

Golden Bay
Integrated Health
Services Project

IMG Proposals

Tonight's meeting

- Called following firm business case and agreement by District Health Board, Joan Whiting and Nelson Bays Primary Health
- Present proposals to community; want informed decision and backing
- Continued feedback

Why integration?

- Fragmented services – overlaps and gaps
- Medical Centre needs urgent upgrade
- Rest Home not viable
- Recruit and retain doctors and nurses

Aims of integration

- Focus on primary and preventative health care
- No service gaps - flexible, responsive, team-based, complementary
- Whole of health approach
- Easier access for emergency, chronic and elderly
- Without integration:
 - Continued gaps and overlaps in services
 - No rest home and fewer aged care at hospital
 - More difficult to keep or attract staff

The process

- Integration idea came through the GB Community Health Group
- Steering group – community, professionals, JWMT, DHB and NBPH
- Worked on how and what benefits
- Feasibility study - circulated to community
- Interim Management Group - develop business model, financials, potential sites, staffing, funding, and public interest etc

Time taken

- Complex; 3 different businesses
- Consult and negotiate with business owners, managers, staff, land owners, local and central government, community
- Community kept informed when we have had something to say
- Listened - built in ideas and addressed concerns, but can't please everyone

Key proposals

- Community health centre at hospital site
- Land, buildings owned by community trust
- GP practice, hospital, rest home care and other services all in the public health system, run by NBPH
- No public funding cuts: DHB funding continues
- A good place to work
- New facility open in about 18 months

Community hospital site

Cheaper - total cost about \$6.3m - Rototai \$3m more expensive (\$1.5m for land and \$1.5m to duplicate hospital). Park Ave (land free but \$1.5m to duplicate hospital facilities)

Easier – for consents and road changes so quicker to start and finish (Rototai - \$500,000)

Larger – current plans by 30% - 40% - Better medical centre for patients and staff

Better - Rest home rooms larger, with ensuites

Public health stays

- NBPH - government-funded; one of 81 Primary Health Organisations set up by government and Ministry to deliver tailored community health
- NBPH - 80 GPs, 80 nurses, 95,000 patients
- GP services and rest home in Bay have been provided by private or community institutions; will now be run by NBPH
- GP service stays in Collingwood

To run it

- Continued health board funding
- Annual income from NBPH - \$5 million (approx) and planned to rise
- Annual rent paid by NBPH - \$550,000. (Hospital and medical centre pay rent now and rest home pays mortgage)

To build it

- \$6.3m to add rest home and medical centre
- \$4.3m mortgage from rent
- \$ 2m (approx) fundraising; large-scale, from national organisations
- Opportunity for GB residents to donate
- Funds from Joan Whiting Memorial Trust and GB Medical Centre Community Trust if available – project not reliant

A good place to work

- Easier to recruit and retain staff, fix service gaps and meet future health needs
- GPs and medical centre staff employed or contracted by NBPH from 1 April, 5th GP
- Hospital & rest home staff transfer later
- No wage cuts: all staff transfer at current pay and conditions
- Staffing still being decided, with staff input

Open in 18 months

- 4-5 months: Ministerial, Council, Land Transport and other consents
- Mortgage and fundraising – before tendering
- Tendering - some overlap with consent process
- Late 2010 - construction starts - 6-8 months
- Completion – late 2011

Next steps

- Seek ministerial approval
- Register trust deed
- Do public phone survey
- Council, land transport and other consents
- Finalise design and model of care
- Fund raising – mortgage and donations
- Final go ahead – based on success of above
- Keep community informed of progress