

EXECUTIVE SUMMARY

Waikato DHB, Waikato PHO and Pinnacle commissioned the PHOCUS on Health report to provide options for the future of health services in Tokoroa.

Key drivers for change are:

- fragmentation of care between primary and secondary
- difficulties attracting permanent medical officers to staff Tokoroa Hospital
- the age of the GP workforce in Tokoroa
- the state of repair of the Tokoroa Hospital buildings
- the current location and nature of facilities; four small general practices in town, plus a hospital, built to care for a population of 60,000, located two kms from the town centre.

The report proposed an integrated model of care across primary, secondary and some social services based on the following principles:

- People/whanau focused - service design focused on the needs of people/whanau/community
- Community focused - hospitals are an important contributor to social capital and employment in rural communities
- Population health focused – improving health outcomes for the whole of the population
- Integration - co-location in and of itself does not result in integration
- Quality – of clinical care
- Supporting the workforce - health workforce in rural communities is fragile
- Change - carefully led and supported.

The report recommended, Option A, the building of a new integrated health care facility, or health village, located in Tokoroa central business district, to house all primary and secondary care services. Several sites are available in the CBD; the total size of the facility will need to be 1 ¼ acres (5500m²) and the likely start up cost \$15-\$20 million.

- **The Waikato DHB board has seen the report but members will not form a view until they have worked through the matters raised. That will take several months.**
- **A senior Health Waikato manager will work on this with the major parties and the community.**
- **The Board wants to make an informed decision and will not rule out the possibility of development at the existing hospital site.**
- **The final location will depend on a number of factors including sustainable clinical services into the future.**
- **This means providing clinically safe and appropriate services wherever possible close to the population but accepting that Waikato Hospital in Hamilton will provide high-level specialist services.**

BACKGROUND

Health services in Tokoroa and the South Waikato District are fragile as they are in much of rural New Zealand, and may not be clinically sustainable into the future because it is a small, highly skilled workforce that is difficult to recruit and retain.

Tokoroa Hospital currently has 21 beds, and provides medical inpatients, day stay surgery, diagnostics, emergency department, a wide range of outpatient services, community nursing and allied health services. It serves a district population of 22,641.

There are four general practices in Tokoroa, with 15,403 enrolled patients. Other primary care providers include Raukawa, Pacific Services, Plunket, two pharmacies, two dentists, and physiotherapy.

The desired outcome is a model of care in which health services are co-located around a central support hub that, over time, integrates hospital and primary care practice. This model of care may require a new facility that is flexible enough to accommodate changes in service configuration and service volumes over the next 20 to 30 years.

The South Waikato is home to 22,641 people, made up of Putaruru 6201, Tirau 2196 and Tokoroa 14,244. Forestry and pastoral farming, particularly dairying, are the predominant activities in the district with around 20 per cent of the workforce employed in forestry and agriculture and another 28 per cent employed in manufacturing associated with these industries.

From 1996 to 2006, there has been a population decrease in Tokoroa of 13 per cent and in South Waikato of nine per cent. Conversely, the Waikato population has grown by 9 per cent and NZ by 11 per cent over the same time.

OPTIONS FOR TOKOROA

The report said that there were four options for the model of care in Tokoroa:

- Option A: Co-location and integration of all health services
- Option B: Co-location and integration of hospital services with general practice
- Option C: Continue with hospital and other DHB services on current site and build new group general practice
- Option D: Close inpatients and emergency department, continue with other DHB services at current site and build new group general practice.

However, Waikato DHB will not rule out Option E – a continuation of services at the existing Tokoroa Hospital site.

Option A: Co-location and integration of all health services

This model brings all health providers onto one site, which then enables increased integration of all health services, rationalisation of services, reduction in duplication, improved continuity of care and improved access to care. It enables a primary care led and a population health approach to the delivery of care.

Given the commitment that current GPs will not be required to work in the hospital ED or provide ward cover unless they willingly choose to, there will be a gradual transition to this model. The design of the new facility will need to take into account the current situation and the desired future state, and the need to transition from one to the other.

Community and primary care support for this option requires a green fields site in the CBD. It is the most expensive option.

Option B: Co-location and integration of hospital services with general practice

This model brings together the clinical aspects of care provided in hospital inpatients, outpatients, emergency department (ED), diagnostics, birthing unit and general practice with pharmacy.

The new facility would not include other private primary care – e.g. physio, dentist, Raukawa, Pacific and Plunket services, DHB community services, Mental Health or Tokoroa Council of Social Services.

This model will enable the development of a flexible medical workforce, sharing of 24-hour responsibilities and inpatient responsibilities, thus providing better continuity of care for patients.

It will provide integration of those services provided by the medical workforce, but will have little effect on integration of other services, including other DHB services and other primary care services.

It is only likely to happen in a green fields site in the CBD. It has lower capital costs than Option A, but requires some services to be located elsewhere, probably on the existing site.

Option C: Continue with hospital and other DHB services on current site and build new group general practice

This will help towards solving the GP recruitment problems. However, it will make it very difficult to integrate the GP and medical workforce, and thus is unlikely to assist with ensuring doctor cover for either inpatient beds or 24-hour acute care in the future.

This option does not improve access, integration between primary and secondary care or within primary care, continuity of care or promote a population health approach.

Option D: Close inpatients and emergency department, continue with other DHB services at current site and build new group general practice

This option dispenses with the need to solve the medical recruitment problem, by the rather drastic action of shutting the hospital. This option would also obviate the need for capital spend on new secondary care facilities. This option would result in a high degree of

community concern and have a negative effect on DHB-community and DHB-primary care relationships.

Option E: Continuation of services at the existing Tokoroa Hospital site.