



AKAROA HEALTH HUB operational feasibility report for Akaroa Health Hub Ltd
15 April 2014
From Jane Cartwright

1 Introduction

Health services in Akaroa have had to adapt due to the extensive damage sustained from the Canterbury Earthquakes in 2010/11, which closed the Akaroa Hospital and other key service industry buildings. These events have provided the Akaroa community with the opportunity to work collegially with the Canterbury District Health Board, the Akaroa-Wairewa Community Board and key health and social service providers to re-examine the current and projected health needs of residents and visitors and to cater for them in a more comprehensive and efficient manner.

The relatively small and aging population in the Akaroa area, combined with the health needs of a holiday location and for rural families living remotely impact on the demand for health services. There is now the desire from the community and CDHB, and an opportunity to provide services in a more integrated manner so that individual health services do not operate in isolation.

A community owned and operated Integrated Family Health Centre (IFHC) is being proposed by the Akaroa Wairewa Integrated Health Steering Group (AWIHSG). A company, Akaroa Health Hub Ltd, (AHHL) has been formed to progress the work on behalf of the community. AHHL has been granted charitable status with the Charities Commission. A proposed conceptual structure of the charitable company and its relationships with other stakeholders is shown on page 4.

The AWIHSG, along with AHHL, held a public consultation in November 2013 and was given a mandate by the community to proceed with planning for a community owned and operated IFHC. The IFHC is referred to in this report as the Akaroa Health Hub.

The services delivered by the proposed Akaroa Health Hub could replace all services previously delivered from Akaroa Hospital, Akaroa Health Centre, Pompallier House Trust and Akaroa Physiotherapy, and be integrated with the Akaroa pharmacy services. Once established, the Akaroa Health Hub will provide for the health needs of the community and there will be no further requirement for Akaroa Hospital buildings.

This is an operational feasibility report for the AHHL which aims to outline what model of care/configuration of services could be provided by the Akaroa Health Hub. It details how services could be provided in three scenarios, their sustainability, and a financial analysis that will assist in determining the facilities needed to accommodate services. This report builds on the work of community leaders, CDHB representatives and consultants, and in particular the IMPACT report from July 2013.

A key issue for the yet to be established Akaroa Community Health Trust and AHHL is the debt level they can service based on the

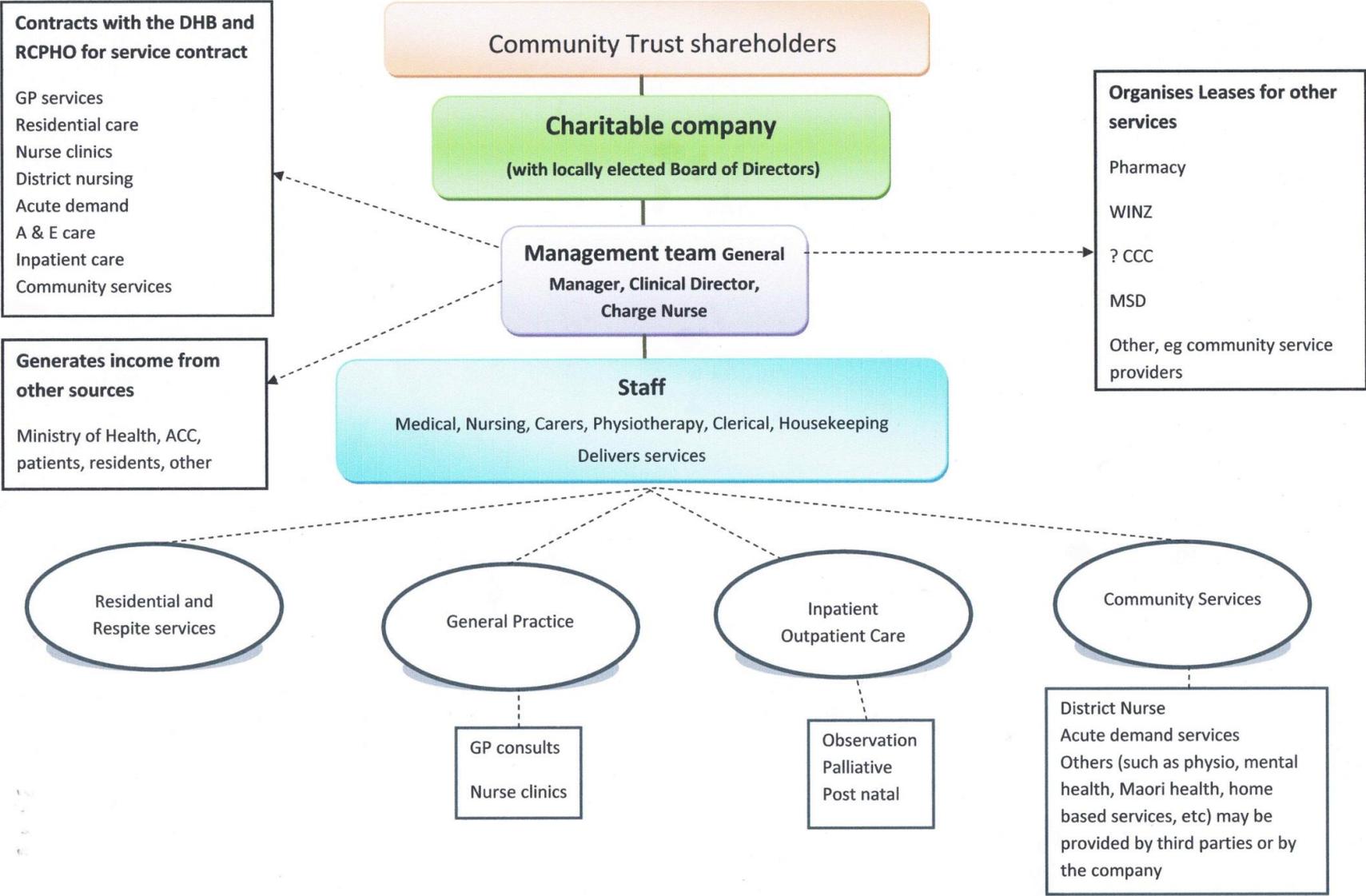
chosen model of care and the facility costs/site selected. The AHHL want the wider community to appreciate why a model of care is selected.

The sustainability of the Akaroa Health Hub will rely on locals using the range of health services offered. As a local charity, it will also draw on local resources (i.e. money, labour and donations in-kind) to establish the facility and provide some ongoing support.

This report does not make any comment on the site for a facility. The potential site for an integrated health facility was the subject of significant consultation within the community in late 2013. Details of this can be found on the AHHL website (www.akaroahealthhub.org.nz). The choice of model of care will inform a business case for an Akaroa Health Hub facility on a chosen site.

Once a site is selected the business case to build the Akaroa Health Hub needs to be developed and presented to the CDHB and other organizations to raise the capital to fund its development.

Appendix 1 – proposed conceptual structure of charitable company.



2 Population and Health Need

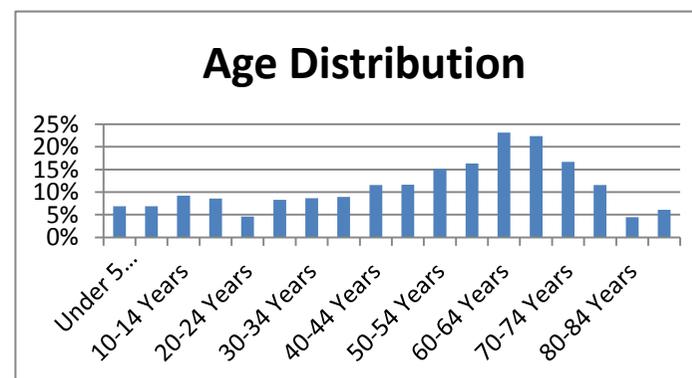
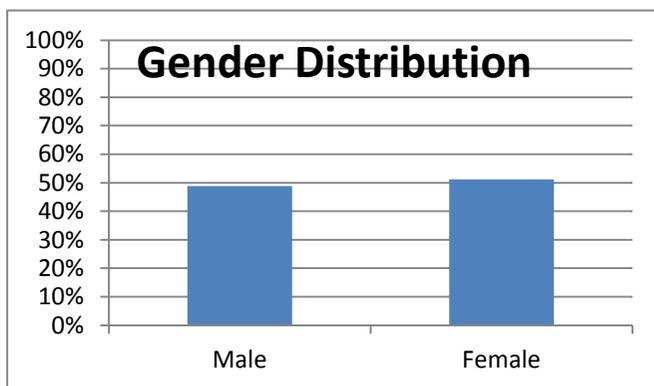
2.1 Population Demographics

The Akaroa and Banks Peninsula area has a usual resident population of about 3,000 people, with approximately 2,000 living east of the Hilltop in the Akaroa Basin within the Eastern Bays. Approximately 5% of the population is Maori. Couples without children are the predominant family type (approx. 65%) and it is an aging population, with very few young families in the region¹.

Between October and April, the population can increase to 10,000 people as a result of holiday visitors. These are a combination of day trippers, people with holiday houses and visits from the cruise liners anchoring in the harbour.

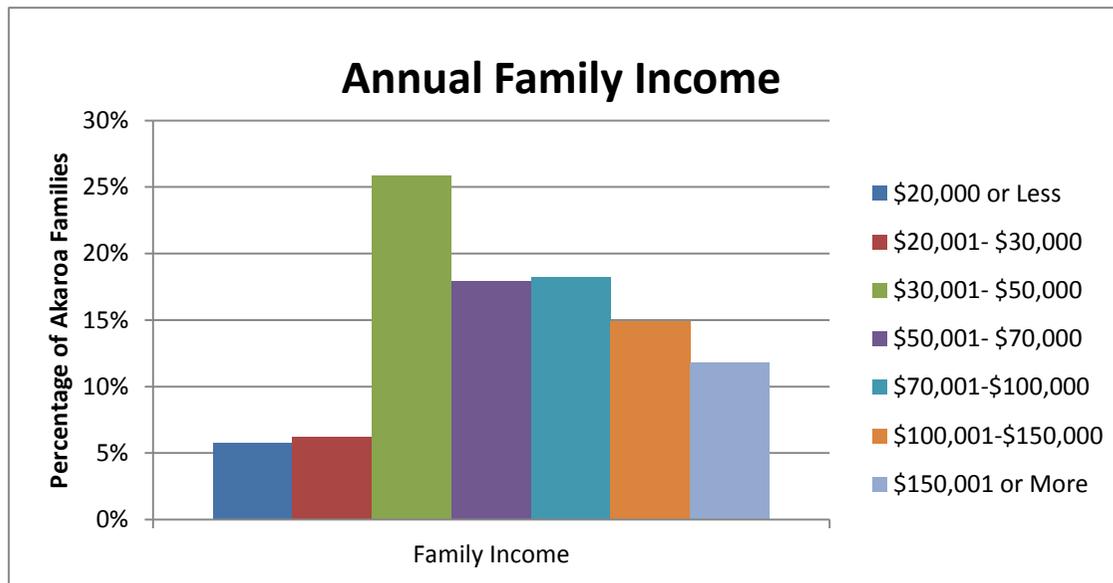
Because of the relative geographical isolation of the Akaroa Basin communities, this proposal is mainly focused on meeting the needs of the usual population (that is those east of the Hilltop, as the Little River community has easier and more direct access to Christchurch City and Selwyn based healthcare providers). A provision for access to services for holiday makers has been made noting that people come for extended periods of time over the summer. As part of this work, it should also be noted that a number of older people from elsewhere in NZ consider retiring to Akaroa, and the provision of good quality local health services is seen as key in that decision.

The graph below shows the gender distribution in Akaroa is evenly split, with equal numbers of males to females. However, the age distribution clearly shows an aging population, with 58% of people being aged 50 years and over.

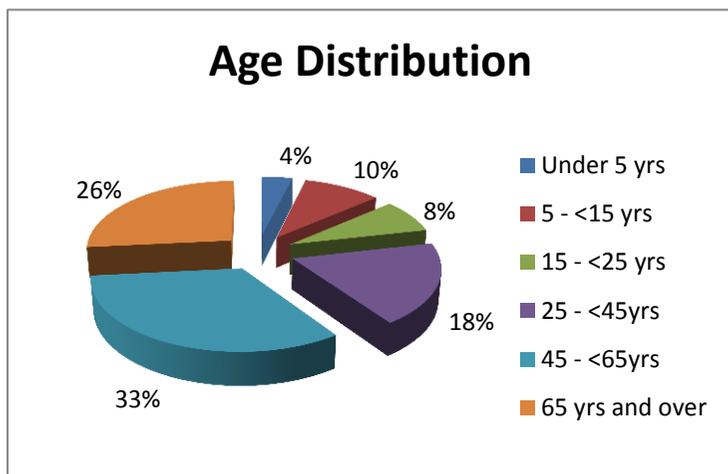


¹ 2013 Census Report, NZ Statistics

The following graph shows that the majority of families (51%) have an annual family income of less than \$70,000. This reinforces the need for quality integrated services that do not cause financial burden on local families and ensures access to health care for residents, holiday visitors and rural families.

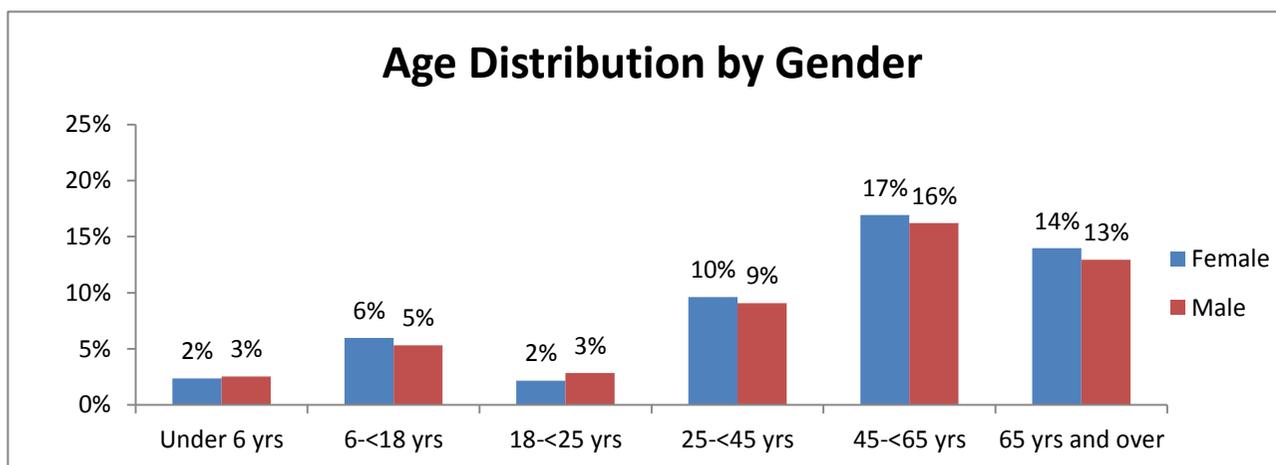


2.2 Enrolled Population



The enrolled population of the current primary care service is around 1700 patients, with the age and gender breakdowns given in the graphs beside and below. The size of the enrolled population has been consistently between 1600 and 1700 for the last 3 years.

The statistics show a greater ratio of enrolled females to males from 25 years and over.



3 Health Services in Akaroa

3.1 Services

Since 2011 health care provisions in Akaroa have been limited due to the closure of facilities after the earthquakes, particularly the Akaroa Hospital. At present temporary buildings are housing the General Practice, Physiotherapist and some visiting services. Pompallier House has been providing Hospital Level 2 beds within their rest home facility until a more permanent long-term solution is found.

Current health services include primary care delivered via a privately owned General Practice which is part of the Rural Canterbury PHO. The GP provides consultations for people, ACC care, Prime Response, acute nursing, practice nursing, district nursing and two observation beds. Access Homehealth provides home support services to people living on Banks Peninsula. These are coordinated from Christchurch.

Pompallier House is the local resthome which is run by the Pompallier Village Trust Board. Board representatives are from the three local churches and services are funded by the CDHB and resident fees. It offers 11 residential rest home beds for short or long-term stays, including palliative care services. There is also a privately owned pharmacy which supports general practice activity and provides medicines to people at Pompallier House.

Social services are mostly coordinated from the Ministry of Social Development (MSD) funded Heartlands facility, and St John provides a 'first response' service with locally trained people. The Westpac Helicopter service is used along with the local ambulance to transport people to Christchurch Hospital as necessary. Its preferred landing site is the recreational ground at the entrance to the town.

3.2 Considerations

The local population is young and old. These population groups are relatively regular users of health services. Their enrolment with services provides higher levels of income than if the population did not include high numbers of people in these age groups.

Feedback from the community has stated clearly that local options for residents to receive palliative care, post natal and post-operative discharge care are highly desired. Local residents who wish to remain in Akaroa as they age feel this is no longer possible due to the lack of adequate facilities. Some residents have had to relocate to Christchurch for core health services since the Hospital closed.

The organization Access Homehealth currently provides home support to the wider Akaroa community. It has been a difficult service to staff as is often the case in remote rural and holiday destinations. Locals remain concerned about the funding it receives to support people who live remotely.

During the consultation discussions, resident's needs for reliable local dental services, home care support, lactation services and culturally appropriate services were raised. The challenges of providing services to a dynamic population base with seasonal fluctuations for people living locally, remotely, and at times visiting on holiday was also recognized.

Locals point out that Akaroa and its surrounding area is cut off from services minimally on an annual basis for at least 36 hours due to bad weather and road conditions (caused by floods, snow and earthquakes). Access to a comprehensive range of services is invaluable at those times.

Ideally, the Hub will include pharmacy services, but for the pharmacy to be viable, it must retain its foot traffic for its retail business. The viability of pharmacy services is also related to the size of the usual population, presence of health professionals and local health services offered.

It is also desirable that other social services such as the Christchurch City Council Service Centre and the Heartlands service are included as they also need to be centrally located in the Akaroa Township to be accessible and sustainable. However, during the public consultation and in the past four months it has become apparent that the community is not concerned about the social services being co-located; additionally, as long as pharmacy services are available, having the pharmacy co-located is not necessarily a priority.

The GP, nurses, community and health workers, (such as well child services, public health, mental health and Maori health services) want space to be available in the Akaroa Health Hub to run visiting health clinics. They were emphatic this space needs to be sound proof, accommodate four people and have access to information technology (broadband/wireless networking), telephones and water.

Akaroa GPs have provided valuable training for medical and GP students over the years. This enhances the GP team's job satisfaction and can help attract health professionals to work in Akaroa as locums and in the long term. Accommodation in the Hub (bedroom and ensuite facilities) for the on-call GP and/or other visiting practitioners is not seen as necessary at this time.

A debated issue relating to the model of care has been whether to have any beds available for resthome/inpatient care in Akaroa or not. Local GPs and locums have clearly stated that access to beds makes working in the community a far more attractive option for health professionals than in places where only a health clinic exists. The access to beds means there is a greater ability to respond to emergencies in the township and remote farming areas due to the support of a team of health professionals, (especially nurses) available 24 hours a day in addition to the St John Response team. Therefore, GPs feel it is a safer place to practice.

Without beds there is also a concern that retaining the services of GPs would be compromised. Access to quality resthome and inpatient beds keeps more people living locally and enrolled with the health clinic which translates to more funding for local health services.

Since Pompallier House has been providing the beds for the CDHB, nursing staff have been working more closely together in the one place. This is seen as a positive development as a critical factor to the success of similar Hub developments elsewhere has been the creation of one Hub nursing team roster and trained to meet the needs of all patients. Nursing staff and the GPs have raised employment, organisational and training concerns that must be addressed as part of the Hub establishment as a flexible nursing workforce is vital to the success of the Hub.

Communication with the wider community through the website and Akaroa Mail has been appreciated throughout the process. The broader issue of the Hub not being a CDHB facility is not widely understood and the complexity of establishing sustainable services needs careful explanation to ensure community support.

This feedback has been discussed with the Akaroa-Wairewa Health Steering Group and the Structure Group over the past 4 months and has led to 3 models of care being costed.

4 Models of Care

For the purposes of this business case, the following three scenarios for an Akaroa Health Hub are presented:

- Option A Health clinic and 12 inpatient 'flexi beds'
- Option B Health clinic and 10 inpatient 'flexi beds'
- Option C Health clinic only

Initially there was a request for 15 beds; however over the past two years of planning, and in reviewing the usage of beds currently, it has become clear that the demand for beds by the local permanent residents' need is realistically for 10-12 beds.

In all three scenarios the medical, nursing and other staff would either be employees or contractors for the Hub. Administration type services and treatment/hotel have been included. Financial assumptions are included on the spreadsheets provided to AHHL. The provision of in-kind donations including gardening, food, patient comforts and other items has been incorporated into this proposal. However, Options A and B (options with inpatient 'flexi beds') will require substantially more in-kind community support.

No provision has been made for a pharmacy to be part of the Hub. The pharmacist would continue to support the rest home residents/inpatients and work with the GPs and nurses on other initiatives to make care more convenient.

4.1 Model of Care Option A; Health clinic and 12 inpatient 'flexi beds'

Services to be offered include the following:

- Health/medical centre services
- GP consultations
- Nurse clinics
- Accident and medical emergencies
- Community nursing services
 - District nursing
 - Acute nursing
- Allied Health Services
 - Physiotherapy
 - Rehabilitation
 - Home support services
 - Visiting services
 - Mental health services such as Brief intervention counseling
 - Maori Health services
 - Others such as
 - Audiology

- Podiatry
- Optometry
- Respiratory
- Diabetes
- Child Health including well child and specialist services
- Rest home residential services including respite care
- Inpatient Beds 12 to be used flexibly to provide observation for:
 - Acute medical care
 - Post natal care
 - Palliative care
 - Post discharge

Option A is an Akaroa Health Hub that incorporates the health/medical centre (inclusive of acute and district nursing), a physiotherapy service, a resthome with sufficient beds to cater to residents and also be available for respite care, and sufficient inpatient beds to cover for acute observation, palliative care, post natal care, and postoperative rehabilitation for Banks Peninsula residents. This one-stop shop will provide significant services to meet the health needs of the community.

This model of care is predicated on a collaborative arrangement where one nursing team using the same systems and processes will work in the health clinic and with the people in the beds. Staffing numbers and rosters would also continue to be influenced by the demands of the holiday population.

The Hub would operate with a nurse available for 24 hours a day. The Hub's Health Clinic would be open Monday - Friday from 8.30am – 5pm; outside of these hours the services would be covered by nursing staff at the Hub and an on-call GP or rural nurse specialist, depending on the nature of patients' need. The physiotherapist would be contracted to undertake work for people in the beds and pay for space in the building to operate a private practice from.

The Hub management would oversee the daily operations including the provision of 24 hour medical and nursing care to the in-patient beds and health clinic. The Hub would be managed by a General Manager, working with a Clinical Director (CD) who would be a GP that is paid 0.2FTE (or a set number of sessions) to undertake the role in addition to normal clinical work, and a Charge Nurse/Nurse Manager who would be in charge of all the nurses, aids and domestic staff and undertake some clinical work. There would be a receptionist, and other administration services such as IT or accounting support would be contracted in.

Based on arrangements elsewhere in similar Health Hubs in NZ, the General Manager (GM) does not need a clinical background. Hub management would also be responsible for supporting the executive and administration functions of the Trust and Company. The GM, CD and Nurse Manager would provide advice to the Company regarding any policies, decisions or issues arising during the normal course of business. These roles would not be AHHL Directors.

This Hub would include an education facility for staff including tele-medicine and technology systems which would also support remote consultations. The Hub would work with groups wanting to provide community and/or health education days locally; however it would not provide space for large events as there are other facilities available close by in the Akaroa Township that are more suitable to host such events, such as the school, Marae, Pavilion and Yacht Club. These events may involve staff at Heartlands and Onuku Marae.

4.2 Model of Care Option B; Health clinic and 10 inpatient 'flexi beds'

The same services are provided as in Model A however for 10 beds.

4.3 Model of Care C: Health clinic

Services to be offered include the following:

- Health/medical centre services
- GP consultations
- Nurse clinics
- Accident and medical emergencies
- Community nursing services
 - District nursing
 - Acute nursing
- Allied Health Services
- Physiotherapy
- Rehabilitation
- Home support services
- Visiting services
- Mental health services such as Brief intervention counseling
- Maori Health services
- Others such as
 - Audiology
 - Podiatry
 - Optometry
 - Respiratory
 - Diabetes
 - Child Health including well child and specialist services

This model of care requires enhanced collaboration between the current health/medical centre staff and other visiting providers. Hours of opening and services would need to be amended according based on the fluctuating population numbers to support holiday visitors. The Hub's basic hours of operation would be Monday- Friday 8.30am – 5pm and Saturdays 10am – 12 noon. Outside of these hours the service would be covered by an on-call GP or rural nurse specialist.

The Hub management would have to ensure the provision of 24 hour access to health services locally and from Christchurch.

The Hub would require the role of a Practice Manager for 24 hours a week. The Practice Manager would also be responsible for supporting the executive and administration functions of the Trust and Company. The medical and nursing staff would provide advice to the Company as outlined in Option A previously.

As with the previous models, this Hub would also include an education facility for staff including tele-medicine and technology systems which would also support remote consultations. Again, the Hub would work with groups wanting to provide community and/or health education days locally; likewise it would not provide space for large events as there are other facilities available close by in the Akaroa Township that are more suitable to host such events, such as the school, Marae, Pavilion and Yacht Club. These events may involve staff at Heartlands and Onuku Marae.

4.4 Other points to note for these models

The following points are for consideration:

- All models are based on providing a service to the usual Akaroa population. In holiday periods, the viability of opening the health clinic for longer at weekends can be assessed based on the clinic's ability to generate the extra revenue; this is likely to be from ACC payments and patient co-payments.
- Servicing the usual population of Little River is not included in this report; although it is recognised that some people from this community choose at times to seek health services from the Akaroa Health Clinic.
- The CDHB would like to encourage the use of HML afterhours calls service by Akaroa Health Hub as an out-of-hours option for local residents. This is a point of debate with local health practitioners who see it does not meet their needs rurally, especially when the nurses can triage. The introduction of HML needs further debate.
- The MSO and other services provided to the Akaroa Health Hub should continue to come from the Rural Canterbury PHO. See Appendix 1.
- The patient management system Med Tech would be expanded to cover all patients in the Hub.

5 Financial analysis

[A financial analysis was undertaken on the projected operational costs of these models. Details of the analysis, which are still subject to verification, are excluded from the public version of the report to protect personal privacy and commercial confidentiality.]

6 Next Steps and Transition Issues if Model A or B is pursued

6.1 Confirm Site Selection

Site selection has begun, with the following four sites under consideration:

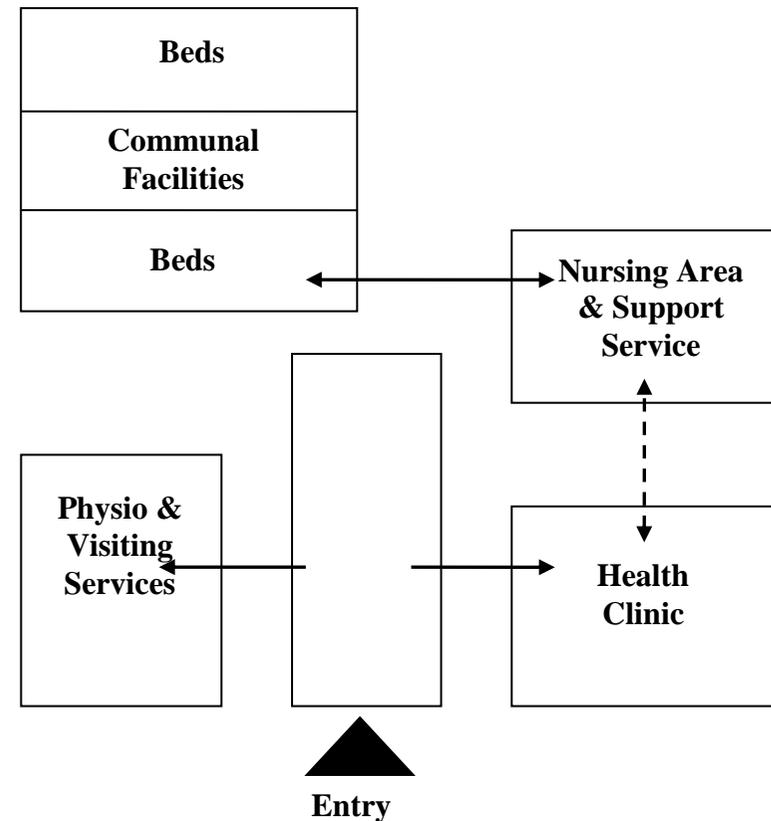
- the existing Akaroa Hospital site (owned by the CDHB)
- the existing Pompallier House Trust site (owned by the Catholic Church)
- the Banks Peninsula Meat Site (a centrally located site owned by Christchurch City Council) and
- the old school site.

Analysis by the AHHL against key factors can be used to narrow down the site for further exploration.

6.2 Building Design under A and B

It is recommended the Akaroa Health Hub staff visit the CDHB Design lab to help design the actual facility.

The IMPACT report has addressed many of the key issues. To be effective, the models presented under Options A or B require that there is one nurse's station where nurses are centrally located to provide services in the health clinic and for the people in beds as shown in this diagram.



It is important to provide bedroom options so that children are not placed near palliative care patients, there is access for patients to the outside and there is adequate communal space for people using the beds and their families/visitors...

The planned facility needs a room set aside for visiting health specialists which has IT connectivity and a hand basin. This is in addition to a 6x8 meters dedicated rental space to accommodate the physiotherapist's equipment and provide a desk space. The desk in this room can be used by a visiting specialist also on the days the physiotherapist is not working, thereby creating a second space for health visitors.

The staff tea room space can be designed to accommodate a meeting room as well as small kitchen/coffee making area.

There are items (furniture and equipment) from the closed Akaroa Hospital and Friends of the Akaroa Hospital which should be considered for reuse for any new facility.

The level of finish and decoration of the bedrooms/facility must be comparable to that found in other Christchurch locations.

Provision to add a pharmacy and more beds later can be considered as part of the design brief. Likewise the building of a bedroom and ensuite for weekend locum can be explored if there was demand in future years.

If the building is on the Pompallier site, how will beds be provided while contraction is underway and will the CDHB fund these beds if they were provided elsewhere for a period?

What will the impact of consent and other local government processes have on the timeframes to deliver the Akaroa Health Hub?

6.3 Local Leadership

To progress this work to the next stage it is recommended that the Trust and AHHL formalise their membership. It is proposed that a member of the Trust is appointed to the AHHL to ensure a link with the Trust.

It is likely the CDHB may wish to put a member on the AHHL Board as part of committing capital funding to the project.

An MOU needs to be agreed with the CDHB which outlines the nature of their funding for the first 3years.

Most importantly, a person needs to be appointed to project manage the next steps and oversee the completion of the business case, including the raising of capital and establishment of the Akaroa Health Hub. This person should be someone with general management experience who has a commitment to Akaroa for 3-5 years. Ideally they should see themselves and be seen as part of the community,

It is proposed the AHHL and The Trust consider purchasing the GP practice and take over the running for the current Pompallier services once a business case is adopted. This could make getting resources/recruiting GM for the transition and establishment easier however it will require finance.

7 Summary

It is operationally feasible to establish the Akaroa Health Hub with beds to be used by the local population. The selection of the site and final building costs will determine whether a 10 or 12 bed facility should be built. Local leadership and ownership of the next steps is important and essential to engage both the community and CDHB.

Appendix 1

RCPHO services provided to Akaroa medical centre as at 11/2013

MSO services

Emergency disaster support

- Subsidised GP consultations
- Subsidised practice and home visits for 'End of Life / Palliative care'
- FREE Baby Feeding Support Service including lactation consultants and Mother4Mother support services
- FREE consultations for under 6's
- FREE HPV vaccination (for 12 to 18 year olds)
- FREE Sexual health visits (youth up to 20 yrs and 364 days)
- FREE Acute services (after first paid consultation): Nursing (in your own home); Packages of Care (eg Extended Doctor and Nurse consultations)
- FREE Discretionary services (within qualifying criteria)
- FREE interpreter service via Language Line
- FREE Chronic Disease Management - Packages of Care (criteria apply), for example: Gym membership; Smoking Cessation; Extended Doctor consultations and Nurse Appointments
- CarePlus (subsidised consultations for people with high health needs)
- FREE B4 School Checks for children from 4 years up until their 5th birthday
- FREE Maori Health Advisory Service
- Healthy Lifestyle initiatives such as Nutrition and Physical Activity programmes
- Mental Health in Primary Care: FREE Brief Intervention Coordination; BIC Service (up to 5 consultations); Psychology Consult; Extended Consultations with the GP; Primary Care GP Liaison service; Youth Brief Intervention Coordination (Ashburton and Waimakariri)
- Outside of practice hours (After Hours) telephone referral service
- MTA vouchers (criteria applies)
- PHO Performance Programme (PPP) Support – Clinical Governance / Best Practice Decision Support Tools
- Text2Remind services
- Newsletter, examples
- Linkages made with local runanga
- Work with CDHB contracted Maori Health providers, linking them to practices
- Developed Maori Health Providers Directory
- Facilitation of Marae Health Days / Clinics
- Provide cultural awareness competency training to all practice staff
- Support Cornerstone Accreditation processes