

# **Analysis of Submissions**

Potential change of district  
health board for  
Wharekauri, Rēkohu,  
Chatham Islands

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# Background information

## Snapshot of the Chatham Islands population – Census 2013

- The Chatham Islands has a usually resident population of 600, 36 of which are usually resident on Pitt Island. This signalled a decrease of nine people since 2006, and was 108 fewer than 2001 census.
- The population is close to 53 percent male.
- 59 percent of the population identified as belonging to the Māori ethnic group.
- 20 percent of the population are aged under 15 years old, in line with the proportion of New Zealand's total population (20.3 percent)
- 12 percent of the population were aged 65 years or older, slightly below the proportion of New Zealand's total population (14.3 percent). However, 41 percent of those usually resident are aged between 40 and 65, compared with 33 percent nationally.

## Health care provision

1. Hawke's Bay DHB employs staff at the Chatham Islands Health Centre. Included in the service is one GP (locum or fixed-term), one nurse manager and three primary care nurses. The Centre is open for GP appointments each morning Monday to Friday and nurse appointment throughout. All staff operate an emergency roster. There are two inpatient beds. In the 2012/13 financial year, the Centre reported:
  - 2010 GP appointments
  - 11 overnight stays in the inpatient beds
  - 889 X-rays
  - 165 after hours callouts.
2. The Centre does not currently belong to a primary health organisation, which it feels could limit the centre having access to new innovation or opportunities. Hawke's Bay DHB remains open to discussing this further with both the practice and Health Hawke's Bay, the DHB's sole local PHO.
3. Limited health promotion services are provided on the island. In some cases, locums have provided some health promotion activities, such as smoking cessation and sexual health services, out of a general practice setting. Health promotion staff from Hawke's Bay DHB have visited the island in the past.
4. Hawke's Bay DHB and Te Puni Kōkiri contracts Hā O Te Ora O Wharekauri Trust to provide a range of community services, which include some health promotion activities. Expanding health promotion activities on the Island through general practice, public health nursing, or depending on capacity, Hā O Te Ora O Wharekauri Trust could be beneficial to the population.

5. A variety of allied health/specialist visits take place once or twice a year in the Health Centre, including:
  - dental therapy/dentist
  - physiotherapy
  - mental health
  - diabetes nurse specialist
  - gynaecologist
  - orthopaedic specialist
  - radiographer
  - paediatrician
  - lead maternity carer (based in Hutt Valley, visits more regularly depending on her caseload)
  - geriatric specialist
  - podiatrist
  - optometrist.
6. Breast screening services are provided via MidCentral DHB. Once every two years, women from 45 to 60 years old fly to Palmerston North for screening services such as mammograms, cervical smears and mole maps.
7. All laboratory tests are managed via Aotea Pathology, Wellington.
8. Pharmacy services (such as dispensing medication for transport back to the Chatham Islands) are provided by Kilbirnie Pharmacy, Wellington.
9. Secondary and some tertiary health services are provided by Hawke's Bay DHB with more specialist tertiary level services delivered by Capital & Coast, Mid Central and Auckland DHBs.

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# Consultation

The Ministry of Health consulted with Chatham Islanders and affected DHBs on behalf of the Minister of Health.

Consultation with the Chatham Islanders occurred between 20 May and 17 June 2014. Two public meetings outlining the consultation were held at Waitangi on the Chatham Islands, consultation documents were available at the meetings, and consultation documents were posted to 444 residents on the electoral role.

## Analysis of submissions

106 submissions were received representing a 23 percent return rate. 104 of these were received from Chatham Islands residents. Residents were asked two questions:

1. Should the responsibility for administering health care services for Wharekauri, Rēkohu, Chatham Islands be transferred from Hawke's Bay DHB? If yes, which DHB should administer health services for the Chatham Islands?
2. To rank in order of importance the DHB's knowledge of the health needs of Chatham Islanders; availability of family/whānau support in the DHB region; transport access to mainland New Zealand health services; access to allied health services, for example, physiotherapist, occupational therapist, dietician or nutritional therapist; alignment of health service providers other than Hawke's Bay DHB to the Chatham Islands; and alignment with electoral districts and government agency regional or national offices with links to the Chatham Islands.

Residents were also given the opportunity to make comment in relation to the questions.

*Should the responsibility for administering health care services for Wharekauri, Rēkohu, Chatham Islands be transferred from Hawke's Bay DHB? If yes, which DHB should administer health services for the Chatham Islands?*

Overall 72 of the 104 Chatham Island residents who responded thought that responsibility for administering health services for the Chatham Islands should be transferred from Hawke's Bay DHB.

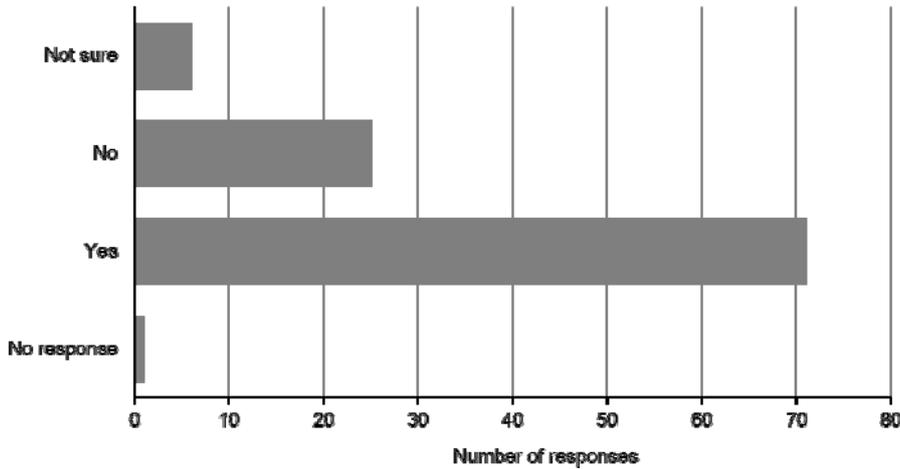
In response to the question "which DHB do you think should administer health services for the Chatham Islands" 61 respondents ticked Canterbury DHB, 19 respondents ticked Capital & Coast DHB and two respondents ticked other DHBs. 25 respondents ticked that responsibility should remain with Hawke's Bay DHB. Four respondents did not respond to this question. Some respondents selected two DHBs, commenting that either was suitable.

Of the 51 respondents who provided comments in response to this question, 14 commented that more whānau support was available to them in Canterbury, 17 commented that they had received a good service from Hawke's Bay DHB and 25 commented that a direct flight was needed to the administering DHB (note that some commented on more than one area). The following responses summarise these comments:

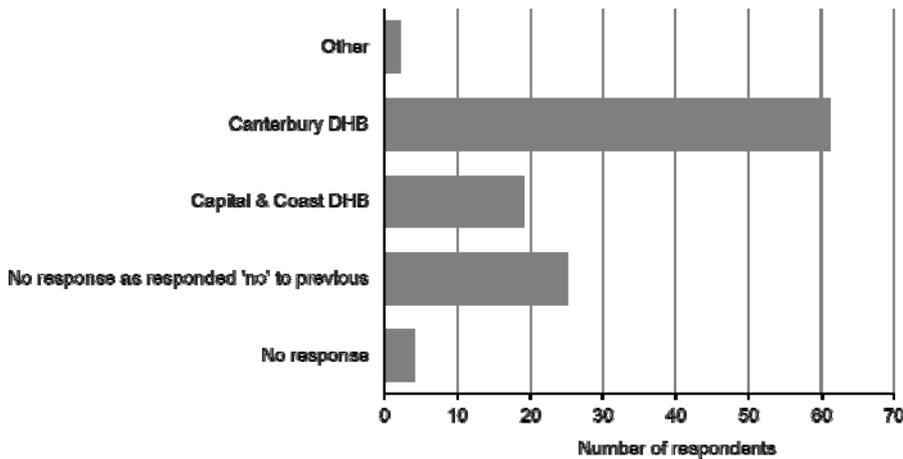
“We need direct access to our DHB, somewhere our plane flies to. Our school is in the Canterbury region, most of our school kids go to South Island schools. Keeping it together would make sense. I would want to go to the hospital closest to my family, it would suck being in a town you didn’t know with no family support, recovering after major surgery.”

“I would like the health care services to stay with Hawke’s Bay District Health Board. The systems are user friendly, from time to time you leave the Island and then return home. The staff who run the accommodation and at the hospital are helpful and caring. HBDHB are familiar with the Chatham Islands.”

**Figure 1: Should the responsibility for administering health care services for Wharekauri, Rēkohu, Chatham Islands be transferred from Hawke’s Bay DHB?**



**Figure 2: Which DHB do you think should administer health services for the Chatham Islands?**



Note: Some respondents ticked two DHBs commenting that either was suitable therefore total number = 111.

# What are the influencing factors for change?

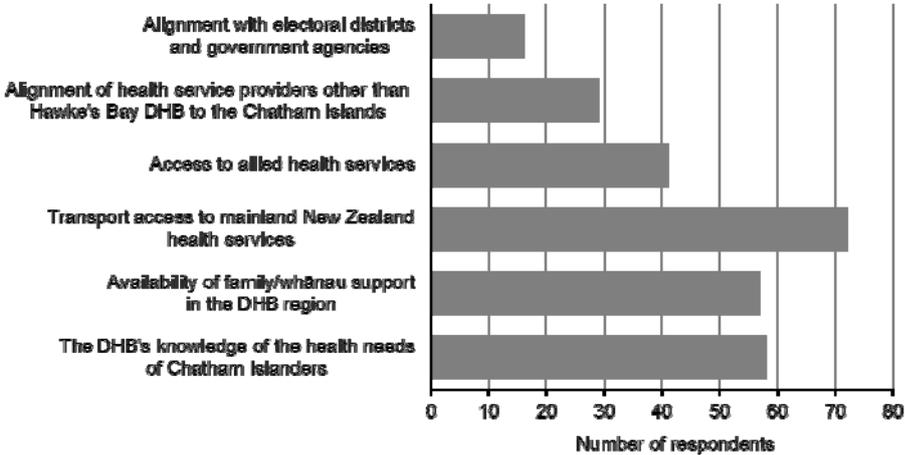
Transport access to mainland New Zealand health services was rated either most important (41 percent) or second most important (28 percent) by 69 percent of the respondents. Availability of family/whānau support in the DHB region and a DHB’s knowledge of the health needs of Chatham Islanders were rated either most important or second most important by 55 percent of respondents. Note the duplication of numbers results from the way the submitters responded to this question (ie, some ranked the statements in order 1 to 6, and some ranked each individual statement 1 to 6).

It is clear from the data that Chatham Islanders rate ‘Transport access to mainland New Zealand health services’, ‘The DHBs knowledge of the health needs of the Chatham Islanders’, and ‘Availability of whānau support’ and as most important to them. These statements received a ranking of 1 from 43, 44 and 43 respondents respectively. It is also evident that ‘Alignment with electoral districts and government agency regional or national offices with links to the Chatham Islands’ was least important, this received a ranking of 6 from 50 submitters.

Several respondents commented that all statements were important in the delivery of health services to the Chatham Islands. This is summed up by the following statement:

“I found it hard to rate things on this list in order of importance, as all have elements that are important in delivery of health service. Eg, Alignment of services for Chathams would certainly benefit the Islands as a whole. However, family, knowledge of health needs and accessibility are very important as well, especially when considering a holistic view of health care.”

**Figure 3: Relative importance of factors influencing Chatham Islanders choice of DHB provider**



Note: Number refers to number of respondents who identified the factors in Figure 3 as most or second most important.

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# Consultation with DHBs

Representatives from the Ministry of Health met with the three DHBs involved in the consultation process to discuss their views on a potential change of DHB. In addition, two DHBs supplied written submissions as part of the public consultation process. A summary of key points raised by each DHB is shown below.

## Canterbury DHB

Ministry officials met with senior DHB staff on Friday, 6 June 2014. The DHB noted it would work constructively with the local community if the decision is made to move responsibility for the Chatham Islands to Canterbury DHB. The DHB has a history of service provision to the Chatham Islands and agrees that it would be a sensible choice due to transport services provided and links to whānau living in Canterbury.

In particular, the DHB noted its experience working with isolated rural populations that face challenges accessing primary, secondary and tertiary services. The DHB also commented on alignment with parts of its existing work programmes, such as rural health in South Westland, where similar models employing GPs exist already.

## Hawke's Bay DHB

Ministry officials met with senior DHB staff on Wednesday, 11 June 2014. Hawke's Bay DHB proposed to retain responsibility for the administration of the Islands. The DHB noted that a high standard of care has been provided, as has been widely acknowledged by most people on the Island. Part of the DHB's ongoing transform and sustain programme includes further work with rural communities.

A primary concern for the Chatham Islands was lack of direct flights and subsequent onward travel. The DHB mentioned work had been under way locally for some time in an effort to address the challenges posed by a lack of direct travel. This includes working with Air Chathams to see if direct flights could resume, through options such as bulk seat purchasing. Onward travel arrangements for specific services were discussed and the volume of patients who needed to travel to multiple centres for treatment, which was reported as being very small. The DHB gave the example of two patients in total receiving cancer services in Palmerston North over the last year.

Consistent application of the National Travel Assistance policy was discussed. The DHB noted the challenge of managing a policy across the Islands and locally in Hawke's Bay. For example, where patients from other parts of the region might bus from Hawke's Bay to Wellington or Palmerston North, it would be difficult to justify a different policy for Chatham Islands residents in the same situation, to allow them to fly.

# Capital & Coast DHB

Ministry officials met with senior DHB staff on Thursday, 12 June 2014. The DHB advised that it would prefer not to take on responsibility for the Chatham Islands at this time as it feels it may pose a distraction to senior management's focus on work across the three local DHBs (Capital & Coast, Hutt Valley, and Wairarapa). However, the DHB advised of its commitment to work constructively with the Island community if the decision is made to move responsibility for the Chatham Islands to Capital & Coast DHB.

The DHB acknowledged that the most frequent direct transport links were with Wellington and that some services were already provided out of the region.

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# Ministry of Health view/ issues for consideration

## Introduction

1. The Ministry has considered which DHB is best placed to provide health services for the Chatham Islands based on triple aim methodology of improving patient experience and population health, together with the cost of health care.
2. Information is limited to what is held by the Ministry and was provided by Hawke's Bay DHB, or gathered from the Litmus Report and conversations with Chatham Islanders during the consultation meetings held at Waitangi. As such, this assessment does not provide a comprehensive review, but rather identifies issues for Chatham Islanders in accessing health services and discusses ways in which a change of DHB could improve this access.

## Travel

3. Access to health secondary services from Hawke's Bay DHB begins with a flight to the mainland of New Zealand. Once on the mainland, Islanders then travel to Hastings Hospital by bus or another flight, depending on their clinical condition. The flight from the Chatham Islands takes between 1.5 to 2.5 hours and waiting times, further flights or a bus trip can add up to 10 hours to travel time. Weather or other delays can mean missing planned onward travel arrangements which can result in delays or missing the specialist hospital appointment entirely. In those circumstances, the visit needs to be arranged again and the process is repeated.
4. Currently, a visit to the health secondary service includes at least an overnight stay and often more than one night. This means Chatham Islands residents often have to take time off work as most people on Chatham Islands work in primary industries such as fishing or farming and are self-employed. Also, for parents, taking time away from children is difficult.
5. Access to some services, for example radiation oncology and some imaging and diagnostics, are provided by different DHBs such as MidCentral or Capital & Coast DHBs. Although as reported by Hawke's Bay DHB, the volume of patients who need to travel between multiple DHBs for care is very low, those patients affected do face further travel and disruption.
6. Specialist clinicians hold regular outpatient clinics on Chatham Island. These are valued by the Islanders who would like these services to be increased. Although operating these clinics is not cost effective, Hawke's Bay DHB remains committed to providing them.

7. Travel by air between the Chatham Islands and mainland New Zealand is the only practical mode of transport. At present, the provider (Air Chathams) offers two return flights to Wellington per week, one to Christchurch and one to Auckland. During summer months, an additional flight to both Auckland and Wellington is provided each week. Irrespective of whether a change of DHB occurs, the sole provider will continue to determine changes to flight paths on a commercial or strategic basis.
8. Whilst avoiding the need for onward travel is not possible in every situation, having a DHB of service located where there are direct flight links will see the need for onward travel reduced. Also, Capital & Coast and Canterbury DHBs are located on main transport routes. There is a greater number of flights between major centres and the associated costs are typically less. This would greatly reduce the time spent travelling to health appointments.

## Whānau connections

9. The positive benefits of family/whānau being alongside a patient's health care journey are well known. Application of the National Travel and Assistance policy allows for a family/whānau member or support person to accompany in some circumstances only. This means some Chatham Islands residents travel alone to specialist appointments.
10. Chatham Islands residents travelling to a specialist appointment appreciate mainland-based whānau support. However, comparatively few family members live in the Hawke's Bay DHB region. The Litmus report identifies that Chatham Islanders' whānau who live in mainland New Zealand are mostly based in the Canterbury region.

## Improving health services

11. The most significant opportunity to improve service access, support staff working in the Chatham Islands Health Centre, and reduce the necessity to travel would be by developing telehealth on the Island. At this stage, the major barrier to access is the infrastructure available to support this on the Island. Increasing access to high speed internet in the Chatham Islands is a focus for the Ministry of Business, Employment and Innovation in the next two years. During this time, understanding which DHB has expertise in developing telehealth pathways should be considered.
12. Belonging to a primary health organisation presents another opportunity to improve health services through better coordination of primary care services. Hawke's Bay DHB reports that they would like to explore this option further with the Chatham Islands Health Centre. Canterbury DHB identify that the rurally isolated health practices on the West Coast clearly benefit from belonging to a primary health organisation.

# Funding and expenditure

13. Hawke's Bay DHB receives two revenue streams from the Ministry that contribute to funding the provision of health services to the people of the Chatham Islands. It is estimated these will total approximately \$3.38 million for the 2014/15 year. The DHB also receives approximately \$20,000 from ACC and variable revenue from other sources.
14. The Ministry revenue streams are:
  - a. Population Based Funding Formula (PBFF): The population based funding share for the people usually resident on the Islands is a calculation based on the most recent 2013 Census information. This stream equates to approximately \$1.6 million in 2014/15.
  - b. A rural health adjuster to the PBFF is an additional amount provided to Hawke's Bay DHB to compensate for the extra costs associated with health service provision in a remote rural community. This equates to approximately \$1.78 million in 2014/15.
15. Based on information provided by Hawke's Bay DHB, it is understood that expenditure generally breaks even with revenue. The major costs are direct personnel, patient travel and accommodation, infrastructure and non-clinical supplies, and inter-district flows.
16. If a change of DHB occurred, the impact on revenue streams would be negligible. Although the PBFF component may be subject to small regional variation, the rural health adjuster would remain at its current rate.
17. There is opportunity for lower cost, relative to Hawke's Bay DHB's expenditure, for Capital & Coast and Canterbury DHBs based on less onward travel and fewer nights' accommodation away from home. However, this has not been quantified.

# Analysis

Based on consultation feedback and the Ministry's views on other key considerations, a snapshot of DHB suitability is below.

			Hawke's Bay	Capital & Coast	Canterbury
Transport access to mainland health services	Air transport links	Regular direct flights		<input type="radio"/>	<input type="radio"/>
		Regular air links to main centres		<input type="radio"/>	<input type="radio"/>
	Tertiary level care	Provides access to tertiary level care locally		<input type="radio"/>	<input type="radio"/>
	Secondary care	Provides all secondary services within the DHB region		<input type="radio"/>	<input type="radio"/>
DHB's knowledge of the health needs of Chatham Islanders	Experience	Recent experience providing services to the Chatham Islands	<input type="radio"/>		
	Contracted providers	Relationship with current contracted providers	<input type="radio"/>	<input type="radio"/>	
	Rural health	Experience working with rural/remote communities	<input type="radio"/>		<input type="radio"/>
Availability of whānau	Whānau support in DHB region	Majority of known whānau support		<input type="radio"/>	<input type="radio"/>
Improving health outcomes	Primary/secondary integration	Access to allied health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Implementing telehealth pathways			<input type="radio"/>
		Alignment with current rural health work streams	<input type="radio"/>		<input type="radio"/>
Financial sustainability	Likely opportunity to reduce cost	Ability to minimise transport and accommodation costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public consultation	Preference from consultation				<input type="radio"/>

## Conclusion

At this stage, there is insufficient information available to clearly compare the likely costs of providing services for each of the DHBs listed above. However, based on public feedback, access to air transport links, the range of services available, and recent experience in rural health service delivery, the Ministry considers that Canterbury DHB would be best placed to provide services that reduce the impact of travel on patients, increase access to whānau support, and reduce subsequent travel costs.

## Recommendations

It is recommended that:

- the responsibility for administering health services for the Chatham Islands be transferred to Canterbury DHB
- the Ministry of Health work with both Hawke's Bay and Canterbury DHBs during the transition period to ensure a smooth implementation and continuity of service for residents in the interim.