

# **Akaroa Integrated Health Service – Akaroa Health Hub Ltd**

## **A document for public discussion - October 2013**

The integration of health services is a key direction from the Ministry of Health, and Canterbury DHB has been supporting the development of Integrated Family Health Centres (IFHCs) throughout urban Christchurch and rural Canterbury.

The effects of the Canterbury earthquakes have accelerated the implementation of change in Canterbury, because doing nothing was no longer an option.

Following the closure of the Akaroa Hospital, hospital nurses have been working in and alongside the general practice and also utilising beds in Pompallier House for acute medical and palliative care. This pragmatic, interim solution is providing the beginnings of integration of services.

There is now an opportunity for health providers in Akaroa to come together as a single entity, and include the pharmacy services in an IFHC.

The Akaroa Wairewa Integrated Health Steering Group (AWIHSG) has been meeting and working with the Canterbury DHB and Rural Canterbury PHO to consider how services could be provided that will meet the present and future needs of the Akaroa community, and be clinically and financially sustainable. This committee supports the notion of a community owned trust or charitable company which would deliver the health services to Akaroa, under contract to the DHB.

This public consultation document presents the current thinking and a conceptual plan, and seeks community feedback. Without a community mandate to proceed, progress towards establishing an Integrated Health Service facility will be difficult.

### **Background:**

Akaroa hospital, built in 1926, is irreparably damaged and unfit for use. Questions have been asked about the insurance on the hospital. Insurance on the hospital is linked with the DHB's insurance on all buildings, and is only able to be used to return buildings to their original state. There is a facilities development framework to set priorities for repair and redevelopment of DHB facilities. Under this framework, the Akaroa Hospital is not a priority for repair/replacement, and would be unlikely to receive Capital Investment Committee approval from the Ministry of Health for funds to rebuild it.

The DHB has been very clear, and have advised the Akaroa community at public meetings in Akaroa that the Canterbury DHB is not building a new hospital in Akaroa. Changes in clinical practice (minimally invasive surgical procedures and modern drugs) enable patients to be discharged from base hospitals in Christchurch to the patients home, with support care provided. Lengthy inpatient stays post surgery or following acute medical admission are no longer required.

The current main providers of health services in Akaroa are Akaroa Health Centre, Akaroa Pharmacy and Pompallier House. The DHB continues to employ nurses and these nurses are working with the current providers in the general practice and in Pompallier House. Other health providers include Akaroa Physiotherapy, Plunket, Access (home services provider), and visiting health services provided by Rural Canterbury PHO.

The current providers of health services in Akaroa are all private businesses, funded by the DHB, and also generate income from patients, residents and customers. These businesses are all willing to come together to provide better integrated service, reduce organisational duplication to create

financial efficiencies and provide for a long term sustainable service. However none of these businesses have opted to take on the oversight of a merged company structure.

These businesses, together with the AWIHSG, are proposing a community owned structure.

### **The proposal:**

The Akaroa Wairewa Integrated Health Steering group propose creation of a community owned Trust and/or company to own and operate this community health facility, and to deliver health services in Akaroa and surrounding areas. We believe that by taking responsibility for the ownership and delivery of health services, the community will secure a sustainable service for now and the future. This model is used in many rural NZ communities. The steering group has visited and engaged with those other community providers and are convinced that we can make it work in Akaroa. The community owned entities will have appropriate constitutions Trustees and Boards of Directors with the appropriate skills and experience.

Subject to community agreement, the community owned structures could be capable of delivering the following services:

- general practice services
- accident and medical service for visitors
- pharmacy services
- inpatient medical beds for acute medical observation, palliative care
- maternity services
- aged residential care and respite care
- community nursing services and home services
- physiotherapy

Please see Appendix 1 for a conceptual plan for the company structure

A community owned facility will be built to house the services above and also be a “one stop shop” for other service providers which could include

- Ministry of Social Development
- CCC services
- Plunket
- Other community services

### **Site selection:**

For optimal integration and efficiency, all services should be delivered from a single location. Three sites are available for consideration, all with pros and cons.

1. The Akaroa Hospital site is owned by the DHB. A community owned company could be given a lease to build and operate out of this site, subject to public consultation.
  - Pros: the DHB could offer a peppercorn lease if the community agree
  - Cons: too far away from town for the Pharmacy retail trade: a deal breaker for including pharmacy services  
Not ideal for rest home patients, and too far from the Pompallier villas.  
A formal process will have to be undertaken to use Crown land for a private enterprise.

2. The present Pompallier Site is owned by the Catholic Church. It is unknown at this time if the site could be used for wider health services.
  - Pros: could be linked with the Pompallier Trust supported living villas
  - Cons: too far away from town for the Pharmacy retail trade : a deal breaker for including pharmacy services  
unknown availability for development  
restricted in size
  
3. The BP Meat site on Rue La Vaud has been mooted as a centrally located site.
  - Pros: centrally located – suitable to include Pharmacy services  
Already in public ownership (CCC)  
Of sufficient size
  - Cons: A formal process will have to be undertaken to use Council land for a not for profit community enterprise. The Community Board and the CCC will need to support this project.

The AWIHSG propose the most logical site is the BP Meat site. To this end, in a parallel process, the group is consulting with Christchurch City Council to explore the availability and affordability of building on this site. The aim is to achieve an agreement in principal from the council, that the site would be made available to a community owned IFHC should the Akaroa Community support this notion and pursue this course of action.

## **Considerations:**

### **General practice and Accident and Medical (A&M) services**

Akaroa residents enrolled with Akaroa Health Centre receive subsidised health services from Akaroa Medical Centre. Visitors to Akaroa have enjoyed urgent care through the former hospital. Increasingly, elsewhere in Canterbury and across New Zealand patients access urgent or acute care at their own general practice or A&Ms such as the 24H Surgery, Riccarton Clinic or Moorhouse Medical in Christchurch. The proposed IFHC will be able to offer the same kinds of accident and acute care as previously, except it will be offered by the IFHC. Patients will pay for their assessment (as is the case elsewhere) and NZ residents requiring inpatient services will not be charged further. The IFHC will be able to claim payment from ACC, and the DHB will fund the IFHC for the inpatient care.

### **Rest home and respite services**

Small rest homes are not economically viable. If the rest home is not integrated into a wider service delivery a rest home facility in Akaroa will not be affordable. Conversely, building modern rest home rooms into a new purpose build IFHC will add significant cost to the build. The Akaroa Community will need to consider the inclusion of rest home beds in the proposed facility and commit to supporting them.

### **Community services**

Presently, District Nursing is offered from the Akaroa Health Centre (funded by the DHB). This will continue to be offered from the IFHC. Home based support services are presently offered by Access (owned by Rural Women New Zealand and funded by the DHB). For discussion is whether home based services should be integrated into the IFHC service or continue to be delivered by a “third party”. Physiotherapy services have previously been provided to hospital patients and will be

included in the IFHC . For discussion is whether these services would be made more sustainable by including a mix of public and private physiotherapy services in the IFHC. Additionally, Rural Canterbury PHO (RCPHO) provides a range of community services in Akaroa. For discussion is whether these services are best continued to be delivered by RCPHO or incorporated into the IFHC service.

### **Pharmacy services**

Pharmacy services to the general practice, inpatient service, and rest home service will be expedited by having the pharmacy onsite. If the Akaroa Pharmacy is a tenant in the community owned building it will provide an income stream which will help defray the costs of the building and also provide convenient retail service to users of the IFHC (residents, patients, and staff)

### **Building a new facility**

This proposal is for a community owned facility. The Canterbury DHB will not be funding the build; general practice and other community health providers usually build or lease their own premises (and the DHB provides a contract for service for the services). The CDHB Board has approved in principle, a capital grant towards the building of this facility. This means additional funding will have to be raised for the facility from other sources.

### **Alternatives to this proposal:**

The status quo is cumbersome with the doctors and nurses based in the general practice at one end of town looking after patients in Pompallier House. The AWIHSG does not support maintaining the status quo.

The obligation of the DHB is to provide services that cannot be provided elsewhere. The minimal requirements of the DHB would be to provide observation and palliative beds (currently being provided in Pompallier House). This was proposed by some members of the community as an “interim solution” while a better way is being worked through. If a community provider (such as a charitable trust /company or a private operator) does not come forward to operate services as proposed, or if sufficient funding for a new facility cannot be raised, this would be the “fall back” solution.

PLEASE FILL IN AND RETURN THESE PAGES TO

AWIHSG : PO BOX 52, AKAROA 7542 by Sunday 17<sup>th</sup> November

**QUESTIONS TO THE COMMUNITY:**

**1. Do you support the idea of a community owned charitable Trust/ company which would own the facility and be responsible for the delivery of health services in Akaroa?**

If yes, do you support the proposed structure indicated?

If no, please suggest alternatives.

**2. Do you support the use of the BP Meat site (subject to Council making it available)?**

If no, please suggest alternatives.

**3. Do you agree with the inclusion of the services as below?**

*(Please consider what services you would support being provided)*

<b>Service that could be included</b>	<b>yes</b>	<b>no</b>
general practice services for enrolled patients		
accident and medical service for visitors		
pharmacy services		
inpatient medical beds for acute medical observation, palliative care, and postnatal care		
aged residential care and respite care		
community nursing services		
Physiotherapy		
Home based support services		
Meals on wheels		
Continuation of visiting services (Mental Health, other)		
Maternity services		
other		

**4. What other services do you believe “belong” in an IFHC?**

**e.g plunket, other community services**

**Additional Comments:**

**Some Demographic Information (please complete)**

Name (optional) \_\_\_\_\_

What area do you live in ? \_\_\_\_\_

Are you a resident of Akaroa?      yes        
no     

Do you own a property in Akaroa?      yes        
No     

Age group      under 30yrs        
30 – 50yrs        
Over 50yrs     

The information you have provided will be used to help with the development of the new Akaroa Health Hub and Business model.

PLEASE FOLD THESE PAGES IN 3, STAPLE/CELLOTAPE, add a STAMP and post – return address is on back of page

Place  
Stamp

Return to :

AWIHSG  
P.O.Box 52  
Akaroa 7542