



Turanganui PHO's Fortnightly Newsletter, Issue 55, February 18, 2009.

David Maplesden has left the building...on crutches!

By Hayley Redpath

When the tendon that links Dr David Maplesden's calf muscle to his heel snapped, the noise could be heard for some distance.

He was springing up steps outside the family home when a misjudged toe-plant felled him. Family members inside thought a car tow rope had cracked.

The implications were serious -inhibiting his ability to walk and putting the keen runner out of action for at least seven months. However the ramifications have rippled wider than that and last month David announced his resignation as Medical Advisor for Pinnacle. In hindsight the writing was on the wall.

"It's been about six months of not being able to do the job properly, and not providing as good a service as I should. Coupled with that I have a long period of rehab [ahead of me] and I need time to do that," says David

David can be considered the "father" and author of HealthRight, and so as a result Turanganui Primary Health Organisation is losing a significant contributor in the drive for better chronic care management by patients.

"HealthRight is his greatest stamp in this area," says Turanganui PHO Board Chair David Scott, who has enjoyed working with Dr Maplesden.

"If push came to shove I would say that three-quarters of HealthRight came out of his brain. He is quiet and knowledgeable, thoughtful, and doesn't push his point of view."

David Maplesden began as Pinnacle Group Ltd's Medical Advisor in December 2005 and by 2006 HealthRight had started to take shape. Keriana Brooking, Turanganui PHO Chief Executive, says it was in a conversation with David, and then Minister of Health Peter Hodgson, that HealthRight was born.

She and David were talking about doing some kind of long term condition programme and Mr Hodgson suggested it might fit in with a funded stream of work supported by the Ministry of Health.

"We decided to do it in a partnership between Midland PHOs and Pinnacle," says Keriana, and over time a tangible service was shaped by David and others.

"David is very practical. He's a good technical person. Pedantic you might say!" says Keriana.

Keriana and David Scott also worked alongside David Maplesden during his short stint on the Turanganui PHO Board. He replaced John Macaskill-Smith who had departed to take up the CEO role at Pinnacle. David became a valued member of the 8-person team.

"Having a Pinnacle rep on the Board meant we had a hotline into what was going down in Hamilton," said David Scott referring to Gisborne's distance from the Hamilton-based "engine room" of Pinnacle. As a working GP, he also had the respect of Turanganui PHO member GPs.

For David Maplesden, the Board experience offered him a ground view of primary health in an area that he says is fast becoming one of "political importance". With an even split of Maori and non-Maori living in one small area, the result of the primary health care strategy will be keenly observed here, he says.

"The principals of the primary health care strategy are valid, and with a bit of modification are going to lead to improved health care outcomes. The Tairāwhiti district will be one of the first areas in New Zealand where it will be evident."

With regard to his Board experience, Turanga Health Board representatives Pene Brown, Reweti Ropiha and Albie Stewart earned David's special thanks. "The Board was a good, knowledgeable group, safe and enthusiastic. I learnt a whole lot but particularly from the Turanga Health guys."

David Maplesden has already left the building. Hobbled away on crutches to be more precise, and started this month as Medical Advisor for the Health and Disability Commission. Where a complaint has been made against a medical practitioner he will provide clinical guidance on whether the behaviour was "a significant departure from normal practice". There is a large educative role as well.

He says ten years ago, his change in job may not have been supported by colleagues. "I would have been ostracised back then probably. But not now. It's no longer seen as a group that's out to lynch. It's not about a witch hunt, it's about improving outcomes for patients by improving the quality of care and processes."

David says he is looking forward to the role which sees him continue with some GP locuming, commuting less, and putting more time into his physical rehabilitation. Just this week he completed a three kilometre training walk...on crutches.

He will miss Gisborne. "It's been brilliant working with all you guys. Keriana Brooking was an inspiration and has shown what good leadership is really



Dr David Maplesden is now with the Health and Disability Commissioner's office.

like. I have learnt a huge amount from her about that. And I have just loved rediscovering Gisborne. It's a lovely place to be. "

Turanganui Primary Health Organisation Board members, staff, as well as general practice and Turanga Health staff, wish David Maplesden well.

100km.....Walk of Life!

By Hayley Redpath

When you walk 100 kilometres in 24 hours you can lose a lot of things. A night's sleep, possibly some weight, probably your marbles.

But according to Mangapapa Medical Centre GP Ken McFarlane, you can find things too. "You find out what you are capable of, that it isn't actually that bad, and when it's for a good cause, it's worth doing."

Ken, his son Ross, and neo natal nurse Margaret Badger are embarking on their second Oxfam Trail Walk around Lake Taupo in April. This year they will be joined by a well known face to Turanganui PHO readers: Pinnacle Director of Nursing Hilary Graham-Smith.

The 100km walk is a fundraiser to help overcome poverty and injustice, and each four-person team undertakes to raise at least \$2,000 for the cause. Fit Happens have already surpassed that total.

"We have been overwhelmed by the generosity and support of friends, colleagues and the Waikato and Turanganui PHOs," says Hilary.

"People think we are totally mad but they also really support the Oxfam cause which is just great," she adds.

The team has 36 hours in which to complete the challenge but based on previous experience, they have set themselves a 24 hour deadline. It took Fit Happens 24 hours and 37 minutes last time. Trimming 4-5 minutes off each checkpoint break might be the answer says Ken.

"You have got to have a goal and with the experience of doing it once before in '07, we know we can do it by walking at the same pace, and finding the time at the checkpoints."

The day-night off-road walk starts at the Taupo Events Centre and winds its way along bush walkways and farm tracks. Headlamps are used during the 11 hours of night walking.

Training has been difficult considering team members' workloads and the recent heat. Two weeks ago the team completed the Tussock Traverse near Mount Ruapehu. The bodies are holding up well, says Hilary. "I sprained my ankle on the Traverse and that is taking time to sort out. Thank goodness for Voltaren, physio, and a good sports masseuse!"

Fit Happens walk the 100km from 7am 4 April to Sunday 5 April. The team invites readers to make a donation by visiting [Fit Happens](#) on the Oxfam website.



Ken McFarlane, Margaret Badger, and Hilary Graham-Smith will walk 100km. Pictured here near Mt Ruapehu.

Local Sleep Clinic Wants Those Most at Risk

Gisborne Hospital wants GPs to refer patients most at risk of obstructive sleep apnoea (OSA) to its sleep clinic.

Physician Nassar Sheikh and nurses Natasha Ashworth and Rachel Cook have managed a Gisborne-based sleep clinic since October 2008. OSA is the most common sleep related breathing disorder with approximately 2-4% of New Zealanders being affected.

Patients who are Maori, have a large neck circumference, a high Body Mass Index (BMI), and a high Epworth Sleepiness Scale reading, should be considered high risk. "We are keen for GPs to identify those most at risk as people with OSA can develop severe end organ damage, hypertension, ischaemic heart disease and cardiovascular disease."

Before October 2008 sleep clinic patients were referred to Gisborne Hospital's Ear Nose and Throat service and then on to Waikato or Auckland for sleep studies. Between 15-20 patients were referred every year at a cost to the DHB of around \$11,000 a patient. Seeing a patient in the Gisborne sleep clinic costs the DHB around \$1500 a patient.

General practitioners are encouraged to include as much information as possible in the referral including the Epworth Sleepiness Scale reading, the BMI, and complex co-morbidity information.

Natasha: "If the referral is thorough, the patient can be seen quickly for a sleep study, whereas an insufficient referral may have to be sent to a medical outpatient clinic first."

Referrals are done on Medtech in the usual way. Module>Outbox>New Document and address it to 'Sleep Clinic'.

Previous information about the service has been circulated by GP Liaison Patrick McHugh via his newsletter. If anyone has any further questions they can contact Natasha Ashworth on 869 0500 x 8112, or Rachel Burton on 869 0500 x 8460.



Nurse specialist Natasha Ashworth and Sleep Clinic Nurse Rachel Cook
Image [Brett Mead Photography](#).

The Work and Income Medical Appeals Board Needs You

Submitted by Health and Disability Coordinator East Coast Regional Office, Rih Kempster.

Work and Income need to recruit General Practitioners to become part of our Medical Appeals Process.

Community News

This section of our newsletter is devoted to

This is a very important service for our common clients as it allows an independent informed review of decisions where there is disagreement.

What is a Medical Appeal?

A Medical Appeal is held when a client does not agree with the decision made by a Work and Income case manager to cancel or decline one of the following:

- Invalids Benefit
- Sickness Benefit
- Child Disability Allowance,

on the basis of medical information available. Failure of proper process is dealt with separately.

The Medical Appeals Board takes an impartial look at all the information available on an appellant's medical condition and its impact. They will consider whether the right decision was made about declining or cancelling benefit in accordance with the Social Security Act 1964.

Who is on the Medical Appeals Board?

The Board is made up of three of the following:

- Medical practitioners (preferably not more than one designated doctor)
- Rehabilitation professionals which includes: occupational therapists, physiotherapists, nurses, (particularly if involved in occupational medicine), psychologists, other persons having appropriate expertise in the fields of vocational training or vocational support for persons with sickness, injury or disability.

Note 1: doctors who have already had an involvement with the client should not be included on the Medical Appeals Board for that client's hearing.

Note 2: that the Work and Income Appeals and Reviews Coordinator will select an appropriate panel to hear an appeal.

The Coordinator will negotiate with the Medical Appeals Panel, a suitable venue and time for the hearing.

The fee to pay the rehabilitation professionals and doctors needs to be negotiated. For expressions of interest please contact: Rihi Kempster, Health and Disability Coordinator East Coast Regional Office, (06) 9747406 , 029 660 0064 , [Rihi Kempster](#).

Immediate places available in Gisborne for The Otago Exercise

Programme

Submitted by Willis St Physiotherapy

Thanks for your previous referrals into the programme. We have 40 places available immediately. There is currently no waiting list in your area.

It is a falls prevention programme so I encourage you to think about your community, or look through your database for candidates who are frail and would benefit. The programme is suitable for people who have fallen however ideally we can intervene before a fall.

The entry criteria are:

- >80 years or >65 Maori and Pacific people (there is allowance for up to 10% of participants to be under these age criteria. Referrals outside of age criteria need to be accompanied by a letter from the referring clinician explaining why the person is a special case)
- At risk of falls or had a fall
- Lives independently in the community (not in rest home or hospital care)

Please use the [referral form](#) attached. You can email, Healthlink via your Practice Management System (we use MedTech), or fax us through the referral.

As you are aware the Programme is a falls prevention programme for elderly. It is delivered in their homes by a qualified nurse or physiotherapist. The programme involves 6 home visits over the course of a year. It is fully funded by ACC and there is no cost to participants. The programme has been proven to reduce falls by 35% and reduce injurious falls by 35%.

It is a very worthwhile intervention and we have had many great success stories. Shortly we will have a website up with detailed information. Please look out for the e-newsletter and make sure you sign up on the website for regular e-newsletter updates on place availability.

Please call me (04) 3848313 or email nick@fallsprevention.co.nz if you have enquiries and thanks again. Regards

Nick Conn, Physiotherapist and Programme Manager, Willis Street Physiotherapy, (04)3... , info@willisstreetphysiotherapy.co.nz, EDI address: willissp.

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you and your projects. If you would like to advertise your event, seminar or meeting, email details to [The PHOnetic](#).

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Medical Appeals Board Work and Income need to recruit General Practitioners to become part of our Medical Appeals Process. This is a very important service for our common clients as it allows an independent, informed review of decisions where there is disagreement. (See left for more information).

When P Stands for Plague DVD presentations on the destructive progression of first time P users to full blown dealers and manufacturers. Session also covers: physical affects, understanding addiction, treatment, indicators, child abuse and neglect through methamphetamine use, signs of exposure to methamphetamine in children. Friday 27 February. Times to be confirmed but likely to be 9am-1pm, Conference Room, Tairāwhiti District Health, \$90. Register with [Candy Hauiti](#), or phone (06) 869 0500 x 8034.

Tairāwhiti District Health Board Meeting, Tuesday 24 February, 9am, Morris Adair Building, Gisborne Hospital.

Community and Public Health Advisory Committee/Disability Support Advisory Committee Meeting March 17 February, 12.30pm, Morris Adair Building, Gisborne Hospital.

Hospital Advisory Committee Meeting, Monday 23 February, 10am, Morris Adair Building, Gisborne Hospital.

Visit www.tdh.org.nz for all TDH meeting agendas.