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AUCKLAND HOSPITAL BOARD (AHB) STRATEGIC PLAN (S.P.)

Mt Eden C.A.B.

30.8.84

Jean Donley

Mr Ian Campbell, Deputy Chief Executive of AHB and one of the four administrative bureaucrats responsible for drawing up the S.P. gave a brief analysis.

All of what he said is in the S.P. but the value of Campbell's talk, as one of the authors, was to hear what he felt to be the rationale behind the S.P. In the past hospital planning has been on the basis of one thing at a time and never in a fully consultative way. The S.P. tackles the broad issues of hospital planning over a broad horizon of 10 years. It is like a "political manifesto", and he invited people to comment.

He considered the protest over the Oct 1st deadline to be a "predictable response." He defended it on the basis that S.P. is a draft plan - the logic of somebody having to put something ~~down~~ down in order to create the climate for discussion. Therefore, the comment and ~~discussion~~ criticism would provide for further consultation and discussion over the next 2 - 3 years. He claimed that this was the first time such a plan had been developed by a hospital board in N.Z. (when was Waikato's?) although it was a standard approach in Great Britain.

Campbell briefly outlined the new government plan for funding hospital boards - on a regional population basis; and provided the basic stats for AHB. AHB covers an area of 5600 sq. km involving a population of 863,000 (1983), one-quarter of N.Z.'s population - 80% European. The 21 hospitals provided a ratio of 5.7 public beds per 1000 head of population - the lowest ratio in N.Z. (Dunedin is highest). Staff comprised 12,000 of which 4800 are nursing staff and 850 doctors.

AHB spends \$336m p.a. Roughly one-third of this goes to medical/surgical services; 9.8% (\$28,987,000) to maternity & neonatal; 4.9% (\$14,663,000) in services for children but 15% to the elderly; 11% to mental illness; 3.7% to the mentally handicapped;

8.6% to regional & national specialties ( cardiac, kidney dialysis (nat'l) and gynaecology, (144 beds - underutilised).

He considered the role of a hospital board does not address itself to preventive services! At this point I asked if the S.P. was a means of circumventing the proposed area health boards? He said 'yes' with qualifications and justifications!

At a later meeting of NZNA Midwives Section discussing the S.P. I mentioned this. The group preparing their submission said this was reflected in the document as it made no provision for any of the preventive services, eg p.h./plunket nurses etc. Bev Crombie sounded surprised that the S.P. wasn't "altruistic, then."

In view of the fact that Campbell mentioned that the S.P. had to be approved by the Minister of Health, this disregard for preventive services contravenes the W.H.O. philosophy of 'Health for All by the Year 2000'. Therefore S.P. is a retrogressive document to entrench power. The 1982 Dept of Health Discussion Document 'Health Services Reorganisation' says "the objective of this exercise...has been to gain improvements in the planning and delivery of health care." (Preface, p1) S.P. deliberately obstructs this plan.

Campbell outlined the 'Objectives':

- 1) to correct deficiencies;
- 2) to cope with population growth, esp in the older age groups - the over 65s will increase by 25%.
- 3) Accessibility: "To ensure that patient treatment services are as accessible as is reasonably practical for the people who use them." 5:11, p 35
- 4) Rationalisation of services, i.e. making the best use of resources. He said AHB is not trying to keep pace with world trends or to create centres of excellence.

He outlined PRIORITIES, which he admitted were based on finance and population projection figures. Even though this is supposedly a

document of broad horizons it responds to expediency - the political and financial power of the 'golden oldies', not to the health needs of the people.

High priority which will be accorded 20% increase in funds will be services for the elderly, domiciliary and mental illness and the mentally handicapped;

Medium priority - 10% increase - will be in the area of acute/general, physically handicapped, regional/national specialties and diagnostic services.

Low priority - minus funds - will be neonatal and services for children.

I said that I felt that any plan which gave priority to the elderly at the expense of children who were our future was unrealistic. When I mentioned this point to the Midwives Section they decided to start their submission with a quote from Truby King - to the effect that children were a nation's wealth.

I asked if there was any plan for public hearings. Campbell said 'no' - submissions are to be made in writing with a one-page summary. These will be analysed by the AHB bureaucrats and submitted to the Board. In turn, AHB meetings are open to the public. But as another person pointed out the public could not speak which I.C. admitted was so and probably frustrating.

During the brief question time I pointed out that the planned closure of the small hospitals contradicted the Board's accessibility objective. He said they were considering making antenatal care available from some of these places. I pointed out that antenatal clinics would not do much for a woman in labour having to travel for an hour ~~xxxx~~ and a half to a base hospital.

One person enquired about making complaints, in general, about AHB services. I.C. said the Board has a written complaint procedure. (It would be a good idea to ask for a copy of this). He suggested

that one complains directly to 1) the staff, 2) medical superintendent, 3) chief executive, 4) your M.P., 5) Health Dep't, 6) Chairman AHB. *Said AHB was committed to a philosophy of being more open*

At the later Section meeting it was mentioned that the maternity plan was based on reducing the PNMR. I asked if they knew about the Report of the U.S. Professor Roger Rosenblatt which showed that neonatal, perinatal and maternal mortality and morbidity is lower in N.Z.'s small hospitals than in the Grade 2 hospitals? This Report to the Dep't of Health has been put under wraps for one year. I have already written to the Dep't requesting a copy. When I get my refusal I intend to let Helen Clark know so she can ask a question in the House, and also to seek the information under the Freedom of Information Act. I suggested that those in Te Atatu also write and ask for a copy of the Report, then take the matter up with Michael Bassett - Minister of Health.

The other three people involved in production of the S.P. are the Chief Executive, the AHB Principal Nurse, Anne Murphy and a fellow named Keith Feary, aided by Reports and consultations.