



Minutes - West Coast Health Community Voice Meeting Wednesday 24th September 1pm – 3pm

Community Voice

Health and Wellbeing Advocates Te Tai Poutini West Coast

Members	Gaye Coates (GC), Jan Flinn (JF), Mary-Rose O'Loughlin (M-RL), Neil Stevenson (NS), Pam Sutherland (PS), Steph Newburry (SN) (Chair), Teri-anne Bell (T-AB), Andrew Welsford (AW), Eleanor Harrington (EH),				
	Carolina Salazar (CS), Lee Harris (LH),				
Guests	Ayla Tranter (AT) (WCH), Caro Findlay (CF) (WCH), Cathy Blinco (CB) (HNZ), Jo Tiller (JT) (HNZ), Stephanie Blackman (SB) (WCH), Trudi				
	McGrath (TM) (Coastal Health).				
Apologies	Lynnette Beirne (LB) (Deputy Chair), Antonia Mcdonnell (AM), Janella				
	Munns (JM)				

Opening Karakia:

Whakataka te hau ki te uru Whakataka te hau ki te tonga Kia mākinakina ki uta Kia mātaratara ki tai E hī ake ana te atakura He tio, he huka, he hau hū Tīhei mauri ora! Cease the winds from the west
Cease the winds from the south
Let the breeze blow over the land
Let the breeze blow over the ocean
Let the red-tipped dawn come with a
sharpened air.
A touch of frost, a promise of a glorious day.

Item	Discussion
1:00pm	
In-Committee / Members only time	
(15 minutes)	
1:15pm Administration	Full meeting opened with Karakia Whakawhanaungatanga – connecting, introducing and welcoming new members to the
(5 minutes)	group.
	Trudi McGrath, Coastal Health Practice Manager – guest speaker at the meeting.

	Previous minutes moved / Confirmation of previous meeting				
1:20	1. Access to Health Records				
Trudi McGrath (10 Minutes)	 Patients are entitled to access their full health record once per year at no cost. Some information may be withheld for privacy or legal reasons, particularly where it involves others. 				
	 Parents/guardians can request records for children under 16, unless there is a valid reason not to share. 				
	 All requests are subject to identity verification and typically processed within 20 working days. If the records are held by another provider, the request may be forwarded 				

2. Same-Day Appointment Notes

Commissioner.

copies, or verbal explanations.

accordingly.

• Clinical notes from same-day appointments may not be immediately available if not completed during the consult. These can usually be accessed later that day or the next.

Records may be provided in various formats, including file viewings, summaries,

In most cases, no fees apply. If information is withheld or a request is declined, patients will be informed and advised of their right to contact the Privacy

3. Supporting Patient Understanding

- It was acknowledged that clinical notes can be complex. Practices are encouraged to use plain language when discussing care with patients.
- Health Improvement Practitioners and Health Coaches are available to help explain notes, prepare patients for appointments, or attend alongside them where needed.
- Additional staff support is available for patients considered at risk when reviewing their records.

4. Patient Portals

• Coastal Health had trailed a patient portal but experienced limited uptake, making ongoing use unsustainable.

5. Discharge from Secondary to Primary Care

- Ongoing issues were noted with discharge planning and the timely transfer of patient information from secondary to primary care.
- There is no automatic alert system for practices when patients are discharged from hospital services, leading to delays in continuity of care.
- Inconsistent communication and access to discharge notes were identified as challenges for both public and private primary care providers.
- Hospital Specialist Services are working to ensure notes are shared on the day of or day after discharge.
- Multi-disciplinary teams (MDTs) and community nursing services are sometimes included in discharge planning or receive a patient discharge report, but this is only for Health NZ Practices.
- It was agreed that discharge planning should remain a key focus area.

6. Home Care and Support Post-Discharge

- Concerns were raised about patients not receiving necessary support following discharge from hospitals, particularly when home care services are not initiated before they return to the community.
- Differences in service availability between regions were also highlighted.

Action:

• Discharge planning to be added as a standing agenda item for future meetings.

Acknowledgement:

 Appreciation was expressed to the guest presenter for sharing insights and offering to return to future meetings if need be.

1:30pm

Group feedback

(45 minutes)

1. New Membership and Maternal Health Representation

- A request was received to welcome a new member representing maternal health and wellbeing.
- The group agreed to include this representative and accept associated funding support.

Action:

• Connection and funding transfer to be facilitated.

2. Support for Elderly Patient

A case was raised regarding an elderly woman who questioned why her MRI
was scheduled at Christchurch Hospital rather than locally. The GP advised the
West Coast scanner doesn't image bones, though the patient disagreed. It was
suggested the referral was likely due to the need for higher-detail imaging. No
action taken; patient may contact Health NZ/Te Whatu Ora directly.

3. Volunteer Driver Initiative

- A new volunteer transport service has been established to support discharged Te Nīkau hospital patients without access to transport.
- Volunteers are police vetted, supported by local services, and a flyer is in development to promote the initiative.
- The group commended the generosity of volunteers and the positive impact of the service.

4. Positive Service Feedback

• Feedback from an elderly patient praised the professionalism of radiology staff.

5. Issues with Appointment Notifications

- Concerns were raised about poor communication regarding hospital appointment changes, including missed letters and misdirected texts.
- These errors are causing distress for already vulnerable patients.

Actions:

- Hospital bookings team to be invited to a future meeting to discuss processes.
- Data on missed appointments (DNAs) to be requested and reviewed.

6. Advocacy for Complex Patient Case

- A case involving potentially inadequate care for a patient with complex needs was discussed.
- The group suggested advocacy support and that the patient be encouraged to attend future appointments with a support person.

 A referral to a specialist may be appropriate, and further support can be provided if needed.

7. Pharmacy Services Expansion

- Pharmacies can now offer additional services such as issuing prescriptions and off-work certificates.
- There was interest in inviting pharmacy representatives to present to the group.

Action:

• Pharmacy representatives to be contacted and invited to a future meeting.

8. Positive Feedback on Community Resources

- Positive responses were received regarding the availability of essential items and food vending options at the Te Nīkau pharmacy.
- Additional health communication tools (e.g. traffic light posters) were also well-received, and further materials are in development.

9. Youth Engagement

- Ongoing work with youth groups includes the potential development of a survey to capture their voices and experiences.
- A trial is planned with Art Soup, with future rollout to others.
- Clinical input and alignment with existing surveys were recommended.

Action:

• Youth engagement team to liaise with Art Soup Coordinator, seek clinical input and incorporate previous survey insights.

10. Emergency Preparedness and Rural Access

- Concerns were raised around access to prescriptions in remote areas in the event of an emergency (e.g. AF8 event).
- Planning work is underway with relevant agencies and pharmacies to address this.

Actions:

- Emergency planning team to connect with local Civil Defence and present a preparedness plan to rural communities.
- To be added as a November meeting agenda item.

11. Migrant Access to Health Services

- A project was proposed to improve health system information for migrants with varying English proficiency.
- A suggestion was made to host resources on a the WCH website and work collaboratively with key contacts.

Action:

 Project team to be formed and tasked with developing accessible health information for migrant communities.

12. Upcoming Ministerial Visit

- Notification of an upcoming visit by the Minister of Health was shared.
- All were encouraged to attend and register via the provided link.

Action:

Event registration link to be circulated.

2:15pm Reefton Medical Discharge Planning Project Jo Tiller (30 minutes)	 A presentation on the Reefton Medical Discharge Planning Project was delivered to the group with a focus on the process and outcomes. A request was made to share this information with the Regional Consumer Group, with agreement to follow up on the best approach for dissemination. Discussion took place around the scalability of the project to larger areas. It was noted that while the project is working well in Reefton, scalability would depend on available resources and practice structure. Other areas have funding dedicated to discharge planning, but the West Coast doesn't. It was acknowledged that each practice should tailor projects to their unique strengths. For example, Reefton's larger nursing team makes this type of initiative more feasible, whereas other practices with different staffing models might pursue alternative approaches better suited to their context or other projects. Action: Follow-up to take place on sharing the Reefton project information with the Regional Consumer Group. 					
2.45	Updated action register tracking					
2:45pm	Review outstanding actions					
Action Register & Programme of Work update	Youth connections / meetings – addressed in Round Table Section.					
(15 minutes)						
3pm Chair update (5 minutes)	West Coast Health is leading the transformation of the mental health and addiction system across Te Tai o Poutini, continuing the collaborative co-design work started wi communities in 2022. A number of leadership days have been held to seek engagement understanding for the need to change and unveil what proposed change looks like. Steph was involved in these discussions and is on the Communication and Engagement Workstream pushing this mahi forward. Steph is happy to share updates with Community Voice.					
	In October, workshops will be offered out to the wider workforce. Kaimahi from Mental Health funded services will be invited to participate in the Connecting Care workforce engagement sessions to learn about the programme and explore how they can contribute to improving outcomes for people and whānau. Three sessions will be held in October 2025 in Greymouth and Westport.					
3:05pm Update from Gaye – Te Waipounamu Consumer Council (5 minutes)	The Ministry of Transport is planning to reduce the subsidy for the Total Mobility Scheme. This is a real concern for people accessing health services. The NZ Disability Strategy is in draft as is the National Assisted Dying Strategy. The Regional Consumer Council has been asked to provide feedback on these documents.					

	An Elder Support booklet has been produced and is available, it has helpful information such as Low-cost ways to put in place enduring power of attorney and how to lodge advanced care plans with medical practices. There is a lot of information about scenarios to support in aged care.
3:10pm	Meeting ran over time and didn't have time to reflect on the meeting.
Meeting reflections	
(5 minutes)	

Next Meeting:

Meeting closed with a karakia

Closing Karakia

Unuhia, unuhia Unuhia ki te uru tapu nui Kia wātea, kia māmā, te ngākau, te tinanana, te wairua I te ara takatā Koia rā e Rongo, Whakairia ake ki runga Kia tina! TINA! Hui e! TĀIKI E!

Draw on, draw on,
Draw on the supreme sacredness
To clear, to free the heart, the body and the spirit of mankind
Rongo, suspended high above us (i.e. in 'heaven')
Draw together! Affirm!