THE NEED FOR CHANGE

OVERVIEW

The health system on the West Coast is under pressure.

For the last ten years repeated efforts have been made to make things better and bring to life a sustainable health care system – this has had mixed results.

There are delays for people who need healthcare and this increases the risk for patients.

People needing healthcare face confusion about the location of services, and even within the hospital, critical services are separated.

This separation creates inefficiencies of time, resources and money – that in turn creates further problems for the District Health Board.

To add to the challenges, it is hard to attract and retain people who want to work in the West Coast health system. This has serious implications, the most obvious of which is a reliance on expensive locum doctors and hospital specialists both in the hospital and general practices.

The Grey Base Hospital has numerous issues including leaks, insufficient earthquake strengthening and aging steam and electrical systems.

In our small community, services could be provided in a much more integrated manner to reduce patient risk and increase accessibility.

There is a political will to address these issues and a window of opportunity exists to create a well connected health system that works for the community.

WHAT IS MEANT BY PRIMARY CARE AND ACUTE HOSPITAL SERVICES?

Primary Health Care *can be defined as the health care people can access directly in their communities. They don't need a referral for it (as is required to see a hospital specialist doctor or nurse). It's their first point of call. They may or may not have to pay for it. It includes the General Practice team and Rural Nurse Specialists, the local pharmacist, Plunket nurse, dentist and physiotherapist. It also includes services that the PHO provide such as Counselling and Green Prescription, as well as services the Rata Te Awhina Trust provides, such as Tamariki Ora services. In rural communities it often is the first response to an emergency situation.*

Acute hospital services *can be defined as the service you get at the hospital when you are too unwell for your primary care providers to care for you. Often you are referred there by your General Practice Team and Rural nurse specialists, and sometimes you might go there directly yourself if you are really unwell or have had a major accident (in which case the ambulance might take you). You might be seen and treated in the Emergency Department and sent home, or you might have to stay in hospital overnight.*

In the future we want talk about our health services as providing **planned care** and **unplanned care**, rather than continuing the distinction between primary care and hospital care. The doctors, nurses, pharmacists, physiotherapists and other health care workers want to work together to provide an organised approach to planned care (such as the whole care you need if you have diabetes) and unplanned care (such as how you are well looked after if you break your leg at Haast). An integrated health system will allow us to work in this way.

WE ARE SPENDING MORE THAN WE RECEIVE

In the 2010/2011 financial year the West Coast DHB received funding of $131m but actually spent $138m. This amounted to $7m more than we were entitled to and this had to be covered by appealing to the Government.

The West Coast already receives more funding per head of population than any other DHB. For each person living on the West Coast, each year we receive one and half times more money for health services than the average New Zealander.

We have to design a system that allows us to live within our means and not run a loss each year.

There has been a 100% increase in health funding within New Zealand over the last 10 years. The West Coast has benefited from these increases along with other DHBs, but circumstances have changed.

We can expect to see little or no significant funding increases in future.

This financial year the West Coast DHB has budgeted to receive an increase of $2m giving us $133m but we still expect to spend $137.5m by the end of the year.

This means that **we are still spending more than we receive.**

We are required to break even within the next two years regardless of any future funding changes.

The Grey Base hospital is a comparatively small but crucially important factor in people's health care.

It is also comparatively expensive when compared to primary care such as local doctors and community healthcare.

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We currently spend approximately the same on hospital services as we spend on primary and community care.

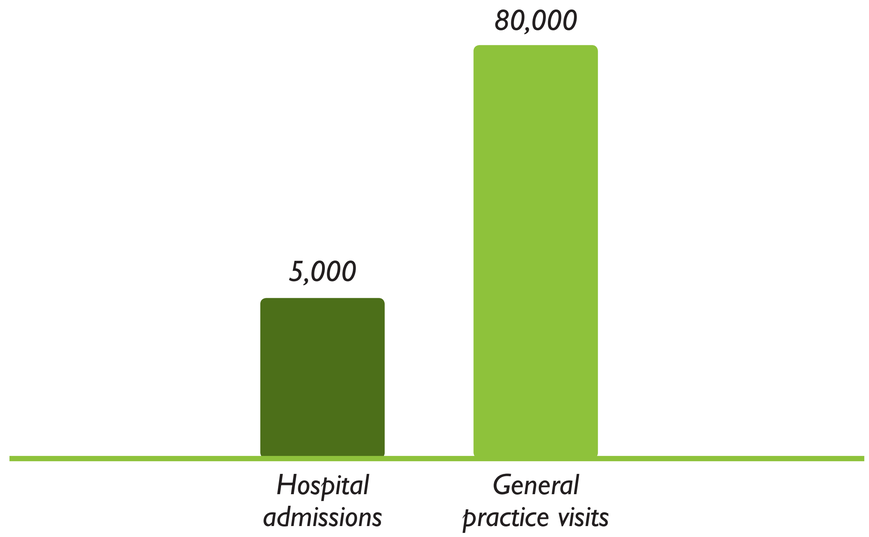
However last year there were 5,000 admissions into hospital care while there were nearly 80,000 visits to a primary health care professional.

A proportion of those people who were hospitalised needn't have been been admitted if they had received more care in the community at an earlier stage in their illness.

A small decrease in the funding of hospital care can lead to an big increase in the funding of primary and community care.

MOST PEOPLE RECEIVE HEALTH CARE OUTSIDE OF HOSPITAL

(but half the budget is spent in the hospital setting)



STAFFING ISSUES

It is increasingly difficult to attract health professionals to live on the West Coast. Worldwide there is a shortage of doctors and people are reluctant to work in rural areas.

On the West Coast this means that **the DHB has the highest proportional spend on locum doctors than any other DHB** in the country. For example Greymouth Medical Centre has had 14 different locum GPs through over the last 12 months.

This continual rotation of doctors is not the ideal way to provide a great level of healthcare – **people don't want to see a new face every time they visit the doctor.**

Locum doctors cost twice as much as an equivalent full time staff member doing the same work. This has implications for the finances of the DHB and in the year ended June 2011 approximately $9 million was spent on locums. The deficit for the DHB in the same year was $6.8 million.

This issue is being addressed by the West Coast DHB working closely with the Canterbury DHB recruitment team. In addition, the West Coast health system is starting to work in a new way, seeking people that have a wider range of general skills while at the same time getting specialist skills from Canterbury when needed.

OPTIONS FOR THE FUTURE

OVERVIEW

In order to address the challenge of creating a world class health system on the West Coast, several options have been explored. These range from doing nothing through to the building of a new hospital. Each of these options is explained below:

OPTION 1 : *Do Nothing.*

Continuing to provide health services in the current manner is not viable. It does not provide a good level of health care, which increases the risk of harm to patients and is not financially realistic. If nothing is done the attraction of living on the West Coast will decrease dramatically as health care will be sub-standard when compared to the rest of the country.

OPTION 2 : *Build a new hospital*

The original plan to rebuild or replace our aging hospital was calculated to cost somewhere around $100m.

There is only $250m per year to spend on replacing or upgrading hospitals across all of New Zealand.

This means that there is very close attention to value for money and the number of people who will benefit from the money being spent.

There is no likelihood of the West Coast receiving this amount of money for just 32,000 people, when the same amount would improve care to many more people elsewhere.

A revised plan using modern technology indicates than we can develop a smaller but more efficient hospital facility for around $38m.

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This will not only mean we can retain our hospital services but will also meet the value for money criteria according to the size of our population.

This is the best chance we have had in the past decade to solve the problem of maintaining an aging and increasingly redundant facility.

It also gives us an opportunity to create a smart system that links hospital and community services.

OPTION 3 : *Create an integrated health system*

The development of an integrated health system is an approach that has been shown to address many of the challenges facing the West Coast.

An integrated system focuses on providing appropriate health services when and where they are needed, closer to home, rather than centring health care in a hospital.

In the case of the West Coast this means that rather than build a $100m new hospital, the investment is across the entire system.

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Such a health system will be:

- Patient Centred – working with and meeting the needs of the community
- Designed so that local primary and community services work seamlessly with hospital services, and well supported by Canterbury hospital services
- Sustainable in terms of both staffing and finances
- Led by heath professionals and aided by management to provide safe, effective, consistent, reliable care
- Focussed on getting the basics right, reducing variation, duplication and waste
- Involved in teaching the next generation of rural health professionals

However some investment in buildings is required. The Grey Base Hospital will be transformed into a building that contains both primary health care services along with acute hospital services. This will become a one-stop shop for a comprehensive range of health services.

THE INTEGRATED FAMILY HEALTH CENTRE

OVERVIEW

Health services in Greymouth need to be configured so that people have access to better, sooner and more convenient health care. This includes improved access to a wider range of integrated services, in more convenient locations to further improve the health of our community.

This will involve some reorganisation as primary health services are currently provided from different locations, which are also separate from Greymouth Hospital. The plan to develop an integrated system requires the redesign of the current hospital to create a 'one stop shop' for health. This will be called an Integrated Family Health Centre.

In Greymouth there is an opportunity for this to be developed alongside a refurbished hospital. While this building will house some hospital services, it is very different to the creation of a new hospital. It will bring primary health, community services, diagnostic services (such as x-ray and laboratories) and hospital services into the one system. This in turn will connect with other community and outreach services.

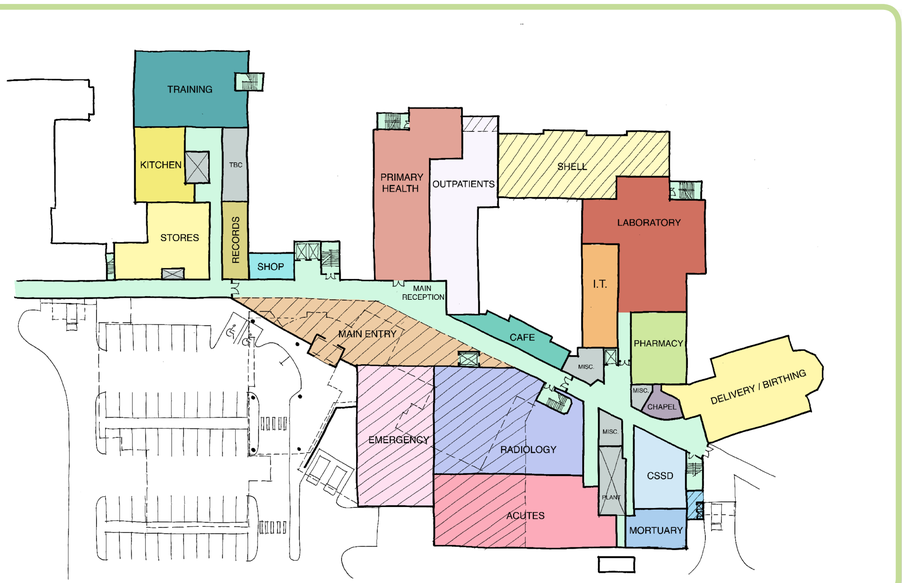
Some of the important features of the proposed facility are the:

- Integration of daytime and after hours primary health services into the same location to reduce confusion as to where patients should go for care
- Integration of acute hospital services (emergency department, high dependency unit and acute paediatrics) in order to reduce clinical risk and improve clinical sustainability
- Implementation of a flexible ward layout that will allow services to share staff more effectively and to adapt in response to changes in patient demand
- Development of health facilities which are both welcoming and culturally appropriate for all users, including Maori

WHAT MIGHT IT LOOK LIKE?

There has already been some work undertaken to examine how an Integrated Family Health Centre would be incorporated with the refurbished hospital. These images show some of that work. At this point they are conceptual drawings and the design requires more work before being finalised. The floor plan does however provide some insight into how various health services become integrated under one roof.

A conceptual drawing of the refurbished Grey Base Hospital gives an indication of how the new building may look. This version shows new additions in light blue. It is important to note that this is not the final design.



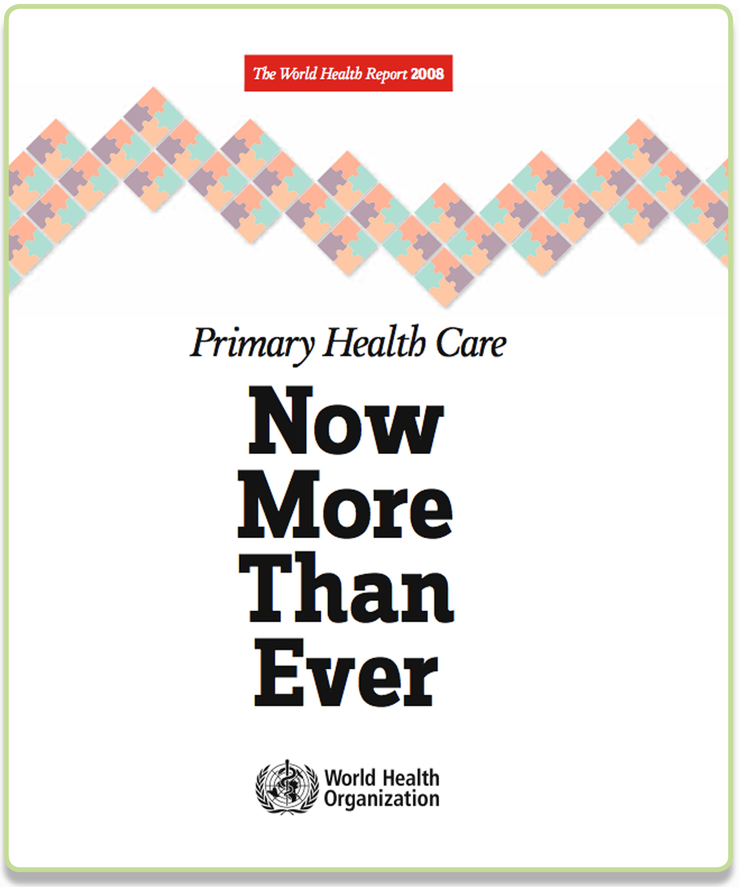
A preliminary design for the ground floor of the Integrated Family Health Centre shows new additions marked by a cross-hatch pattern. It is important to note that this is not the final design.

PRECEDENTS FOR THIS THINKING

The West Coast is not the only place planning to improve services in an integrated manner. There are at least nine DHBs developing ways in which to provide better, sooner and more convenient health care.

There are three districts in Horowhenua, Tararua and Hamilton that are developing integrated systems that combine a level of both hospital and community health care in the same facility. This is also the trend for rural health care in other parts of the world.

The West Coast really could be providing a world class rural health care system in future if we get this right.



The need for integrated health care led by primary services has been recognised around the world. Indeed in 2008 the World Health Organisation published its annual report and titled it "Primary Health Care: Now More Than Ever."

THE VISION FOR HEALTH ON THE COAST

OVERVIEW

The aim for the West Coast health system is that seamless care will be provided from your local General Practice team, district nursing and other community health services. Alongside this there will be acute care and hospital level services working together at the Greymouth site, with further dedicated care in Christchurch if required.

Care will also be integrated with other people working in the health care system, such as the community-based pharmacies, to make the most of the skills within the General Practice team.

Telemedicine (using video conference technology) allows the delivery of medical care and education by remote transmission of audio and video data in real or delayed time. The West Coast is leading the country in the use of telemedicine.

Over the last 12 months the West Coast District Health Board has been progressively installing telehealth equipment at Hokitika, Fox Glacier, Hari Hari, and Whataroa, with Franz Josef and Haast due to be added soon. This is in addition to the facilities already available in Greymouth and Buller. The equipment allows doctors, nurses and other health professionals in remote outposts to consult with specialists about a patient's condition. The discussions could be with specialists in Christchurch, or anywhere in the country.

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A greater proportion of care and long-term condition management will be provided by appropriately skilled nurses and allied heath professionals (i.e. pharmacists, physiotherapists, occupational therapists, and social workers etc) supported closely by GPs.

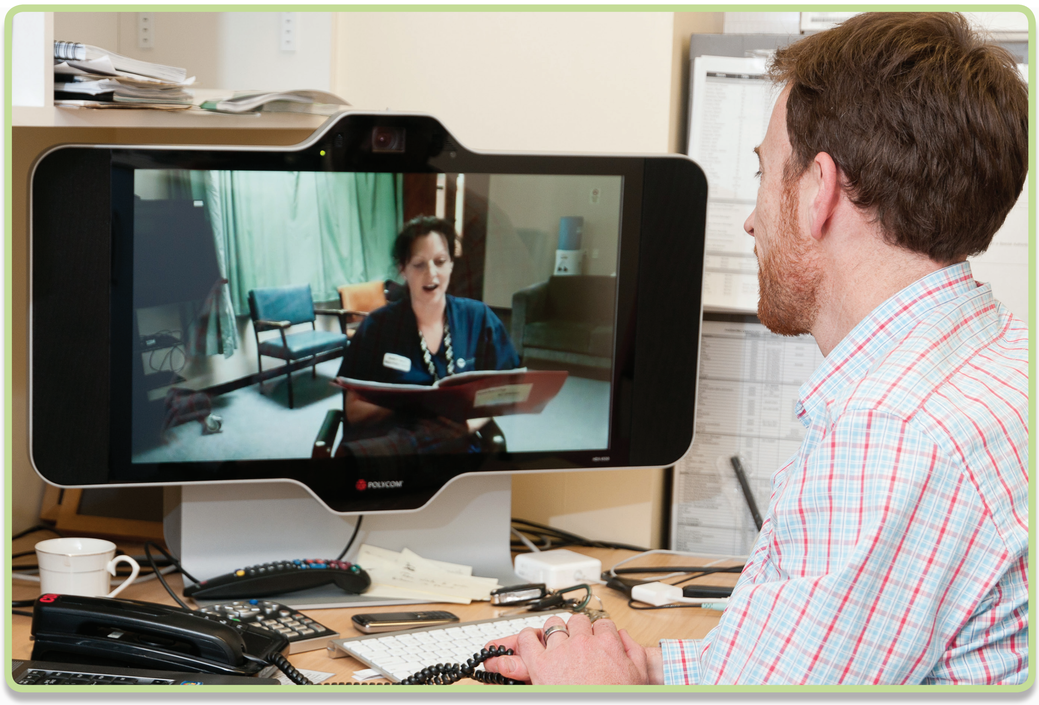
More responsive care for older people will be achieved through developing a community-based rehabilitation service that allows primary, community and specialist clinicians to work together.

A crucial part of an integrated health system is ensuring that patients get consistent care no matter who they deal with. This will be enabled through the development of a single electronic health record for each person that can be accessed by health workers across the health system.

THE FUTURE IS ALREADY HERE

The way in which specialist children's health is currently provided is a glimpse into the future health system on the West Coast.

Three years ago a child living in South Westland with a critical and specialised health need would have needed to travel to Grey Base Hospital regularly. While the child would receive excellent care at Greymouth, it would not be the same as could be delivered in a larger hospital. Any concerns about the health of the child would most likely have required emergency transportation to Christchurch. In addition the quality of advice that the parent received would have depended on personal relationships between the GP and a specialist. This relationship would never extend beyond the GP.



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Now the picture is quite different. The team that looks after children is not centred on where the specialists are located, but on what the patient needs. There are now specialists based in urban areas but who work with rural communities. New technology means that distance is less of an issue to providing care.

For example one of the Paediatricians in Christchurch Hospital now has a videoconference facility on his desk that allows him direct access to rural clinics on the West Coast. He makes regular visits from Canterbury to rural clinics and enjoys the difference that the trips provide-not to mention the crayfish and whitebait. The Paediatrician also carries a pager for the West Coast so that rural teams can seek his advice no matter where he is working at the time.

WHAT DOES IT MEAN?

BETTY'S STORY

Betty is 72 and lives alone in Blackball in the house she was born in. Her daughter lives in Greymouth. Betty enjoys playing cards and loves a good roast meal. She has chronic bronchitis and stopped smoking two years ago.
Betty develops a chest cold and wheeze. She phones her GP practice for help Tuesday evening about 6pm.

THE OLD WAY:

Betty phones the GP practice on Tuesday evening, speaks to the After Hours nurse at the call centre who advises that she needs to see a GP, and a time is arranged for that evening

Betty calls her daughter who drives from Greymouth, picks her up and drives her to the nearest practice on call. It is not Betty's usual practice and she isn't quite sure where to go.

She sees the GP who decides she needs to stay at hospital, as she lives alone and is too unwell to look after herself. Betty ends up staying in hospital for three days

THE NEW WAY:

Betty starts to get unwell on Saturday. She follows her self-care plan she made earlier with her General Practitioner, and starts extra medications on Monday as she is not improving.

She phones her General Practice on Monday and speaks to the practice nurse, who organizes for the Blackball area nurse to visit Betty that day. The visiting nurse checks on how Betty is doing, and organizes Meals of Wheels, a commode and a wake-up and tuck-in service for the week for her. The nurse lets her daughter know the plan. The nurse visits each day to check that Betty is improving, which she does, and she doesn't need to go to hospital.

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LUKE'S STORY

THE OLD WAY:

Luke is a 49-year-old man of Maori descent who lives in Reefton with his wife and his two sons aged 14 and 16. Luke's iwi affiliation is Ngai Puhi / Ngati Whatua / Ngati Hine and Irish descent. Forestry has been Luke's life interest and he works in the bush. He is enrolled as a patient at the Reefton Medical Centre.

Luke has been visiting the Medical Centre for the last two years for care of his diabetes. This was diagnosed when he had not been sleeping well due to getting up to use the toilet frequently at night and feeling thirsty. At that time Luke's BMI was 38 and his blood pressure was 150/88. He was started on oral medication for his diabetes and relies on the medical centre staff to keep him well by giving him ongoing advice.

He still enjoys his favourite foods including takeaways and traditional Maori kai. He smokes about 15 cigarettes a day.

Since diagnosis Luke's BMI is unchanged. Following his annual diabetes check this year, Luke was started on insulin. He was taught by the diabetes nurse specialist to check his blood sugars and to give himself injections.

The doctor referred Luke to Greymouth for retinal screening. The free screening service only comes to town four times a year and Luke has to wait a few weeks for the checkup. When the time came he had to drive an hour each way. What's more once he arrived he had to wait another half an hour for the screening process. This meant that Luke had to take a day off work.

There is no gymnasium in the area where Luke can exercise and he would rather watch rugby. When he was younger he was a keen athlete but mostly these days keeps active via his work. With no dietician in the area he has had to go to the Diabetes Clinic in Greymouth to learn about the foods he should eat. Luke attended once but decides it is too far to go. A health navigator who works (with a special focus on Maori) calls him via phone and, on occasion, manages face-to-face visits. He is encouraged to attend the clinic but he is hard to persuade for a variety of reasons.

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LUKE'S STORY

THE NEW STORY: (starts 4 years earlier)

Luke is a 45-year-old man of Maori descent who lives in Reefton with his wife and his two sons aged 14 and 16. Luke's iwi affiliation is Ngai Puhi / Ngati Whatua / Ngati Hine and Irish descent. Forestry has been Luke's life interest and he works in the bush. He is enrolled as a patient at the Reefton Medical Centre

The Reefton Health Centre provides free Well Men's Health Checks for men aged 35-65 years who are enrolled in the Medical Centre. Luke has a health check and his blood tests show he has early diabetes. His blood pressure is 140/85 and his BMI is 37.

The practice nurse works with Luke on a care plan and involves Luke in decision making for this plan. He also gets on very well with the whanau ora navigator in the practice and she has been a great support to Luke.

Luke is being empowered to care for his own health through knowledge and respect. He has become more aware of his situation and what to do when he is unwell. At times this may include contacting his health providers. With the support of the practice nurse and Marie his wife, he has been able to stop smoking with nicotine patches. The nurse will follow Luke through the year giving him support and tautoko to stay smoke free.

The doctor makes a referral to the visiting dietician who sees Luke when she is conducting her visiting clinic in the area. Luke takes his wife Marie to the appointment because she prepares the food for the family. Luke and the dietician discuss Luke's meals and he tells her of his love for a good old boil up and fast foods.

The dietician shows Luke and Marie how he can still enjoy his traditional kai, along with the occasional. She also shows them how to prepare other preferred foods so that Luke eats a healthy diet. As well as advising about kilojoules the dietician tells Luke and Marie about fat content and salt intake and their likely effect on the heart.

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LUKE'S STORY

The practice nurse invites Marie to attend the Appetite for Life course that will be held at the practice. This programme educates women in the preparation of healthy, satisfying food and encourages lifestyle adaptation. It's fun and there is a strong Maori component to this programme that everybody enjoys. This enables Marie to support Luke and contribute to protecting the future health of their children.

The practice nurse invites Luke to attend the 6-week Diabetes Self Management course when it is run next in Reefton. Marie attends with him. It is on in the evening so they can get there after work. They both learn a lot about how Luke can look after himself and stay well with his diabetes.

Luke is also referred to Green Prescription for exercise advice. Luke's work is active but Green Prescription provides a supportive service to ensure he is aware of, and can participate in local exercise activities. Luke like the fact that some of his friends and whanau are part of the green prescription now.

He is also referred to the visiting podiatrist. The podiatrist explains to Luke about the care of his feet, especially safe toenail cutting and the importance for a person with diabetes. Luke's feet are in good condition so the podiatrist will only see him annually unless he has a problem, in which case he can contact her.

When the visiting retinal screening service is in the area next they take the photographs of Luke's retina and these are repeated bi-annually.

At 39 years of age Luke's BMI is 28 and he has been smoke free for over three years. He is participating in self-care by managing his diabetes with diet and exercise. He has annual diabetes checks and is well connected with the range of primary health care professionals who comprise the local Integrated Family Health Service. His whanau is happy and he's feeling great. He's keen to running an upcoming half marathon just to prove to himself he's still got some of his old magic.