socioeconomic groups, LGBTQI+)
	<b>Community Voices</b>	Community voices are not brought to the attention of senior leaders	Community voices are brought to the attention of senior leaders within the organisation but not acted upon.	Community voices are brought to the attention of senior leaders within the organisation and sometimes acted upon (i.e. the loop is closed).	Community voices are brought to the attention of senior leaders within the organisation and always acted upon (i.e. the loop is closed).
	<b>Consumer Council</b>		The input of the consumer council is heard, documented, but seldom acted upon.	The input of the consumer council is heard, documented, and sufficiently linked to be acted upon.	The input of the consumer council is heard, documented, and sufficiently linked to be acted upon.
	<b>Skills</b>	Consumers and staff do not have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).	Consumers and staff have limited skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).	Some consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).	Most consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).
	<b>Access</b>	It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	Most people can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.	Everyone can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.

		What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:				
<b>Experience</b> The systems in place to capture consumer experience, and act upon the results.  <b>Wheako</b> ko ngā pūnaha kua whakaritea hei mau i te wheako kiritaki me te whakatinana i ngā mahi i runga i ngā hua.	<b>Metrics</b>	There is a lack of metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are specific metrics in place to support the monitoring of patient experience surveys and patient feedback. <table border="1"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>4</td> </tr> </tbody> </table>	Organisation	Score	✓	4
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<b>Reporting</b>	These metrics are reported on.	These metrics are reported on and shared with relevant stakeholder groups.	These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. <table border="1"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>3</td> </tr> </tbody> </table>	Organisation	Score	✓	3	These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. Reporting is timely, and feedback loops are closed.	
Organisation	Score								
✓	3								
<b>Feedback Options</b>	There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). It is not always clear whether feedback is acknowledged.	There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). Certain forms of feedback are acknowledged and responded to.	There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to. <table border="1"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>3</td> </tr> </tbody> </table>	Organisation	Score	✓	3	There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.	
Organisation	Score								
✓	3								

## 5.3

### Diabetes Service Report

8 March 2023

#### Recommendations:

The recommendations are that you:

- a) Review the attached report regarding the Waitematā Diabetes Service

#### Background

Waitematā Diabetes Service have been asked to provide a report for the Consumer Council with regards to the service we provide.

We were asked to provide the following:

- An overview of the Diabetes service
- Numbers and demographics
- Children and Young Adults
- Information on the Diabetes App
- Consumer feedback

#### Key Issues

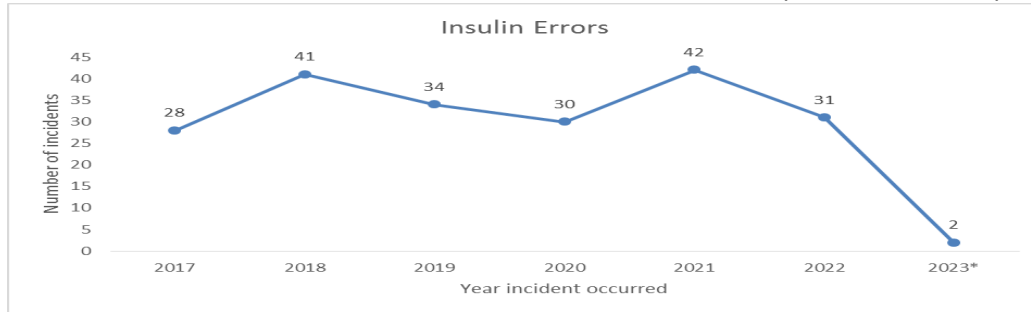
##### Overview of the Diabetes service

- The Diabetes Service provides a specialist Multi-Disciplinary Team who deliver care over two hospital sites and multiple community practices from as far afield as Wellsford, Red Beach and Hellensville. The service is staffed by doctors (4.37FTE), Clinical Nurse Specialists (8.3FTE), Diabetes Dietitians (4.65 FTE) and Podiatrists (4.8FTE). We also have a current vacancy for a Health Psychologist (0.5FTE).
- We provide care to both Type 1 and Type 2 people with diabetes. Referral criteria:
- All Type 1 DM and other rare forms of diabetes
- T2 DM criteria Hba1c > 64 despite appropriate treatment escalation, significant comorbidity requiring management, and significant hypo/hyperglycaemia management challenges.
- All young people (>17yrs) with Diabetes of any type
- People with diabetes who have active foot wounds or have “high risk feet” where wounds, injury or ulcers could potentially lead to amputation due to poor blood supply to the legs and feet.
- There are approximately 4,748 people who are currently actively receiving treatment from the Diabetes service.
- We provide a kaupapa Māori service “Te Hononga Oranga” based at Whānau centre. This service provides a community based diabetes service for our west based Māori patients. We employ (mostly) Māori clinicians to run this service that includes SMO, CNS, Dietitian and podiatry clinics with walk in services available. Further details below.
- We also provide SMO and CNS support for Pacifica patients through our Fono based clinics.
- We have an inpatient consult service that provides support and specialist knowledge to medical or

surgical teams for complex in-patients with diabetes, education to patients and follow up on discharge. There has been a notable increase in both the number and complexity of in-patients over the past year. We no-longer see a “winter surge” but rather high volumes of inpatients across 12 months. Previously we would receive an average of 120 referrals to this service per month. However this hit a new high last year when we received 180 referrals in one month, and that was North Shore referrals only – not including Waitākere referrals.

This service proactively follows up any incidents relating to insulin management for inpatients often resulting in policy updates or education to a particular area or category of staff.

The table below demonstrates the number of insulin errors for inpatients over the past six years.



- Our team also provide **support to Primary care** in the following areas:
  - CNS and SMO support for GP’s practice nurses via phone.
  - Satellite clinics - some of which are within GP practices
  - Education delivery in conjunction with PHO
- **Health Psychologist** - referral criteria support to YA and adults identified by significant psychological challenges to managing their diabetes. Service capacity limited by 0.5 FTE.
- Whilst **retinal screening** is a significant area for monitoring of diabetic health, this falls outside of our service although clinics are co-located in some areas. Retinal Screening sits in Tier 1 Community Services under Tim Wood.
- We do however provide a small number of **Ophthalmology** clinics for those with eye disease identified through retinal screening. This service is provided with specialist Ophthalmologists employed by Te Toka Tumai Auckland again co-located in some areas.

#### Numbers and Demographics

- **Population:** 292,400 in NZ with diabetes (41.5 per 1000 population)
- Pasifika 118.8 per 1000
- Māori 70.1 per 1000
- European 30 per 1000
- Numbers by DHB below (2021) show total population of 35,000 people living with diabetes within Waitematā District. Of that number ~10% will have T1 Diabetes, 85% T2 Diabetes and 2-5 % other.
- Numbers are taken from: Virtual Diabetes Register and web tool – Te Whatu Ora - Health New Zealand.

DHB	Māori	Pacific people	Indian	European/ Other	VDR total (age 15-74)	VDR total (all ages)	Percentage of people in the 15-74 age group
Auckland	2,118	6,437	4,455	11,375	24,385	30,688	79.5%
Bay of Plenty	3,358	306	497	5,477	9,638	13,377	72.0%
Canterbury	2,111	1,272	798	16,417	20,598	27,963	73.7%
Capital and Coast	1,602	2,336	1,083	6,992	12,013	15,655	76.7%
Counties Manukau	6,030	16,795	6,373	13,502	42,700	51,268	83.3%
Hawkes Bay	2,860	527	254	4,381	8,022	10,607	75.6%
Hutt	1,405	1,225	601	4,181	7,412	9,456	78.4%
Lakes	2,341	259	194	2,586	5,380	6,883	78.2%
MidCentral	1,790	447	262	5,739	8,238	11,015	74.8%
Nelson Marlborough	626	149	104	4,144	5,023	7,226	69.5%
Northland	4,808	266	173	4,710	9,957	13,096	76.0%
South Canterbury	225	68	53	2,202	2,548	3,638	70.0%
Southern	1,257	574	294	10,299	12,424	17,298	71.8%
Tairāwhiti	1,876	130	29	1,173	3,208	4,094	78.4%
Taranaki	1,288	109	146	4,028	5,571	7,747	71.9%
Waikato	6,178	1,220	1,382	12,490	21,270	27,511	77.3%
Wairarapa	447	79	42	1,405	1,973	2,790	70.7%
Waitemata	2,694	4,592	3,001	17,348	27,635	35,783	77.2%
West Coast	158	30	17	1,126	1,331	1,788	74.4%
Whanganui	1,152	122	71	2,198	3,543	4,664	76.0%
Unknown/Unassigned	38	27	13	107	185	231	80.1%
Total	44,362	36,970	19,842	131,880	233,054	302,778	77.0%

The VDR monitors the prevalence of diabetes and supports national and local clinical quality improvements. This web tool presents both estimated numbers of people registered as having diabetes, as well as the estimated prevalence of diabetes per 1000 people, across different demographic groups in the population.

- According to the above data there are approximately 35.7k people with diabetes living within the Waitematā borders. The majority of these people with diabetes are cared for in primary care.
- Of the 4,000+ patients that are current to service approximately 15.54% are Māori, 18.31% are Pacific peoples, 16.18% are Asian and 47.81% are European. The remaining 2.16% are from other ethnicity.
- Over the past two years our service has provided more than 14,500 appointments per annum. During our times of Covid-19 lockdown a large number of these appointments transitioned across to telehealth.
- DNA data for 2022 as per below table:

Hospital	Ethnicity	DNA Appt(excl virtual)	Actual Appt(excl virtual)	DNA%
North Shore Hospital	Totals	950	5,800	16.4%
	Asian	126	795	15.8%
	European	539	3,925	13.7%
	Maori	134	513	26.1%
	Other	30	163	18.4%
	Pacific Peoples	121	404	30.0%
Waitakere Hospital	Totals	1,457	6,250	23.3%
	Asian	189	927	20.4%
	European	528	3,043	17.4%
	Maori	185	707	26.2%
	Other	26	130	20.0%
	Pacific Peoples	529	1,443	36.7%

- Total number of appointments by clinician type taken from Dec AVR Reports 21 & 22

Clinician type	20/21	21/22
SMO FSA	880	669

SMO FU	1760	1,607
CNS	4,749	4,931
Dietitian	2,131	2,056
Podiatrist	5,545	4,948
Psychologist	424	434
<b>Total</b>	<b>15,489</b>	<b>14,645</b>

\*all years impacted by covid

- Like many services, the Diabetes service has a large number of overdue follow up appointments. We monitor this through a weekly report and review at Governance. The clerks use this information to book time critical patients first.

Overdue Time Critical Appts	Time Critical Appts due in next 6-52	Overdue Routine Appts	Routine Appts due in next 6-52	Total Unbooked /overdue Patients	Total Unbooked Planned Follow Ups	%proportion /overdue
7	9	2049	2624	2,056	3894	53%

\*report run on 7.3.23

### Te Hononga Oranga (THO)

- Our THO service is co-located in Whānau House with Te Whānau O Waipareira where available services include a free dispensing chemist, GP, physio and dentist under one roof. A number of other Waitematā services hold clinics on this site also.
- We have approximately 140- 160 Māori with diabetes current to our THO service – we are aware that we need to do some work to promote the service with GP's and within the community as stats suggest we should have many more enrolled .
- We had 333 NP referrals in 2022 financial year (these can be the same people being referred again and there is some attrition here despite our best efforts).
- DNA rates are currently not good sitting on 34%. There was a large drop off of attendances during Covid-19 and since as testing has continued on site. This is being reviewed with the team.
- Of those currently engaged with this service:
  - 74 % are on dual therapy (statin and ARB or ACEi)
  - 25 % have a significant degree of Chronic Kidney Disease (CKD) with eGFR ≤ 60 and of those 50 % have a systolic blood pressure > 130 mmHg
  - 20 % have moderate- severe retinopathy
  - 81 % of those eligible are on GLP1 or SGLT2i
- Rates of multi morbidity are high – Obstructive Sleep Apnoea (OSA), gout, Cardiac disease, respiratory disease, CKD and severe mental illness.
- The THO service provides Podiatry, dietetics, Consultant and CNS support to patients.
- There is a Men's support group every 3 weeks where the kaupapa is driven by the group. This is run by an experienced Māori social worker and is supported by a Kaumātua.
- Future work planned – T1 Māori kaupapa education group. Increasing access to other specialties in the same clinical space

### Services For children and Young Adults

- Diabetes Services for children are provided regionally through Starship Hospital. They transition to adult services around age 17.
- Waitematā has a Young Adult service that provides more intensive monitoring and availability for these young people as they transition through to adult services. We hold a Young Adult MDT clinic twice per month. The YA service provides a specific contact phone number and CNS availability 8-4.30pm Monday-Friday by phone and email.
- The YA service is currently considering hosting a Saturday quarterly clinic for patients currently not

engaging with the service in West Auckland. This includes a greater percentage of Māori and Pasifika young people. It is imperative that we find a way to engage these people in their diabetes care at this young age. If they do not learn to control their blood glucose levels it may eventually result in multi-system damage leading to poor eyesight, kidney failure and amputation in the future.

- We also provide Health Psychologist support to YA with the aim to see all young people at least once during their transition years.

#### **Diabetic pumps**

- We have approximately 280 PUMPERS current to service with an additional average of 4 new pump starts per month.
- National PUMP criteria:
- Type 1 diabetes AND severe unexplained hypoglycaemia OR suboptimal Hba1c despite all best efforts Carb counting /support by MDT and a pump would reduce Hba1c by 10 mmol or more
- Cystic fibrosis related diabetes.
- Undergone a pancreatectomy.
- Permanent neonatal diabetes- has other specific criteria

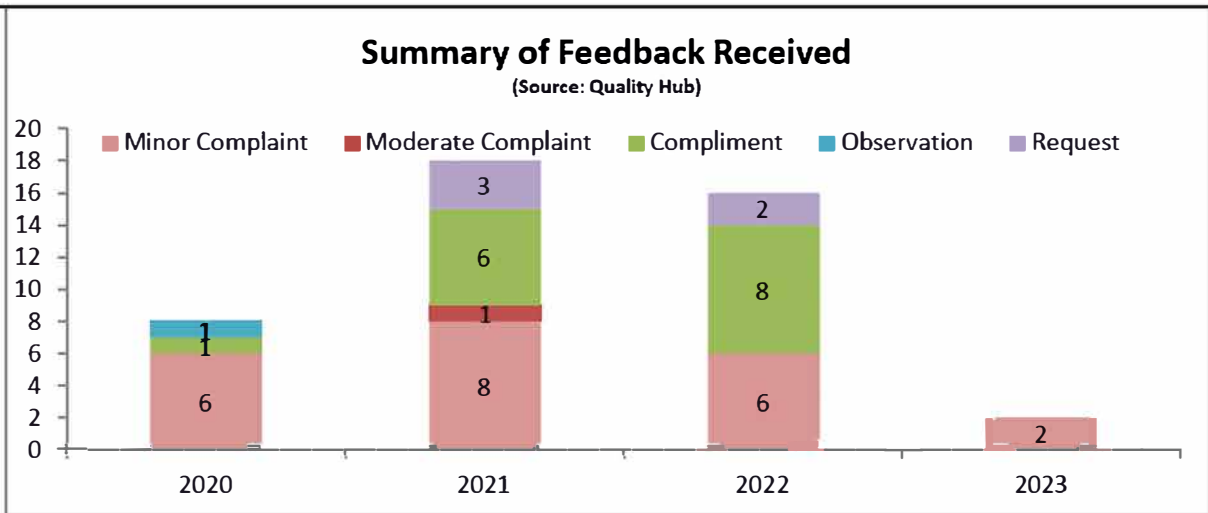
#### **Diabetes app's**

- There are a large number of relevant diabetes apps available and we ensure that our patients are aware of their existence and the benefit they can offer. However the Waitematā Diabetes service does not endorse any one particular app over another apart from our dietitians who do recommend the Easy Diet Dairy as it is the most relevant to NZ foods.
- The Consumer Council specifically requested information on the My Diabetes Journey app which is included below but not endorsed by our team.
- The Diabetes app – My Diabetes Journey app is available to be downloaded and is described as a place to keep track of daily exercise, food intake, emotional wellbeing, and any changes to health to enable discussion with the medical and nursing team. It includes the option to upload photos of changes to feet and features about 60 resources from the Take Control Toolkit. It also includes recipes, nutritional information and tips, as well as inspiration to help get people moving, and resources to manage mental health. <https://www.diabetes.org.nz/my-diabetes-journey-app>

#### **Consumer Feedback**

- We have completed a variety of surveys of patient groups, general, Maori and YA – electronic, paper and in your shoes type hui/interviews. Definitely an area to formalise
- Our THO consumer feedback has always been positive:
- They value the service for providing excellent clinical care.
- Majority of participants reported that their knowledge had increased and so had their confidence.
- Patients liked the ability to walk in without an appointment
- **Service wide complaints/compliments** – below is a summary of official complaints, complements and enquires received via the Feedback line for the past 3 years.





- Looking at the feedback for 2022:
- Overall the complaints or requests allocated to the service for 2022 related to communication linked to processes, patients understanding post review of referrals and the booking for appointments either receiving notification of appointment, reminders or difficulties contacting our Patient Service Centre to make changes to appointments.
- With Covid-19 sickness impacting on staff being in the office to answer emails and phone calls a wider project is being rolled out across the Waitematā district. During 2022 the roll out of the Online Patient Booking started. Patients receive a message about their appointment booking and have the ability to confirm the date and time offered and if not suitable choose a different date and time from a short list of options. Between August and December 2022 thirty-eight diabetes patients completed their booking online and sixty-three endocrinology patients completed their booking online. There is a follow up process for patients who miss this opportunity or decline the appointment notification to ensure there is no clinical risk for the patient.
- Eight patients took the time to write in and compliment either the service overall or individual members of the time in 2022. These compliments sometimes include weeks, months or years of contact with the service. These patients informed us about how the service has had a positive effect on their own personal lives and this is passed on to the staff concerned. The compliments include how open and honest the staff are, education, encouragement and enabling them to self manage or self medicate.
- Future Planning – The Diabetes Governance group are in process of trying to identify an appropriate means to monitor consumer feedback and this has been discussed at the past two meetings in 2022. We are aware of the advances that Dr Andy Salmon has made with the renal feedback questionnaire and will be inviting him to address our meeting this year.

**Contact for telephone discussion (if required)**

Name	Position	Telephone	Suggested 1st contact
Simon Young	Clinical Director	[REDACTED]	
Janice Kirkpatrick	Operations Manager	[REDACTED]	✓
Lisa Sparks	CNS Team Leader	[REDACTED]	

## **6. OTHER BUSINESS**

6.1 Community Concerns

6.2 Area of interest for future meeting

6.3 Meeting evaluation