

Presentation to KCDC Social
Sustainability Subcommittee:
The Case for a Polyclinic
(aka Treacle Reduction Strategy)

Ian Powell

Kāpiti Health Advisory Group

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The challenge: Wading through thick Treacle



Approach

1. Empirical – evidence (health needs) based
2. Political savviness

Objective

- To develop a 'compelling case' for Te Whatu Ora (HNZ) to collaboratively prepare a business case for an innovative publicly provided Kāpiti integrated health service.
- Base on expanding TWO's Kāpiti Health Centre; upwards and outwards.
- Polyclinic – community and less complex hospital care (non-acute /emergency & non-surgical) but including chronic illnesses.
- One-stop (ish) shop (pharmacy?).
- Co-design as much as possible.
- Consistent with KCDC health strategy and Government's rural health strategy

Potential (expanded) range of services

- 24/7 urgent care
- General practice (Hora Te Pae - current)
- Maternity beds (current)
- Outpatient clinics – visiting specialists (Wellington Hospital)
- Linked diagnostic support
- Post-operative recovery beds
- District health nurses (current)
- Nursing clinics
- Telehealth
- Allied health professionals; eg, podiatry, dietary
- Transport hub
- Wellington Free Ambulance, paramedics

Potential expanded outpatient clinics (including 1st specialist assessments & clinical follow-ups)

- Anaesthesia (pain management)
- Cardiology
- Dermatology
- Interventional radiology
- Reproductive & sexual health
- Internal & respiratory medicine
- Mental health
- Oncology
- Surgical (orthopaedics, ENT, general)
- O&G

Structure of 'Compelling Case' (rough outline)

1. Objective/introduction
2. Context including current services provided in Kāpiti
3. Demographic and other trends
4. Health access, status & needs: PHO data (Otaki)
5. Services currently provided at KHC
6. New & expanded services to form part of polyclinic
7. Conclusion & recommendations

The problem

1. Te Whatu Ora dysfunction, culture and disruption
2. Severe workforce shortages
3. Hospital rebuilds
 - One-third of hospitals & health facilities now beyond “design life”; services at risk
 - Dunedin Hospital (410 beds) - \$1.7b! 2029?
 - Tauranga, Whangarei, Palmerston North, Nelson & more
 - Must avoid this queue

Political Savviness

- Not a hospital
- Innovation
- Integration
- One-stop shop (ish)
- Constrain pressure on public hospitals
- Opex (opportunity) versus Capex (stuffed)

The process

- KHAG develops 'compelling case'
- Social Sustainability Subcommittee considers recommendation to adopt
- Council considers SSS recommendation
- Engage with KCDC population and others (MPs)
- Engage with Te Whatu Ora

What would Mark Twain say



Mark Twain's advice

The argument for Kāpiti's population having an accessible innovative and integrated polyclinic is too compelling to be ignored