**DISABILITY WORKING GROUP**

**Key Messages September 2024**

Members: John Marrable, Kirsten Dixon, Paula Waby, Adam Hall, Jacqui Eggleton, Te Aroha Aratangi, Jaime Randhawa,

Standing members: Kathryn Harkin

Apologies: Ruth Zeinert, Jack Devereux,

Guests: Sam Murray, Andrew Sise, Alexandra Carr

The Disability Working Group members met on Friday 20 September 2024.

* Actions updates:
* PayWave proposal - no cost to upgrade terminal, Finance are investigating the management of related bank fees
* More ophthalmology services are hoped to be able to be offered in Waitaki now that they are under Southern
* Neurology are looking at provision of Disease Modifying Therapy in Oamaru - more information will be provide as available.
* Hidden Disability Sunflower training now available for all staff, key areas of focus are outpatient clinics, Emergency Departments, patient enquiries and security.
* Next quarterly forum at end of October
* Sam Murray, Policy Advisor, attended the meeting to discuss the draft Patient Rights, Equity and Cultural Safety Policy. We have a current policy but needed to expand this to cover some gaps in our compliance with Nga Paewera Standards. The aim was to codify our Strategy as it hasn’t been referred to in policy prior to this. There is a new section about disability in the new policy. There is currently work in progress to weave disability awareness training into the training algorithms for three year training - it is in the most recent version of the Senior Medical Officer training. Also an opportunity to incorporate in policy the right to an interpreter - we just have guidelines at the moment. Acknowledgement that policy is not the strongest form of control - it is more effective to have other mechanisms in place to actually effect changes in behaviour. Also exploring how to give more meaning to our commitment to communicating effectively with our patients.
* Alexandra Carr, Deaf and Disability Lead for Survivor Experience Services, attended to advise members about the service. They are holding space between the end of the Royal Commission of Enquiry into Abuse in Care, and something more permanent being in place. Stories can be heard from any time, not just prior to 1999 (as with the Commission). The service will work with what is culturally and emotionally required. Themes and highlights will be recorded and provided to ministers, which will in turn help to inform the government response. The other aspect of the service is supporting people to get access to their own records. The Commission didn’t hear enough from Māori, Pasifika, Deaf, disabled, rainbow. Alexandra will be in Invercargill from 7-11 October and able to meet with anyone.
* Andrew Sise, Well South, attended to update members on progress towards their Disability Action Plan. A steering group was set up which comprised 7 community members, and a core team of 4 WellSouth staff. They have held over 20 community huis and have met with a diverse range of people right across the region, with conversations encompassing a broad range of issues. They have heard about a lot of good experiences and the value of a good provider, who have helped patients to get the care they need. Key barriers which have been identified include how appointments are booked, interacting with reception staff, waiting rooms, and experiences in the actual appointment. Many people gave examples of communication being in a form that they could not use. They also felt more education was needed and that providers could more effectively with other providers. The Action Plan will be finalised in the next fortnight and represents the commitment to WellSouth having a specific focus on disability and that they recognise this as the beginning of a journey rather than the end. It will sit under the Southern Disability Strategy.

Key domains of the plan are:

* Meeting the needs of tangata whaikaha Deaf and having FTE within WellSouth for this work
* Continuation of engagement with the community
* Supporting primary care to do better
* How WellSouth can do better as an organisation, including managing staff, programmes and public communications
* Round Table
* Food parcels in Waitaki have doubled this winter - a key contributor to this has been the need for people to spend money travelling to Dunedin Hospital
* St John feasibility study is complete and has determined that Oamaru definitely needs a shuttle - it will cost around $120k to get this in place
* Accessibility of some medical centres is a challenge - two have ramps in poor condition, and a venue being used for locums in Omarama is not wheelchair accessible.
* In Oamaru a lady had been advised to walk around to the Emergency Department as no wheelchair was available.
* Equity conversation at Stronger Waitaki is on hold - there is a big transformation of this programme underway and potentially a change in direction.
* A mother travelling on the St John health shuttle was declined service as her baby was coughing - this left her stranded.
* Blind Citizens really appreciated being able to provide feedback to WellSouth.
* Invercargill Emergency Department has recently not provided access to NZSL. Some teaching has been provided recently, at no charge, however more is required. Conversation continuing with Consumer Liaison visiting them next week. Conversation also being instigated between member and the local council around access, particularly in an emergency.