Te Whatu Ora
Health New Zealand

7 March 2023

9(2)(a)

RE Official Information Act request –WCD 9803 / HNZ 11566

I refer to your emails dated 15 and 16 February 2023 respectively requesting information from Te Tai o Poutini West Coast about the Buller Health facility and wider services.

1. **9(2)(a) questions why Buller is showing seven when 12 were promised in the new health centre (the license date is until September 27, 2025.**

a. **Will there only be seven beds in the new centre? If so, what has happened to the other five promised beds?**

The bed count can be interpreted differently based on what is and what is not included. To provide clarity, please see the breakdown of beds in the new Buller Health facility:

- Two observation and stabilisation beds
- One palliative care bed
- Two double bed rooms which provide four beds
- Two single bed rooms which provide two beds
- One maternity bed plus a birthing room
- One bed in the observation area
- One bed in the treatment area.

The seven beds referenced in the media was related to the current, old facility. Using a consistent approach with the new facility then the number would be the same - seven beds. This relates to the beds where overnight stays are expected and would include the palliative care bed, the four beds in the two bed rooms and the two beds in the single bed rooms in the new facility. It does not include all beds in either the old or new facility. The new facility has a total of 12 beds plus a birthing room if you count all beds as per the above list.

2. **9(2) believes the Buller beds are to be renamed "GP beds" instead of "hospital beds".**

a. **What are the implications of this?**

There is no change to services being provided in Buller Health inclusive of how the beds are utilised.

There are several names that have been communicated informally in relation to the beds in Westport. The key points relating to the beds are that the services are based in a rural context, supported by a combination of rural generalists, GPs and a nursing team. To ensure it is a robust and sustainable service we are progressing a model where this team is part of a broader, integrated team that can provide support as needed and who also provide other services including primary and community services. This ensures we do not create a situation where we have a small, siloed team that is more vulnerable to staffing issues like vacancies and/or planned/unexpected leave. The larger, integrated team can support a more robust service for the community that is sustainable into the future.

3. **9(2)(a) concerned the name change to GP beds will be the catalyst for Te Whatu Ora West Coast to downgrade Buller Hospital to a primary medical centre.**

a. **Is this correct? Has Buller Health's certification already changed from a public hospital to a primary medical centre? If so, when did that happen? If not, when will it happen?**

No, there is no intent to downgrade services in any of our facilities.

It should be noted that all of the three main West Coast public hospitals and health facilities also have primary and community services on site where we work in an integrated way. Calling them a public hospital does not fully describe the services provided and the importance of working together as one integrated team, particularly in our rural context. In the case of Westport, by far the majority of services are primary and community-based and our beds are supported by an integrated team, which is why we don't refer to the facility as a "hospital".

The service in Westport has been called Buller Health to reflect both the breadth of the services provided as well as emphasising an integrated model rather than a siloed model. The official designation and the audit requirements have not changed and certification for the new facility is planned for April 2023. The new facility has recently been gifted the name Te Rau Kawakawa by our local iwi, ahead of the impending opening of the new building.

4. 9(2) believes there will no longer be rural generalists working from any Buller facility.
a. Is this correct?

This is not correct. Our Rural Generalists will continue to visit and provide support services in the new facility.

Across the West Coast, rural generalism is a key workforce strategy and is something we are continuing to grow. Specifically, in relation to our medical rural generalists, over the last few years we have grown this workforce across the West Coast by approximately eight FTE (fulltime equivalent). This is on top of a net increase in our GP workforce of four FTE. We are also committed to training medical rural generalists and have individuals training in Te Nīkau and in the Northern region (Westport and Reefton). The rural generalist workforce is a key workforce across our rural services which includes our facilities in Greymouth and Westport.

5. 9(2) asks what has happened to the surgical bus?
a. If it's no longer visiting Buller, when did it stop and why? Does it visit Greymouth?

There is no change. The Mobile Surgical Services bus will be continuing to visit as part of its South Island wide circuit; and indeed, was in Westport undertaking surgery as recently as 23 February 2023. The requisite supports, and utility connections are being installed at the new Buller Health building to facilitate ongoing visits from the surgical bus.

The surgical bus does not visit Greymouth.

6. 9(2) says the impact of bed number cuts seems to have flowed through to waiting lists. 9(2) has been told surgeons were available but had been unable to perform some surgeries due to lack of available beds.
a. Is this correct? If so, how many surgeries this year been postponed due to lack of beds?

There have been only seven people who had surgery deferred at Greymouth's Te Nīkau Hospital where a lack of bed availability has been recorded as the specific reason for the delay. By year, these were as follows:

- 2018 – 3 cases, all on one day (0.15% of operating theatre cases booked and undertaken in the year).
- 2019 – 0 cases.
- 2020 – 0 cases.
- 2021 – 0 cases.
- 2022 – 4 cases, all on separate days (0.18% of operating theatre cases booked and undertaken at the hospital in the year).

Rather than a lack of beds to take patients, postponement of surgery cases at Te Nīkau Hospital are more commonly due to other leading causes, including:

- acute cases presenting and taking precedence in operating theatres;
- sickness of clinicians or patients (particularly with the additional impact of covid since 2020);
- staff availability to staff the operating theatre and/or those beds that we do have; and,
- patients themselves either cancelling or deferring their booked surgery.

7. **9(2)(a) believes another cohort of orthopaedic patients are being sent to Christchurch for surgery.**

a. **Is this correct? If so why, how many, when and where will they have their surgery?**

This is correct. We are planning to support up to 44 patients from the West Coast to go for major joint (hip and knee replacement) surgery in Christchurch between March and June 2023. These procedures will be undertaken in private facilities as part of a wider national approach across all regions by Te Whatu Ora, to help reduce the large number of orthopaedic patients and those in other surgery disciplines nationwide who have been waiting for extended periods for surgery.

It is important to note that this is in addition to our regular orthopaedic surgery sessions and procedures. These will also continue to be delivered in parallel at Te Nīkau Hospital in Greymouth at the same rate as usually undertaken through our main operating theatres.

8. **9(2) says this is an extra personal cost to patients because many may not be entitled to travel assistance or for accommodation for their support person.**

a. **Would Te Whatu Ora like to respond?**

There is no universal entitlement to financial assistance paid to people seeking health services in New Zealand. Any change to this state, or to levels of entitlement offered under the Ministry of Health's current National Travel Assistance scheme or via other financial assistance packages to individuals through the likes of the Ministry of Social Development would need to be decided upon at a national level.

See also response to questions 9 and 10 below.

9. **9(2) is very concerned at the growing extra cost to Buller people to seek treatment and health services once provided locally. 9(2) says many people who need these services won't seek them because of the cost of travel to Greymouth or Christchurch or the need to take time off or have family support.**

a. **Would Te Whatu Ora like to respond?**

Cost barriers have long been recognized as an issue to people from all regions around the country who have to travel to other centres to access health services. This is particularly the case in rural areas such as the West Coast. To help reduce the burden, financial assistance is provided for people who may be eligible for attending Specialist-referred appointments at publicly funded health services through the National Travel Assistance scheme operated by the Ministry of Health. Travel to health services that is only available in other centres has always required people to take time from work and away from home to travel to access health care.

In Westport, St John provides a shuttle service to Greymouth that is free of charge to patients on set days where possible; having taken over this service from the Buller branch of Red Cross. This service is funded by Te Whatu Ora Te Tai o Poutini West Coast as a local initiative to additionally assist our Buller community to access health services based in Greymouth.

10. **9(2) believes the travel allowance has dropped from $55 to $50 because vouchers are no longer available in $5 and $10 denominations. 9(2) asks if Te Whatu Ora has sought to rectify this instead of locals being financially penalised, and why the public hasn't been told of the decrease.**

a. **Would Te Whatu Ora like to respond?**

There has been no change to the entitlement amounts to which people may be eligible under the National Travel Assistance (NTA) policy. The NTA assistance is calculated from a person's home address to hospital, so amounts inevitably vary from person to person.

Due to recent changes to the Motor Trade Association voucher structure to specific denominations of only $20, $50 and $100 amounts, and their removal of a $5 voucher option, our National Travel Assistance coordinators have been advised to pay the higher amount of the advance NTA-eligible travel assistance. As a result, we have effectively been providing higher payments than patients may be entitled to as an interim stop-gap measure.

We are currently looking at a replacement system that will allow us to return to providing assistance at the correct amount for those who may require advance financial assistance to travel to their specialist-referred health care appointments. The preferred option of patients lodging NTA travel and accommodation claims through the Ministry of Health for assistance remains open to all, and indeed, is the most common practice throughout New Zealand. West Coast is one of only five areas across the country that currently offers advance travel assistance to NTA-eligible people, and the only one in the South Island.

A copy of the National Travel Assistance policy and its respective entitlements to which people may be eligible is publicly available on the Ministry of Health website - National Travel Assistance – Te Whatu Ora - Health New Zealand

11. 9(2) says the impact of bed number cuts seems to have flowed through to waiting lists. 9(2) has been told surgeons were available but had been unable to perform some surgeries due to lack of available beds.

a. Is this correct?

i. If so, how many surgeries, per month, since January last year have been postponed due to lack of beds?

ii. What type of surgeries were they?

iii. What were the average, minimum and maximum postponement times?

Refer to response to Question 6 above.

Of the four surgeries postponed in 2022 due to bed availability, two were general surgery cases and two were orthopaedic cases. Three of the cases were subsequently provided with their surgery within one month. Of these three patients, the shortest wait to receive surgery thereafter was 2 days, the longest wait 29 days, and the average wait was 15.3 days. One individual who was postponed due to bed availability has yet to have their surgery undertaken at this time.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Te Whatu Ora / Health NZ website after your receipt of this response.

Ngā mihi / Yours sincerely,

Keith Wright
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Waitaha Canterbury / Te Tai o Poutini West Coast.