

# Aide-Mémoire

Health New Zealand  
Te Whatu Ora

## Napier After-hours Service Options

<b>Due to MO:</b>	28 February 2025	<b>Reference</b>	HNZ00080181
<b>To:</b>	Hon Simeon Brown, Minister of Health		
<b>From:</b>	Robyn Shearer, Deputy Chief Executive Central Region		
<b>Copy to:</b>			
<b>Security level:</b>	In Confidence	<b>Priority</b>	Routine
<b>Consulted</b>	N/a		

### Contact for further discussion (if required)

Name	Position	Phone	1st contact
Robyn Shearer	Deputy Chief Executive Central Region	s 9(2)(a)	x
David Warrington	Group Director Operations Hawkes Bay		

### Attachments

**Appendix 1:** Communications to the Napier Community

## Purpose

1. You requested advice regarding any proposed changes to the Napier after-hours service and what options were considered to ensure the community continues to have access to existing or improved services.

## Summary

2. Hawke's Bay has a single hospital – Hawke's Bay Regional Hospital. To deliver support to the Napier community, Napier Health Centre delivers care, including urgent and after-hours care.
3. The urgent care (primary) providers in Napier are proposing to change their existing hours of GP-led operation – now finishing at 8.00pm rather than 9.00pm. This is because the current urgent care model is not sustainable, particularly due to a lack of GPs to consistently staff the service seven days a week. This change comes into effect on 1 March 2025.
4. In response, Hawke's Bay district have taken the opportunity to review the current overnight service to ensure good patient care is maintained. The review, including feedback from primary care and Hato Hone St John, has identified the overnight service (9.00pm to 8.00am), delivered by Health NZ nurses, is not fit-for-purpose, and is not serving the local population well due to the limited advice and the treatment a nurse-led service can offer (e.g., no prescribing ability).
5. Hawke's Bay district has considered options for improving this service and concluded that there are significant benefits in expanding access by changing the walk-in overnight service from 9.00pm to 8.00am, to a free telehealth option that enables the community to access overnight care from their homes.
6. The community is raising concerns about reductions in local access, due to uncertainty about after-hours services jointly provided by private primary providers and Health NZ. There is a perception from some in the local community that any changes will result in a reduction in service, something they are concerned about following the closure of Napier Hospital in 1998.
7. Once the changes to the current daytime urgent care hours come into effect on 1 March 2025, GPs have agreed to cover this hour (8.00pm-9.00pm) over the coming four weeks while longer term decisions are made.
8. The Napier community will be advised this week on the plans to fill the 8.00pm to 9.00pm gap in the short term (see Appendix One for these communications), with further, more detailed communications to be developed on the long-term future of the overnight service once a decision is made. This is expected to be within the next month.

## Background

9. In 1998 it was decided that a single Hawke's Bay Regional Hospital should be developed in Hastings, and the Napier Hospital closed. To continue to deliver support to the Napier community locally, it was also decided that a Napier Health Centre

would be established.

10. A 24-hour urgent care and overnight service was established in response to a recognised need for urgent and after-hours services in Napier, so the people would not have to travel to Hastings for urgent and after-hours assessment and treatment.
11. Urgent care is currently delivered during the day (8am – 8pm) by City Medical and The Doctors Napier seven days a week.
12. Overnight care is provided by:
  - a) City Medical 8pm – 9pm
  - b) the Health NZ Overnight Nursing Service (9pm – 8am).

### **City Medical**

13. City Medical provides urgent and after-hours care from Napier Health Centre. It is owned by most of the GPs working in the Napier area (42) and they provide some after-hours (i.e., 8.00pm – 8.00am) staffing to the centre.
14. Under the “Patient Triage and Treatment Services” contract between City Medical and Health NZ, City Medical is required to:
  - Triage all service users.
  - Treat all Triage 1-3 service users free of charge.
  - Have nurses and doctors onsite from 8.00 am – 9.00 pm.

### **Overnight Service Health NZ**

15. From 9.00pm – 8.00am, Health NZ provides registered nurses to triage, provide treatment and liaise with the after-hours GPs (who are rostered on call until 3.00am and available for phone advice) and/or refer to other services. This service is delivered out of the City Medical premises in the Napier Health Centre.
16. The overnight service consists of a Registered Nurse (RN) and a Health Care Assistant (HCA), seven days a week. The nurse provides phone triage and advice and manages any presentations during this time, phoning the on-call GP for medical advice as required.
17. Since December 2017, City Medical GPs have not been required to provide face-to-face on-call support due to the low level, and type, of demand. A group of GPs continue to be on call to provide telephone support from 9.00pm to 3.00am.

## **The Challenge**

### **Urgent Care: 8.00am to 9.00pm**

18. City Medical is finding it increasingly difficult to staff its services, resulting in sporadic daytime closures. Similarly, The Doctors Napier have identified issues with excessive workload and burnout, affecting its urgent care service.
19. On 18 September 2024, Health NZ agreed to provide \$100,000 to facilitate City Medical Napier and The Doctors Napier to form a consolidated urgent care service. The objective was to develop and implement a unified and sustainable model for urgent care services, with sufficient flexibility to adapt to meet the current and

changing needs of whānau and communities within Napier.

20. There is a conditional agreement for the unified service to operate from 1 March 2025. However, this can only occur by reducing the current hours by one hour, to 8.00 am-8.00 pm. This is because the currently available pool of GPs to cover a roster will not stretch to include longer than a twelve hour a day service.

### **Overnight Service**

21. In addition to the challenges facing the urgent service, there have also been challenges delivering the overnight nursing service.
22. The model of care is for a RN and HCA to be on site at City Medical between 9.00pm and 8.00am, seven days a week. Security personnel are also employed overnight.
23. Recruiting nursing staff to deliver this service has proved challenging, with current management of the overnight team sitting with the ED in Hawke's Bay Hospital.
24. Until 2022, the Medical Director at City Medical ensured the RNs had appropriate training and competency, and that Standing Orders were countersigned, audited and reviewed. This met the regulatory requirement for Standing Orders (i.e., authorises a specified person or class of people [e.g., paramedics, registered nurses] who do not have prescribing rights to administer and/or supply specified medicines and some controlled drugs). This is for a limited and specific number of medicines only.
25. In response to the loss of the Medical Director, the Registered Nurse Prescribing in Community Health (RNPCH) programme was considered as an option to continue to offer some prescribing support. However, the limited conditions the RNPCH programme and scope to assess, treat and prescribe would not match the presentation type most often seen by these nurses. The clinical oversight of the overnight service remains a serious risk (see paragraphs 36-38).
26. To improve this situation, nurses are now rotating through the ED at Hawke's Bay Hospital every six months to improve their skills. They attend mandatory training through the hospital, attend bimonthly meetings with the ED Clinical Nurse Manager and have all attended a triage refresher course.

### **Activity**

27. Current utilisation of the urgent and overnight service is detailed below:
  - average daily attendances at City Medical 8.00am – 9.00pm is 88 patients.
  - average daily attendances between 8.00pm and 9.00pm is 3 patients.
  - total number of attendances for the overnight service over a year were 2,384 (July 2023 to June 2024), an average of 6.6 per night.
  - highest attendances per night in the past twelve months is 16 patients.
  - lowest attendance is no patients overnight.
28. The triage (acuity) of patients accessing the overnight service in the past 12 months:
  - Triage 1 (most critically unwell) – 3 patients (note this volume is so small it is less than 1% of total presentations)
  - Triage 2 – 8%.
  - Triage 3 – 28%.

- Triage 4 - 37%
- Triage 5 – 27%.

29. Treatment provided is as follows:

- 32% sent to ED for immediate care.
- 29% received advice/treatment and sent home for GP review the following day.
- 22% received advice and treatment and sent home.
- 7% seen by GP (near 9.00pm or just before 8.00am).
- 10% other.

30. Hato Hone St John note that the patients who present and are referred to the ED create additional delay in treatment that could compromise their care and that it is better for patients to go straight to the ED by phoning for an ambulance from home.

## Clinical Risks

31. The RNs operating in the overnight service are professionally isolated. They have no easy access to colleagues for informal professional and clinical decision-making conversations due to the physical location of the service (they do have access to GPs until 3.00am and support from ED).
32. Being able to recruit and retain sufficient nurses with the required skill level is a challenge, due to the isolated nature of the service.
33. Since December 2021, eleven adverse events have occurred including:
- a) Four security/safety events.
  - b) One staff fall.
  - c) One event involving communication with patients/whānau.
  - d) Five events involving issues with assessment and management of clinical concerns.
34. There have been two recent Health and Disability Commissioner cases involving clinical assessment and concerns about the appropriateness of care.
35. In addition, since 2021, there have been four formal complaints about the overnight service lodged in Safety1st, relating to clinical assessment and care provision.
36. Additional risk to the community exists when a staff member is unavailable (e.g., due to illness) and can mean the overnight nursing service is closed with no alternative but to go to the ED or wait until the following morning. This is communicated via social media and notices at the facility.

## Options

37. With the change in hours of delivery from City Medical and The Doctors Napier to only cover the period 8.00am to 8.00pm from 1 March 2025, Health NZ was required to consider to how cover the hour between 8.00pm and 9.00pm. It also offered an opportunity to address the issues with the overnight service.
38. Given the significant clinical challenges with the existing overnight service and the

small number of patients accessing it, Health NZ decided to review the service with a view to putting in place a better, more clinically safe and sustainable option, once the changes to hours was confirmed.

39. The criteria for any new service include:

- a) Continued provision of an overnight urgent care option for the people of Napier.
- b) A clinically safe service with appropriate oversight and clinical governance.
- c) A service that meets the patients' immediate needs, enabling referral to another provider as appropriate (e.g., ED).
- d) Reduces any barriers to access.
- e) A service that will be sustainable in the long term s 9(2)(f)(iv)
- f) Is cost effective when considering patient numbers.

### **Summary of Options**

40. The following options have been considered, with a preference for option three – establishing an overnight telehealth service delivered by Ka Ora.



**Table 1: Summary of Options**

Option	Risks	Advantages	Cost
OPTION ONE - In Person Overnight Nursing Service extended by one hour	<ul style="list-style-type: none"> <li>• Clinical oversight and governance insufficient</li> <li>• Limited service offering i.e. unable to offer prescribing option</li> <li>• Inability to gain agreement from staff to cover additional hour</li> <li>• GP advice available only until 3am</li> <li>• Transport may prove a barrier to access</li> <li>• Ongoing recruitment challenges resulting in limited ability to be sustainable</li> <li>• Short notice absenteeism resulting in closure of overnight service</li> <li>• Delays in patient care journey of ED required</li> </ul>	<ul style="list-style-type: none"> <li>• Continues to offer the community an in-person option</li> <li>• Able to meet some of the patients' immediate needs (can refer to other services)</li> <li>• No technological barrier to access</li> </ul>	s 9(2)(b)(ii)
OPTION TWO - In Person Overnight Nursing Service with Virtual FACEM medical support	<ul style="list-style-type: none"> <li>• Ability to gain agreement to cover additional hour</li> <li>• Transport may prove a barrier to access</li> <li>• Ongoing recruitment challenges resulting in limited ability to be sustainable</li> <li>• Unable to fund within existing resources</li> <li>• Significant change for FACEMs at Hawke's Bay as currently are on-call offsite between 0000 and 0800 to provide support for the care of patients requiring resuscitation in the emergency department</li> <li>• FACEMS are not on-call to cover in the care provision that should be provided by other clinical groups</li> <li>• Emergency Physicians do not have the capacity to provide out-of-hours cover for other health facilities.</li> <li>• The current FACEM workforce needs to expand to meet the growing clinical demand within the emergency department alone</li> </ul>	<ul style="list-style-type: none"> <li>• Continues to offer an in-person service</li> <li>• Clinical risk issues are better addressed</li> <li>• Able to meet some of the patients' immediate needs (can refer to other services)</li> <li>• No technological barrier to access</li> </ul>	

<p>OPTION THREE - Virtual Telehealth Service <b>(Recommended)</b></p>	<ul style="list-style-type: none"> <li>• Perception of loss of services by Napier community</li> <li>• Potential technology barriers for some people</li> <li>• This no cost model might discourage people from using primary care during the day</li> </ul>	<ul style="list-style-type: none"> <li>• Continues to deliver sustainable after-hours service</li> <li>• Clinical oversight and governance in place</li> <li>• Medical consultations available post triage offering better clinical care</li> <li>• More efficient management of the small number of presentations</li> <li>• Patients not required to travel to the health centre to access care</li> <li>• More rapid access to Ambulance services and Emergency Department if indicated without patient having to leave their home</li> <li>• s 9(2)(f)(iv)</li> </ul>	<p>s 9(2)(b)(ii)</p>
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## Preferred option: telehealth services

41. The proposed virtual telehealth service includes triage by a nurse/paramedic, with additional support from a medical practitioner (GP and an ED Senior Medical Officer [SMO]). This provides additional clinical safety for overnight triage. Patients are triaged according to urgency, acuity, and directed in the following ways:
  - Advice to manage minor conditions if the problem can be resolved on the call.
  - Triage to telehealth consultation with a GP up to 10.00pm, or later in the day or following days depending on acuity.
  - From 10.00pm, triage to telehealth consultation acutely with an ED SMO.
  - Triage to an in-person consultation within a primary care practice the next day.
  - Triage to the ED.
42. This option would remove our reliance on local GPs and offer a sustainable service to the community.
43. In October 2024, Ka Ora telehealth service became the front-line provider of after-hours services in the West Coast. Feedback to date has been positive, with no observable increase in ED presentations or demand for ambulance dispatches. Hato Hone St John have provided positive feedback about the West Coast service. Ka Ora would be the provider of choice if Hawke's Bay progress the telehealth option.
44. This has been tested with key stakeholders who support exploring the telehealth option further. However, we acknowledge that there is a risk that some people will see this option a service being taken away. These arrangements have been successfully navigated with other communities, such as Whangārei.
45. s 9(2)(f)(iv)

## Consultation

46. Given the challenges of making changes to services available to the Napier community, extensive consultation has taken place on a potential telehealth option including with:
  - a) Internal staff and unions.
  - b) Napier general practices and urgent care providers.
  - c) Hauora Māori providers.
  - d) Mayor and MP.
47. Stakeholders understood the need for change, but raised concerns about the perception of a deterioration of services in Napier.

### Staff Consultation

48. On 31 January 2025, because of the planned review of the overnight service, a change process commenced with the impacted Health NZ staff. The consultation period for this change process ended on 26 February. At this time, Health NZ let staff know that we will take some time to consider the feedback, before we make any changes to existing arrangements.

49. To manage the additional hour between 8.00pm and 9.00pm arising from the change in urgent care from 1 March, we have put in place a short-term option to support the service using local GPs.

## Next steps

50. We have confirmed with your office that short term arrangements have been put in place to manage the change in hours for the overnight service in March. Communications with key stakeholders on the changes are attached as Appendix One.
51. In addition, we will develop a communications plan to ensure we provide certainty to the Napier community about any changes arising from the new City Medical Urgent Care hours and changes to the overnight service, once a final decision is made (in March 2025).
52. We will update your office, once final decisions have been made.

## Appendix One: Communications to Napier Community

S9(2)(g)(i)