



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

Briefing

LECG report

Analysis of Options: Models of Care for West Coast District Health Board

Background

Since late 2007 the West Coast District Health Board has been involved in a joint project with the Ministry of Health looking at the sustainability of health services on the West Coast.

The January 2008 LECG report, *West Coast DHB Models of Care Discovery* reviewed the way other rural health services are configured and served to confirm that the concepts developed by the West Coast DHB and the Ministry of Health are in keeping with modern models of care both in NZ and internationally.

Throughout 2008, the project focused on developing models of care appropriate to the needs of the West Coast DHB and its population. There was widespread collaboration and consultation between management, clinicians, other healthcare providers and service users.

Late in 2008, business cases for the proposed redevelopment of facilities at Buller Health and Grey Base Hospital were submitted to the National Capital Committee. The cases were not successful in obtaining funding for the proposals at that time; however work continued on implementing parts of the models of care developed as part of the sustainability project.

In 2009 LECG was commissioned by the West Coast District Health Board and the Ministry of Health to evaluate the work of the sustainability project and recommend preferred medium and long-term options.

The case for change

The costs of delivering care in the current way are unaffordable and recruiting staff is difficult. We need to find new ways to provide healthcare to West Coasters.

All rural DHBs are finding that lifestyle is no longer a sufficient incentive to attract enough staff to operate a provincial hospital resulting in too much time spent on recruitment to the detriment of time required to manage and deliver health services.

To provide a safe, modern and high quality service the smaller West Coast hospital services need to be an integrated part of a much larger regional service.

The Canterbury and West Coast DHBs have had a long history of working together. A closer collaboration through improved engagement and clinical linkages will better support sustainable health services on the West Coast. A significant outcome from this arrangement will be a greater certainty for the people of the West Coast in the availability of healthcare services and a more appropriate workforce to work in both locations.

The West Coast has too few patients in many medical specialties to warrant the number of specialist doctors required to maintain a working roster, resulting in the situation where specialist doctors and staff are in danger of seeing too few patients needing the same type of care to allow them to remain experts in their chosen field.

Modern medical care requires sophisticated support services, many of which are not able to be routinely provided on the West Coast. There are some medical conditions where patients are required to travel to Canterbury for more specialised care. This situation will not change.

The recommendations contained in the LECG report enable the West Coast District Health Board to look forward and plan for the next 25 years of healthcare provision on the West Coast.

Questions and Answers:

- What is a Centre of Excellence for Rural Health?

The West Coast DHB has set out to become a “Centre of Excellence” for rural health services. That means that the District Health Board intends to use the culture of innovation and self-reliance that exists on the West Coast to develop solutions to the challenges inherent in providing health services in a rural and isolated environment. The services provided will be of the highest standards and the West Coast will be looked to by Government and by health services in other rural areas for benchmarks and models of care that work.

- Will West Coast patients experience any benefits from these recommended changes?

With more formal clinical relationships in place between the West Coast and Canterbury District Health Boards better planning around continued service delivery should help avoid the situations in the past when there have been service gaps necessitating cancellation of procedures. In fact, care and / or procedures that previously have not been undertaken on the West Coast will be performed by visiting specialists from Canterbury.

- What will happen to our core of specialist staff?

The recommendations of this report will take some time to implement fully. As new staff are appointed, their roles will more accurately reflect the changed model of care. Our staff will continue to offer the high standard of care that they currently provide.

- Will these changes simply make working at West Coast hospitals even less attractive and further compound the difficulty in recruiting appropriate staff?

The District Health Board may find it easier, as clinicians will no longer seem to be “out on a limb” on the West Coast but will be part of a larger clinical team encompassing both DHBs.

- Will West Coasters still be able to have their children born on the coast?

The majority of children will be able to be born on the West Coast. There will be occasions, as there are now, when risk factors make it prudent for some births to occur at more specialised facilities in Christchurch.

- If West Coast is relying more on Canterbury, does this mean that Canterbury will be providing more services at the expense of their own population?

A closer and more formal collaboration will mean Canterbury DHB will be able to better plan the assistance it already provides the West Coast. There will also be advantages for Canterbury in their clinicians gaining more rural experience with travel to the West Coast. West Coast clinicians may also travel to Canterbury to both aid in providing services there and to maintain and / or enhance their own competencies.

- Why can't more Cantabrians travel to the West Coast for treatment?

The best place for patients to receive treatment is in the most appropriate facility as close as possible to their homes and support networks. An increase in Canterbury patients travelling here would also put added stress on all the other services required to support those patients such as specialist nursing.

- Would more money fix this problem - can't specialists and other hard-to-staff positions simply be paid an additional amount to encourage them to work on the West Coast?

No. Clinical sustainability and safety is not just about being able to employ the best mix of staff for our situation, but ensuring that their workload is sufficient to maintain or enhance their skills. Safety would also come from the better linkages with specialists in Canterbury and a team approach to care.

- Is this the beginning of the end of hospital services on the West Coast?

This is a genuine attempt to plan for the next 25 years of healthcare provision on the Coast with the right mix of staff skills and healthcare services. To carry on without change would be both clinically and financially unsustainable.

- Will such changes result in a down-sizing of Grey Base hospital?

. This is an opportunity to develop services and facilities that can best improve the health status of West Coasters, and we will be looking to put forward a new business case for the redevelopment of Grey Hospital. There will be some changes to the configuration and layout of Grey Base Hospital. As a result of both shorter stays in hospital and service requirements it is likely that there will be fewer beds in a new facility than currently exist

- Does this herald an amalgamation between the West Coast District Health Board and the Canterbury District Health Board?

The closer relationship between the West Coast and Canterbury DHBs formalises the already close collaboration that occurs. Both DHBs will be exploring a further range of opportunities for collaboration.

- What will the effect of these recommended changes be on Buller Health and Reefton Health?

The report did not specifically address these areas. It is envisaged that the services that these centres provide will be reassessed as part of future planning.

- Why is this happening to the West Coast DHB?

This is a regional, national and international situation. Because the West Coast District Health Board is the smallest and most rural District Health Board in New Zealand the issues have arisen here first. Other areas in New Zealand will be looking at the outcomes on the West Coast to guide their future planning.

- How can I comment on the report?

Comments will be received by the West Coast District Health Board until 26 February 2010. Write to EA to CEO – Gaylene Mahauriki
(gaylene.mahauriki@westcoastdhb.org.nz)