Delivering Wakatipu Health Services in the Future

Hospital Capacity Review

- **Summary of Public Feedback -**

June 2010

Introduction

In March and April this year the Southern DHB sought the views of the public and staff on proposed changes to the way health care is delivered in the Wakatipu Basin. The proposal was the next step of the Hospital Capacity Review carried out by Southland and Otago District Health Boards (DHBs) and Cranleigh Health. The Hospital Capacity Review and the proposal both suggested changes to the way health care is delivered in the Wakatipu Basin in order to address a number of challenges and observed changes to both the supply and demand of health care services in the Wakatipu region.

The proposed changes are based on three key areas, namely: a change to the way health service delivery is governed and provided in the Wakatipu Basin; an Integrated Family Health Centre (IFHC) model of health service delivery and how people access and flow through the health service; and facility development to accommodate the establishment of the proposed IFHC.

This paper is a summation of the staff and public's feedback. It does not make any recommendations but it will be used to inform a DHB management recommendation to the Southern DHB Board, after consultation with staff and their representatives. Following this it will be submitted to the Southern DHB Board to assist in their decision-making on how to proceed.

Consultation Process

A proposal document was developed for consultation and made widely available to staff and the public over 8 weeks during March and April 2010.

Advertisements notifying the public of the consultation process, how they could access the document and make a submission were placed in the local newspapers and put on the local radio community noticeboards. Meetings were also held with staff and public during March and April where there was an opportunity to ask questions and make comments on the proposal.

The consultation document was made available both in hard copy and electronically via the DHBs' website. Submissions were also accepted electronically and as hard copy.

Overview of the submissions

Submitters had the option of either answering a questionnaire or providing a hard copy free flow text submission. There were specific questions posed in the questionnaire which obtained a closed 'yes/no/not sure' response. There was also a section for respondents to provide comments following each question.

A total of 266 submissions were received, 229 submissions in the questionnaire format, and 37 were hard copy submissions.

The majority of the submissions utilising the questionnaire format were from individuals (96%) who are permanent residents in the Wakatipu Basin (90%),

and who access health services in the region (90%). Twenty four of the hard copy submissions were also from individuals.

14% of respondents who used the questionnaire identified as Southland DHB staff, and there were 12 hard copy submissions received from Southland DHB or Lakes District Hospital (LDH) staff. Due to a technical issue with the electronic questionnaire it could not be ascertained exactly how many LDH employees responded using the electronic questionnaire. However 73% identified that they were not employees of LDH.

A total of 21 organisations or professional groups made submissions, 8 via the questionnaire and 13 hard copy. One organisation utilised both the electronic questionnaire and submitted a hard copy submission (refer to Appendix 1 for a list of organisations who made submissions).

Question Responses and Themes

The following is a synopsis of the question responses from the questionnaire and themes that emerged from the free-flowing text submissions.

Themes
Whilst this document is not intended to capture all individual comments or submissions, the very nature or meaning of 'themes' is that they provide an overview of the recurring comments. Some comments are so unique that it has not been possible to capture them under a theme so for a more detailed understanding refer to the feedback in Appendix 2.

Questionnaire Responses
In terms of the questionnaire responses there were many comments made which overlapped all the questions, and the comments were very similar regardless of whether the response was 'yes', 'no' or 'not sure'. There were also commonly recurring themes across both the questionnaires and free text format submissions.

Similar to the concept of a theme the comments provided for each question in the boxes below does not aim to capture all comments but a sample of the most commonly recurring comments to provide the reader with a flavour of the responses.

The IFHC Model
Question 8: Do you agree with the proposed Integrated Family Health Centre approach where there is co-location of General Practice (GP), hospital services, community services, and mental health services?

Questionnaire Responses

Response	% (& number)	Abridged sample of comments provided
Yes	49% (112)	As long as there is an independent GP service; no conflict of interest/monopoly Patients triaged by ED nurse or careful gatekeeper Hospital already have this except for GP clinic or hospital to set up own GP As long as current hospital/beds/services are not compromised Concern some services not mentioned Must not have adverse effect on other GP practices Need to ensure equity & ease of access for patients

No	23% (53)	More research or information on IFHCs required Don't agree with GPs in public system IFHC not appropriate for Queenstown Looks like privatisation of hospital GP triaging has conflict of interest Pay tax to ensure health care is free Patients arriving by ambulance already triaged
Not Sure	26% (59)	Extra cost and delay before treatment Concerns there will be GPs with conflict of interest, monopoly and profit driven Will depend on how it is established More detail on the model required and questions of if the model is evidenced based Rushed process or why there was only one option offered was questioned
Not Answered	2% (5)	LDH should be controlled by local board & site returned to community Will operator be in competition with existing medical laboratory service?

A number of respondents supported the IFHC model. Some felt that the IFHC model makes sense in the primary sector and were supportive of its intent for a seamless transition between secondary to primary care.

Many submitters questioned whether the IFHC model has been researched, proven to be cost effective and beneficial to patients. Others commented that the model is not consistent with other models in New Zealand or how it is utilised overseas. For example a view was expressed that it is used for primary services rather than hospital and primary services on one site, or that hospital services refer to the GP or primary care services.

Some submitters commented that Wakatipu should not be singled out as a separate model that is provided in other rural areas or in the publicly funded health system. There was concern voiced that the proposal is more about fiscal constraints than the best model of care for the community.

Others felt the model needed to provide an independent GP service with no conflict of interest.

The medical staff at Lakes District Hospital do not support this proposed model or the co-location of primary and secondary care services.

There was also a comment made about the importance of keeping the LDH brand as a hospital as it is easily recognised rather than an IFHC, or keep the hospital as it is because another practice is not required.

Other models were proposed and suggested Dunstan as a medical hospital and Lakes District Hospital a trauma hospital. Other suggestions were for nurse-led services and a new hospital to be built in Cromwell to reflect the whole region's health needs and in light of the merger of the Southland and Otago DHBs.

Additional Services

Question 9: Do you support the proposed additional services? For example a short stay assessment and observation unit, an increase in outpatient clinics and increase in community services (district and community nursing).

Questionnaire Responses

Response	% (& number)	Abridged sample of comments provided
Yes	81% (185)	Suggestions of further services provided or questioned eg. birthing unit, elderly healthcare, maternity services, day surgery, allied health, community nursing Provided normal care beds not sacrificed Questions of funding or if additional services are affordable were posed
No	4% (9)	A short stay unit won't work If services better No as will be at the expense to existing services
Not Sure	12% (28)	Rehabilitation, maternity and out patient & community services required Will mental health be included in short stay? Where is funding coming from? Community to decide on additional services required More detail required
Not Answered	3% (7)	Need more appropriate services as area growing Not all services will be provided Find out what services would be required These do not seem like additional services

There were many positive comments about additional services being provided and mention of what specific services are required, such as maternity, elderly, rehabilitation and District Nursing. It was noted that maternity, allied health, mental health and Non-Government Organisation health providers were not mentioned within the document. A small number of comments were made about the need to look at services across the Central Otago region in light of the merger and change in boundaries.

Whilst many acknowledged the need for additional services, submitters asked how these would be funded given the lack of current funding and the perception of being under funded for the large number of visitors to the Wakatipu Basin.

A number of the respondents commented that the short stay assessment and observation unit meant there would be shorter stays in the hospital and that patients would then need to be sent to another hospital within 4 days of admission. This is not proposed; rather if a patient needs to stay in hospital for further assessment and treatment they would be transferred to a normal hospital bed at LDH.

There were also many comments made about shorter stays increasing the transport requirements, transport costs and putting pressure on St John Ambulance to transport patients to other hospitals.

GPs as first point of contact
Question 10: Do you agree that the point-of-entry to health services at the Integrated Family Health Centre should be via General Practice?

Questionnaire Responses

Response	% (& number)	Abridged sample of comments provided
Yes	34% (77)	Mental health should remain with DHB or concerns of GP competency, & costs re mental health issues Provided service is tendered on a competitive basis Service to be affordable & sort out how patients are managed if they can't pay. Cost is a barrier If this keeps waiting times down & urgent cases referred in appropriate time frames Need to sort out protocols & procedures
No	38% (88)	Conflict of interest if triage done by GP Monopoly by GP providing the service Cost of GP mentioned ED should be free like other centres Proposal has been tried previously ED/GP should be separate Triage by hospital or triage nurse
Not Sure	26% (59)	Free access to ED to remain Concern re local monopoly will grow Conflict of interest if GP gatekeeper – need independent party/business GP unnecessary step in the chain No privatisation or loss of services & access GPs have not wanted to provide 24 hr service in the past Efficiency questioned
Not Answered	2% (5)	Paying for services which is currently free

The proposal for General Practitioners (GPs) being the point of contact at the IFHC was by far most frequently commented on by submitters. There were two dominant aspects to this; the conflict of interest this would create and the fee inequity/cost.

Conflict of Interest
Regardless of whether the submitter agreed with this concept or not there were concerns or comments that there is the potential for the GP to have a conflict of interest due to the financial gain of triaging patients to the GP practice. This in turn would also lead to issues of the GP working outside their scope of practice because they may try to treat patients who should be dealt with in the Emergency Department (ED). It was also suggested there would be a blurring of boundaries and inequalities of service between GP practices if GP services at LDH are more comprehensive than other GP practices. It was also felt that this would create a monopolistic environment where the patients are triaged to the GPs providing the service at LDH.

A large majority of submitters thought there would need to be an independent person triaging patients, someone who is not the beneficiary of the private GP practice, such as hospital staff, a hospital employed triage nurse or a GP employed by the hospital. A number of staff commented that the triage categories are used for urgency to be seen in the ED not as a way to differentiate whether a patient is to be seen by a GP or an ED clinician. It was suggested that what constitutes a GP patient and a patient for ED be clearly defined.

Fee Inequity/Cost
Many were concerned that the proposal meant the Queenstown population would pay for a service that is provided for free in other parts of the country, and which other New Zealanders have as of right. It was mentioned that patients have the right to decide if ED attendance is warranted.

Some submitters mentioned that the cost of a GP is higher in Queenstown and thought this would be more of an issue for some local residents who are on a minimum wage or cannot afford a GP. This would then lead to poorer health outcomes if they were unable to access services at the LDH ED for free. It was suggested that the GP fees should be determined by the governance body or independent body.

Pressure on St John Ambulance staff
It was suggested by many that GPs and ambulance staff should still be allowed to send patients straight to the hospital. It was pointed out that this would have implications for the St John Ambulance staff as they could then become the service that has to deal with the people who do not have access to a GP or who can not afford a GP.

24-hour GP Service
Respondents mentioned that GPs are already meant to be providing 24-hour cover as part of their Primary Health Organisation contract. Others questioned whether there are enough GPs to provide 24-hour cover or if there was a willingness by GPs to provide 24-hour cover.

Facility
Question 11: Do you support the proposed Integrated Family Health Centre development on the LDH site?

Questionnaire Responses

Response	% (& number)	Abridged sample of comments provided
Yes	59% (134)	Site central, potential for growth, good alignment with St Johns, familiar for people, unsuitable for residential use due to Airport Questions posed re what services will be provided or why services/beds not mentioned Land/hospital should be owned by the community Cost effectiveness and funding were questioned
No	17% (40)	Explore increased bed numbers for hospital Not the best site due to airport & infrastructure pressures Not supportive of IFHC model, and/or not supportive of primary & secondary services being co-located Build new facility – Greenfield site
Not Sure	21% (48)	Further information required for informed decision making Issues of the current site – Airport, increased traffic/vehicle access How will it be funded and its ongoing maintenance? Evidence of IFHC and/of co-location being cost effective and better model Services
Not Answered	3% (7)	Further detail required

The majority of submitters were happy with the current site because it is familiar, central, is in close proximity to St Johns Ambulance, and helicopter pads if these are required. Some respondents did point out negative issues with the current site, such as the airport noise, increased traffic in the area and lack of parking.

Others felt that the DHB should not be constrained by location of the existing facilities and that the Queenstown region would be better serviced by a new hospital in Cromwell. The existing Lakes and Dunstan Hospitals could then be left as IFHCs. It was also suggested that a 'virtual' IFHC would be more realistic rather than physical co-location.

There were comments made that the land should be given back to the community. Submitters questioned the cost of the facility upgrade and how it would be funded.

Governance

Question 12: Do you support the change to the LDH governance structure where a new Local Governance Body is established that holds the Head Lease for LDH?

Questionnaire Responses

Response	% (& number)	Abridged sample of comments provided
Yes	59% (135)	Board should consist of independent & qualified members through a transparent process There should be no DHB representation Board to have authority & not restricted by DHB Board & operator established with no conflicts of interest, be non-political and be answerable to the community Local ownership of LDH &/or land Board should own or control building & operator or governance board & operator can't be the same as conflict of interest Board given appropriate funding
No	15% (34)	Local governance is a strategic move by SDHB to get rid of LDH New Governance Body would add another layer of bureaucracy and add duplication and effort Governance and lease to remain with the DHB LDH should own the entity and the land Other trusts have had services & staff conditions eroded with funding problems
Not Sure	24% (55)	May not be better for the patient Duplication of boards Need independent/democratic group or board with no conflict of interest Charges will increase if a monopoly LDH will be cut off & services will be worse SDHB to have ownership with local input & advocacy
Not Answered	2% (5)	Independent from GPs and whatever it takes to get equitable service with other areas

A large number of respondents were happy with a local governance board with many provisos, such as transparency in the process to establish the governance board and tender process for the operator. The other stipulations were that:

- the governance board should be non-profit;
- the board should place the health needs of the local community first;

- those on the board need to be independent with no conflict of interest;
- board members should have clinical/business experience and be representative of the local community.

There were also comments provided that the governance board should develop the strategic plan for health care services and the board should be set up early so they can then be responsible for engaging with the operator.

Some submitters did not support the proposal for a local governance board. They felt the proposal is the Southland DHB 'washing their hands' of the Queenstown problems. Others did not support a local governance board as they thought LDH and/or the IFHC should continue to be governed by the DHB, or that the proposed governance model would increase transaction costs and add another level of bureaucracy.

Service Operator

Question 13: Do you support the establishment of an Operator that is responsible for health service delivery from LDH?

Questionnaire Responses

Response	% (& number)	Abridged sample of comments provided
Yes	48% (110)	Transparent process of tender for the operator Trust or non-profit operator established, or profit given back to the community More information required on the make-up of the operator or what 'operator' means Right mix of expertise/skills required with authority to make decisions
No	19% (43)	Should be the government or DHB providing health services, not a private business Concerns about support for staff if private operator The Board in place first then let it make decisions on services required Queenstown should be offered same services as other hospitals without being charged
Not Sure	29% (66)	Depends on who the operator is - not a GP with a financial interest. Needs to be local operator, non-profit or Trust No parties with conflict of interest, or monopoly Transparency required Clarity sought
Not Answered	4% (10)	Support local governance Specialist Mental Health services remain with the DHB Provider Arm Keep physiotherapy services in-house rather than contracted provider

The comments regarding the service operator were similar to those of the governance board; that the service operator needs to be there for the local community, not-for-profit and have a good knowledge of the health needs of the local community. The process for engaging the operator should be through a transparent tender process.

A number of submitters wondered what the establishment of an operator would mean on LDH staff jobs, and how the move to a smaller health trust model would impact on training and education opportunities.

Queenstown Unique

A large number of submissions expressed the view that Queenstown or the Wakatipu Basin is unique. It was felt that this uniqueness is due to Queenstown being geographically isolated and that it is the adventure capital of the World. It was also felt that there are increasing numbers of tourists on a daily basis, it has a higher cost of living than other areas, and it has a population of service workers who can not afford GP services.

Most felt that this uniqueness needs to be considered when planning health services and the provision of funding. Some mentioned that the proposal did not recognise the growing population and the transient community in the Wakatipu region.

Proposal Document and Consultation Process

There were a number of comments made about the consultation process such as the lack of consultation prior to the document being released, and a lack of clinical engagement. Others felt it was a 'done deal' in terms of the proposal and that Queenstown Medical Centre would be the service provider. Some felt that the proposal is rushed.

Some respondents pointed out that the proposal lacks strategic and long-term direction and financial analysis. There were many questions posed requesting specific detail or seeking clarification, and comment that the proposal lacked detail.

A small number of submitters provided an alternative proposal or suggested the need to present alternative proposals. There was also a request to withdraw the document as it fails to recognise the merger and service delivery in a coordinated way, or provide equity of access.

What next?

The Southern DHB is intending to consult further with unions representing staff employed at the DHB regarding the feedback.

Following this consultation, a management recommendation will be submitted to the Southern DHB Board for consideration.

Appendix 1, List of Organisations/Professional Groups who provided a submission

Submission number	Organisation/Professional Groups
29 – Questionnaire	Unknown
32 – Questionnaire	Southland DHB Mental Health Division
91 – Questionnaire	Southland DHB Child Development Service
149 – Questionnaire	Unknown
185 – Questionnaire	Hospice Southland Charitable Trust
208 – Questionnaire	Central Otago Health Services Limited
213 – Questionnaire	Southern Cross Hospitals Limited
231 – Questionnaire	Queenstown Medical Centre Limited
9	Mercy Hospital
32	Lakes District Hospital Medical Staff
56	Administrative Staff Lakes District Hospital
58	Mobile Surgical Services
68	Wakatipu Medical Centre
73	Wakatipu Health Trust
74	SHLS Limited
77	Plunket
81	Queenstown Medical Centre Limited
82	New Zealand Nurses Organisation
83	Queenstown Lakes District Council
88	St John – Southern Region
96	Remarkables Park Limited

Appendix 2, Copy of all submissions

Attached are all the comment sections from the electronic questionnaire and hard copy submissions. The spreadsheet which captures the closed-ended responses (‘Yes’, ‘No’, ‘Not Sure’) and demographic detail of the submitters has been omitted as it is large and difficult to comprehend in an A4 printed format. An electronic PDF copy can be made available on request.

Important Note
All submissions were numbered however some have been removed as they were a double up, or some were submitted via the questionnaire format but sent in hard copy. The hard copy questionnaires sent in were subsequently entered into the electronic questionnaire format, verbatim, for ease of analysis. Hence there are omissions in the number sequence for the copies of the submissions attached.