Statement from Southern DHB CEO Chris Fleming to Crux Managing Editor Peter Newport

We have discussed this before, however it may be helpful to step through the issues that sit behind your question again in some detail. I am aware that there are different levels of understanding in the community, so please bear with me if it seems I am explaining the obvious for a moment. Given the level of interest in this, it may be helpful to separate out the aspects that need to be considered here.

Firstly, it's not accurate to say there are two new hospitals for the West Coast. According to the Ministry of Health website, the Grey Base Hospital is to be rebuilt and there is an investment in a Buller Integrated Family Health Centre. These are quite different facilities. Grey Base Hospital carries out emergency and some surgical procedures, while the Ministry website lists the facilities that will be in the Integrated Family Health Centre as two emergency beds, one maternity bed, six medical beds, and one palliative care bed – so less than is currently provided for at Lakes District Hospital.

Secondly, and more critically, the real question is around the challenge is moving to an environment providing 24/7 acute services. The key issue here is the overall sustainability of the workforce required to deliver this – an issue that is faced not only locally across Southern, but also across the country and internationally. It is far too simplistic to assume that one can simply provide funding to build a facility to address this.

To explain (again, apologies if this is starting from basics), in a full, secondary, acute hospital, such as those in Dunedin and Invercargill, we would expect to see an emergency department, medical inpatient beds, and specialist surgical and consultative services – these would commonly include obstetrics, paediatrics and orthopaedics, general surgery and others depending on local circumstances. (Tertiary hospitals, by the way, may have similar services but able to handle a higher level of complexity, include intensive/critical care facilities, and advanced specialties such as cardiothoracic surgery or neurosurgery.)

Specialist services can be required on an elective basis, where the surgery for example is scheduled in advance. Or they can be required acutely – that is, in an emergency.

I can't speak for how the needs for the West Coast DHB have been determined.

But in Southern, our challenge is to provide safe and sustainable services that best balance the needs of the wider community. To provide specialist services on an acute basis that are safe and sustainable, the consultant doctors providing the care need to be able to sleep, take leave, have back-up support when they need it, and have a high enough workload to maintain their clinical accreditation. And any surgeon needs an anaesthetist, who needs the same.

Roughly, this means at the very least there would need to be four anaesthetists on a roster, and at least four specialists for any service that was to be provided. At a minimum this would be General Surgery, Orthopaedics, General Medicine, Anaesthesia, Obstetrics & Gynaecology, and Paediatrics. Then add to this nurses, allied health and other support staff. We would need to find and retain these highly sought-after staff, and that's before we even consider all of the infrastructure costs involved in maintaining the facilities needed to deliver the services.

As a District Health Board, sustaining two 24/ 7 acute hospitals (Dunedin and Southland) in a population of around 340,000 people is very difficult. It is simply not possible to attempt to run three 24/ 7 acute services.

The Queenstown-Lakes area is in a challenging situation.

It is growing, is a large geographical distance from the base hospitals in the district, made more challenging by tricky roads and weather.

However, the current numbers of people requiring acute specialist care in the district would not sustain the rosters and clinical accreditation requirements to service it.

Nor do we believe that, from public health services perspective, it would be best way of using our resources to support the actual health needs of our Queenstown community.

What we can however do is keep moving services forward.

In this situation, Southern DHB is committed to enhancing Lakes District Hospital as a leading edge emergency, diagnostics and transfer centre. The team are rural medical specialists, who can stabilise people, and send them to the specialist care they need in either Dunedin or Invercargill. The current redevelopment will enhance this capacity, including giving them greater decision-making support with a new CT scanner, and is scheduled to be open around mid 2019. There are also medical beds and diagnostics facilities at Dunstan Hospital.

We are also improving outpatient facilities at the hospital, and increasing access to specialist services through virtual telehealth clinics, reducing some of the need to travel for follow up appointments. Since July, we have a permanent psychiatrist based in Queenstown to help meet the demand for these services.

Importantly, we also are making good progress implementing our primary and community care strategy, which aims to address the more pressing day-to-day needs of the people who live there. Recently this has meant supporting Queenstown Medical Centre to transition to becoming a Health Care Home offering enhanced GP services; better supporting the financial viability of LMC midwives; and working with partners to increase the range of services that are available in areas such as youth mental health.

We welcome the interest from Southern Cross/CLT in developing surgical capacity at in the Central-Lakes area. This could make it easier for those living nearby to receive elective services such as day surgery closer to home, and we are open to working with the partnership to explore opportunities that might exist here.

We are also very clear that the current upgrade to the hospital is an interim solution, and we need a more robust process to understand how we should configure services and facilities across the region over the long term, taking all of Central Otago, Queenstown and Wanaka into account. This may include considering options for providing more acute care. We will therefore be working with the locality network to face the substantive challenges of what to do in the future, including looking at how the mix of the population across our entire region may influence future investment decisions.

So, in terms of your specific questions yes it is ultimately a central government decision as to how to prioritise access to major capital investment funding. We have not requested any for the Southern Lakes District for the reasons mentioned above.

However, we are certainly working to ensure the health needs of this growing population are met, and will continue to be into the future. I appreciate that you appear to be leading a campaign to have a full hospital established in Queenstown, however based on the information above, and the overall population that Southern serves, such a facility is not practical. However we do need to plan for the future and recognise the changing populations over time. Hence the reason for progressing the medium term planning with the locality network now.

I trust this provides a fuller picture of the current situation with regard to health services in the Queenstown area.

Dunedin. November 30th, 2018.