Te Whatu Ora
Health New Zealand
Hauora a Toi Bay of Plenty

Health Consumer Council

Agenda

Date: Wednesday 08 August 2023, 10:30am to 1:00pm
Venue: Zoom Only

Chair	Lisa Murphy - Tauranga	**Minutes**	
Members	Adrienne von Tunzelmann, Deputy Chair - Tauranga John Powell – Papamoa Rosalie Liddle Crawford – Mount Maunganui		Florence Trout – Tauranga Hayley Chapman – Tauranga Shelly McLauchlan - Opotiki

Item No.	Item	Lead	Page
1	**Karakia timatanga/Welcome**		
2	**Apologies** Moved: Seconded:	Chair	3
3	**Interests Register**	Chair	
4	**Presentation** No presentation this month.	Chair	
5	**Health Sector Update** *See updates attached.*	Debbie	4
6	**Minutes of Meeting** 12 July 2023 to be confirmed. Moved: Seconded:	Chair	5
7	**Matters Arising** See attached, advise Maria of updates.	Chair	10
8	**Matters for Discussion/Decision** 8.1 Chair's Report 8.1.1 Path Lab Services. 8.1.2 Consumer Engagement Quality Safety Marker. 8.1.3 National Chairs meeting with Hector Matthews - Director Consumer Engagement and Whānau Voice. 8.1.4 Health Consumer Council – Role, functions, remuneration and recruitment – *No update available.* 8.1.5 Microsoft Teams Folder – Collaborative work and document sharing. 8.1.6 Advanced Care Planning https://www.myacp.org.nz/your-plan see available resources. 8.1.7 Certification – Meeting with auditors – report available? *See note attached.* 8.2 HCC Strategic Planning – Areas of focus: possible actions (paper attached). for discussion. 8.3 **Health Service Provision** 8.3.1 Path Lab Services – Otumoetai to open in 3-4 months. Staff currently being trained. Standing item. https://www.pathlab.co.nz/locations	Chair Debbie Debbie	16 48

Item No.	Item	Lead	Page
	8.3.2 Home-based care in WBOP – research proposal. 8.3.3 BOP GP Health Care Services. 8.3.4 Trinity Koha Dental Clinic – Update. 8.3.5 Flu and Covid 19 Surveillance as last item under Health Provisions https://www.flutracking.net/Join/NE/inv98	Adrienne Rosalie Rosalie Adrienne	
9	**Correspondence** Inwards: Email through Consumer Council inbox containing completed Expression of Interest form. Outwards: Acknowledgement of Expression of Interest submission.	Chair	
10	**General Business** 10.1 Recruitment and succession processes. 10.2 Professional Development – Te Whariki a Toi Education Training Platform. Here is a video link to help you navigate the site: Te Whariki a Toi - the basics on Vimeo It covers how to find learning, book face-to-face courses, and create your record of learning. If you need assistance, you can email tewharikiatoi@bopdhb.govt.nz – this is monitored 5 days a week by several of our team. 10.3 BOPHCC web page Bay of Plenty Health Consumer Council (BOPHCC) | Te Whatu Ora | Health New Zealand | Hauora a Toi Bay of Plenty (bopdhb.health.nz) *The Expression of Interest form has been taken down temporarily awaiting confirmation of HCC status in upcoming changes.* 10.4 Hauora a Toi Bay of Plenty website Home | Te Whatu Ora | Health New Zealand | Hauora a Toi Bay of Plenty (bopdhb.health.nz) – user friendly? Feedback.	Chair	
11	**Round Table** 12:00pm	Chair	
12	**Council Only time** 12:30pm	Chair	
13	**Next Meeting** Wednesday 13 September 2023 SEPTEMBER VENUE: Kahakaharoa Meeting Room, DHB 1 Building (single storey building), 17th Avenue Business Park.	Chair	
14	**Karakia Whakamutunga/Closing**		

Te Whatu Ora
Health New Zealand
Hauora a Toi Bay of Plenty

HEALTH CONSUMER COUNCIL MEMBER ATTENDANCE

2023/24

Member	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Feb	Mar
Hayley Chapman	●	●	●	●							
Rosalie Liddle Crawford	●	●	●	●							
Shelly McLauchlan			●	●							
Lisa Murphy	●	●	●	●							
John Powell	●	●	●	●							
Florence Trout	●	●	●	●							
Adrienne von Tunzelmann	●	●	●	●							
Kelly Hohapata *Resigned 18.04.23*	-										
Theresa Ngamoki *Resigned 09.07.23*	●	●	A								

- ● Attended.
- A Apology received.
- \- Absent, no apology received.

Message from Debbie Brown

I apologise that due to strike action I cannot attend the meeting.

Updates

Focus has been on strike planning (0700 9 August 2023 to 0700 10 August 2023) and ensuring we have adequate coverage during this period.

Hospital Occupancy

4 August 2023	Tauranga green – 94% occupancy Whakatane yellow – 93% occupancy

We have seen encouraging signs lately of whānau in the Bay of Plenty increasing their trust in immunisations and receiving vaccinations including COVID.

Bronwyn Anstis has resigned from her position as Interim Lead Hospital and Specialist Services and Sarah Mitchell will cover in the interim.

8.1.4 Health Consumer Council – Role, functions, remuneration and recruitment – update. *Noting Hectors comments sent to Lisa we have put a hold on any further EOI's and removed from our website. I have had no further updates on what is happening in this space.*

8.1.7 Certification – Meeting with auditors – has report come out yet? *No we have not received the report our recertification is due the beginning of October so it will be within that time frame.*

What is the status of afterhours service at Papamoa- *No update.*

Te Whatu Ora
Health New Zealand
Hauora a Toi Bay of Plenty

Health Consumer Council

Minutes

Date: Wednesday 12 July 2023, 10:30am to 1:00pm
Venue: Kawakawa Meeting Room, Education Centre
Or via Zoom

Chair	Lisa Murphy - Tauranga	**Minutes**	Maria Moller
Members	Adrienne von Tunzelmann, Deputy Chair - Tauranga John Powell – Papamoa Rosalie Liddle Crawford – Mount Maunganui	Florence Trout – Tauranga Theresa Ngamoki – Whakatāne Hayley Chapman – Tauranga Shelly McLauchlan - Opotiki	

Item No.	Item	Lead	Page
1	**Karakia timatanga/Welcome**		
2	**Apologies** Theresa Moved: Florence Seconded: Hayley	Chair	
3	**Interests Register** None	Chair	
4	**Presentation** No presentation this month.	Chair	
5	**Health Sector Update** 10.45am **Audit** Thank to members who joined the session with the Auditors. They will provide a report in due course, and it will be published. Corrective Actions – High Priority Areas (within 30 days): 1. Increase in patients presenting to ED and patients booked for elective. Reduce waiting times. 2. Buildings not fit for purpose OPC, Mental Health, 1D. Show plans we have in place. 3. Service transition needs to be more seamless. Standards will have to be reviewed as we are now a national entity. Certification occurs every three years. Weren't surprised by findings. Commended staff on positivity. They do not audit out-of-hospital care unless it is linked directly to hospital admission. Audit is done at a point in time and in relation to hospital services. Certification replaced licensing in 2003. Had similar issues then. The audit will help Te Whatu Ora in their prioritisation. *Who does out of hospital services?* They have an accreditation process. The Audit will answer some of the questions that HCC want to know. The results of the Audit will get sent through to Clinical Governance. These could be filtered through to members from attendees of these meetings.	Debbie	

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	Consultations Three consultations will go into the next phase next week, finalising soon after. Will keep you updated/show what the new model will look like. *Does this include mental health and midwifery?* No, they are slightly different. HCC was set up to advise the board. Will have to wait and see what the function of the HCC will now become within hospitals. Even if HCC disbanded, consumers will still be required on committees and that will increase. *Lack of awareness by staff that HCC group still exist.* Could consider doing a Grand Round. Senior leaders are all aware. *Is website managed locally?* Yes. *Minister of Health announced that more cataract operations would be done. How many are we getting?* Our threshold is already very good. *Truth about Birthing Centres*. From 1 July TWO took over management of Bethlehem Birthing Centre. Gives us extra resource.		
6	**Minutes of Meeting** 14 June 2023 to be confirmed. Moved: Adrienne Seconded: Florence	Chair	
7	**Matters Arising** See attached, advise of updates. (08) Haven't heard back from Sarah Marshall of ACC. (12) Shelly's profile will go up on website shortly. (14) Reporting portal, make an appointment with Debbie. John and Adrienne. Maria to send out options for a meeting. (15) Locality Workshop. Will talk to Theresa as Jody is now on maternity leave. Still doing community consultation, slow process. Still gathering and compiling information. Will report back after she has met with Theresa. Email any specific questions you might have. Boundaries on Toirawhiti website – https://www.toirawhiti.com/?fbclid=IwAR3C5tRRQI6Z9Fjvfpg9_yAUyDdXH-4tzv3RCmGlVPClrWNIHDVBAxnhnVs https://www.facebook.com/profile.php?id=100089943227515 *What is the scope? How extensive is the consultation?* Any members of the public can attend these workshops, they are advertised. They asked what you are currently engaged in?, What changes would you like to see?, What are the gaps?. (17) Health Quality Safety Marker - wasn't sent last time and probably won't be sent this time. (16) Lisa will invite Chair of Community Health Liaison Group to July meeting.	Chair	Maria All

Item No.	Item	Lead	Page
8	**Matters for Discussion/Decision** 8.1 Chair's Report Attended National Chairs meeting with Hector Matthews - Director Consumer Engagement and Whānau Voice and David Galler - Executive Lead of Te Mauri o Rongo at the National Health Agency re National Health Charter https://www.haveyoursayнzhealthcharter.co.nz/. Further consultation has gone out. Not sure of dates. Error found in link, send info to Lisa. Can still send feedback through the website. Good health outcomes for every New Zealander. Big focus on staff in appropriate roles that they enjoy. Code of Expectations is not being referenced strongly enough. 8.1.1 Consumer Engagement Quality Safety Marker. See (17) Matters Arising. 8.1.2 Draft Transitional Role and Functions - No update available. 8.1.3 Draft National Consumer Reimbursement Policy.- No update available. 8.1.4 Certification – Meeting with auditors. They wanted to know: Who we are and what we do? How effective we are at advocating for consumers? No reference in standards (that Debbie sent) to HCC. 8.2 HCC Strategic Planning - compile an action list from the Yearly Review workshop held in April. Members to submit suggested areas of focus for actioning. Adrienne and Hayley to send notes to members. 8.3 **Health Service Provision** 8.3.1 Path Lab Services – Otumoetai to open in 3-4 months. Staff currently being trained. Members commented that it was not soon enough. A member recently went to the Bayfair collection site. Pathlab and Radiology share same building. Only urgent blood requests are taken here. *Is this made clear on the website and outside the premises? How is their service monitored? Quality controls?* A member's daughter got turned away from another site at 4.15pm because they closed at 4.30pm. They had to explain that there was a specific reason why they had to be seen at that time. Will raise at the Clinical Governance meeting and report back. 8.3.2 Health/social service directory and strengthening community linkages. Social directory links emailed to members on 14 June 2023. Health Navigator and Health Point are probably best directories. https://www.healthnavigator.org.nz/ 585 Tauranga services listed here. https://www.healthpoint.co.nz/bay-of-plenty/tauranga/ 746 BOP services listed here. https://www.healthpoint.co.nz/bay-of-plenty/	Chair Florence Adrienne Hayley Lisa Rosalie	

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	8.3.3 Specialist wait times (e.g cancer, brain) - Health Workforce Plan 2023/24 https://www.beehive.govt.nz/release/six-action-areas-strengthen-health-workforce		
	8.3.4 BOP GP Health Care Services and waiting times – for noting and feedback.		All
	8.3.5 Home-based aged care in WBOP – research proposal. Gone to Massey University for ethics approval. Article went in Weekend Sun.	Adrienne	
	8.3.6 Palliative Care – BOP Service update. None. Could ask Theresa to present at a meeting.		
	8.3.7 Trinity Koha Dental Clinic – Update. Don't advertise where they go. Rosalie writing a story on people have used their service and the difference it is making in their lives. Rosalie will send link. https://www.youtube.com/watch?v=WZnUu_qt3ng	Rosalie	
9	**Correspondence** Outwards: NA. Inwards: Email from T Ngamoki – resignation. Admin to send a letter of recognition to Theresa.	Chair	Debbie
10	**General Business** 10.1 Recruitment and succession progress – update. None. 10.2 Links to Te Whatu Ora board meetings – Board meetings and decisions – Te Whatu Ora - Health New Zealand 10.3 John looked at DHB website. Has some good links. Look at website to see how user friendly it is. Put on agenda. Everyone to have a look and come back to meeting with ideas.	Chair	All
11	**Round Table** 12:00pm • Florence and Lisa are still reading all the documents of both Clinical Governance and Adverse Events meetings even if only one of them attends the meetings. • Adrienne referred to the weekly FluTracking survey run for NZ by the Environmental Science and Research Crown Research Institute with the Ministry of Health, to help track and understand flu & COVID-19 in local communities https://info.flutracking.net/. Existing participants have been asked to each invite 2 friends or colleagues to sign up as a way to expand the survey. Adrienne undertook to send the invitation to Lisa. Adrienne has been participating since early last year. Participants get an email request every Monday to respond to routine questions (the same ones each time), which takes no more than 30 seconds. At the bottom is a question on whether you've had the flu and full Covid vaxes. If you've said yes, it's automatically ticked each time. It's fine if you haven't – they are not there to catch you, just to collect the data! It's a simple way to contribute to the greater good. As a bonus, you get sent weekly	Chair	

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	data and a map of flu & COVID-19 (respiratory illness) in your area. See here: https://info.flutracking.net/reports/new-zealand-reports/		
12	**Council Only time** 12:30pm • Grand Round Presentation.	Chair	
13	**Next Meeting** Wednesday 09 August 2023	Chair	
14	**Karakia Whakamutunga/Closing**		

Health Consumer Council Monthly Meeting
Matters Arising 2022/23

# (Meeting Month/Year)	Meeting Date	Action required	Who	Action Taken	Completed / in progress
8	10.05.23	Invite Sarah Marshall of ACC to a meeting.	Lisa	Has made contact, but currently on leave. 12.07.23 Haven't heard back.	
12	10.05.23	New member profile to go up on website. Updated profiles to be sent to Maria.	Maria All	Shelly's is the only one to go up. Will add once received.	
14	14.06.23	Reporting portal. Make an appointment with Debbie to go over.	John	18.07.23 Maria emailed John with time suggestions.	
15	14.06.23	Locality planning – outcome of workshop in Opotiki. Send through any questions to Shelly.	Shelly All	12.07.23 Will contact Theresa as Jody is now on maternity leave.	
16	14.06.23	Invite chair of Community Health Liaison Group to next meeting.	Lisa		
17	14.06.23	Consumer Engagement Quality Safety Marker – due back in September. HCC to be consulted before it is submitted.	Maria/Debbie	Contacted Asa who advised that she believes there is a new format. She will look into it. It has not been submitted for a while. Not sure that the September one will be submitted.	
18	12.07.23	National Health Charter – Found a mistake in link sent out. Send to Lisa for passing on.	Florence		

# (Meeting Month/Year)	Meeting Date	Action required	Who	Action Taken	Completed / in progress
19	12.07.23	HCC Strategic Planning – Send evaluation discussion notes to everyone.	Adrienne/ Hayley		
20	12.07.23	Pathlab issues. Raise at CGC meeting.	Lisa		
21	12.07.23	BOP GP Healthcare Services and waiting times – feedback.	All		
22	12.07.23	Hauora a Toi Bay of Plenty website – feedback on content and ease of use.	All		
	10.08.22	Contact Hayley to see if she is still interested in becoming a member.	Maria	Emailed Hayley. She is still interested. Sent her updated EOI for completion.	Close
	10.08.22	Representative from PHO to attend a meeting.	Debbie	Lindsey Webber, CEO, WBOPPHO has been invited to the Nov meeting.	Close
	13.07.22	Training Courses and Health & Safety Training	Maria	Will keep sending through courses for members to attend.	Close
	14.09.22	Who is Riki's counterpart?	Lisa		Close
	13.07.22	Hospital capacity and progress data for sharing with members.	Debbie	Trying to source some info to share. Provided in emailed Health Sector Update report 13.12.22.	Complete
	09.11.22	TOR – Needs to be rolled over. Currently states "Under Review"	Debbie	This is fine until further information is determined from transition.	Close
	09.11.22	Annual review – send out document with headings.	Maria	12.12.22 Sent out in email to all members.	Close

# (Meeting Month/Year)	Meeting Date	Action required	Who	Action Taken	Completed / in progress
	09.11.22	Send out link to national positions.	Maria	Who we are – Te Whatu Ora - Health New Zealand	Complete
	14.09.22	Articles regarding medical imaging. Find out what this is about. John sent you an email with the link to this article.	Debbie	Mike Agnew, Planning and Funding was emailed regarding this question, but a response was not received.	Close
	10.08.22	1. How is this information retained? 2. Ask Comms if they can copy Northland's EOI and put the fillable pdf on our website.	Maria	1. EOI form now added to webpage. 2. Once completed, the online form is sent to the Health Consumer Council email address. 3. Consider information on Northland's page Northland Health Consumer Council | Northland DHB	Complete
	12.10.22	Circulate notes from Community Health Liaison Group – will seek permission from Chair. e.g. there was a good report from Dorothy Stewart on aged care.	John	Has been given permission to share notes. Will share notes after every meeting. Adrienne will share the report.	Complete
	09.11.22	Hospital & Specialist Operating Model – Send feedback to Maria for combining.	All	Received feedback from Florence only.	Close
	09.11.22	8.1.1 Sunlive Article SunLive - Leaked letter claims BOP patients choosing to die - The Bay's News First Did hospital publish a response?	Debbie		Close

# (Meeting Month/Year)	Meeting Date	Action required	Who	Action Taken	Completed / in progress
	09.03.22	Remuneration for Clinical Governance meeting attendances and other meetings.	Lisa to liaise with Jonathan Wallace	10.06.22 Maria emailed Jonathan to ask about remuneration for member attendances to the Clinical Governance meetings. 13.12.22 Maria sent email provided by Lisa to Jonathan for his information. 08.05.23 Attendance and payment arrangements agreed.	Complete
	14.09.22 12.10.22	Laboratory Closures – Closures need to be publicised more. Write a letter to General Manager, Planning and Funding re: impact and more advertising.	Debbie Lisa	Matter raised with Mike. Have agreed to take a more proactive approach to communicating closures as per following article. https://www.nzherald.co.nz/bay-of-plenty-times/news/mount-maunganui-and-greerton-pathlab-clinics-temporarily-closed/SA4TWPZJALZ6PBCDMY3M7PCILE/	Close 01.05.23 Dianne McQueen's response passed onto HCC members. 08.06.23 Otumoetai the only collection site still to open.
2	12.04.23	Are Covid vaccinations still mandatory?	Debbie	Not for non-clinical staff, so therefore not required for members.	Close
5	10.05.23	Notes from last month's review.	Adrienne Hayley	To be discussed at June meeting.	Close
1	08.03.23	Recruitment 1. Position description to be added to website once	Lisa/All	Lisa supplied Northland's position description, Debbie/Maria amended, sent	Complete

# (Meeting Month/Year)	Meeting Date	Action required	Who	Action Taken	Completed / in progress
		finalised. 2. Where can we advertise – OnePlace?	Debbie	to Rosalie for review. Loaded onto website. Facebook page, HSQC.	Complete
4	12.04.23	Mental Health and Addiction Services Transformation – Email speaker.	Lisa	12.06.23 Email sent and received.	Complete
3	12.04.23	Cyclone Gabrielle – How is this affecting delivery of healthcare?	Debbie	Where other Districts have capacity, they are assisting.	Close
6	10.05.23	Options for appointments – look into what is currently being sent to patients.	Debbie	GP could specify restrictions when sending through referral.	Close
7	10.05.23	Locality planning – link.	Adrienne	Sent through on 10 May and again on 16 June. Also on Te Whatu Ora website.	Close
11	10.05.23	Kawerau Issue	Debbie	Issues are similar everywhere. Te Whatu Ora has an extensive recruitment programme running.	Close
9	10.05.23	Childhood Dental Clinics – update from Marty.	Rosalie	Working with social services and iwi to find out where the most need is. Liaising with government to provide free dental services for free on a wider scale. Link provided https://www.youtube.com/watch?v=WZnUu_qt3ng	Close
10	10.05.23	New member to go to Community Health Liaison Meeting each month.	All	Adrienne will now attend as a representative of HCC.	Close
13	14.06.23	Pathlab – Otumoetai still to open. When is this likely?	Maria	Email sent out on 6 July to members with advice from Dianne McQueen, Pathlab that this collection centre will open in 3-4 months time,	Close

# (Meeting Month/Year)	Meeting Date	Action required	Who	Action Taken	Completed / in progress
				once staff training is complete.	

tō tātou reo advance care planning

Whenua ki te whenua

A taonga for your whānau

This document is to support your kōrero before completing an advance care plan.

'We are connected to the land from the first breath of life to the last.
Our spirit is carried within the belly of the wind to the resting place of the ancestors.'

At birth, our pito* and whenua** go to the earth.
On our life journey we draw on nurturing care – and this continues for transitioning towards the end of life too.

Identifying whānau, carers and support is important for our final return to the whenua once more – practically, physically and spiritually.

This document will help you think and talk through your advance care plan.

**pito: end of umbilical cord closest to the belly button*
***whenua: placenta*

Our tohu and its meaning was created by Len Hetet (Ngāti Tūwharetoa, Ngāti Maniapoto, Te Atiawa, Ngāti Apa).

The bird used in this resource is the kuaka (godwit). The godwits are said to accompany the spirits of the departed back to Hawaiki.

E ai ki te kōrero, ka hoki tahi atu te kuaka me ngā wairua ki Hawaiki.

A taonga for your whānau

Why do an advance care plan?

- So your whānau know what's important to you if your health changes
- So your health professionals know what is important to you in your health care and treatment
- It tells people how you want your last days to be
- To share your tangihanga/funeral wishes
- Doing what you would like at that time can bring peace to your whānau and friends when you are gone.

When should you start?

- When you are well
- When you are unwell or have a chronic condition
- When you are having planned treatment or surgery
- When you believe you are close to your last days.

Now is always the best time to start an advance care plan.

If well, you may think about:

- Do you have values, beliefs and customs that are important to you?
- What makes your day meaningful?
- Who do you like spending time with?
- Are there illnesses like cancer, heart disease or diabetes in your family that might affect you later?
- Do you know someone who is great with detail and will follow things through? What could they do for you?
- Who is gentle and nurturing, and someone that you would like to care for you when you are unwell?
- Exploring costs and payment for future care and/or tangihanga/funerals
- Who else in your whānau might need extra care and support?

This photo and the back cover photo courtesy of Daniel Dirks

If unwell, you might talk about:

- How you feel about facing the future
- How your health might change in the future
- How your health might affect you and your whānau
- Who else can support you and your whānau
- If things become really hard at home, how you would feel about being cared for in other homes or in a public hospital, private hospital, aged residential care or hospice service
- If there are different values or beliefs within your whānau, what will they need?
- If time was short, what would your priorities be?
- How your plans may change or be paused due to a pandemic or national emergency. Can you change or complete your customs at a later time?

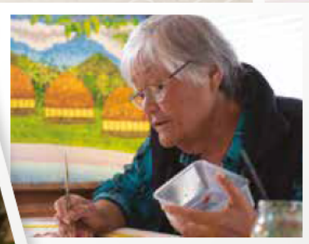
If your last days are close, you may talk about:

- What quality of life means to you and your whānau now
- What a comfortable death would look like for you
- How you feel about medicines and treatments to manage pain and breathing
- Exploring spiritual matters with someone
- Sharing stories and taonga with your whānau or transferring wisdom and cultural practices with specific people
- Where you want to die and who may be with you.

See how other people have approached advance care planning with these pūrākau*

**pūrākau: stories*


Clive Aspin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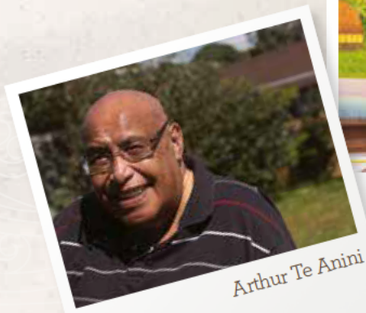
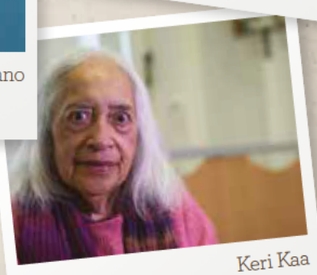

Arthur Te Anini


Cheryl Cameron


Noel Tiano


Keri Kaa

Watch their stories of advance care planning here: **www.myacp.org.nz**

Kia kōrero | *Let's talk* advance care planning

Start your plan today

Get an advance care plan to complete:

- Download it from **www.myacp.org.nz**
- Ask for a copy from your doctor or nurse.

To complete your plan:

- You don't have to do it all at once – take your time
- Speak to your whānau and friends
- Talk to your doctor or nurse
- Be open – you might surprise yourself
- You can always go back and update it anytime
- Your advance care plan will help strengthen whānau and friends when the time comes.

When your plan is finished:

- Share it with your whānau
- Share it with your GP and specialists
- Tell people you have an advance care plan and where to find it.

Your advance care plan will bring peace of mind for you and others.

This photo and the cover photo courtesy of Glenda Rees

'We are connected to the land from the first breath of life to the last.
Our spirit is carried within the belly of the wind to the resting place of the ancestors.'

Tihei mauri ora!

Kua tipu ngā rākau
Kua pūāwai ngā hua
Kua waiata ngā manu
Kua tau te wao
Kua tau, kua tau,
kua tau e
Haere mai te āiotanga
Haumi e, hui e, tāiki e

Hail the breath of life!

The trees have grown
The flowers have bloomed
The birds have sung
The forest has settled
It is settled, it is settled,
it is settled
Let the peace be amongst us
Let us all be one.

For more information go to **www.myacp.org.nz**
or your local contact:

WKTW_E_0621

Health Quality & Safety Commission New Zealand
Kopu Taurangi Hauora o Aotearoa

tō tātou reo advance care planning

My advance care plan

Te whakamahere tiaki i mua te wa taumaha

Plan the health care you want in the future and for the end of your life

'E hono ana tātau ki te whenua mai i te matihe o te ora tuatahi tae noa ki te whakamutunga.

E kawea ana te wairua i roto i te puku o te hau ki te okiokinga o ngā tīpuna.'

'We are connected to the land from the first breath of life to the last.

Our spirit is carried within the belly of the wind to the resting place of the ancestors.'

1 | My advance care plan

This is my advance care plan and contains my decisions about my health care and treatment. Please follow this plan if I am unable to tell you what I want.

Last name: First name:

Date of birth: NHI:

Place of birth:

Address:

Phone: Mobile:

Email:

Or attach patient label if you have one (ask your doctor or nurse).

For more information about advance care planning go to **myacp.org.nz**

2a | What matters to me

This is what I want my whānau, loved ones and health care team to know about who I am and what matters to me.

My cultural, religious and spiritual values, rituals and beliefs:

To honour these beliefs, I want my whānau, loved ones and health care team to:

2b | What worries me

This is what I want my whānau, loved ones and health care team to know about what worries me.

I worry about:

- ◯ my loved ones because:
- ◯ suffering. To me this means:
- ◯ not being able to talk or communicate
- ◯ not doing things such as:
- ◯ other things that worry me are:
- ◯ nothing worries me

3 | Why I'm making an advance care plan

This is why I am making my advance care plan:

◯ I am well.

◯ I am receiving care and treatment for the following:

I understand this may happen to my health in the future:

Facing my future makes me think about:

Facing my future makes me feel:

If my time were limited my priorities would be:

4a | Making decisions and sharing information about my health

These scales might help you think about how you like to make decisions and how you prefer your medical information to be shared. Mark along the scale what you would want.

I like to know:

only the basics	○ ○ ○ ○ ○	all the details about my condition and my treatment

As doctors treat me, I would like:

my doctors to do what they think best	○ ○ ○ ○ ○	to have a say in every decision

If I had an illness that was going to shorten my life, I prefer to:

know my doctor's best estimate for how long I have to live	○ ○ ○ ○ ○	not know how quickly it is likely to progress

How involved do you want your loved ones to be?

I want them to do exactly as I have said, even if it makes them uncomfortable	○ ○ ○ ○ ○	I want them to do what brings them peace, even if it goes against what I have said

When it comes to sharing information:

I don't want my loved ones to know anything about my health	○ ○ ○ ○ ○	I am comfortable with my loved ones knowing everything about my health

4b | If I am unable to make decisions, I would prefer them to be made like this

◯ I want the following enduring power of attorney for personal care and welfare to make decisions using the information in this advance care plan.

Name:

Relationship to me: Phone:

OR

◯ I don't have an enduring power of attorney.

Using the information in this advance care plan, the following person will help my health care team make the best decisions for me.

Name:

Relationship to me: Phone:

In addition, the following people know me well and understand what is important to me. I would like them included in discussions about my care and treatment.

Name:

Relationship to me: Phone:

Name:

Relationship to me: Phone:

Name:

Relationship to me: Phone:

Name:

Relationship to me: Phone:

Name:

Relationship to me: Phone:

Name:

Relationship to me: Phone:

Name:

Relationship to me: Phone:

5 | When I am dying

As I am dying, my quality of life means:

Other details I would like you to know:

I understand that when I am dying my comfort and dignity will always be looked after. This will include food and drink if I am able to have them.

In addition, I would like you to:

- ◯ let the people who are important to me be with me
- ◯ take out things like tubes that don't add to my comfort
- ◯ stop medicines and treatments that don't add to my comfort
- ◯ attend to my cultural, religious and spiritual needs, as I described in section 2a.

The place I die is important to me: ◯ Yes ◯ No

When I am dying I would prefer to be cared for:

- ◯ at home, which for me is:
- ◯ in hospital
- ◯ in a hospital-level care facility (residential care)
- ◯ in hospice
- ◯ I don't mind where I am cared for

Other details I would like you to know:

6a | My treatment and care decisions

This section is best completed with help from a doctor, nurse or specialist.

Sometimes treatments can be both helpful and harmful. They may keep you alive, but not conscious, or make you feel a bit better for a short time, but cause you pain. Your health care team will only offer treatments you will benefit from.

If I am **seriously ill** and not able to make decisions for myself, the following best describes the care I would like to receive. If I request a treatment that will not benefit me, I understand the health care team will not be required to provide it.

Seriously ill to me means:

Choose only ONE of these five options:

1 I would like my treatment to be aimed at keeping me alive as long as possible. I wish to receive all treatments that the health care team think are appropriate to my situation. The exceptions to this would be:

If required and appropriate I would want CPR to be attempted:

◯ Yes ◯ No ◯ I will let my doctor decide at the time

2 I would like my treatment to focus on quality of life. If my health deteriorated I would like to be assessed and given any tests and treatments that may help me to recover and regain my quality of life, but **I do not want to be resuscitated**.

For me, quality of life is:

3 I would like to receive only those treatments that look after my comfort and dignity rather than treatments that try to prolong my life. **I do not want to be resuscitated**.

4 I cannot decide at this point. I would like the health care team caring for me to make decisions on my behalf at the time, taking into account what matters to me and in close consultation with the people I have listed in section 4b.

5 None of these represent my wishes.
What I want is recorded in my advance directive on page 8.

I choose option number

6b | My advance directive

If you have treatment and care preferences for specific circumstances or you want an advance directive, please write the details below.

An advance directive is a way of recording, before you need them, specific treatments you would or would not want in different situations if you were no longer able to speak for yourself.

If you can't speak for yourself, it is the responsibility of your health care team to apply your advance care plan and any advance directive. When applying the advance directive, they must be confident that you:

- fully understood what you were asking for
- were free from influence or pressure from someone else
- meant this to apply to the current situation.

In the following circumstances:	I would like my care to focus on:	I would accept the following treatments:	I would wish to refuse or stop the following treatment:
Example: Severe stroke, unable to recognise anyone	Example: Allowing a natural death	Example: Comfort measures	Example: Artificial feeding

◯ If I have left this section blank; I am happy with the choice I made on the previous page and have no other preferences.

6c | Signing my advance care plan

By signing below, I confirm:

- I understand this is a record of my preferences to guide my health care team in providing appropriate care for me when I am unable to speak for myself
- I understand treatments that would not benefit me will not be provided even if I have specifically asked for them
- I agree that this advance care plan can be in electronic format and will be made available to all health care providers caring for me.

Name:

Address:

Phone: Email:

Date: Signature:

Health care professional who assisted me

By signing below the health care professional confirms that:

- I was competent at the time I created this advance care plan
- we discussed my health and the care choices I might face
- I have made my advance care plan with adequate information
- I made the choices in my advance care plan voluntarily.

Health care practitioner:

Facility/organisation:

Designation:

Phone: Email:

Date: Signature:

Remember to give copies of your advance care plan to your:

- whānau/loved ones
- doctor or health professional
- enduring power of attorney if you have one.

7 | After my death

My wishes for organ and tissue donation, if appropriate:

My wishes for caring for my body immediately after death:

After I die I would like to be: ◯ buried ◯ cremated

For my funeral or tangi I would like:

I would like my last resting place to be:

This is important to me because:

◯ I don't mind. I would like the decision to be made by:

Things I would like my loved ones to know:

My will and other important things can be found:

Notes

Karakia

Kia hora te marino
Kia whakapapa pounamu te moana
Hei huarahi mā tātou i te rangi nei
Aroha atu, aroha mai
Tātou i a tatou katoa
Hui e! Tāiki e!

May peace be widespread
May the sea be like greenstone
A pathway for us all this day
Let us show respect for each other
For one another
Bind us all together!

myacp.org.nz

tō tātou reo
advance care planning

Te Kāwanatanga o Aotearoa

Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

My Advance Care Plan & Guide

Plan the healthcare you want in the future and for the end of your life

Name: _____

Date: _____

our voice | Advance Care Planning
tō tātou reo

The conversations you have with your whānau and loved ones in thinking about your advance care plan are important, even if you never write down an actual plan.

If you do complete an advance care plan, it needs to be shared with your healthcare team and anyone else you want to have access to it.

It is important your whānau and loved ones know you have a plan and where it is kept.

It is also important you review your plan on a regular basis – maybe every year around your birthday or some other significant date.

Contents

The white spaces throughout this booklet are for your choices.

As I work through this plan, these are the questions I have and the things I need to know:

My Advance Care Plan

An advance care plan describes what is important to you as well as the healthcare and treatments you want.

You and your healthcare team can work together to make an advance care plan. This plan will help the healthcare team caring for you, and your whānau and loved ones make decisions about your care **if you can no longer tell them what you want**.

This advance care plan is yours.

You can show it to anyone involved in your healthcare, and give a copy of it to your whānau and loved ones.

You can add to your plan as often as you like and change your decisions at any time. It is important to share any changes you make with the people who have a copy of your plan.

You do not need to complete every section.
Complete only the parts you want.

This guide will help you think and talk about:

- what is important to you now
- how you like to make decisions
- what care and treatment you would like in the future
- what is important to you after your death.

This is my advance care plan and contains my choices.
Please follow this plan if I am unable to tell you what I want.

Last Name:	First Name:
Date of birth:	NHI:
Address:	
Phone:	Mobile:

Or attach patient label if you have one.

2 **What matters to me**

Here are some questions to help you work out what matters to you:

- What makes you happy?
- What brings you pleasure and joy?
- How do you like to spend your time?
- What are your hobbies and interests?
- Are there routines you really like?
  for example, how do you like to start or end your day?
- What makes each day meaningful?
- Who do you like spending time with?
- Do you have cultural, religious, spiritual rituals or beliefs ?

Here are some other things that might be important or meaningful to you:

- being able to talk to and be close to people
- being aware of who and where you are
- being able to feel the love and concern of others
- being able to live a life that is meaningful
- being close to a pet
- being able to attend to your spirituality or religion
- being part of your culture
- being able to contribute to society
- being hugged or having your hand held
- being able to walk and/or move around by yourself.

This is what I want my whānau and loved ones and healthcare team to know about who I am and what matters to me:

My cultural, religious and spiritual values, rituals and beliefs:

To honour these beliefs I want my whānau, loved ones and healthcare team to:

2 **What worries me**

Are there things that worry you when you think of your future?

For example, do you worry about:

- how your health might affect your future plans
- how your health might affect your loved ones
- where you will be cared for
- how you will manage pain if it occurs
- being unable to communicate
- being a burden
- going into care
- dying alone
- how your whanau and loved ones will manage without you
- being stuck in bed
- your whānau or loved ones over-riding your wishes
- a clash between traditional and modern cultural ways
- finances?

This is what I want my whānau, loved ones and healthcare team to know about what worries me.

I worry about:

◯ my loved ones because:

◯ suffering. To me this means:

◯ not being able to talk or communicate.

◯ not doing things such as:

◯ other things that worry me are:

◯ nothing worries me.

3 Why I'm making an Advance Care Plan

Some things to think about:

- What illnesses have your whānau and family had, and could that happen to you?
- Does your health stop you doing some day-to-day activities?
- Do you have any health conditions you are getting care or treatment for?

To understand what impact your current and future health might have talk to your doctor or healthcare team.

You may need to discuss the following:
Could your illness change:

- how you live your life
- how independent you are
- what you need to plan for?

What might your illness mean for the people who may need to care for you?

This is why I am making my advance care plan:

_____

_____

_____

_____

_____

◯ I am well.

◯ I am receiving care and treatment for the following:

_____

_____

_____

I understand this may happen to my health in the future:

_____

_____

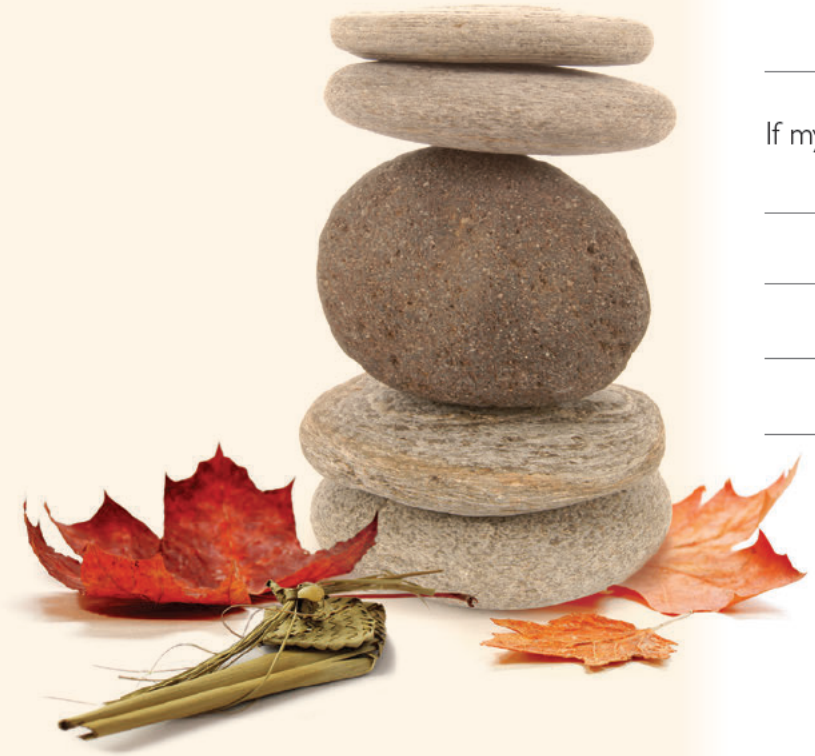
_____

3 **Why I'm making an Advance Care Plan**

Facing my future makes me think about:

Facing my future makes me feel:

If my time were limited my priorities would be:



4 How I make decisions

Think about the decisions you might need to make about your health.

Think about how you like to make decisions.

Do you need time? Do you like lots of information and options or do you prefer to let others decide?

Sometimes you might be faced with having to make a healthcare decision in a crisis (such as an accident or when you are really sick). This can be made easier for you if you have already thought about how you like to make decisions and who you want involved.

Who can make decisions on your behalf when you are unable to?

If you are too unwell to speak for yourself others will need to help make the decisions for you. Talk to them about what matters to you and what you want *or* don't want to happen while you still can.

If you want a person to have the power to make decisions for you, consider appointing them as your enduring power of attorney for personal care and welfare (EPOA). This means they can be involved in most decisions about your care. This person will not make decisions for you unless you can no longer decide for yourself.

For more information, contact the Citizens Advice Bureau, a solicitor or the Public Trust.

These scales might help you think about how you like to make decisions and how you prefer your medical information is shared. *Mark along the scale what you would want:*

I like to know...

only the basics	○ ○ ○ ○ ○	all the details about my condition and my treatment

As doctors treat me, I would like...

my doctors to do what they think best	○ ○ ○ ○ ○	to have a say in every decision

If I had an illness that was going to shorten my life, I prefer to...

know my doctor's best estimate for how long I have to live	○ ○ ○ ○ ○	not know how quickly it is likely to progress

How involved do you want your loved ones to be?

I want them to do exactly as I have said, even if it makes them uncomfortable	○ ○ ○ ○ ○	I want them to do what brings them peace, even if it goes against what I have said

When it comes to sharing information...

I don't want my loved ones to know anything about my health	○ ○ ○ ○ ○	I am comfortable with my loved ones knowing everything about my health

4 If I am unable to make decisions

If you appoint an enduring power of attorney for personal care and welfare, include them in any discussions about your future care and treatment options.

Talk them through your advance care plan and give them a copy.

If you do not have an enduring power of attorney, it is a good idea to name someone to help your healthcare team make the best decisions for you.

Talk to this person about what is important to you and how you feel.

For both your enduring power of attorney for personal care and welfare or your nominated person choose someone who:

- knows you well
- cares about what is important to you
- helps you without taking over
- listens to you and is respectful
- will tell people about your wishes and try to make sure they happen.

When I am unable to make decisions, I would prefer them to be made like this:

○ I want my enduring power of attorney for personal care and welfare to make decisions using the information in this advance care plan.

My EPOA's name is:

Relationship to me: Phone:

Or

○ I don't have an enduring power of attorney.

Using the information in this advance care plan, the following person will help my healthcare team make the best decisions for me.

Name:

Relationship to me: Phone:

In addition, the following people know me well and understand what is important to me. I would like them included in discussions about my care and treatment.

Name:

Relationship to me: Phone:

Name:

Relationship to me: Phone:

Name:

Relationship to me: Phone:

5 When I am dying

When you are dying you will be made comfortable.

The dying process is different for everyone and will be affected by your age, general health or illnesses and can happen very quickly or it may take several days.

For example, you might need:

- pain-relieving medicines and treatments
- medication to ease breathing difficulties
- medication to manage nausea.

Consider what quality of life may mean to you at this stage of your life:

- being aware and thinking for yourself
- communicating with the people who are important to you
- something else?

What do you think will be important to you when you are dying:

- What would your ideal death look like?
- When you think about dying, what situations worry you?
- Who do you want with you as you die?
- When you are nearing death, what do you want or not want?
- What kind of spiritual care do you want at the end of your life?

As I am dying, my quality of life means:

Other details I would like you to know:

I understand that when I am dying my comfort and dignity will always be looked after.
This will include food and drink if I am able to have them.

In addition, I would like you to:

- ◯ Let the people who are important to me be with me.
- ◯ Take out things, like tubes, that don't add to my comfort.
- ◯ Stop medications and treatments that don't add to my comfort.
- ◯ Attend to my religious, cultural and/or spiritual needs, as I described in section 2.

5 When I am dying

Where would you like to spend your last few weeks or days?

- What would be needed for this to happen?

Who should be contacted when you are dying?

- Where do you keep their contact details?
- Who knows to do this for you?

If your condition meant you couldn't be cared for in your preferred place, where else might you like to be?

What things would be important?
For example, having my loved ones around, maintaining my privacy, etc.

The place I die is important to me: ◯ Yes ◯ No

When I am dying I would prefer to be cared for:

◯ at home, which for me is:

◯ in hospital

◯ in a hospital level care facility (residential care)

◯ in hospice

◯ I don't mind where I am cared for

Other details I would like you to know:

6 **My treatment and care choices**

This section is best completed with help from a doctor, nurse or specialist.

There are medical procedures that keep you alive or delay death. These may include resuscitation (CPR), life support, getting food and drink through a tube, and kidney dialysis.

Sometimes treatments can be both helpful and harmful.
They may keep you alive, but not conscious, or make you a bit better for a short time, but cause you pain.

You need to decide if this is what you want. Your healthcare team will only offer treatments that you will benefit from, this includes the offer of CPR.

Think about what is important to you.
For example, quality of life (how good your life is) or quantity of life (how long your life is)?

Are there circumstances in which you would want to stop being kept alive and be made comfortable so you can have a natural death?

If I am seriously ill and I am unable to make decisions for myself, the following best describes the care I would like to receive. I understand this does not require the healthcare team to provide treatments which will not be of benefit to me.

Seriously ill to me means:

_____

_____

_____

Choose only ONE of these five options.

1 I would like my treatment to be aimed at keeping me alive as long as possible. I wish to receive all treatments that the healthcare team think are appropriate to my situation.
The exceptions to this would be:

_____

If required and appropriate I would want CPR to be attempted:

◯ YES ◯ NO ◯ I will let my doctor decide at the time.

2 I would like my treatment to focus on quality of life.
If my health deteriorated I would like to be assessed and given any tests and treatments that may help me to recover and regain my quality of life, but I DO NOT WANT TO BE RESUSCITATED.
For me, quality of life is:

_____

3 I would like to receive only those treatments which look after my comfort and dignity rather than treatments which try to prolong my life. I DO NOT WANT TO BE RESUSCITATED.

4 I cannot decide at this point. I would like the healthcare team caring for me to make decisions on my behalf at the time, taking into account what matters to me and in close consultation with the people I have listed in Section 4.

5 None of these represent my wishes.
What I want is recorded in my Advance Directive on page 11.

I choose Option Number: _____

6 My Advance Directive

If you have treatment and care preferences for specific circumstances or you want an advance directive please write the details below.

An advance directive is a way of choosing beforehand specific treatments you would or would not want in different circumstances if you were no longer able to speak for yourself.

If you can't speak for yourself, it is the responsibility of your healthcare team to apply your advance care plan and any advance directive. When applying the advance directive, they must be confident that you:

(1) fully understood what you were asking for,

(2) were free from influence or duress from someone else, and

(3) meant this to apply to the current situation.

In the following circumstances:	I would like my care to focus on:	I would accept the following treatments:	I would wish to refuse or stop the following treatment:
Example: Severe stroke, unable to recognise anyone	*Example: Allowing a natural death*	*Example: Comfort measures*	*Example: Artificial feeding*

◯ If I have left this section blank, I am happy with the choice I made on the previous page and have no other preferences.

6 Signatures

Your health care team has a responsibility to follow your wishes. Signing this section is optional, but it helps show your healthcare team you fully understand what you are stating. The doctor leading your care will be more confident about using your plan if you sign and date it.

The healthcare professional who helped you complete your plan is also asked to sign it and provide their details.

Remember to share copies of your completed plan with your GP, nurse or specialist, your enduring power of attorney for personal care and welfare or your nominated spokesperson and important whānau and loved ones.

Your rights

Your rights as a patient are set out in the New Zealand Code of Consumer Rights.

- Under the Code advance directives and advance care plans do not need to be formal, written documents.
- They can include any treatments, not just life sustaining treatments.
- Your right to refuse treatment is set out in the New Zealand Bill of Rights Act (Section 11).
- If a healthcare provider violated this right, they would be guilty of a criminal offence.
- A person cannot demand a specific treatment or ask for anything that is illegal.

By signing below, I confirm:

- I understand this is a record of my preferences to guide my healthcare team in providing appropriate care for me when I am unable to speak for myself
- I understand treatments that would not benefit me will not be provided even if I have specifically asked for them.
- I agree that this advance care plan can be in electronic format and will be made available to all healthcare providers caring for me.

Name

Address

Phone Signature Date

Healthcare professional who assisted me

By signing below the healthcare professional confirms that:

- I am competent at the time I created this advance care plan.
- We discussed my health and the care choices I might face.
- I have made my advance care plan with adequate information.
- I made the choices in my advance care plan voluntarily.

Healthcare Practitioner

Facility/organisation

Designation

Phone Signature Date

7 After my death

Have you considered organ and tissue donation?

Donated organs and tissues can help others to live and to have an improved quality of life. For further information go to: Organ Donation New Zealand: www.donor.co.nz

Have you considered leaving your body to medical science?

There are specific processes and forms that need to be completed. For further information contact the Auckland or Otago School of Medicine.

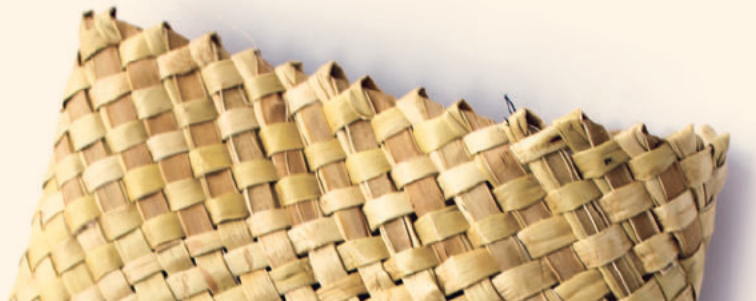
Do you have any body parts that need to be returned to you?

Immediately after death or in the time between death and your funeral, are there any rituals you would like performed?

Is it important where your body is kept?

For your funeral or farewell:

- Do you have preferences for your death announcement?
- Do you have any ideas or preferences for your funeral or farewell?
- Do you already have a prepaid funeral or life celebration plan. If so, with who?
- Are there songs you would like sung or things you wish people to know?



My wishes for organ and tissue donation:

My wishes for caring for my body immediately after death:

After I die I would like to be: ◯ Buried ◯ Cremated

For my funeral or tangi I would like:

I would like my last resting place to be:

This is important to me because:

◯ I don't mind. I would like the decision to be made by:

7 After my death

Final questions to think about.

Is there anything important you want your whānau and loved ones to know?

Are there any financial records or bank account details that need to be managed?

Have you thought about your social media or Facebook accounts and how these should be managed?

In the years after your death, are there ways you would like to be remembered?

Do you have any final words for your loved ones?

We recommend everyone has a will. If you have a will, who is it with? If you need advice on making a will go to the Citizens Advice Bureau, a solictor or the Public Trust.

Kete woven and gifted to the New Zealand ACP Programme by Nga Kaitiaki Kaumatua, Gerontology Nursing Service, Waitemata District Health Board.

Photography by Kara Manson.

Things I would like my loved ones to know:

My will and other important things can be found:

Document/item	Where it is	Notes
My will		

HEALTH CONSUMER COUNCIL
Annual Review Workshop
11 April 2023

Context:
- Health system reforms, 1-2 year settling period
- End of June onwards/ more will be confirmed & set in stone

Strengthening/improving how we work:
- Elevating Health concerns (eg palliative care in EBOP)
- Making our projects meaningful
- Amplified voices in the community, how we ensure we are doing that
- Consumer engagement & whanau voice, to be clear and real
- Assess and measure what this means
- Looking forward, consider how we can hold our place
- Pushing issues through Clinical Governance Committee, Critical Care group, National Chairs Forum
- Making attendance at Grand Rounds a priority – keeps us up to date and informed

Membership/recruitment:
- More diversity
- How to make this equitable, different demographics
- EOI Forms
- Plain speaking, job description
- Part of a transition document
- Putting in disclaimer about change in the future
- Marketing through networks, one place
- Recruitment should be managerial not HCC
- More info from candidates: how you came to us

Weaknesses:
- Do we need to be doing more?
- Not overreaching ourselves, limited time
- HCC is only one group, could be doubling up eg renal consumer group etc (though these have different functions from HCC)
- No contact list of special interest groups. How do we contact, communicate and link in with these groups? Need a short list of other groups, keep on horizon.
- Haven't found a way to maximise use of networks
- Identifying workstreams/priorities
- HCC needs more clarity, where we fit into the overall scheme of things

Barriers:
- District pilot plan/locality areas not set; areas being identified at national level
- Consultation documents, public health documents, could change boundaries
- Regional placements not set
- Where are the reporting lines? directed to Regional
- Issues defined at a national level; we have a different local voice
- Local voices getting lost
- Opportunities offered to be a consumer representative (joining consumer groups) are predetermined, don't necessarily relate to areas of interest any one of us can usefully contribute to
- HCC not having budget, travel (TOR mention travel)
- Not all staff aware of HCC, HCC not being invited for input

Future roles:

- Use review as a foundation, where we go to from here (using findings to get better health groups ??)
- Keep identity as a council
- Umbrella group for health organisations in BOP
- Strategic connecting health groups to people (people don't know where to go to find help)
- Mapping possible connections that fit within TOR
- Making these connections relevant for ourselves
- Taking up opportunities for consumer representation, but thinking about time commitments; members being informed on ways to engage – triggers opportunities
- Workstreams: insist on being real
- Getting on with making it real
- Emphasis on the mahi
- Be proactive rather than responsive
- Links – check in with Maria
- Menti Meter – Lisa to learn about this and get back to council; utilise in council responses

Future meetings:

- What other health services/issues we might want to pick up on?
- Health issues in the community, raised at Grand Rounds, can we do something about it?
- Personal experiences, where we might put in effort
    - Pathlab, palliative care, dental care
    - Sleep disorders that affect all
- HCC members undertaking commitments between meetings; doing homework to bring back to next meeting

Hayley Chapman
for HCC
21 May 2023

HCC ANNUAL YEARLY REVIEW: Action points

From meeting 12 July 2023

Discussion points from whiteboard	Possible actions

• What we will do if there is a national approach to consumer engagement
• How will we contribute and provide input into a National Group
• Recognising work we doing
  ◦ Updated Online Directory e.g. Mental Health
• Potential for independent entity in the future with funding for community health service navigation
• Acknowledging time involved and information that is shared from groups Lisa is involved in
• Demands of being asked to read & respond to information faster
• Don't get all controlled documents sooner
• Not Majoring on minors, eg. Moving on from issues dealt with by HCC eg. Pathlab
• Sleep not featuring as a cornerstone of Good Health in guidelines and documentation
• Pushing hard for rights of members and the community
• Linking Staff with HCC Role. Staff not aware of HCC and knowing how and where to engage with consumers. As a voice for consumers there is potential for crossover in roles. Groups eg. Renal already have their own group interacting with patients as part of quality and safety measures
• Functioning as a group – sharing knowledge – where do we put it?
  ◦ Collate networks, contacts, sources and interests
  ◦ Informal contacts and lived experience
  ◦ Used to be on a shared platform
• Health Consumer Council Promotion
	A national approach:
	• Maintain active watch on updates/advice from Te Tāhū Hauora HQSC via Chair and members' networks.
	• Put forward ideas & seek to influence national outcome, via Chair.
	• Make sure we are well-placed for change: continue ongoing work under existing TOR; continue to build our knowledge and relationships.
	• Document past and current work as a record for future reference. What we have done, and with what outcomes.
	
	Improving how we function:
	• Set priorities for our work; prioritise new issues/opportunities.
	• Methodically follow through on issues raised by members.
	• Track and 'sign off' completed work items/initiatives.
	• Raising awareness of HCC with hospital staff (and wider community?).
	• Compile a list of other health-related consumer groups; seek to coordinate efforts.
	• Collate members' networks, contacts (including informal), sources, interests and lived experience (revive format on Connex).

From: Consumer Council
To: [redacted]
Subject: Bay of Plenty Health Consumer Council expression of interest
Date: Friday, 4 August 2023 2:24:23 pm

Dear [redacted]

Thank you for showing an interest in becoming a member of the Bay of Plenty Health Consumer Council and completing the expression of interest form. As you will be aware there are significant changes occurring within the health system and as a result a recent decision has been made not take on any new members at present while we await the outcome of the changes. We will post any updates on the web page.

Kind regards.

Bay Plenty Health Consumer Council Administration Support
Hauora a Toi Bay of Plenty

Te Whatu Ora
Health New Zealand

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