



Kāpiti Health Advisory Group

# **An integrated and innovative health service for Kāpiti**

**Expanding availability from Paekākāriki to Ōtaki**

April 2025

## At a Glance ...

- The approach taken in this paper is to begin by first discussing the expansion of healthcare access on the Kāpiti Coast in the context of 'function' (what the purpose or need is) and then 'structure' (how the 'function' is to be performed).
- This approach picks up from where the 2018 petition to Parliament and subsequent involvement with Capital & Coast District Health Board for expanding services at the Kāpiti Health Centre left off.
- The population of the Kāpiti Coast has a compelling need for improved access to health services, both community and hospital. This includes, where it makes good clinical sense to having these services provided within Kāpiti.
- Kāpiti is the only New Zealand urban area with more than 50,000 residents where the nearest emergency and acute hospital services are nearly an hour's drive away (see Appendix 1).
- Relative to the rest of the Greater Wellington region the population of the Kāpiti Coast is disadvantaged, including in relation to access to preventative and complex needs.
- More health services need to be available within Kāpiti to improve this critical access.
- To ensure improved access it is proposed that the range and volume services of provided at Health New Zealand's (Te Whatu Ora's) Kāpiti Health Centre in Paraparaumu should be incrementally expanded.
- The objective of this incremental expansion would be to enable the current facility to become the Kāpiti Polyclinic providing community (including primary) and non-acute less complex hospital care (treatment and diagnostic) services.
- The proposed expansion is consistent with both the Government Policy Statement on Health 2024-27 and the Rural Health Strategy.
- The Kāpiti Polyclinic would be an integral collaborative part of the wider Kāpiti Coast health system.
- The Kāpiti Polyclinic would also be an integral collaborative part of Health New Zealand's regional health system reducing the pressure on its hospital services including emergency departments.
- The incremental expansion towards the Kāpiti Polyclinic would be jointly planned by Health New Zealand (Te Whatu Ora) and the Kāpiti Coast District Council (Ko

te Waewae Kapiti o Tara Raua ko Rangitane) consistent with their respective roles.

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## Recommendations

1. That Health New Zealand and Kāpiti Coast District Council enter into a joint memorandum of agreement to incrementally expand services at the Kāpiti Health Centre in order for it to evolve into the Kāpiti Polyclinic providing an integrated health service covering community (including primary), 24/7 urgent care, non-acute hospital diagnosis and treatment, and other support including telehealth services.
2. That the implementation of this memorandum of agreement be co-designed and planned by Health New Zealand and Kāpiti Coast District Council in accordance with their respective statutory roles.

## Introduction

The Kāpiti Health Advisory Group (KHAG) is a formal advisory committee of the Kāpiti Coast District Council (KCDC). One of our key objectives is to advocate for more health services to be delivered within the geographic boundaries of KCDC, from Paekākāriki at the south end to Ōtaki in the north. This would expand the availability of services and improve access to care for those living on the Kāpiti Coast.

This paper builds a case for Health New Zealand to address the serious lack of timely access to essential health services faced by the population of the Kāpiti Coast. In this sense, this paper picks up from where a 2018 petition to Parliament seeking the establishment of a local hospital left off.

This paper differs from the petition in one key respect: it does not advocate for a fully-fledged hospital. However, it owes much to the drive behind the petition and its supporting submission. In fact, this paper closely aligns with the submission supporting the petition in respect of access to locally provided services within Kāpiti (see below).

The objective of this paper is to develop a compelling case for Te Whatu Ora to commit to collaboratively developing an innovative publicly provided integrated health service covering primary and community, 24/7 urgent, non-acute hospital level

diagnosis and treatment, and other support services, including telehealth. The paper suggests that the best way to achieve this is to expand the services currently provided by the existing Health New Zealand-owned Kāpiti Health Centre in Paraparaumu (on Warrimoo Road) to the extent that it would become a 'polyclinic'. This would involve extending the existing facility both upwards and outwards.

The paper is set out as follows:

1. Recommendations
2. Background.
3. A Polyclinic for the Kāpiti Coast.
4. Contextual Policy Framework.
5. Context including Current Services Provided.
6. Demography (and Trends).
7. Health Access, Status and Needs.
8. Services Currently Provided at the Kāpiti Health Centre
9. Benefits for Regional Hospital Emergency Departments.
10. Additional Benefits for Kāpiti's Health System.
11. Conclusion.

## Background

Improving access to a greater range of health services has been a pressing concern of KCDC's population for many years. A detailed health strategy for the district was developed in 2000, but little has changed since this time. Growing concern eventually led, on 14 June 2018, to a petition being presented to Parliament from Sue Emirali and 22,409 others.

The petition urged the government “to fund, construct and staff a seven day a week 24-hour hospital, including an accident and emergency service, on the Kāpiti Coast to ensure that people across the district have a facility that meets the current and future health needs of all residents.”

Parliament referred the petition to its Health Select Committee for consideration. In their report (November 2019), while not supporting a hospital in Kāpiti, the Committee concluded that necessary health services for the Kāpiti Coast should be made available.

Not supporting a new , fully-fledged hospital was a reasonable conclusion given that there is not a sufficient critical mass in Kāpiti to sustain what a hospital today would provide, including 24/7 acute and emergency care and surgery. Further, the substance of the submission was much more about more health services being provided in Kāpiti rather than building a hospital as they are now known.

The Select Committee expected that the Ministry of Health would progress initiatives to improve access to services for Kāpiti's population. Activity around the petition did lead to some useful discussions involving the Ministry, Capital & Coast DHB and KHAG over health services access. However, the arrival of the pandemic early the following year and the subsequent health restructuring leading up to and following the Pae Ora Act 2022 precluded further progress from being made.

The importance of the petition was not that it succeeded in achieving a ‘hospital’ but that it highlighted the lack of sufficient access to necessary health services in Kāpiti. Now, in 2025, the petition and its supporting submission have contributed to the development of this proposal for a polyclinic.

## A Polyclinic for the Kāpiti Coast

The purpose of the Kāpiti Coast Polyclinic is to provide a range of medical and other healthcare services locally and in one place. It would offer consultations, tests, and treatments for various health issues. The intention is to enable Kāpiti Coast residents to access different types of medical services, including diagnostic tests, and to see a range of health professionals by ensuring comprehensive healthcare is delivered in one facility.

The defining feature of the proposed Kāpiti Coast Polyclinic is that it would provide health services that cross the primary/community and secondary care divide. This would include 24/7 urgent care, general practice and lower level (non-acute and non-surgical) hospital services (such as outpatient clinics with visiting hospital specialists) along with relevant diagnostic capabilities. It would be integrative with the expanding services provided and within the wider Kāpiti and regional health systems. As much as makes good clinical sense, it would be a one-stop shop. The polyclinic would also have a close collaborative relationship with Wellington Free Ambulance, which is co-located on the same site, to further enhance and develop relevant clinically led models of care.

The polyclinic would be designed to meet not just current demand, but also future anticipated demographic growth. Logically, it would also become an important part of an integrated relationship with neighbouring hospitals, particularly Wellington and Kenepuru but also Palmerston North and Hutt. One of the goals would be to help reduce the pressures of increasing patient demand on these hospitals, including their emergency departments.

The proposal is not for a hospital in terms of the contemporary use of the term. It is not 24/7 acute or surgical hospital and would not include an emergency department, although it would include a 24/7 urgent care, including doctors registered in urgent care (as opposed to emergency medicine).<sup>1</sup> While it does involve expanding diagnostic services, it would not include a full hospital laboratory. This is in

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<sup>1</sup> Urgent care is for less severe but still timely medical needs that can be addressed without a long wait. It typically works on a first-come, first-served basis. Emergency care is for life-threatening conditions requiring immediate attention. The more severe the condition, the sooner the patient will see a doctor. There is a wider range of specialists and treatment options available compared with urgent care.



recognition that the current population of the Kāpiti Coast does not have sufficient critical mass to justify a full surgical hospital.

Nor is the purpose of the Kāpiti Coast Polyclinic to co-locate health services presently provided on the Coast by other providers, such as general practices, unless by agreement and based on good clinical and organisational reasoning.

Instead, the polyclinic would be an important integrated part of the wider Kāpiti health system collaborating within it on a relational basis. This integrated relational collaboration would also apply regionally, particularly with the Health New Zealand hospitals and, of course, as part of the wider national health system in the context of the current Government Policy Statement on Health.

Realistically both the expansion of services (including more outpatient clinics) and the associated extensions need to be gradual. It would depend to begin with on workforce (health professional) capacity which currently is in short supply. In the first instance the focus would be on expanding health services provided at the existing facility as much as possible within the existing structure.

Initially, the focus would be on the population from Te Horo to Paekākāriki. This is estimated to be, according to the 2023 Census, at least 46,908 residents previously part of the former Capital & Coast DHB. But the Kāpiti Coast Polyclinic should be future proofed to include some or all of Ōtaki's population ( 9,006), previously part of the former MidCentral DHB.

## Contextual Policy Framework

In addition to governing legislation, specifically the Pae Ora and Local Government Acts, there are three policy initiatives that are relevant to the case for the type of polyclinic proposed. These are the Government's Policy Statement on Health (including the access targets), the Rural Health Strategy, and KCDC's developing Health Strategy.

### Government Policy Statement on Health, 2024-27

The proposed Kāpiti Coast Polyclinic is both consistent with and provides a basis for localised application of the Government Policy Statement on Health (GPS) covering the years 2024 to 2027. This is particularly in respect of the five priority areas included within the GPS.

The five priorities have been developed around the key drivers of improvement in health outcomes and experiences for all New Zealanders and to support ongoing system stewardship. While these priority areas are distinct, they are interconnected and reinforce each other.

Over the next three years, the health system is expected to focus on improvements in five priority areas relating to health services; the first three involving healthcare and the remaining two as enablers for them. They are (see GPS, pages 6-7):

- 1 Access: Ensuring that every person *regardless of where they live in New Zealand*, has equitable access to the healthcare services they need. This is central to the objective behind the establishment of the Kāpiti Coast Polyclinic proposal.
- 2 Timeliness: Ensuring that people can access the healthcare and services they need, *when they need them in a prompt and efficient way*. KCDC envisages that the polyclinic would be a facility enabler of this prerequisite for access.
- 3 Quality: Ensuring that healthcare and services delivered in New Zealand are *safe, easy to navigate, understandable and welcoming to users, and are continuously improving*. Being part of Health New Zealand and the wider Kāpiti Coast health system should both ensure quality and strengthening it through, for example, enabling locally based professional development and education.

- 4 Workforce: Having a skilled and culturally capable workforce who are *accessible*, responsive, and supported to deliver safe and effective healthcare. The polyclinic is intended to enhance the accessibility and responsiveness of this essential workforce.
- 5 Infrastructure: Ensuring that the health system is resilient and *has the digital and physical infrastructure it needs to meet people's needs now and into the future*. This is precisely the purpose of expanding the services that can be provided on the Kāpiti Health Centre site.

This proposal also aligns with the many statements in the GPS about shifting decision-making and resources *closer to communities*.

## Health targets

The Government has committed to delivering on 10 targets which also form part of its GPS (five on health and five on mental health and addiction). The polyclinic proposal provides an important opportunity to further assist in achieving the targets at a local Kāpiti Coast district level.

The health targets are:

- 1 Faster cancer treatment – 90% of patients to receive cancer management within 31 days of the decision to treat.
- 2 Improved immunisation for children – 95% of children to be fully immunised at 24 months of age.
- 3 Shorter stays in emergency departments – 95% of patients to be admitted, discharged, or transferred from an emergency department within six hours.
- 4 Shorter wait times for first specialist assessment – 95% of patients to wait less than four months for a first specialist assessment.
- 5 Shorter wait times for treatment – 95% of patients to wait less than four months for elective treatment.

The five mental health and addiction targets are:

- 1 Faster access to specialist mental health and addiction services – 80% of people accessing specialist mental health and addiction services are seen within three weeks.

- 2 Faster access to primary mental health and addiction services – 80% of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week.
- 3 Shorter mental health and addiction-related stays in emergency departments – 95% of mental health and addiction-related emergency department presentations are admitted, discharged, or transferred from an emergency department within six hours.
- 4 Increased mental health and addiction workforce development – train 500 mental health and addiction professionals each year.
- 5 Strengthened focus on prevention and early intervention – 25% of mental health and addiction investment is allocated towards prevention and early intervention.

In various ways the polyclinic would be well placed to gradually facilitate the achievement of all of these targets by increasing the capacity and capabilities for service provision closer to home, both within in the facility itself and in collaboration with other providers in the wider Kāpiti health system. It would also help facilitate regionally achieving the shorter stay target for the relevant hospital emergency departments.

## Rural Health Strategy

The Ministry of Health is responsible for the Rural Health Strategy which sets the direction for improving the health and wellbeing of rural communities over the next 10 years. Under the Rural Health Strategy, the definition of 'rural' is over 30 minutes from a hospital providing 24/7 acute and emergency services, including acute surgery under general anaesthesia and able to regularly undertake Caesarean sections.

Kāpiti Coast falls within this criterion. When there are low traffic volumes or no delays, Wellington Regional Hospital is 45 minutes from Paraparaumu and 60 minutes from Ōtaki. Palmerston North Hospital is 60 minutes from Ōtaki. Kenepuru Community Hospital is 30 minutes from Paraparaumu but it does not have an emergency department or 24/7 acute services. Under the Official Information Act, the Ministry of Health confirms the median time for Kāpiti Coast at 47.2 minutes. Of the

731 square kilometres that make up KCDC's geographic territory, as much as 655 (90%) is classified as rural (the rest is urban classified).

Kāpiti Coast is categorized as 'Rural 1' which places it well within the Rural Health Strategy's ambit. Two of the Strategy's five priority areas are specifically relevant to the Coast's population – Priorities 3 and 4.

Priority 3 is that services are available closer to home for rural communities. This includes outreach services such as outpatient clinics and diagnostic services. Priority 4 is that rural communities are supported to access services at a distance.

The Ministry of Health advises, under the Official Information Act, that there are 44 rural communities in territorial authorities with median travel time over 30 minutes. Of these, half have a shorter median travel time than the Kāpiti Coast.

Although this Rural Health Strategy was developed under the former Labour government, there has been no indication to date that the current government will change or repeal it.

## **KCDC Draft Health Strategy**

This case is both cognisant of, and consistent with, KCDC's draft first Health Strategy triggered by the Pae Ora Act, including the abolition of DHBs, and the Council's wellbeing responsibilities under the Local Government Act.

The developing Health Strategy introduces five focus areas for health and wellbeing in the Kāpiti Coast district:

1. Ensuring existing community-based activity improves public health and prevention.
2. Building and sharing the understanding of community health needs.
3. Increasing local primary and community health services.
4. Supporting better access to local after-hours, urgent and emergency services.
5. Advocating for better access to hospital and other secondary health services.

It is intended that this KCDC Health Strategy will be a local foundation document for Kāpiti's community and enable KCDC to better participate in and influence future discussions around the provision of health services for its population.

Although it is not a provider of health services (and does not intend to be), KCDC has a statutory role to promote the health and wellbeing of its population under the Local Government Act. The starting point is the recognition that its population has a high level of unmet health need, difficult healthcare accessibility (in part linked to severe workforce shortages), a fast-growing population (including younger adults and families), and a high proportion of elderly people with high health needs who face significant financial and physical difficulties in accessing services in Wellington.

KCDC already has an important statutory role in providing infrastructure services such as potable water supply, wastewater services, waste management and other public health services (e.g., relating to alcohol) to meet mandatory legal requirements and achieve improved community health outcomes.

## Context Including Current Services Provided

Around 12,000 people (20,000 trips) are taken each year from Kāpiti to Wellington Regional Hospital for outpatient appointments. A further 7,000 people a year travel from Kāpiti to the Wellington Regional Hospital emergency department, over half by ambulance.

Kāpiti Coast's population has New Zealand's highest proportion of over 65 year-olds, with increasing health demands. The 2023 Census identified the population of the Kāpiti Coast District as approximately 55,914 people. The number of households in the district was 22,403 and the number of dwellings was 24,568.

23% of households in the district are estimated to be low-income households. This is a greater proportion than the Wellington regional figure of 16.4% being low income.

Kāpiti's population has a significantly older profile than the Aotearoa New Zealand's average with about 26% (24.2% male, 28.1% female) of our population over 65 years, compared to 15.3% nationally. The over 85 years age group is 3.8% of the district's population, compared to 1.8% nationally. The median age in the district is 46.9 years, significantly higher than the regional median of 37.2 years.

Kāpiti's elderly aged population is expected to have higher demands for both primary and specialised secondary healthcare and support services than those districts with a younger demographic.

Almost 50% of families resident in the district are families without children. One-parent families comprise 16.5% of all resident families. The district has a lower proportion of people aged 20-35 years, as many have moved away to access higher education or employment opportunities. However, younger working families are now moving into the district because of lifestyle and/or housing availability and affordability, and because the expressway has improved travel times between the Kāpiti Coast and Wellington.

According to the 2018 Census, reports on "activity limitations" (people who have 'a lot of difficulty' or 'cannot do at all' one or more of the following activities: walking, seeing, hearing, cognition, self-care, and communication) reveal that Kāpiti has higher average rates of disability. As many as 7.6% of its population (over 4,000)

reported one or more of these activity limitations. This compares with 6% for the Wellington region and 6.5% for all of New Zealand.

The 2021 General Social Survey conducted by Statistics New Zealand indicated that 28% of the New Zealand population report poor mental wellbeing. The demographic groups with the poorest wellbeing are people with disabilities, LGBTIQ+ and solo parents. The Kāpiti population would likely reflect these national indicators suggesting that there are around 15,400 residents with poor mental wellbeing.

In its submission to KCDC's Long-Term Plan, its Youth Council included the following relevant advice on health service access for Kāpiti residents:

### **Health services**

As a community, Kāpiti has become increasingly isolated from everyday health services and there are noticeable gaps in the few health services that we do have in our district. We have no 24/7 urgent health care sites or services, let alone a pediatric or youth orientated care centre accessible in times of emergency or after hours. The general practices and mental health services that are in Kāpiti have waitlists for new patients and referrals which can be months long, there is a serious shortage of doctors (especially those specialising in psychiatry) in this district and our closest public hospitals with emergency departments (Wellington and Palmerston North) are an hour or more drive away. Additionally persons who experience non-life threatening but acute medical incidents have to wait for at least an hour or more for ambulance crew attendance. Moreover, with most specialised and emergency health services for Kāpiti residents provided at hospitals in Wellington, getting there is a headache for many who are unable to drive (or have someone willing to drive them) to the city and for whom the long and difficult trip by public transport is unrealistic. All of this needs to change.

To combat this the following policies should be implemented to improve outcomes for all:

- Ensuring existing Council activity improves its focus on public health and prevention services
- Building our understanding of community health needs



- Supporting more local primary and community health services
- Supporting better local after hours, urgent and emergency services
- Advocating for better access to hospital and other secondary health services

### **Mental health**

New Zealand's teen suicide rate is the second worst in the developed world (14.9 deaths per 100,000 adolescents), which is more than twice the average among the 41 OECD (Organisation for Economic Co-operation and Development) countries. The Kāpiti Coast needs more funding in the mental health sector so that we can prevent suicide and lower the rates. At all high schools on the Kāpiti coast there are facilities provided, but most of these services are booked out due to how understaffed they are. This results in some students being unable to get the care needed. As well as this KYS provides services too but they too also have a long waiting list due to being understaffed. We urge the Kāpiti Coast District Council to advocate for more funding into our existing youth mental health services in order for it to work the most effectively. Our mental health services desperately need more funding to lower the shockingly high suicide rates, as well as general anxiety and depression experienced by our rangatahi. While the council isn't always responsible for this funding, we request that they advocate for funding for our health services at a regional and central government level. Following COVID, this is now more important than ever.

There are 12 general practices within the boundary of KCDC employing around 40-50 general practitioners (full and part-time). Eight practices are in the most populous town (Paraparaumu). This includes the not-for-profit Kāpiti Youth Support which provides wider no-charge social support, including healthcare, for those aged 10-24 years. It is not a general practice as such but does directly employ some part-time GPs. In the rest of the district, Waikanae and Ōtaki have two practices (one very recently established) while Raumati has one. There is no practice in Paekākāriki. Most are part of the same Primary Health Organisation (PHO) – Tū Ora Compass Health, while the Ōtaki practices are part of a different PHO (THINK Hauora).

Such is the pressure on primary care that most of Kāpiti's practices (nine) have had to close their books for new enrolled patients.

Kāpiti Coast is served by two ambulance services. The main service is Wellington Free Ambulance which covers all of the Kāpiti Coast's population excluding the Ōtaki Ward and predominantly takes patients to Wellington Regional Hospital. Under DHBs, Ōtaki was part of MidCentral DHB while the rest of the Coast was part of Capital & Coast DHB. St John Ambulance covers Ōtaki and mainly takes patients to Palmerston North Hospital. Wellington Free Ambulance does not charge patients, but St John does.

## Demography and Demographic Trends

Below is the summary Census data of KCDC's population from 2013 to 2023:

	Census usually resident population count			Increase or decrease 2013–18		Increase or decrease 2018–23	
	2013	2018	2023	Number	Percentage	Number	Percentage
Kāpiti Coast district	49,104	53,673	55,914	4,569	9.3	2,241	4.2

The population of the Kāpiti Coast is expected to grow by more than 35,000 (to over 85,000) over the next 20 years. This means that KCDC has to promote planning in order to future-proof the health needs of this growing population.

The demographics of Kāpiti Coast, including increasing life expectancy, are changing in a way in which greater future demand will impact on already stretched health services. For example, the percentage of its elderly is expected to grow from 26% to around 30% in the next 20 years. However, the fastest growth rate expected over the next 20 years is younger adults moving to the district, many with families and many drawn by lower house prices. This means there will be increasing demand for maternity, child, family and youth health services.

The percentage of people 'not in the labour force', including those who are retired, is expected to increase. As age increases, so does the likelihood of living with a long-term physical or mental health condition, and disability.

## Health access, status and needs

When the Kāpiti Coast is considered as part of urban New Zealand for Census purposes, important considerations which help to inform health access, status and needs become apparent. Based on estimated adjustments since the 2018 census, the following standout:

1. Taken as a whole, Kāpiti is the 15<sup>th</sup> largest urban area in New Zealand with 55,000 people.
2. Kāpiti has a larger population than cities and towns such as Gisborne, Hastings, Whanganui, Blenheim and Invercargill, all of which have local 24/7 acute hospitals.
3. Kāpiti is the only urban area with a hospital almost an hour's drive away. In addition, parking at Wellington Regional Hospital is difficult to access with people sometimes needing to park on the streets and walk considerable distances, often in Wellington's notoriously wild weather.

See Appendix 1 for the full data.

### Ōtaki

Ōtaki is located at the northern part of KCDC. The 2023 census reports its ward population as being 9,006. This is a small decline from 9,117 in the 2018 census and in marked contrast with the 4.2% increase in the district as a whole. However this decline is largely or completely due to a boundary change between Ōtaki and Waikanae to boost the population size of the latter ward. Further, Ōtaki appears to have a greater rate of housing development compared with each of KCDC's other three wards. Ōtaki's population is around 16% of Kāpiti's total population of 55,914.

According to 2018 Census information, 28% of Ōtaki residents are living in the highest levels of deprivation (deciles 9 & 10). Ōtaki has a much higher proportion of Māori residents at 24.9% compared to New Zealand with 14.1% and that Māori population is notably younger with a median age of only 26.9 years. Ōtaki is classified as socio-economically disadvantaged.

Prior to the disestablishment of DHBs on 1 July 2022, Ōtaki was part of MidCentral DHB while the rest of the Kāpiti Coast was part of Capital & Coast DHB. They also have different Primary Health Organisations – THINK Hauora and Tū Ora Compass

respectively – and also two different ambulance services (St Johns and Wellington Free Ambulance respectively).

Hospital referrals from Ōtaki GPs normally go to Palmerston North while the rest of KCDC's population travel to the south to Wellington. However, the two DHBs had agreed on a memorandum of understanding which made it easier for enrolled Ōtaki patients to access Capital & Coast DHB services.

Ōtaki has 5,739 patients enrolled with its PHO, around 64% of its estimated ward population. This suggests a potential unenrolled population of up to 36% compared with 6% nationwide and nearly 7% for the rest of KCDC's population. Contributing to this is the fact that the until recently sole general practice has been forced to close its books to new enrolments.

The unenrolled population for the whole of the former MidCentral DHB, including Ōtaki, is nearly 8%. The national unenrolled population is estimated to be around 6%. Ōtaki's population is around 5.1% of the former DHB's total population (an estimated 186,000).

Some residents not enrolled in Ōtaki may be enrolled in practices to the north in Levin and to the south in Waikanae-Paraparaumu (for example, Kāpiti Youth Support has enrolled young people from Ōtaki). Further, the above mentioned new iwi based general practice in the town should contribute to increasing the enrolled patient rate.

Nevertheless it is clear that, whatever the actual proportion of unenrolled people, given its relatively high deprivation level, Ōtaki has a discernibly higher rate of unenrolled residents regardless of location compared with the rest of KCDC and nationally.

At the time of data collection Ōtaki only had one general practice (Ōtaki Medical Centre) with four GPs. The data provided by Tū Ora Compass is based on aggregated practice information. However, this was not possible in Ōtaki with only one practice then. This has meant privacy issues and contributed to less comparative data.

Nevertheless THINK Hauora data reveals that of its enrolled population in Ōtaki:

- 54.2% (3,113) have 'high health' needs;

- 35.3% (2,026) are Community Service Card holders (hence having lower family incomes);
- 34.5% are Māori (1,982) while 58% (3,328) are European;
- the largest age group is 65+ years (28.5% - 1,636) while the second largest is 4-64 years (24.9% - 1,431);
- 67.3% are in the two worst deprivation quintiles; 31.6% (1,812) in the 5th and 35.7% (2,047) in the 4th; only 4.9% (284) are in the most well off (1st) decile; and
- 11.7% receive 'Job Seeker Support'.

## Kāpiti and Greater Wellington

The Kāpiti Coast (excluding Ōtaki) forms part of what is known as 'Greater Wellington'. Of the five districts which make up the latter, the Tū Ora Compass PHO represents all the practices in four (Wellington City, Porirua, Wairarapa and Kāpiti). It only has a small presence in the fifth (Hutt Valley, where Te Awakairangi Health Network is the dominant PHO).

Tū Ora Compass provides data on 15 health conditions across all of its practices. Of these conditions below (Table 1), Kāpiti has higher proportions of affected enrolled patients than the wider region in 14. The exception is 'Chronic Conditions (Low Access)'. Kāpiti's higher proportions are most pronounced in 'Cardiac Conditions', 'frail elderly' and 'BMI'.

**Table 1: Comparison of Tū Ora Compass Greater Wellington and Kāpiti Health Conditions Data**

Health Conditions	Greater Wellington excluding 16 Hutt Valley practices, 29 April 2024 (%)	Kāpiti excluding Ōtaki, 5 April 2024 (%)
Diabetes	4.64	5.13
Pre-Diabetes	4.48	5.58
Cardiac Condition	7.12	11.20

CVR Risk (heart attack or stroke likelihood in next 5 years)	3.06	4.97
Frequent Attendees	4.14	5.92
Chronic Conditions (Low Access)	6.02	5.58
Older Persons' Health (frail elderly)	3.76	7.79
COPD (chronic obstructive pulmonary disease)	1.60	2.40
BMI $\geq 30$	19.73	22.04
Patients on Antipsychotic	2.19	2.45
High Predicted Risk (potential to be admitted to hospital within next 6 months)	3.01	4.76
Very High Predicted Risk (potential to be admitted to hospital within next 6 months)	3.01	4.87
3+ Chronic Conditions	3.11	4.71
High Falls Risk	0.94	1.56
Hepatitis C	0.14	0.15

Estimated numbers of affected residents are extrapolated in Table 2 below. Given that the percentages for each of the 15 conditions do not include unenrolled patients the actual numbers are likely to be higher than the estimates.

**Table 2: Estimated Tū Ora Compass Kāpiti Enrolled Patients with Specific Health Conditions**

<b>Conditions</b>	<b>Kāpiti (excluding Ōtaki), 5 April 2024 (%)</b>	<b>Estimated Number of residents affected (46,908; 2023 Census)</b>
Diabetes	5.13	2,406
Pre-Diabetes	5.58	2,618
Cardiac Condition	11.20	5,253
CVR Risk (heart attack or stroke likelihood in next 5 years)	4.97	2,331
Frequent Attendees	5.92	2,777
Chronic Conditions (Low Access)	5.58	2,617
Older Persons Health (frail elderly)	7.79	3,654
COPD (chronic obstructive pulmonary disease)	2.40	1,126
BMI ≥ 30	22.04	10,339
Patients on Antipsychotic	2.45	1,149
High Predicted Risk (potential to be admitted to hospital within next 6 months)	4.76	2,232
Very High Predicted Risk (potential to be admitted to hospital within next 6 months)	4.87	2,284
3+ Chronic Conditions	4.71	2,209
High Falls Risk	1.56	732
Hepatitis C	0.15	70



## Kāpiti Coast and Hutt Valley

The population of the former Hutt Valley District Health Board in its final year (2022) was around 156,790. All but one of the general practices are part of the Te Awakairangi Health PHO (the other practice is part of Tū Ora Compass PHO).

Te Awakairangi Health's enrolled population (as of 5 August 2024) is 111,024. The unenrolled population is estimated to be 17,331 (13% although this may include many Hutt Valley residents who are enrolled in general practices in neighbouring Wellington and elsewhere.

Of its 111,024 enrolled patients, 43,394 (39%) are identified as having 'high needs'. In contrast, Hora Te Pai, as a Very Low Cost Access practice co-located at the Kāpiti Health Centre, has 68% or more enrolled patients with high needs.

While Hutt Valley's population has many critical health needs, it also has a large public hospital centrally located within the region. Hutt Hospital offers a comprehensive range of secondary medical, surgical, mental health and diagnostic services, both acute and non-acute, as well as community-based healthcare.

Such is the extent of its services that it is also the main centre for five tertiary (usually low volume, high complexity) regional and sub-regional services, such as plastics, maxillofacial, burns, rheumatology, dental, and breast and cervical health screening.

## Kāpiti Coast and Wairarapa

Wairarapa is an appropriate comparator with the Kāpiti Coast because Tū Ora Compass is the PHO covering both Kāpiti (excluding Ōtaki) and the former Wairarapa DHB.

As of 31 December 2021, according to its final Annual Report, Wairarapa DHB's population was 50,331. According to the 2023 census, Wairarapa province's population was 51,250. Kāpiti Coast's population (including Ōtaki) is 55,914 enrolled patients compared with 47,594 in Wairarapa. Excluding Ōtaki, the Kāpiti Coast has an estimated 46,908 residents.

**Table 3: Comparison of Tū Ora Compass Wairarapa and Kāpiti Health Conditions Data**

<b>Conditions</b>	<b>Wairarapa, 5 July 2024 (%)</b>	<b>Kāpiti excluding Ōtaki, 5 April 2024 (%)</b>
Diabetes	5.17	5.13
Pre-Diabetes	6.16	5.58
Cardiac Condition	10.48	11.20
CVR Risk (heart attack or stroke likelihood in next 5 years)	4.97	4.97
Frequent Attendees	6.29	5.92
Chronic Conditions (Low Access)	5.71	5.58
Older Persons Health (frail elderly)	5.50	7.79
COPD (chronic obstructive pulmonary disease)	2.92	2.40
BMI ≥ 30	25.00	22.04
Patients on Antipsychotic	2.79	2.45
High Predicted Risk (potential to be admitted to hospital within next 6 months)	3.21	4.76
Very High Predicted Risk (potential to be admitted to hospital within next 6 months)	2.86	4.87
3+ Chronic Conditions	4.88	4.71
High Falls Risk	0.87	1.56
Hepatitis C	0.20	0.15

The table above compares the 15 conditions recording by Tū Ora Compass. Largely, the proportions are similar. Kāpiti (excluding Ōtaki) has higher percentages in five conditions – cardiac, frail elderly, high predicted risks, very high predicted risks, and high fall risks. They are the same for CVR (heart attack and stroke) risks.

The Kāpiti Coast has a slightly bigger population than Wairarapa along with more enrolled patients. But, in stark contrast, Wairarapa has a hospital with around 89 inpatient beds. It provides a full range of secondary medical, surgical and obstetrics and gynaecology services. It provides 24/7 hour acute/emergency services covering medical, surgical, obstetric, paediatric, assessment and rehabilitation for young and older adults, high dependency care and mental health.

However, Wairarapa does have greater healthcare service accessibility issues. In part this is because it (the former DHB) is spread over around 5,936 square kilometres compared with 77 in Kāpiti. But the biggest difference is the impact on accessibility of the Remutaka Range and the longer distance and travel time to Hutt and Wellington hospitals. Travel time from Featherston to Hutt Hospital is an estimated 51 minutes.

Consequently, a hospital is not being proposed for the Kāpiti Coast. Instead the proposal is for establishing a polyclinic by expanding the range of services at Te Whatu Ora's existing facility in Paraparaumu.

## Vulnerable Children

The Children and Young Peoples sub-group of KHAG has conducted a survey of 25 services or organisations active on the Kāpiti Coast. The survey is qualitative rather than quantitative. The focus was on families who needed additional support. While many of the concerns require improvements in the social determinants of health to resolve, expanding services provided at the Kāpiti Health Centre would mitigate some of these effects.

On 4 September, the results were reported to KCDC's Social Sustainability Subcommittee. In summary:

## **Primary concerns organisations are seeing**

- Families are struggling to care for children with complex needs.
- Many of the parents are neurodiverse or have autism.
- There is an increased number of children with anxiety and mental health issues.
- Many families have experienced childhood trauma and lived in homes with high levels of stress.
- A lot of parents and caregivers are overwhelmed by daily issues.
- There are long referral delays which result in further delays in accessing support/funding for additional services.

### ***Specific concerns for the children***

These include:

- A high number of children who have been abused or have observed abuse.
- A number of children have high levels of anxiety – visible through ground down teeth or severely chewed nails.
- Support workers seeing frequent infections of head lice, and see children suffering from asthma or eczema.
- Children being sent to school without lunches.
- Families struggling to provide school uniforms and required devices.

### ***Nourishment***

The surveyed organisations are seeing:

- Many overweight teenagers.
- Many young girls (11-12 years) suffering from eating disorders, especially girls experiencing social media bullying.
- Families struggling to balance buying food with paying utility bills.
- Families are often connected to Foodbank or other agencies that can provide food or meals.

### ***Access to medical help and sufficient care when unwell***

- Many families don't have a local general practitioner (GP). Some use Team Medical casual services (where there can be long wait times) or commute back to GPs where they used to live.
- There are issues with getting after-hours care or weekend services.
- Many families have transport issues, especially when they have children with special needs.
- Some families reported *“receiving mediocre care”* and are unable to advocate on their own behalf.
- Some families have used “virtual GP” services. While they see it as a good option it can't cover all appointment types.
- There is very limited access to mental health services for young children, young people and adults.

### ***Making a difference?***

The following are recommended:

- Follow-up services for young people with mental health issues.
- Removal of age limitations for referrals to specialist services such as hearing tests.
- Earlier diagnosis of autism and dyslexia.
- Better access to early pregnancy care.
- Urgently needed paediatric staff and services.

## Services Currently Provided at the Kāpiti Health Centre

The Kāpiti Health Centre on Warrimoo Road, Paraparaumu, is owned and operated by Health New Zealand (formerly by Capital & Coast DHB). It provides maternity and obstetrics services (including a two-bedded maternity unit), outpatient clinics, community health, and child, adolescent and general adult mental health services.

It is a community health centre rather than a hospital providing 24/7 acute and urgent services. Its hours are confined to Monday-Friday (8am-4.30pm).

It is also the site for offering Hora Te Pai primary health care services to Māori, Pacific Island, and low-income people residing between Paekākāriki and Peka Peka. The services of Hora Te Pai include general practice consultations, wellness courses, skin-cancer clinics, and Māori community health services.

Hora Te Pai is a Very-Low-Cost-Access (VLCA) service, providing low cost and affordable quality healthcare services. Its enrolled population has 68% or more patients with high health needs. It is a not-for-profit trust governed by a board of trustees. Its employees include five doctors and five nurses.

**Table 4: Numbers, Attendances and Length of Clinics by Services at Kāpiti Health Centre, July 2023-June 2024 (Health New Zealand)**

Services	Number of Clinics	Number of Face-to Face Attendances	Length of Clinics: Minutes (Hours))
Adult Mental Health	595	1,350	270,090 (4,501)
Allied Health & Other	799	3,365	149,130 (2,485)
Anaesthesiology	31	93	4,650 (77)
Cardiology	81	198	22,860

			(381)
Child & Adolescent Mental Health Acute Inpatient	513	912	279,930 (4,665)
Diabetology	54	251	6,690 (111)
Endocrinology	71	441	17,540 (292)
General Surgery	1	11	150 (2)
Geriatric active rehabilitation	410	1,440	69,490 (1,158)
Gynaecology	46	393	13,395 (223)
Haematology	2	22	1,530 (25)
Maternity (no community LMC)	20	178	6,855 (114)
Maternity – well new born (no community LMC)	45	224	22,275 (371)
Neurology	30	195	8,010 (113)
Nursing	427	3,068	177,315 (2,955)
Ophthalmology	99	1,120	23,175 (386)
Orthopaedics	19	90	2,040 (34)
Ear, Nose & Throat	6	21	1,110 (18)

Paediatric Medicine	129	526	20,225 (337)
Psychogeriatric active rehabilitation	31	49	6,510 (108)
Renal Medicine	18	135	5,160 (86)
Specialist Paediatric Diabetology	13	54	2,610 (43)
Specialist Paediatric Endocrinology	21	113	3,410 (57)
<b>Total</b>	<b>3,461</b>	<b>14,249</b>	<b>1,114,150 (18,569)</b>

Note: Length of clinics was provided by Te Whatu Ora in minutes. Hours was subsequently added to the table.



## The new and expanded services to form part of the polyclinic

Below is a list of health services and outpatient clinics, including by visiting hospital specialists, to be gradually introduced or extended in the proposed polyclinic:

- General practice (co-located)
- 24/7 urgent care
- Anaesthesia – pain and pre- and post-operative management where appropriate
- Audiology
- Cardiac including cardiothoracic
- Dentistry
- Dermatology
- Diagnostic and interventional radiology
- Family planning and reproductive health
- General surgery
- Internal and respiratory medicine
- Nutrition
- Obstetrics and gynaecology
- Oncology
- Orthopaedics
- Otolaryngology (ear, nose and throat)
- Paediatrics
- Palliative care
- Physiotherapy
- Podiatry
- Psychiatry and wider mental health
- Rehabilitation services
- Sexual health medicine
- Urology

If provided these new and expanded services would provide comprehensive healthcare (including prevention) for KCDC's population.

There are also other services that could be provided at the polyclinic that would improve the accessibility and quality of healthcare for KCDC's population.

Community infusion centres are outpatient clinics that are certified to administer infusion therapy, including blood products. Historically, infusion therapy has been provided in hospitals. They require advanced equipment and competent staff who specialise in infusions. However, the former Canterbury DHB initiated two successful community infusion centres from 2018. Other examples include chemotherapy and dialysis. Providing these services at the Kāpiti Health Centre would make a significant difference to the health and wellbeing of residents as people would no longer have to travel to regional hospital services, and pressure would be taken off those hospital services.

## Benefits for Regional Hospital Emergency Departments

The proposed polyclinic has the potential to reduce the pressure on the region's emergency departments, particularly Wellington Regional Hospital. Provisional data (not yet validated) provided by Health New Zealand indicate this potential.

Table 5 below reports that there were 7,644 presentations in the 2023 calendar year from the Kāpiti Coast. This was a 12% increase from 2019, which alone shows how fast things are changing. Of those presentations who were admitted into the hospital (3,744), there was an actual decline of 2% from 2019.

However, the number who were treated within and discharged from the emergency department (3,900) represented an increase of 30%.

**Table 5: Number of Presentations from Kāpiti Coast to Wellington Hospital Emergency Department, 2019-2023 (Health New Zealand)**

Outcome	2019	2020	2021	2022	2023
Admitted	3,823	3,769	3,911	3,962	3,744
Treated and Discharged	2,998	3,149	3,568	3,459	3,900
<b>Total</b>	<b>6,821</b>	<b>6,918</b>	<b>7,479</b>	<b>7,421</b>	<b>7,644</b>

Table 6 below excludes Ōtaki (including Ōtaki Forks) from the above table. The results reveal a similar pattern to those for the whole district. There were 7,170 presentations in the 2023 calendar year from Kāpiti Coast. This was a 9% increase from 2019. Of those presentations who were admitted into the hospital (3,538), there was an actual decline of 5% from 2019.

The number who were treated within and discharged from the emergency department (3,632) represented an increase of 27%.

**Table 6: Number of Presentations from Kāpiti Coast (excluding Ōtaki) to Wellington Hospital Emergency Department, 2019-2023 (Health New Zealand)**

Outcome	2019	2020	2021	2022	2023
Admitted	3,709	3,649	3,746	3,836	3,538
Treated and Discharged	2,846	2,987	3,369	3,253	3,632
<b>Total</b>	<b>6,558</b>	<b>6,636</b>	<b>7,115</b>	<b>7,089</b>	<b>7,170</b>

Tables 7 and 8 below contain the responses to the same questions as they apply to the Palmerston North Hospital emergency department (again provisional and unvalidated).

Table 7 reports that there were 946 presentations in the 2023 calendar year from Kāpiti Coast. This was a 16% decline from 2019. Of those presentations who were admitted into the hospital (363), there was an actual decline of 20% from 2019.

The number who were treated within and discharged from the emergency department (455) represented a decline of 23%.

**Table 7: Number of Presentations from Kāpiti Coast to Palmerston North Hospital Emergency Department, 2019-2023 (Health New Zealand)**

Kāpiti Coast (Including Ōtaki)	2019	2020	2021	2022	2023
Presented to Palmerston North Hospital Emergency Department	1,126	1,065	1,148	984	946
Admitted into the main hospital	456	386	447	374	363
Treated and discharged	590	609	587	487	455
Referred to another secondary service	6	<6	12	13	12

Note: The discrepancies above are because very small numbers of patients were also referred to other secondary services.

**Table 8: Number of Presentations from Kāpiti Coast (excluding Ōtaki) to Palmerston North Hospital Emergency Department, 2019-2023 (Health New Zealand)**

Kāpiti Coast (Excluding Ōtaki)	2019	2020	2021	2022	2023
Presented to Palmerston North Hospital Emergency Department	327	275	270	238	194
Admitted into the main hospital	104	80	89	78	56
Treated and discharged	188	172	147	125	110
Referred to another secondary service	<6	<6	<6	<6	<6

Note: The discrepancies above are because very small numbers of patients were also referred to other secondary services.

Table 9 below is derived from Tables 7 and 8 in order to estimate the number of presentations from Ōtaki only to the Palmerston North Hospital Emergency Department.

**Table 9: Number of Estimated Presentations from Ōtaki to Palmerston North Hospital Emergency Department, 2019-2023 (Health New Zealand)**

	2019	2023	Change	Percentage
Total Presented	799	752	-47	-6%
Admitted into hospital	352	307	-45	-13%

Treated & Discharged	402	345	-57	-14%
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Advice from a senior paediatrician at Palmerston North and familiar with Ōtaki believes the most likely explanation for these declining numbers from the area (Table 9) is that many of those who were poor in 2019 have over this period become more impoverished. The Horowhenua Health Centre in Levin does not provide after-hours care or urgent care medicine.

**Table 10: Total Referral Sources to Wellington Hospital Emergency Department, 2019-2023 (Health New Zealand)**

Referral Source	2019	2020	2021	2022	2023
General Practitioner	5,392	3,774	4,718	4,261	5,171
Kenepuru Accident and Medical	987	826	858	1,026	1,019
Self-referral	37,058	35,829	36,622	33,792	31,967
Outside agencies	21,183	18,861	20,749	21,243	22,299
Other	773	624	633	760	995
<b>Total</b>	<b>65,393</b>	<b>59,914</b>	<b>63,580</b>	<b>61,082</b>	<b>61,451</b>

Note: This data is provisional only and used for operational purposes. It has not been through a full quality assurance process.

**Table 11: Total Kāpiti Coast Referral Sources to Wellington Hospital Emergency Department, 2019-2023 (Health New Zealand)**

Referral Source	2019	2020	2021	2022	2023
General Practitioner	784	629	776	700	809
Kenepuru Accident and Medical	43	55	46	76	71

Self-referral	2,049	2,380	2,381	2,188	2,035
Outside agencies	3,875	3,783	4,204	4,376	4,616
Other	70	71	72	81	113
<b>Total</b>	<b>6,821</b>	<b>6,918</b>	<b>7,479</b>	<b>7,421</b>	<b>7,644</b>

Note: This data is provisional only and used for operational purposes. It has not been through a full quality assurance process.

**Table 12: Percentage Comparisons of Total and Kāpiti Coast only Referral Sources to Wellington Hospital Emergency Department, 2023 (Health New Zealand)**

Referral Source	Total Referrals	Kāpiti Coast only Referrals
General Practitioner	8%	11%
Kenepuru Accident and Medical	2%	1%
Self-referral	52%	27%
Outside agencies	36%	60%
Other	2%	2%

Around 90% of the 'Outside agencies' referrals was by ambulance suggesting that this service was the referral source for around 4,154 presentations from Kāpiti in 2023.

## Additional Benefits of Proposed Polyclinic for Kāpiti's Health System

The primary benefit of the proposed polyclinic is to quantifiably improve the health status of Kāpiti's population by better enabling more health services to be provided within Kāpiti. Below, we provide some examples of the issues faced by some key services and explain how a polyclinic would support their work and the people they work with.

### Transport Hub

There is a need for a Health New Zealand transport hub to be based at the Kāpiti Health Centre. At present the closest Te Whatu Ora bus/shuttle service for Kāpiti patients is one that operates from Kenepuru and Wellington hospitals hourly. Those patients requiring transportation to Wellington Regional Hospital from Kāpiti depend on a single once per day shuttle, four days a week. A previous voluntary provider, Kāpiti Carers, has closed due to the difficulty of recruiting volunteer drivers, many of whom were older than their passengers.

Consequently, the proposed Kāpiti Polyclinic should be enabled to provide a hub for a regular return bus or shuttle service to Wellington Regional Hospital. This direct link to hospital appointments would mean the deterrent expensive parking fees and parking difficulties being avoided and less road traffic. It would also mean that driver volunteers could potentially be used to provide the necessary return transport from homes to the hub.

### Kāpiti Youth Support

Kāpiti Youth Support (KYS) is one of the largest non-government organisations and providers of health services, along with social and education services, in Kāpiti. Based in Paraparaumu (neighbouring the Kāpiti Health Centre) it operates over four other sites; Ōtaki and three school-based services).

It provides a wide range of essential wraparound services that focus on the physical, mental, and social well-being of youth.



There are over 5,700 rangatahi across Kāpiti district accessing services – this represents approximately 68% of the youth population in Kāpiti. KYS has supported over 4,000 young people in the past year. This includes facilitating 19,006 sessions working with 3,706 youth to meet their diverse needs.

KYS has a team of 60 staff members, including 16 permanent and 36 part-time employees. They include the equivalent of two full-time GPs per day, Monday to Friday. They provide doctor and nurse appointments for primary healthcare. KYS also employs a psychiatrist. The organisation carries a heavy administrative burden associated with a contract process often involving up to 26 small contracts in one year.

## Wellington Free Ambulance

Wellington Free Ambulance (WFA) provides emergency ambulance services for the districts of the former Capital & Coast, Hutt Valley and Wairarapa DHBs. This includes the Kāpiti Coast south of Ōtaki.

In addition to emergency ambulance services, it also operates a clinical communications centre, provides a patient transfer service, and provides medical support at a range of events across its jurisdiction.

Like much of the rest of the health system, WFA's service has evolved significantly. Continuous improvement within the paramedicine profession has seen innovative developments to emergency healthcare and increased support for increasingly complex cases.

Furthermore, the role of emergency ambulance services has expanded over time to include ancillary services, such as CPR training, and patient transfer services. Increasingly this supports enhanced patient pathways and improved patient outcomes.

WFA staff have access to the diversion service run by Tu Ora Compass Health. Kāpiti residents (excluding Ōtaki) can avoid a trip to Wellington Regional Hospital's emergency department if they are clinically assessed by its paramedics as being suitable for being treated by their GP or at a local medical centre (at no cost to patients because these patients would have otherwise been taken to the emergency department). This has proven to be highly successful. Patients unable to be

accepted under the redirection programme or safely managed in Kapiti are transported to Wellington Regional Hospital.

An earlier innovation involving WFA was the first extended care paramedic (ECP) model of care in New Zealand which was introduced in Kāpiti (excluding Ōtaki) in 2009. The ECP model aims at increasing the proportion of patients presenting to the ambulance service who could be treated in the community, including at home. ECPs have significant potential to reduce emergency department presentations.

WFA's ECPs are available from 6.30am to 6.30pm, seven days a week. These paramedics have an advanced scope of practice focused on keeping and managing patients in the community. Given the long duration of the programme, the small team has good relationships in the community which leads to positive patient outcomes.

WFA has a local base on the site of the Kāpiti Health Centre. The proposed polyclinic provides a basis for strengthening this collaborative relationship as a critical component of the Kāpiti health system, including contributing to relieving the pressure on Wellington Regional Hospital's Emergency Department through collaborative innovations such as ECPs and the diversion service.

## Mobile Health

Run by Mobile Health under a funding contract with Health New Zealand, The Mobile Surgical Unit ('bus') has a modern fully-equipped operating theatre, designed and built to be used for a wide range of elective day surgery.

The objective is to provide additional theatre capacity to help HNZ meet elective surgery targets, while providing patients treatment closer to home. It operates on a regular five-week circuit throughout rural New Zealand, operating out of 25 different rural locations, including the Kāpiti Health Centre (Mondays).

Currently it is providing paediatric dentistry. Previously it provided predominantly gynaecology when there were gynaecological providers available.

Between 4 March 2019 and 19 August 2024 there were 28 surgical bus visits to Kāpiti. For each visit the surgical bus was parked at the location the night before, in preparation for an all-day session, the following day.

**Table 10: Specialty, Number of Patients, and Number of Visits, 2019-24**

Year	Speciality	Number of patients	Number of Visits
2019	Gynaecology	46	6
2020	Vascular Surgery	9	1
	Gynaecology	12	2
2021	Gynaecology	37	4
	Vascular Surgery	8	1
	Urology	9	1
2022	Dental	21	3
2023	Dental	46	6
2024	Dental	34	4

Mobile Health also runs a Mobile Medical Unit (bus) which provides non-invasive kidney stone treatment.

Further, its new Mobile Imaging Unit (bus) has the first mobile PET-CT in New Zealand. This scan measures important body functions, such as metabolism. It helps doctors evaluate how well organs and tissues are functioning.

Gradually evolving the Kāpiti Health Centre into the Kāpiti Polyclinic will facilitate the ability to help make these additional Mobile Health services accessible for Kāpiti residents. The vehicles are large and difficult to manoeuvre and at present there is concern that they may not be able to be accommodated at Kāpiti Health Centre longer term. Provision will need to be made to ensure these vehicles can continue to provide the vital service as at present.

### **Mary Potter Hospice**

Mary Potter Hospice is a community-based service, providing specialist palliative care services free of charge to the people of Wellington, Porirua and Kāpiti. In Kāpiti Mary Potter provides a day hospice service on the grounds of KHC. On any given

month it has around 60-65 patients on its books, usually in their early days of care and towards the end of life. Much of the care is provided in the patient's own home.

There are set 'referral criteria' for admission to Mary Potter:

1. A person who has been diagnosed with a life-limiting condition for which curative treatment is no longer an option and the person is expected to live for less than 12 months.
2. A person, and/or their family or whānau, who requires specialist palliative care that exceeds the resources of the primary palliative care provider – this includes physical, psychosocial and/or spiritual needs.
3. The person must agree to the service and must be living in Kāpiti.

Referrals to the hospice can be accepted from primary healthcare, specialist medical practitioners, the Wellington Hospital Palliative Care Team, or any health professional in consultation with the GP or medical hospital specialist. There is also a requirement that the patient and their family or whānau must be informed of the nature of the palliative care offered by the hospice and must agree to the referral.

Around 15 hospice staff are employed at Kāpiti. They include four community nurses (part-time) and two triage nurses. Further, there are also an occupational therapist, art therapist, social worker, and counsellor (mix of full-time and part-time). The patient's general practitioner remains the primary carer with the hospice playing a support role. However, two general practitioners liaise with Mary Potter over the wider Wellington region, including Kāpiti.

Mary Potter Hospice would welcome the proposed expansion of services, not just in palliative care. This would enable the strengthening of the already close relationship with KHC such as with district health nurses.

## **Innovation and professional development hub**

Over time it is envisaged that an innovative and professional development hub would be developed at the proposed polyclinic. One intention is to support the development of health professionals working at the polyclinic.

This would also include the use of digital health both to support health professionals providing patient care and to encourage further innovation.

In addition there is further scope for the hub to enhance innovation and professional development as part of the wider integrated health system. These opportunities include helping enable:

- further collaborative sharing and learning between Kāpiti GPs including from Ōtaki;
- engagement between Kāpiti GPs and relevant hospital specialists primarily from Wellington but perhaps also from Hutt and Palmerston North;
- the potential use of rural hospital medicine specialists;
- exploration of the possibility of Ōtaki general practitioners collaboration with the expanded KHC;
- collaborative relationships between Kāpiti Youth Support and the polyclinic over medical and mental health treatment;
- engagement with Wellington Free Ambulances paramedics including in the further development of diversion and extended care initiatives;
- collaboration between the polyclinic and Mobile Health over enhancing and expanding its services such as the new Mobile Imaging Unit;
- exploration of the potential inclusion of 'point of testing care';
- development of 'health pathways' with local health providers including general practices and Kāpiti Youth Support;
- consideration of expanding Mobile Health (buses) services Ōtaki and Paekākāriki; and
- collaboration between the polyclinic and Mary Potter Hospice over improving palliative care delivery.

## Conclusion

The Kāpiti Coast has a population that is, on average, older than other New Zealand council districts, and is growing fast, with many young families moving into the district. Much of the Kāpiti Coast is considered to be 'rural' in health system terms, meaning that key health services – such as 24/7 urgent care and many outpatient services – are a significant distance away, requiring long travel times for residents to access care.

A number of reports have been completed about health services delivery on the Kāpiti Coast, recommending – as did Parliament's Health Select Committee – that more services be delivered locally. This is very much in line with recent government strategies to deliver services 'closer to home' and with the recently released Government Policy Statement on Health (2024-2027) to shift decision-making and resources in the health system closer to communities. But change has been very slow and with the Kāpiti population growing and access to services becoming more difficult for many. KHAG and KCDC are keen to see work progress more quickly in future.

This paper has demonstrated the importance of further developing services at the Kāpiti Health Centre, with an incremental approach to expanding the range of services delivered there, including (over time) through building upwards and outwards. The paper has demonstrated the extent of the potential benefits, which would include:

- better supporting local residents in accessing services closer to home, including people being able to access crisis services far more quickly;
- strengthening the local health infrastructure and connectedness between providers, to support locally efficient and integrated service delivery;
- reducing pressure on overloaded regional emergency departments;
- saving hours of time in travel for patients and their carers, as well as some key service providers (eg, ambulances);
- reducing stress at times when people are already stressed through being unwell; and
- supporting the local district in times of emergencies.

## Appendix 1:

### Comparison of Distance to Hospitals for Urban Populations in New Zealand

(Note : Based on 2018 Census with estimated change to June 2023)

City	Estimated Population June 2023	Nearest Hospital	Distance
Auckland	1,478,800	6 Major Hospitals	Across Auckland
Christchurch	384,800	Christchurch	In Christchurch
Wellington	215,200	Wellington Regional	In Wellington
Hamilton	185,300	Waikato	In Hamilton
Tauranga	161,800	Tauranga	In Hamilton
Lower Hutt	113,000	Lower Hutt	In Lower Hutt
Dunedin	106,200	Dunedin	In Dunedin
Palmerston North	82,500	Palmerston North	In Palmerston North
Nelson/Richmond	71,100	Nelson	In Nelson (Richmond 7.5 km)
Napier	67,500	Hawkes Bay	Hastings 20 kms
Hibiscus Coast	64,660	North Shore	26 km
Porirua	60,900	Wellington	22 km
New Plymouth	59,600	Taranaki	In New Plymouth
Rotorua	58,900	Rotorua	In Rotorua
Whangarei	56,900	Whangarei	In Whangarei
Kapiti	55,000	Wellington	60 kms
Hastings	51,500	Hawkes Bay	In Hastings
Invercargill	51,000	Invercargill	In Invercargill
Upper Hutt	45,400	Lower Hutt	17 kms
Wanganui	42,800	Whanganui	In Whanganui
Gisborne	38,200	Gisborne	In Gisborne

