

7 March 2022

Dear [REDACTED]

YOUR OFFICIAL INFORMATION ACT (1982) REQUEST HBDHB REF: OIA2022011

I refer to your Official Information Act request dated 3 February 2022 where you requested information from Hawke's Bay District Health Board (HBDHB). Your questions and HBDHB's response is provided below:

1. Does your DHB have a palliative care service? If yes, what is its annual budget?

Hawke's Bay DHB has a Hospital Palliative Care Team (HPCT) which is a consultive service for inpatients. As the HPCT is a consultive service, the patient's management remains with the primary clinical team.

Hawke's Bay DHB can provide staff costs which has an annual budget of \$464,815. Staff costs include Senior Medical Officers, Clinical Nurse Specialists and Registered Nurses. The DHB is unable to extrapolate clinical costs without manually searching electronic financial records. Therefore, this portion of your request is declined under Section 18(f) of the Official Information Act relating to substantial collation or research.

2. How many palliative care specialists do you employ?

Hawke's Bay DHB employs one 0.5 FTE palliative care specialist.

3. How many DHB FTEs are dedicated to palliative care and what are their job titles (eg CNS, nurse practitioner, allied health)?

The Hospital Palliative Care Team (HPCT) has a total of 2.5 FTE, comprising 0.5 FTE Palliative Medicine Physician and 2.0 FTE Clinical Nurse Specialists. Three people share this 2.0 FTE. The service operates Monday – Friday, 8.00am – 4.30pm.

4. Do all palliative patients have access to telephone 24/7 specialist palliative care advice and support?

In HPCT (which operates as a consultative model) provides a Specialist Palliative Care advice and support to patients, whānau and primary teams within the service Monday to Friday 8am to 4:30pm. Outside of these hours advice for primary teams is available 24/7 from the Cranford Hospice medical team. Cranford Hospice provides community-based services, outpatient consultations and inpatient care when a patient is not in the acute hospital setting. The HPCT and hospice teams collaborate closely.

5. Do all palliative care patients have access to visits from district nurses and General Practitioners 24/7, wherever they are located - home, care home, rural and urban?

Service provisions overlap – i.e. district nursing teams in Central Hawke’s Bay (CHB), Wairoa, Napier and Hastings accept referrals for patients with palliative care needs across weekdays between the hours of 8.00am and 4.30pm.

General Practitioners also visit patients within their homes (home visits) where necessary. Palliative care needs for rest home residents is provided by rest home teams, with the support of Hospice and/or GP teams.

The Hospice service in Napier and Hastings provides a 24/7 service.

In Wairoa, after hours palliative care services are provided through Wairoa Hospital’s acute ward with after hours phone support from Cranford Hospice where required..

6. Do all palliative patients (no matter where located) have access to assessment and care from multidisciplinary specialist palliative care teams?

Cranford Hospice are the specialist (MD) teams providing palliative care in Hawke’s Bay. The PHO (Primary Health Organisation) and hospice would be able to provide you a more detailed response around this. Therefore, Hawke’s Bay DHB declines this portion of your request under section 18 (g) of the Official Information Act relating to information not held.

7. Do all patients admitted to hospital have access to multidisciplinary specialist palliative care teams?

For inpatients, the HPCT has medical and nursing dedicated FTE only: other roles e.g. social work, pharmacy, physiotherapy etc are fulfilled by ward and team staff members.

8. How many FTEs do you have dedicated to implementation of end of life care pathways and advanced care planning?

There are no FTEs dedicated to implementation of end of life care pathways and advanced care planning. This is supported within the FTEs outlined above. Advanced care planning is not exclusive to palliative care and is undertaken by many teams in the wider healthcare team.

The End of Life Choice Act 2019 is not a DHB provided/funded service and therefore there is no DHB resourced FTE to support this. The delivery of the End of Life Choice Act is done by providers who are attending medical/nurse practitioners and are funded via section 88 of the New Zealand Public Health & Disability Act 2000.

9. When are people referred to palliative care, by whom and how close to death?

For hospital inpatients this is variable, depending on a number of factors including clinical diagnosis and current condition, patient and family preference and team assessment of the role for specialist palliative care.

Time from referral to death is variable too, depending on clinical condition, speed of decline etc.. Palliative care is not limited to end of life care alone.

10. How much annual funding do you provide for local hospice services?

For the 2020/2021 financial year HBDHB funded \$3,788,094 for regional hospice services.

I trust this information meets your needs. If you would like any further information or clarification please phone me. If you are not satisfied with this response you may contact the Office of the Ombudsman, phone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Hawke's Bay DHB website after your receipt of this response.

Yours sincerely



Chris Ash
Chief Operating Officer

cc: *Ministry of Health via email: SectorOIAs@moh.govt.nz*
oia@hbdhb.govt.nz