Health Action Wānaka

UPPER CLUTHA COMMUNITY HEALTH NEEDS REPORT

'Perception versus reality: the true state of healthcare in the Upper Clutha'

MARCH 2025

Message from Health Action Wānaka

STEERING COMMITTEE (L-R) LUCY MIDDENDORF, NICKY MCCARTHY, MONIQUE MAYZE, BRIGID LOUGHNAN AND TRISH FRASER

We believe the people of the Upper Clutha face particular challenges when it comes to accessing healthcare.

As such, it is imperative the people who make decisions about the funding and delivery of our healthcare understand these challenges, and it is for this reason that we have prepared this report. This report marks the first time the health needs of the Upper Clutha community have been researched and documented.

The challenges our community faces relate to its geographical location and isolation, its distance from a publicly funded emergency department and tertiary-level hospital, and its status as a resort town in which large influxes of visitors throughout the year add to the pressure on delivery of health services.

With so many competing interests at play in our region, it is imperative that the healthcare needs of the Upper Clutha community are given voice.

We are grateful to the community members and healthcare providers who contributed to our research. Their insights into the state of healthcare in our community have been of immense value.

Many of them spoke of their frustration, vulnerability and fear when dealing with their own health issues, those of their loved ones, and when delivering healthcare services to our local community.

We have listened carefully to what people told us, and we trust that this report gives voice to their concerns, and establishes an evidence base for the delivery of solutions to the challenges we face.

As our region continues its rapid growth, we want to ensure that the healthcare services delivered in the Upper Clutha are responsive to the needs of our community.

We will continue to advocate on behalf of the people of the Upper Clutha until such time that our community has access to the healthcare services its people need. After all, the right to health is recognised in the Universal Declaration of Human Rights[1]. It states that every human being has the right to the highest attainable standard of physical and mental health, and that countries have an obligation to develop and implement legislation and policies that guarantee universal access to quality health services.

[1] Universal Declaration of Human Rights (article 25.1) (1948)

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Purpose of this report

The purpose of this report is to establish an evidence base to inform community-led advocacy to achieve equitable access to healthcare services for the Upper Clutha community.

While there is a body of research that examines the rural-specific issues that impact the Upper Clutha and surrounding districts, this is the first time the health needs of the people of the Upper Clutha have been documented. Further, our research captures the lived experience of people who have been consumers of healthcare services, and those who provide healthcare services in our community.

Currently, there is extensive public discourse about the state of the healthcare system in New Zealand, as well as a number of private commercial developments being mooted for the Otago Central Lakes area. It is therefore imperative that the healthcare needs of the Upper Clutha community are at the forefront of decision making to ensure that health infrastructure intended to service this community is fit for purpose and includes public investment.

Without public investment in local healthcare services, access to healthcare will be limited to those who can afford it, entrenching inequity in the delivery of health services.

We believe there are a number of prevailing assumptions about our community that may have led to it being overlooked for public investment in its healthcare services. They include the assumption that our community is culturally homogenous, and that the majority of people who live here are affluent and can afford to pay for their healthcare, despite the additional costs our community incurs due to its rurality and the measurable inequity it faces in accessing healthcare.

As you will see in this report, our rapidly growing population is facing cost of living pressures, a significant lack of affordable housing, inadequate planning for growing education, housing and health infrastructure needs, and difficulties in recruiting a sustainable healthcare workforce.

As such, an evidence-based, and community-centric approach to healthcare planning for our region is essential, and it is our intention that the findings of this report will be used to inform such planning, and encourage decision makers to redress the Upper Clutha's inequitable access to healthcare services.

Executive summary

BACKGROUND

The Upper Clutha community is arguably the fastest-growing area of the Queenstown-Lakes District. As such, planning for equitable access to healthcare services for the Upper Clutha and the broader Central Lakes region should be a government priority.

The Upper Clutha is defined as 'rural' (R2) based on the Geographic Classification for Health (GCH) developed for all of New Zealand.[2] The GCH defines two urban categories (U1, U2) and three rural categories (R1, R2, R3) based on distance to urban centres and relative size of the population in the area. Rurality has impacts on health outcomes, as was documented in the research findings of the Hauora Taiwhenua Rural Health Network's 'Rural Health New Zealand Snapshot' released in 2024. It compared the health outcomes of those living in rural areas with those in or near urban locations. The research[3] found that on a number of metrics, people living in rural areas have poorer health outcomes as a result of their rurality.

In 2024, Health Action Wānaka — a community-led advocacy group — was formed. Overseen by a small number of volunteers, the group is committed to achieving equitable access to health services for the Upper Clutha community. To inform its advocacy, the group undertook research to understand and document the Upper Clutha community's experience of accessing healthcare services, from a patient and healthcare provider perspective.

KEY THEMES

The research comprised online surveys, focus groups with community members (patients) and healthcare providers, and one-on-one interviews. Overall, we found evidence of inequitable provision of health services to the Upper Clutha community, alongside significant barriers created by the distance and cost of accessing healthcare. Three key themes emerged from the research.

1. UNMET NEEDS

While our community is supported by many dedicated healthcare providers, our rapid population growth has seen investment in public healthcare lagging behind the increasing demand. The report provides details of unmet needs in the areas of aged care, blood collection, diagnostic equipment, disability support services, emergency and after-hours medical care, local hospitals, maternity, mental health, primary care, respite care, and specialist services.

2. SYSTEMIC BARRIERS

It is clear from our research that the health system presents a number of barriers for both patients and healthcare providers, with such barriers often more pronounced in rural settings. The most notable barriers reported were in the areas of information management, navigating the health system, referral rejection, and the travel and cost required to access health services.

3. FUTURE PLANNING

The Upper Clutha area is part of a rapidly growing region that faces challenges due to its geography, rurality, and inequitable access to healthcare services. The Queenstown-Lakes District has the second-highest growth rate in New Zealand, with Wānaka's population projected to grow by 144% by 2053[4]. Our research found that there is concern among community members about the prospect of developer-led healthcare prioritising commercial interests over patient care, and the challenge of recruiting and retaining healthcare workers in a rural setting, compounded by the high cost of living and lack of affordable housing in this area.

[2] Defining rural in Aotearoa New Zealand: a novel geographic classification for health purposes. N Z Med J. 2022 Aug 5;135(1559):24-40. doi: 10.26635/6965.5495. PMID: 35999779

[3] Rural Health New Zealand Snapshot, Hauora Taiwhenua Rural Health Network (2024)

[4] QLDC Demand Projections 2023 - 2053

NEXT STEPS

FACILITATION

Health Action Wānaka will help facilitate the acquisition of funding (public, charitable, community or philanthropic) for existing community organisations and/or service providers to lead the implementation of the following community initiatives:

- **Development of local capability** to deliver selected specialist-level services such as the administering of Avastin injections.
- **Establishment of a local health advocate role** to support patients with chronic and/or complex cases to navigate the health system.
- **Delivery of community care programmes** to support and engage community members with dementia, disabilities, and chronic conditions, and to provide respite for their carers.

ADVOCACY

Health Action Wānaka will advocate for the following outcomes:

- establishment of a **publicly funded blood collection** service in Wānaka
- establishment of a **permanent, Wānaka-based 24/7 urgent care** service
- increased local access to **funded urgent care**
- increased **funding for local hospital beds**, in consultation with local hospitals to ensure the funding is appropriately allocated
- increased local access to **publicly funded diagnostic services** and equipment
- increased funding for local delivery of mental health services, including **telehealth access to consultant psychiatric services**
- revision of the **National Travel Assistance scheme** to meet rural needs and address inequity
- reduction in **referral rejections** in the southern health region
- delivery of **increased local specialist services** to meet community needs and reduce travel
- improved **management of patient information** to enable healthcare providers to do their jobs
- improved **communication from Health New Zealand** to enable patients to access the healthcare services they need
- increased availability of local **dementia care, home-based care and respite care**
- provision of **additional rooms in Wānaka** for healthcare and service providers to deliver their services.

SUPPORT

Health Action Wānaka supports the implementation of the recommendations of the following reports:

- 'WellSouth Rural Services Review: Southern Region' (August 2024)[5]
- 'A Future Capitation Funding Approach' (July 2022)[6]
- 'Time for Change | Te Hurihanga' (June 2021).[7]

[5] WellSouth Rural Services Review (August 2024)

[6] A Future Capitation Funding Approach (July 2022)

[7] Time for Change | Te Hurihanga (June 2021)

Background

Health Action Wānaka is a community-led advocacy group committed to achieving equitable access to health services for the Upper Clutha community.

The group, comprising a steering committee of volunteers, was formed in March 2024 following a community meeting facilitated by the Wānaka Upper Clutha Community Board. The meeting featured a panel of experts who provided insights into the state of healthcare in the Upper Clutha and discussed avenues for improvement.

Following that meeting, it was clear that people living in the Upper Clutha community face a number of challenges in accessing healthcare.

- At the time Health Action Wānaka was formed, Wānaka did not have an in-person overnight acute care service, and the current service (opened in October 2024) is funded for only twelve months.
- Wānaka is located at least one hour from the nearest publicly funded emergency department at Lakes District Hospital, requiring people to drive over the highest main road in the country or via the Kawarau Gorge.
- Wānaka is 78km from Dunstan Hospital, which is 199 km from a large hospital with specialist care (tertiary hospital), making it the second most isolated (level 3[8]) rural hospital in the country.

The Health Action Wānaka steering committee recognised a need for an evidence base to inform its advocacy, and therefore undertook research to understand and document the Upper Clutha community's experience of accessing healthcare services, from a patient and healthcare provider perspective.

This report documents the findings of that research.

[8] Rural hospitals in New Zealand are classified either Level 1, 2 or 3. Level 1 rural hospitals have visiting medical cover, Level 2 hospitals have on-site medical cover during normal working hours, and Level 3 rural hospitals have on-site 24-hour medical cover. Source: 'ASMS: Rural health at a crossroads: tailoring local services for diverse communities'

Context

NATIONAL CONTEXT

Health New Zealand | Te Whatu Ora was established in July 2022 as part of large-scale reform of the health system. The 20 existing District Health Boards were disestablished and their functions were merged into Health New Zealand | Te Whatu Ora which now leads the day-to-day running of the health system. In July 2024, the Board of Health New Zealand was replaced with a Commissioner, Professor Lester Levy. Professor Levy was tasked with implementing a turnaround plan, including finding cost savings and strengthening governance and management of the health system. There is an ongoing drive for cost efficiencies which has led to many changes in organisational structure and personnel within Health New Zealand | Te Whatu Ora, and this uncertainty has led to some initiatives being delayed or scrapped. In addition, some decision making and control over resources is being devolved to enable regional delivery to local communities. The four regions are Northern | Te Tai Tokerau, Midland | Te Manawa Taki, Central | Ikaroa, and South Island | Te Waipounamu.

In 2024, the Government announced five health targets[9]: faster access to cancer treatment, improved childhood immunisation rates, shorter stays in emergency departments, and shorter wait times for first specialist assessments and elective treatment. These targets reflect the Government Policy Statement (GPS) on Health 2024-2027[10] which sets the Government's priorities and objectives for New Zealand's health system.

In January 2025, Simeon Brown replaced Shane Reti as Minister of Health, and in March 2025, Brown announced plans to appoint a board for Health New Zealand, replacing Commissioner Lester Levy.

TE TIRITI O WAITANGI

Health Action Wānaka acknowledges the importance of the principles of Te Tiriti o Waitangi and we are committed to adhering to them. As part of our research, we have had discussions with Uruuruwhenua and Te Puni Kokiri | Ministry of Māori Development, and continue to engage with local Māori to ensure their knowledge and insights are included in our advocacy.

[9] Government health targets (2024)

[10] Government Policy Statement on Health 2024-2027

RURAL CONTEXT

The Upper Clutha is defined as 'rural' (R2) based on the Geographic Classification for Health (GCH) developed for all of New Zealand.[11] The GCH defines two urban categories (U1, U2) and three rural categories (R1, R2, R3) based on distance to urban centres and relative size of the population in the area.

Rural Health Strategy

In 2023, central government released the Rural Health Strategy[12] to set the direction for improving the health of rural communities over the following ten years. The strategy defined its five priorities as:

1. considering rural communities as a priority group
2. prevention: paving the path to a healthier future
3. services are available closer to home for rural communities
4. rural communities are supported to access services at a distance
5. a valued and flexible workforce.

In response, Health New Zealand | Te Whatu Ora has established national and regional rural health teams to address inequities.

Rural Health New Zealand Snapshot

In 2024, Hauora Taiwhenua Rural Health Network released research findings in its 'Rural Health New Zealand Snapshot'. These findings are based on a geographical definition of rurality for health purposes[13] developed by academics from Otago and Waikato universities, enabling the sector to compare the health outcomes of those living in rural areas with those in or near urban locations. The research[14] found the following:

- Non-Māori aged 30 to 44 years in more rural areas are 1.8 times as likely to die from a preventable cause compared to non-Māori in large cities.
- Suicides for males are considerably higher in rural areas. For 15- to 44-year-olds, the rural suicide rate is 64% higher than the urban rates, overwhelmingly related to firearms.
- Despite having poorer health outcomes, rural people are up to 37% less likely to have a hospital admission in a given year than people living in cities. This is considerably different to what is seen in Australia and suggests that rural New Zealanders have poorer access to hospital services.
- If rural New Zealanders were admitted to hospital as often as those in the cities, we would need to fund more than 5000 additional hospital admissions each year.

These findings demonstrate that people are dying at higher rates from preventable causes just because they live in rural areas, and underscore the need to ensure that rural communities have equitable access to healthcare services.

70% of people in New Zealand who live more than two hours from a base hospital, live in Otago Central Lakes.

SOURCE: HEALTH NEW ZEALAND | TE WHATU ORA

[11,13] Defining rural in Aotearoa New Zealand: a novel geographic classification for health purposes. N Z Med J. 2022 Aug 5; 135(1559):24-40. doi: 10.26635/6965.5495. PMID: 35999779

[12] Rural Health Strategy, Ministry of Health (2023)

[14] Rural Health New Zealand Snapshot, Hauora Taiwhenua Rural Health Network (2024)

Overview of the Upper Clutha Community

Since the 2018 Census, the Queenstown-Lakes District's population has grown 22% to 47,800 — the second-highest growth rate in the country.

SOURCE: 2023 CENSUS

Demographic profile

The Upper Clutha area comprises Wānaka, Hāwea, Luggate and Makarora. The Upper Clutha is a fast-growing, family-oriented, and highly mobile community with a balanced age distribution. The area attracts both young professionals and retirees, resulting in higher-than-average household incomes, high home ownership, and a large self-employed segment[15].

Rapid growth: The population of Wānaka and surrounds has seen consistent, above-average growth compared to New Zealand, nearly doubling over the past decade.

Diverse age distribution: The area attracts both young families and retirees, with notable growth in the 30–44 and 60+ age groups. The younger age groups (0–14) are also well-represented, indicating a balanced age distribution and potential demand for schools and family-oriented services.

Median age: The median age for Wānaka and surrounds is 37, slightly older than Queenstown-Lakes District (35.5) but younger than the national median age of 38.1.

High mobility: Over half (51.6%) of the residents of Wānaka and its surrounds lived elsewhere in New Zealand five years ago, indicating a highly mobile population. This mobility is similar to Queenstown-Lakes District, but higher than the national average (45.2%).

Ethnicity: The percentage of Wānaka and surrounds' residents identifying as Māori is 6.6%, below the national average of 17.8%, and similar to Queenstown-Lakes District. Other ethnicities represented include, European (92.1%), Asian (4.7%), and Middle Eastern / Latin American / African (2.2%).

Sustained demand for infrastructure: The rising population, with balanced representation across various age groups, signals increasing needs for local infrastructure and services, including healthcare, education, and family-oriented amenities.

Appeal as a lifestyle destination: The Upper Clutha's appeal to a wide demographic points to its growing reputation as a desirable location for both permanent residents and those looking for a retirement lifestyle.

POPULATION LEVEL
People, annual level, June years

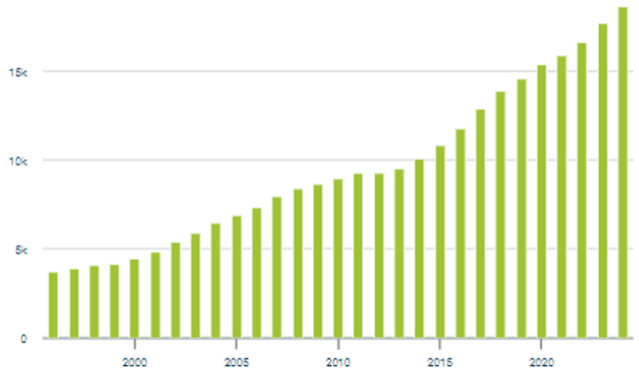

Image 1: population growth of Wānaka and surrounds. Source: 2023 Census

"I think the scary thing is when you move to this area, unless you're in the health sector, you don't understand the risk of living here."

LOCAL HEALTHCARE PROVIDER

[15] Infometrics: https://rep.infometrics.co.nz/wanaka-surrounds (2023 Census)

Strengths

- High quality of life: a focus on outdoor, active lifestyles.
- An educated population: low unemployment and diverse income sources (wages, self-employment, and investments).
- Well-maintained housing: low rates of dampness and mould.
- The Upper Clutha's appeal to a wide demographic points to its growing reputation as a desirable location for both permanent residents and those looking for a retirement lifestyle.

Potential challenges

- **Healthcare needs for an ageing population:** With 17.1% of the population over 65, the Upper Clutha requires age-appropriate health services, including emergency and specialist care.
- **Lower density:** Government funding for public services, like healthcare, often favours areas with higher population densities because they serve a larger number of people in a concentrated area. The Upper Clutha's relatively low population density (due to its semi-rural nature and spread-out housing) may mean fewer people benefit per dollar of investment compared to urban centres. This can make it harder to justify the cost of building or expanding healthcare facilities solely based on the number of people served.
- **High self-employment:** The Upper Clutha has a high rate of self-employment, which typically reflects a community of small businesses, freelancers, and independent contractors. This characteristic often aligns with a population that may have more flexibility in lifestyle and employment choices, but can sometimes be perceived as less in need of public services. In contrast, areas with larger employers may attract more government investment as they're seen as having higher 'employment stability' or 'economic dependency' on external support, including healthcare services.
- **Limited public transport:** Areas with well-developed public transport tend to be prioritised for healthcare investment because it enables more people to access services without needing personal vehicles. In the Upper Clutha, limited public transport may lead policymakers to assume that residents can travel to nearby areas (for example, Queenstown) for healthcare if needed, especially for specialised services, reducing perceived urgency for investment in local healthcare infrastructure. However, such an assumption would fail to take into account the people in our community who are unable to drive themselves (due to age or disability, for example), coupled with the lack of local low-cost transport options for people who struggle to drive themselves.
- **Attracting healthcare funding:** High household incomes and perceived affluence may mask underlying needs for healthcare facilities and services, making it challenging to justify investment relative to denser, lower-income urban areas.

Population projections

- The QLDC Demand projections 2023–2053 forecast Queenstown growth at 100%, and Wānaka growth at 144% to 2053.
- Current 'usually resident' population of the Upper Clutha is 16,659 (2023 Census). This is an increase from 13,041 from the 2018 Census.
- Based on 2018 Census data, Wānaka's population was projected to grow 3.9% annually to 2023, but the actual growth rate was 4.4%.[16]

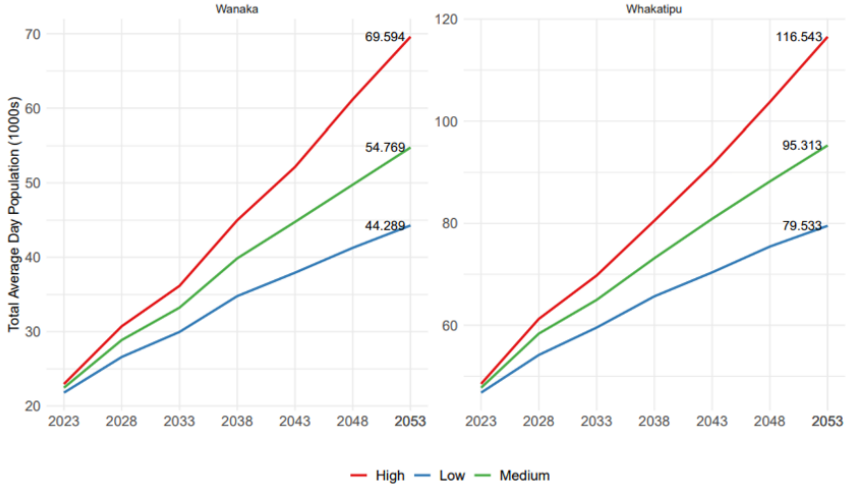

Image 2: This image shows different scenarios for 'average day' populations by ward. The 'day' populations include both visitors and permanent residents and show the expected high growth rates for both wards to 2053.[17]

[16,17] QLDC Demand Projections Report 2023–2053

Health insurance

When asked in our online survey if they had private health insurance, 46.9% of respondents said they did, a further 8% said they had surgical-only private health insurance, and 43.1% said they did not have private health insurance.

Tourism and visitors

As a resort town, Wānaka experiences high numbers of visitors throughout the year, adding pressure to its health services. Tourism expenditure in the Queenstown-Lakes District is a significantly higher proportion of international spend (50.1%) compared with the national average (27.2%). The Queenstown-Lakes District tourism spend represents 9.5% of the national tourism income, with an estimated $366 million in GST generated annually.[18] [Note: GST estimate is calculated using the numbers provided in the Infometrics regional profile and assumes amounts provided are GST inclusive.]

Housing

The lack of affordable housing in the Upper Clutha is a barrier to recruiting and retaining healthcare workers in our community. The Queenstown-Lakes District has significantly higher housing costs than the national average, with an average house value of $1.76M ($916K nationally), and a house value-to-income ratio of 13.2, meaning the average house value is 13.2 times the average income (7.3 nationally). Mortgage servicing requires 90% of household income compared to the national average of 49%.[19] The years to save for a deposit metric has the Queenstown region at 16.5 years compared to the national average of 9.3 years.[20] According to the 2024 Queenstown Lakes Community Housing Trust renters survey, 21% of Wānaka respondents experienced houselessness in the past twelve months, higher than Queenstown (15%).

Rental trends

Rental trends in Wānaka show a clear increase in rental prices over the past decade, with the majority of households now paying between $500 and $699 per week.[21] The average rent in the Queenstown-Lakes District was $601 in 2023 compared to the national average of $525, and the rent-to-income ratio in the Queenstown-Lakes District in 2023 was 25% compared to the national average of 22%.[22]

The emergence of the $700+ categories for weekly rent in the area highlights the growing cost of living which is affecting housing affordability for current residents and newcomers. This trend is also indicative of a competitive rental market with limited options in the lower price ranges.

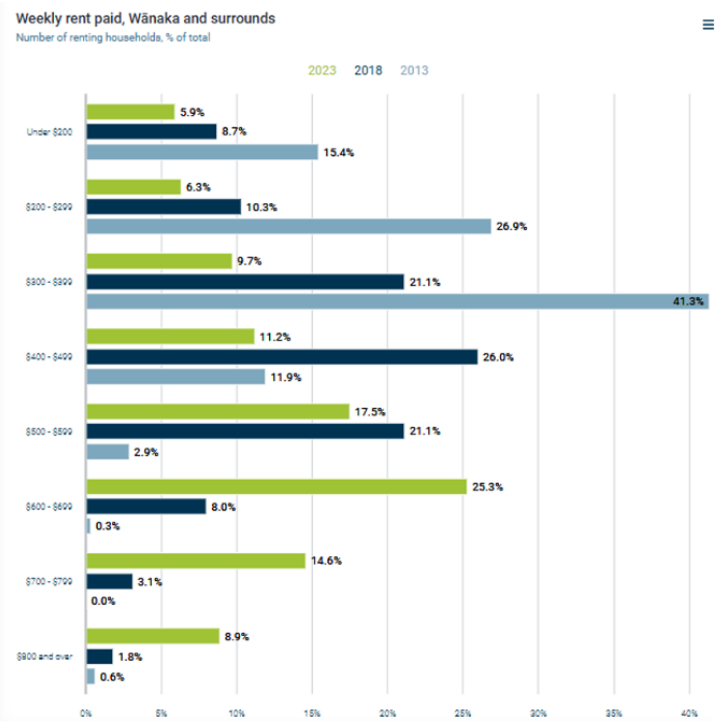

Image 3: Shows the weekly rent paid in Wānaka and surrounds with the higher rent brackets showing significant growth. Source: 2023 Census

Unoccupied dwellings

Wānaka has a relatively high proportion of unoccupied private dwellings at 28.6%, similar to the Queenstown-Lakes District (27.5%) but significantly higher than the national average (10.9%).[23] This indicates a strong presence of holiday homes or investment properties due to Wānaka being a popular tourist destination.

[18] Infometrics: regional economic profile: tourism expenditure by category (2023)

[19,20,22] CoreLogic Housing affordability report (2024)

[21] Infometrics: QLDC: regional economic profile: Wānaka and surrounds: weekly rent paid (2023)

[23] Infometrics: QLDC: regional economic profile: Wānaka and surrounds: occupancy status (2023)

Cost of living

On all key metrics, the cost of living in the Upper Clutha continues to rise, and is higher than the national averages. Like housing affordability, the cost of living in our community is a disincentive for healthcare workers to live and work in our community. Key metrics show that we have higher transport costs, high power consumption, and the third-highest rates in the country.

- **Rental affordability:** Average rent is $601 per week, with a rent-to-income ratio of 25%, above the national average of 22%.
- **Rates:** Average annual rates bill by council provided by Taxpayers Union Ratepayers Report tool indicates that of the 65 councils that provided average annual residential rate detail, Queenstown-Lakes District residents pay the third highest on average. The national average is approximately $2,800.
- **Distance travelled:** The Ministry of Transport's New Zealand Cost of Living Travel Survey (2015–2023) results indicate that for the period 2021–2023, people in the Otago region travelled on average 22% more (in terms of distance) than the New Zealand average. This could indicate a greater proportion of income going to fuel and vehicle maintenance.
- **Power:** The annual residential consumption league table produced by the Electricity Authority indicates that the Otago and Southland regions consume on average the most electricity by kWh in the whole country. This could indicate a higher proportion of household income is being spent on power in these districts. The data also indicate that the power consumption of the Central Otago and Queenstown energy networks is considerably higher than that of the Otago and Southland regions.

"I was working down here up until the end of last year and I saw a lot of families who weren't white, middle-class and well off. I visited families in tents in Glendhu Bay and Albert Town and … there's no way they've got health insurance, so their access to healthcare is appalling. Quite often you go to these families and there are several families sharing one house."

LOCAL HEALTHCARE PROVIDER (RETIRED)

"At Enliven* [Aspiring Enliven Care Centre], *the majority of carers are new immigrants and … on the minimum wage."

COMMUNITY MEMBER

The health system explained: a snapshot

MINISTER OF HEALTH	• The Minister is responsible for the health and disability system.
MINISTRY OF HEALTH	• The ministry advises the government and its agencies on health, and sets strategy, creates policy, and monitors the system.
TE WHATU ORA | HEALTH NEW ZEALAND	• It provides day-to-day management of New Zealand's health system, including hospital services, specialist services, and primary and community care. • Its governance is overseen by Commissioner Lester Levy (two-year term from 1 June 2024). • The former District Health Boards are now organised into four regional divisions (three in the North Island and one for the South Island) known as regional divisions.
TE WHATU ORA | REGIONAL DIVISIONS	• The divisions plan, fund and provide publicly funded hospital and specialist services, GP and community health services based on local needs. • Our area's regional division is Te Waipounamu - South Island.
WELLSOUTH PRIMARY HEALTH ORGANISATION (PHO)	• It is funded by Te Whatu Ora. • WellSouth organises funding for primary care (GPs) and community services for patients enrolled in GP practices in Otago and Southland. • Community services include diabetes programmes, health improvement practitioners and health coaches, the Brief Intervention Service, dietitians, clinical pharmacists, breastfeeding and mental health support, and health promotion activities.
ACC (ACCIDENT COMPENSATION CORPORATION)	• Pays for a range of medical, health and treatment costs when people have an accident.
HATO HONE ST JOHN	• Provides emergency and non-emergency ambulance coverage, emergency care and first aid at public events, support phone lines for the elderly and house-bound, hospital patient transport, public first aid training, health products, and a youth programme. • It has contracts with Health New Zealand | Te Whatu Ora and ACC who fund the majority of its operating costs. • For those who are eligible for New Zealand publicly funded healthcare, there is a part charge of $98 for accessing the ambulance service unless they have ambulance membership. • For people who have an accident-related injury that meets ACC criteria, ambulance transport within 24 hours of the injury is covered.

Key metrics

29

The number of additional beds required for the Dunstan and Lakes District Hospital catchments to bring them up to level 3 rural hospital average, based on the 2018 resident population.

Source: Rural Health New Zealand Snapshot 2024,Health NZ, ASMS: Rural health at a crossroads: tailoring local services for diverse communities

54%

Percentage of GP referrals to specialist care declined in the Southern DHB region - the highest in the country in 2022.

Source: 'Quantifying and understanding the impact of unmet need on New Zealand general practice' by Centre for Health Systems and Technology (CHeST), University of Otago, Dunedin

199km

Distance from Dunstan Hospital (24 beds) to a tertiary hospital — making Dunstan the second most isolated level 3 rural hospital in New Zealand.

Source: Health NZ, ASMS: Rural health at a crossroads: tailoring local services for diverse communities

144%

The rate that Wānaka's population is projected to grow by 2053.

Source: QLDC Demand Projections 2023-2053

22%

Rate of growth of the Queenstown-Lakes District's population from the 2018 to 2023 Census — now at 47,800 — the second-highest growth rate in the country.

Source: 2023 New Zealand Census

1 hour

Distance to Wānaka's Emergency Department over the country's highest main road which is affected by closures due to weather conditions.

70%

Percentage of people in New Zealand who live more than two hours from a base hospital, live in Otago Central Lakes.

Source: Health New Zealand | Te Whatu Ora

"I cannot believe the inequities that there are between what I see here and what I had in Dunedin."

"So I see people all the time ... who really need care that they can't get in a timely fashion and the difference between Canterbury DHB and the Southern DHB believe it or not, is huge."

LOCAL HEALTHCARE PROVIDERS

Research approach

We consulted with approximately 300 members of the Upper Clutha community via two online surveys, focus groups, and one-on-one interviews. We also invited community members to share their stories with us and we have shared some of these stories in this report. We also met with a wide range of local and regional health clinicians and administrators whose insights have informed our understanding, and helped us to corroborate information shared through our research.

TIMEFRAME

Our planning and analysis, and the research itself, took place between June and December 2024. The focus groups, interviews, and online surveys were conducted from July to September 2024.

ONLINE SURVEYS

We conducted two online surveys: a community-wide survey and a survey of ski workers. We received 219 responses. The community-wide online survey was disseminated to members of the Upper Clutha community in the following ways:

- Health Action Wānaka subscriber emails
- advertisements placed in the Wānaka Sun and The Messenger
- media stories in the Wānaka Sun and the Wānaka App
- Facebook via the HAW page and community groups
- stakeholder meetings such as the Wānaka Interagency meeting, a bi-monthly meeting facilitated by Community Link
- posters displayed in community venues such as the library and Community Hub
- word of mouth.

The ski worker survey was promoted at two ski dinners held to welcome workers to the new ski season, and via Kahu Youth. Due to the low number of responses, the information collected was not statistically useful.

The online survey responses were analysed by an independent data analyst.

DEMOGRAPHIC PROFILE OF SURVEY RESPONDENTS

- **Number of respondents:** The survey was completed by 212 people, the majority of whom identified themselves as female (84%), along with 15.6% who identified themselves as male, and 0.4% who identified as 'other'.
- **Age of respondents:** The ages of respondents varied with the highest number of respondents being in the 60-69 years age range (28%), followed by 40-49 years (20.3%), 70-79 years (19.3%), 50-59 years (16.5%), and 30-39 years (10.8%). People aged 20-29 years comprised only 2% of respondents which is unsurprising given that health is not generally of high concern for younger people.
- **Ethnicity of respondents:** The majority of respondents identified as New Zealand European (84.9%), followed by Māori (5.7%), and there was a diverse range of other ethnicities among respondents, including Pasifika, South American, Asian, and European.

FOCUS GROUPS AND INTERVIEWS

We conducted four focus groups:

- 2 x community members
- 2 x healthcare providers

COMMUNITY MEMBERS: 30

- 24 people from the community attended two focus groups.
- 3 people were interviewed by phone.
- 3 people were interviewed in person.

HEALTHCARE PROVIDERS: 24

- 23 health providers attended two focus groups.
- 1 health provider was interviewed in person.
- Healthcare providers who attended came from the fields of primary care, medical specialities, allied health, mental health, and aged care.

Research findings

MAIN THEMES

1. UNMET NEEDS

- AGED CARE
- BLOOD COLLECTION
- DIAGNOSTIC EQUIPMENT
- DISABILITY SUPPORT SERVICES
- EMERGENCY AND AFTER-HOURS MEDICAL CARE
- LOCAL HOSPITALS
- MATERNITY
- MENTAL HEALTH
- PRIMARY CARE
- RESPITE CARE
- SPECIALIST SERVICES

2. SYSTEMIC BARRIERS

- INFORMATION MANAGEMENT
- NAVIGATING THE SYSTEM
- REFERRAL REJECTION
- TRAVEL AND COST

3. FUTURE PLANNING

- DEVELOPER-LED HEALTHCARE
- SUSTAINABLE WORKFORCE

"There's no way I would live here if I had multiple conditions, no way."

LOCAL HEALTHCARE PROVIDERS

NEED SUPPORT?

If reading this section of the report is upsetting for you and you need support, you can call 1737 'Need to talk': **https://1737.org.nz/**

1. Unmet needs

While our community is supported by many dedicated healthcare providers, our rapid population growth has seen investment in public healthcare lagging behind the increasing demand.

WHAT HEALTH SERVICES DO PEOPLE ACCESS LOCALLY?

We asked people what types of healthcare services they had accessed in the past five years.

- **High demand for GP services:** GP visits were the most frequently accessed service, with 97.6% of respondents having utilised them in the past five years. This underlines that primary care services are essential for our community, highlighting the need for sufficient public funding to meet growing demand.
- **After-hours GP visits and blood tests:** Approximately half of the respondents (50%) had accessed after-hours GP services, and 90.1% had needed blood tests. These figures indicate a substantial reliance on both regular and after-hours primary care, emphasising the need for local publicly funded (free) blood collection and flexible delivery of primary care.
- **Vaccinations and specialist appointments:** A large proportion of respondents accessed vaccinations (86.3%) and specialist appointments (74.1%), showing the community demand for preventive health services and access to specialists.
- **Allied health and mental health services:** Allied health services, including physiotherapy, were accessed by 56.1% of respondents, while mental health services were accessed by 19.3%. This suggests strong demand for allied health support, while the need for mental health services, though lower, is still significant.
- **Lower access to other services:** Services like cancer treatment and antenatal/postnatal care had relatively lower utilisation rates. However, the need for these services is still present, and requires appropriate resourcing to ensure availability when needed.

"We need more of everything medical in Wānaka. Growing old here scares me. What will happen when I can't drive to Clyde, Dunedin, or Invercargill by myself anymore? Am I just going to die waiting for health services?"

COMMUNITY MEMBER

HEALTHCARE SUPPORTS

We asked people what health supports they knew about and which health supports they or their families had accessed in the past five years.

- **ACC:** There is high awareness of ACC, the community services card, and Healthline, although people expressed some confusion about what ACC does, and doesn't, fund.
- **Specific or specialised supports:** There is lower awareness of specific or specialised supports, such as in-hospital social workers, the National Travel Allowance Assistance scheme, the high use health card, and health improvement practitioners. This suggests there are gaps in communication about these services.
- **Use of Healthline and community services card:** The gap between awareness of, and use of, Healthline and the community services card may point to barriers such as eligibility restrictions, lack of perceived value, and/or difficulty navigating the system.
- **National Travel Allowance scheme:** The underuse of the National Travel Allowance scheme may indicate a need to improve communication about its availability and/or simplify the eligibility criteria and application process.

"Super hard to access travel support - gave up."

COMMUNITY MEMBER

"Travel allowance doesn't apply to private referrals but many specialties don't have public specialists in inland Otago, so the allowance often can't be accessed."

COMMUNITY MEMBER

"The paperwork involved in accessing the community health services card is cumbersome and only paper based. No notification was given when it expired so we were without it for about six weeks."

COMMUNITY MEMBER

AGED CARE

OVERVIEW

The proportion of residents aged over 65 (17.1%) in Wānaka and surrounds is higher than both the Queenstown-Lakes District (11.9%) and New Zealand as a whole (16.6%). This suggests Wānaka has a significant retirement-age population, and underlines the need for local healthcare services to support its ageing population.

Image 5: Comparison of age brackets vs NZ average showing the over and under representation of different age groups in the population of Wānanka and surrounds.

Image 6: Shows what age brackets are growing fastest in the region (compared with previous Census results). We are seeing a lower percentage in the very young age brackets, and higher percentages in the older age brackets, with the age bracket 30-40 growing the fastest.

INSUFFICIENT SERVICES TO MEET NEED

Participants talked about the lack of community-level services available to support the elderly in the community, including a lack of reliable in-home care, and access to local respite care. Our research supports the findings of the 'WellSouth Rural Services Review: Southern Region' that found aged care and palliative care are clinical areas facing significant challenges and requiring immediate support. According to the review, as at August 2024, the Southern rural network had 25 aged care residential facilities. The report states that 'significant risk has been identified in Queenstown and Wānaka where there are currently only three facilities, yet the 65+ population is estimated to increase by 51% over the next ten years (2018 population projections, NZ Department of Statistics).

In a letter sent to stakeholders in September 2024, Presbyterian Support Otago (PSO) said it had made the decision to exit its partnership with Aspiring Lifestyle Retirement Village Joint Venture (ALRV) at Aspiring Enliven care home and to sell Wānaka Retirement Village and Elmslie House. With no obligation on a new owner to run the existing facility as an aged care operation, the risk of our community having insufficient aged care facilities available to meet local demand remains a significant issue.

"As a senior resident of the Upper Clutha, it is frightening to see how access to medical services has diminished. We have basic health insurance and are in excellent health but really think twice about trying to seek medical care. The system seems to assume that because you live in Wānaka, you can pay high medical costs, and this is so wrong."

COMMUNITY MEMBER

"We were told by the needs assessment people that we were eligible for homecare assistance that the Ministry would provide and it would be provided through an agency. Nothing was done about that.

The responsibility was the hospital's and they did nothing about it until the very last minute because they were determined that she [his wife] *should be placed in hospital-level care in Winton or Invercargill and I was determined that she was going to be coming home and we'd provide adequate care for her in our home. They delayed initiating this healthcare assistance until almost the day that we left and they passed it over to an agency called Healthcare NZ which operates nationally. Healthcare NZ was required to provide me with carers each day from 10 o'clock in the morning until 5 o'clock at night and after a month of absolute frustration, when they tried to put totally untrained people into the position, they finally came back and said that they couldn't provide a hospital-level care person in Wānaka. They said they couldn't find anybody and so they backed away from it and I was back to square one. I was then told that I could have had it* [independent funding] *all along. I could have applied for independent funding and the independent funding package is something different. I've since learned that this funding is available only to 23 people at any one time in the area from Oamaru, including Dunedin, Invercargill and Wānaka, and only 23 people may have it."*

COMMUNITY MEMBER

COST OF RESIDENTIAL AGED CARE

Participants discussed concerns about the cost of residential aged care and the risk of providers charging costs that could make access to accommodation out of reach for many. Some cited concerns about the exit of Presbyterian Support Otago from local aged-care services increasing the likelihood of accommodation costs rising.

"I think just from an aged care point of view, Wanaka's probably at risk … with the exit of PSO out of Wānaka because it's likely to be private providers coming in. Most of the private providers are charging premiums into rooms … so there's a danger, I think, that we're going to end up with aged care that only a certain sector of the population can afford."

LOCAL HEALTHCARE PROVIDER

ISOLATION AND SEPARATION FROM COMMUNITY

With limited access to local facilities which are often at capacity, elderly members of our community are regularly transferred out of our community to places such as Dunedin, Christchurch, Invercargill and Gore, forcing them to leave their families at a time when they are vulnerable and in need of family support.

"We refer our residents for changes in level of care and we encounter enormous issues. Very often they're rejected for a change in level of care, or if they do get a change in level of care, we actually don't have a facility that we can transfer them to in Wānaka, so then we're faced with Te Whatu Ora which requires us to transfer them out of area into maybe Dunedin or Christchurch, with their families in Wānaka. They're usually at the end stage of their life and we're upping and moving them which is fairly traumatic."

LOCAL HEALTHCARE PROVIDER

DISCHARGE FROM HOSPITAL

Participants talked about the issues that can arise when patients are discharged from hospital back into the community when there are limited in-home supports and rehabilitation services available (with the exception being ACC-funded services). Further, our research suggests that local publicly funded in-home services are not always reliable, there is a lack of continuity of care, and workers living across the district face logistical challenges when assigned to provide care to patients living a significant distance away. It is difficult to recruit and retain people to provide in-home care due to the low pay, language barriers, and training requirements.

"All my friends are ageing, and to have a facility here like in Elmslie or Enliven that someone post surgery can go to, have assistance with personal care, be fed, helped to exercise – what they need to do to recover for a week, and then returned to their home. That would be a big help."

LOCAL HEALTHCARE PROVIDER

THE BURDEN OF TRAVEL

Many people discussed the burden placed on elderly people having to travel to access healthcare services. While there was an understanding that travel is sometimes necessary, people cited examples of elderly people being asked to travel for services that should be available locally. Locally, the following two transport services are available:

- 'Wheels to Dunstan', a voluntary service offering free transport to and from Dunstan Hospital for medical appointments or to connect with the St John Health Shuttle
- St John Health Shuttle, a free community service that transports people from Cromwell to Dunedin for essential medical and health-related appointments, and then brings them home again.

While these two modes of transport provide an invaluable service, for some elderly people with mobility and incontinence issues, such modes of travel present challenges.

"They got a letter from Dunedin to say they needed to visit the vascular surgeon. They travelled all the way down there and came back with measurements for a pair of stockings."

LOCAL HEALTHCARE PROVIDER

"I have to get friends to drive me down there. As people are all getting older, there's a few friends I wouldn't ask, because they'd be willing - but I wouldn't be safe in their car."

COMMUNITY MEMBER

USE OF AMBULANCE SERVICES

Aged care is an area where ambulance services (and primary care), at times, carry an additional burden of care due to aged care facilities being under-resourced and unable to fund more highly qualified staff, particularly after hours. There appears to be a growing need to call an ambulance when primary healthcare skills are not available at aged care facilities, or when a registered nurse (RN) is working alone and needs support.

WORKFORCE SUSTAINABILITY

There are challenges in recruiting and retaining people to work as caregivers in local aged care facilities. There is a shortage of trained and qualified healthcare assistants, and these important roles are not well paid, with these staff struggling to find affordable housing in the Upper Clutha community. Our research found that senior management at local aged care facilities invest significant time in supporting their staff to find accommodation. Further, many people working in caregiving roles in local aged care facilities are migrants to New Zealand, and face cultural and language barriers, and significant support in acquiring the on-the-job training necessary to do these jobs.

BLOOD COLLECTION

OVERVIEW

People who live in the Upper Clutha are required to pay for blood collection as there is no publicly funded (free) blood collection service in Wānaka, despite this service being publicly funded in Queenstown, Balclutha, Clyde and Gore.

KEY FINDINGS

Our survey found that 90.1% of respondents have needed blood tests in the past five years, indicating a high demand for this service. Members of our community expressed their frustration about the absence of a publicly funded blood collection service in Wānaka, sharing experiences of the financial burden they carry as a result.

The 'WellSouth Rural Services Review: Southern Region' (2024) reported that there had been '11,140 blood tests conducted by Wānaka Medical Centre in the year to 31 May 2024 … signalling demand for a standalone blood service in the area.'

(Wanaka Medical Centre, June 2024)

"We've spent over $800 in the last two years on blood tests."

COMMUNITY MEMBER

"My husband needs blood taken off on a fairly regular basis because he has too much iron, so every time you go that's $68. This is an ongoing condition that will go with him for the rest of his life."

COMMUNITY MEMBER

DIAGNOSTIC EQUIPMENT

OVERVIEW

Radiology services include x-ray, ultrasound, breast imaging, CT scanning, and MRI. Health New Zealand | Te Whatu Ora provides publicly funded x-ray and CT services at Lakes District Hospital and Dunstan Hospital, plus ultrasound at Dunstan Hospital.

Pacific Radiology provides x-ray, ultrasound, breast imaging, CT and MRI scans in Frankton as well as x-ray and ultrasound in Cromwell and Wānaka. Services at Pacific Radiology are self-funded or ACC-funded, and sometimes publicly funded. Southern Ultrasound is also a private provider of ultrasound services in Wānaka. Health providers and consumers have reported that the wait list for publicly funded radiology services is much longer than the wait list for self-funded or ACC-funded services.

Lakes District Hospital has a facility built to provide publicly funded ultrasound services but has not received any funding to staff this facility.

Neither Dunstan Hospital nor Lakes District Hospital has an MRI machine.

"One of my concerns is that a little old lady … falls over and breaks her ribs and they've got choices: either they can go and pay for x-rays in Wānaka or they drive an hour and 40 minutes, in all sorts of conditions, down to Clyde where they get a free x-ray, taking into account petrol and all the other costs … It seems to me wrong that those are the two choices you have."

COMMUNITY MEMBER

"Until we get a hospital here, can we say these things [radiology, blood tests] are classed as emergency services, so the GP would be covered but also the blood tests, and also the imaging … and it would save a lot of money."

COMMUNITY MEMBER

"I think we need a dedicated clinic space with a doctor and a lab with supporting services. You don't know what you're dealing with until you've got the information in front of you. If you can't get the information in front of you, it's incredibly difficult to make decisions – safe decisions."

LOCAL HEALTHCARE PROVIDER

ACCESS TO $30 MILLION FUNDING BOOST

In June 2024, the Minister of Health Dr Shane Reti announced a $30 million funding boost to give people free access to radiology services when referred directly by their general practitioner. The first areas to benefit from the funding were Wellington and the Hutt Valley and the Minister said these areas would be followed by other districts with poor access to radiology services.

In many areas of New Zealand where this funding is not yet available, access to some radiology services requires specialist referral. This means that there are occasions when Upper Clutha residents must travel to a specialist appointment in Dunedin to receive a referral to radiology services such as an MRI. They then need to travel to have the MRI scan, then return to Dunedin to see the specialist for review and discussion of the MRI.

This travel places an enormous burden on members of our community who are faced with petrol and accommodation costs, and may have to take time off work and arrange childcare to attend these appointments. In addition, community members who are unable to drive must find alternative means of transport to attend these appointments.

DISABILITY SUPPORT SERVICES

OVERVIEW

According to the QLDC Regional Economic Profile, Wānaka and Surrounds Census (2023) data,[24] 3.9% of Wānaka's population is classified as disabled which is considerably less than the national average of 7.7%.

In our online survey, 13.2% of respondents identified as either having a disability or being a caregiver, relative, or friend of a disabled person. This group, while a minority, has specific needs and experiences barriers within the community when accessing healthcare services. The data indicate significant challenges in accessing local disability services, including high travel requirements, limited affordable home care options, and gaps in accessible accommodation and transport. Our findings suggest a need for enhanced local disability support infrastructure and more inclusive practices that consider the needs of caregivers as well as patients.

KEY FINDINGS

Access to services: Responses regarding the difficulty of accessing healthcare services for individuals with disabilities were mixed. The most common rating out of ten was 5 (18.5%), indicating moderate difficulty, while others rated the difficulty from low (1) to high (7). This variability suggests that the challenges may depend on the specific disability, type of service needed, or availability of resources. Our research also suggests there is a lack of residential and respite care services, along with gaps in specialist mental health, neurology, and physiotherapy services locally.

Accommodation: Accessible and affordable accommodation is reportedly challenging to find, which adds a barrier for disabled individuals who may require specialised living arrangements. Additionally, accessible transport options are limited, further complicating mobility and access to services.

Home care and respite: Home care services are reportedly costly, with many people unable to afford necessary support unless heavily subsidised. This lack of affordability is a barrier for those who need assistance with daily tasks or mobility.

"There are too many gaps to list. Disgusting. Not happy at all."

COMMUNITY MEMBER

"There's not a huge amount of services locally and even with the ones that exist, it can take quite some time to be able to access them."

COMMUNITY MEMBER

"[There are gaps in] homecare help and assistance for those who have intellectual disabilities … and in homecare help for those that need physical assistance in moving about and doing everyday chores. Cost can deter most from affording the help needed unless heavily subsidised." "

COMMUNITY MEMBER

[24] Regional Economic Profile: Wānaka and Surrounds, Overview Census 2023

Travel burden: Respondents talked about the need to travel to other locations, such as Dunedin or Christchurch, to access healthcare services, and the stress this can cause for people with physical or cognitive disabilities and their carers.

GP availability: A number of respondents reported difficulty in securing regular, reliable appointments with GPs, and sufficient time during consultations. Such inconsistency can affect continuity of care, which is crucial for managing chronic and complex disabilities. Several respondents highlighted the need for healthcare staff to involve caregivers in consultations, especially when the patient has cognitive impairments, as they believe caregivers can provide valuable context that might be missed when only the patient is consulted.

"Travelling to Dunedin and Christchurch for specialist care is difficult and stressful for a disabled child and the carer."

COMMUNITY MEMBER

"If the disability is disease related, then it doesn't seem to be considered as serious. Travelling to Dunedin every couple of months for free specialist care is expensive and difficult."

COMMUNITY MEMBER

EMERGENCY AND AFTER-HOURS MEDICAL CARE

OVERVIEW

The funding allocated to deliver emergency care is not equitably shared across the region, with the same urgent care needs of people in Queenstown, Alexandra, Clyde and Wānaka met with different levels of care and cost to the patient.

CONTEXT

Historically, it has not been possible to establish an accurate measure of the demand for acute and urgent overnight care in the Upper Clutha. This is partly due to there not being an agreed and consistent approach to data collection established among stakeholders (Wānaka after-hours medical centres, Hato Hone St John, Dunstan Hospital, and Lakes District Hospital), and their limited capacity to collate this information. In addition, measuring presentations to hospitals from tourists (domestic and international) staying in the Upper Clutha is problematic, as patients' information is recorded against their usual address. Health funding and service provision are often based on resident population figures, contributing to a historic lack of health funding being allocated in the district.

We are hopeful this situation will improve with the opening of the Tititea Hauora Wānaka Overnight Acute Care service, which is collecting data on the demand for overnight care. This should allow for the impact of the service on patient care, and also on associated services such as the local Hato Hone St John ambulance and Dunstan Hospital, to be assessed. However, it is important to note that those who travel elsewhere to access medical care, for example, to the Lakes District Hospital emergency department where there is no cost to be seen, still will not be included in the data. Additionally, issues associated with the collection and collation of data on the demand for urgent care during the day are likely to remain.

"My daughter sustained an injury at around 9pm, and we accessed the after-hours phone service from the GP. It was done over the phone, and the GP we spoke to was very good and showed genuine concern. He also presented our limited options for taking things further. It was not serious enough to warrant an ambulance, however our only options if we wanted to ensure that she had not broken anything, were to drive to Lakes District Hospital or Dunstan, and this was at around 10pm."

COMMUNITY MEMBER

KEY FINDINGS

Our research was conducted prior to the opening of the Tititea Hauora Wānaka Overnight Acute Care service. Now that the service is operational, it is possible that some issues raised by participants may have been alleviated by the new service. However, as the overnight acute care service is only funded for twelve months, insights into what long-term solution would best serve the community remain relevant.

PATIENTS

Healthcare support outside regular business hours: Findings from our survey reveal that access to extended after-hours medical care (81.1%) and a local publicly funded emergency department (76.9%) are a high priority for respondents. This highlights the community's need for healthcare support outside regular business hours, and concerns about travel distances and access to emergency care.

Frequency of emergencies: A significant portion (60.4%) of respondents reported having experienced a medical emergency in the past five years. While this may indicate a high demand for emergency services in the community, it is also worth noting that the definition of what is an 'emergency' may vary.

Accessing the health centre after hours: More than half of the respondents (52.3%) who called the Wānaka Lakes Health Centre after hours spoke to an after-hours provider. However, a notable percentage reported being referred elsewhere for further care (27%), reflecting the limited local capacity to handle more complex cases. Ratings of after-hours experiences were varied, with 15.6% rating it as 1 (very poor), 16.7% giving it a 5 (neutral) and 21.9% rating it 8-10. This suggests that experiences can vary depending on the situation, provider availability, and the type of care required.

Barriers to accessing medical care: While our findings reveal a community reliant on emergency and after-hours services, currently such services are limited by cost, wait times, and availability of advanced care. Respondents reported the main barriers to satisfactory after-hours care were the cost of services (44.8%) and long wait times (43.3%). These issues highlight the financial and logistical strain on residents needing emergency care outside regular hours. Nearly 28.4% cited quality of care as an issue, indicating gaps in service delivery.

Praise for our healthcare and ambulance staff: Many respondents praised the dedication and professionalism of healthcare and ambulance staff. However, responses highlighted frustrations with delayed care, often due to the need to travel to other centres like Dunedin for specialised treatment. Delays, high costs, and uncertainty regarding available services contributed to stress for patients and their families.

Access to advanced care: In complex cases, patients described having to travel to Dunedin for advanced care, putting additional strain on patients and their families. This dependence on distant facilities for critical care, such as surgery or specialist consultations, underscores the need for more local resources.

HEALTHCARE PROVIDERS

At our focus groups, healthcare providers discussed the pressures they experience in managing emergency and after-hours care for our community, including:

- the need for better-defined pathways for patient management in emergency situations
- the logistical challenges of moving patients between hospitals
- emergency call centre staff not understanding the geographical challenges of our location
- the risks that the weather poses to road and helicopter transfers
- the difficulty of transferring crisis-level mental health patients.

AMBULANCE SERVICES

Wanaka has a 24/7 paramedical ambulance supported by a 24/7 on-call volunteer first response unit (ambulance with volunteer staff in Wānaka). Our local Hato Hone St John ambulance service uses a fluid deployment model, where the allocation of resources can change quickly based on real-time needs. Under this model, the closest ambulance is sent to the incident. If there is no ambulance available in Wānaka, the rapid response unit, comprising the Area Manager and/or Watch Manager in response-capable cars, can be deployed from locations within Central Otago. After Wānaka, the next closest ambulance comes from Cromwell.

The local ambulance service is also supported by Primary Response in Medical Emergencies (PRIME) practitioners, such as GPs and nurses, who can provide the ambulance service with additional skills and interventions. Hato Hone St John oversees the PRIME contract with Wānaka Medical and Aspiring Medical to provide this service. In a situation where demand were to exceed local resourcing, St John would source resources from further afield to meet local needs.

Hato Hone St John has contracts with Health New Zealand | Te Whatu Ora and ACC who fund approximately 83 percent of the operating costs needed annually to run the ambulance service. The balance on what is required to run the service is made up from ambulance part charges, third-party contracts, and fundraising. For people who have an accident-related injury that meets ACC criteria, ambulance transport within 24 hours of the injury is covered by ACC. If someone is treated by an ambulance officer and/or transported in an ambulance because of a medical emergency (a heart attack or a stroke, for example) they may have to pay a part charge. Non-trauma patients are covered by ACC, and those who do not have ambulance membership, pay a part charge for accessing the ambulance service.

SURVEY FINDINGS

Use of the ambulance service: Half of the respondents (50%) had called for an ambulance in the last five years, underscoring the community's reliance on this service.

Wait times: While 14.1% received an ambulance within 10 minutes, 48.4% waited between 10 and 30 minutes, and 15.6% reported waiting over an hour. This variation indicates potential challenges in response times, possibly due to limited resources or high demand.

Satisfaction with service: When asked to rate their experience of the ambulance service, most rated the service between 8 and 10/10 (71.4%). For those who said their experience was unsatisfactory, the main reason they gave was due to long wait times (78.9%).

Our research reinforced the need to reduce the public use of the ambulance service for non-ambulance call outs, so the ambulance can focus on delivering essential services for medical emergencies and serious accidents. This could be achieved through the establishment of a permanent, 24/7 Wānaka-based urgent care service.

> ***"I had an appendicitis … It was late afternoon and it was really crappy weather and I think the appendix burst … The ambulance people were fantastic but it required three ambulance changes - they muttered something about the weather being too bad… They said they had to do the changes because that was going to leave no ambulance in Wānaka. We changed in Dunstan and then we changed in Lawrence and the Lawrence ambulance went all the way to Dunedin."***
>
> COMMUNITY MEMBER

"As an ambulance service, we refer patients in the direction they need to be and hopefully they end up in those locations. For Lakes District Hospital, if it's a straight emergency department, the patient goes there, and for the hospital to refuse a patient is a pretty serious process involving a number of managers. To their credit, they've never done that [refuse a patient] which is amazing, but they're getting busier and busier. Dunstan Hospital will run a surge process where they need to contact the ambulance service and go, 'We have 30 patients in our hospital', and it's a 24-bed hospital. So then we negotiate and the two senior doctors from each hospital have a conversation and then we may send some patients to Lakes, or we might try and negotiate a plan to keep that patient in the community and refer to the GP the next day. In some cases, we have sent patients by road to Dunedin which is not ideal given the turn around time and other pressures on driving hours and fatigue management. So we're doing patient triage on referrals every day and night."

LOCAL HEALTHCARE PROVIDER

HELICOPTER TRANSFERS

Another area of concern cited by participants is the risk associated with critical patients unable to be transported by helicopter due to the weather.

"Our biggest thing is when they can't fly due to the weather. We can do a critically urgent road transfer (CURT) where ICU jump in an ambulance in Dunedin and drive like the wind towards us, and we jump in an ambulance with a patient and drive like the wind towards them, and then they just carry on. But that is a risk and used as a last resort."

LOCAL HEALTHCARE PROVIDER

CONFUSION ABOUT WHERE TO GET HELP

Our research suggests that people in our community require better access to information on the types of local after-hours medical care and emergency services, including what services are available locally, when to call 111, expectations on wait times, clear procedures for accessing after-hours or emergency care, and guidance on what to do when ambulances are delayed or unavailable. Such information needs to be made available to people who move to our community and are unaware of what emergency and after-hours services are available and how to access them, and also translated into multiple languages for people living in our community whose first language is not English.

"Healthline told us to go to Dunstan emergency and I argued that I didn't believe there was such a thing. Then they said go to Queenstown! Do you know how crazy it is to travel over the Crown Range in the middle of the night for a medical emergency?"

COMMUNITY MEMBER

"If we had an emergency department at Dunstan, supported by a publicly funded urgent care facility in Wānaka, then this would ensure the right patients were on the right pathway from the start. Wānaka patients wouldn't have to travel all the way to Dunstan when they didn't need to, and people needing hospital-level care would go to Dunstan, or to Dunedin via helicopter."

LOCAL HEALTHCARE PROVIDER

LOCAL HOSPITALS

CONTEXT

DUNSTAN HOSPITAL

Dunstan Hospital is a community-owned hospital which receives funding from Health New Zealand | Te Whatu Ora to provide inpatient and outpatient secondary-level care for patients from Central Otago and the Upper Clutha. Staff are employed by Central Otago Health Services Limited. Historically, Upper Clutha residents accessed hospital care at Dunstan, unless they were required to be seen in a tertiary hospital such as those in Dunedin or Christchurch. However, Dunstan Hospital does not have a fully funded emergency department so people requiring urgent care cannot present themselves to the hospital. Assessment and admission must be arranged by a medical practitioner, the ambulance service or telehealth.

LAKES DISTRICT HOSPITAL

Lakes District Hospital is owned and run by Health New Zealand | Te Whatu Ora. It has a small inpatient ward, a maternity unit and a publicly funded emergency department. It is the local emergency department for the Upper Clutha where patients can self-present to the hospital without prior assessment.

SOUTHERN CROSS CENTRAL LAKES HOSPITAL

Southern Cross Central Lakes Hospital is a joint venture partnership between Central Lakes Trust and Southern Cross Healthcare. While a private hospital, it provides services to both privately and publicly funded patients. While accident and emergency services are not part of its service, it does provide planned care (surgery arranged in advance) for patients who are eligible through ACC.

We sought information from Southern Cross Central Lakes Hospital on the number of publicly and privately funded surgeries delivered, and also the number of people from the Upper Clutha accessing these services, but the information was not provided. As such, we do not know how many people from the Upper Clutha community have had publicly funded procedures at Southern Cross Central Lakes Hospital, but based on anecdotal feedback, we believe the number is low.

HOSPITAL BEDS

Some healthcare providers discussed their view that the funding of inpatient bed numbers at Dunstan and Lakes District hospitals is inadequate. The ambulance service can be impacted if the patient handover process is slowed down due to a lack of available beds. In addition to creating a clinical risk to the patient, such situations can also mean the ambulance is out of Wānaka for longer waiting for a bed to become available.

"Accessing both those hospitals* [Dunstan and Lakes District Hospitals] *at times is difficult due to the numbers game and that means that patients can be pushed out to primary healthcare and some of that's inappropriate. We find our staff making clinical decisions which are not in line with how they're trained or our procedures. It's difficult to access Dunedin Hospital and Southland Hospital due to weather at times. The population has far exceeded the hospital beds in the area and continues to do so. I take my hat off to all the hospital staff in both hospitals. They do an amazing job, but it's not sustainable."

LOCAL HEALTHCARE PROVIDER

DISCHARGE FROM HOSPITAL

Our research indicates that people have insufficient access to allied, rehabilitation, and home care services following their discharge from hospital. This finding is supported by the 'WellSouth Rural Services Review: Southern Region' which reported that 'poor coordination between agencies and inadequate management of the discharge process from hospital to home is creating issues for on-call primary care providers as well as increasing patients' levels of acuity as they wait to be seen.'

It is apparent that funding for allied health staff (who provide home and rehabilitation supports) has not kept pace with the population growth. Allied health staff are based an hour's drive from the Upper Clutha where the main population growth is occurring. We are aware that Dunstan Hospital funds some physiotherapy at Wānaka Physiotherapy so patients can access this service in Wānaka rather than at Dunstan, and there are district nurses employed by Central Otago Health Services Limited (COHSL) who are based in Wānaka, however, this limited local access to allied health staff is not sufficient to meet the needs of our growing community.

"We will get clients coming back into the community that are discharged out of Dunedin Hospital back to Wānaka, and also out of Dunstan back into Wānaka ... Funding hasn't increased to provide the service with our increasing population size for years and years and years and years, so unless people can pay for services to come in privately they're not necessarily receiving the care that they need."

HEALTHCARE PROVIDER

"Trying to get someone to see you within a week or two is absolutely impossible even if you are coming out of hospital. Most occupational therapists, speech therapists or specialised physios are so booked up that you have to wait at least a month to six weeks before you could see anyone. I have been told many times that this is due to lack of staff available across the region."

COMMUNITY MEMBER

MATERNITY SERVICES

OVERVIEW

The opening of Wānaka's primary birthing unit Rākai Kahukura occurred during the time in which this research was conducted. The birthing unit includes a birthing room with ensuite and birthing pool, four post-natal rooms with ensuites, an onsite antenatal clinic with four rooms, a community room for relaxation and education and a whānau room. According to the government's announcement at the time of the opening, the unit is expected to support around 400 families and 50 births each year. The government has also announced further investment for a new primary birthing unit in Clyde.

"There is not enough variety of types of care available to pre- and post-natal patients. One highly regarded pelvic health physio servicing a whole town, five midwives, ante-natal classes that are booked out months in advance, one Plunket nurse. Many people are shifting here to have kids because they think it'll be a great place to raise kids, but are unaware of the pressure they are placing on the systems."

COMMUNITY MEMBER

KEY FINDINGS

Location of births: In the last five years, 85% of respondents gave birth in a hospital setting, reflecting the absence of local primary birthing facilities at the time, with the other 15% birthing at the Rākai Kahukura or at home.

Additional support requirements: 85% of respondents required scans during their maternity journey, and 80% needed blood tests, highlighting these as key service demands. Over half required lactation support (55%) and specialist appointments (65%), underlining local demand for these services. Fertility treatment, physiotherapy, and genetic testing needs (30% each) were less common but still notable.

Specialist access and emergency services: Many respondents expressed frustration at needing to travel to Dunedin for specialist consultations, epidural access, or c-section services. The reliance on helicopter evacuations for complications adds stress and anxiety, particularly for high-risk pregnancies. The lack of local obstetricians, surgical facilities, or caesarean options leaves a critical gap in local emergency maternal care.

Staffing and resources: Overstretched healthcare professionals and inconsistent services are common themes.

"The midwives are unsupported by any back up doctors, with no local overnight emergency centre in operation. Heli evacs will still be required for even minor complications due to the distance from a hospital."

COMMUNITY MEMBER

EMERGENCY CARE FOR LABOURING WOMEN

While Wānaka's primary birthing unit marks a major improvement in access to local maternity services, there is still a lack of services for women who face complications during labour, including access to emergency caesarean sections locally. It's important that this need is addressed as part of the planning of new health infrastructure and services in the district, as transferring women via helicopter to urban hospitals when emergency situations arise is not a sustainable solution.

"I had to go to Dunedin hospital because I wanted the epidural. Queenstown should provide it instead of having to drive for three hours to Dunedin."

COMMUNITY MEMBER

"There is a lack of obstetric and gynaecological services permanently in Wānaka, and c-section or life saving mother/child services. At this time, Dunedin only sends obstetric and gynaecological out-services to Dunstan once a month. Midwives here are understaffed, over stretched and doing their best under pressure."

COMMUNITY MEMBER

"I think our midwives do an exemplary job of working remotely. They do so much more than urban midwives do, as they are at the forefront of life-and-death situations, making incredibly important decisions. So the maternity care service here should be built around them as the primary carers. This means they need to be fairly paid and work tenable hours. They need to be well assisted by transfer (helicopter and ambulance) services to hospitals for specialist/surgical care to keep birthing women and their babies safe."

COMMUNITY MEMBER

MENTAL HEALTH

"The whole mental health process at every step is risky and has no clear pathway or agreed upon plan."

LOCAL HEALTHCARE PROVIDER

"As health professionals, we all take on risk as part of that. We're operating in different parts of the law, trying not to breach human rights."

LOCAL HEALTHCARE PROVIDER

CONTEXT

In 2021, a review of the mental health and addiction system was commissioned by the Southern District Health Board. The review spoke directly to more than 500 people, and received written feedback from over 750 consumers, carers, and the mental health and addiction workforce. The subsequent report was titled 'Time for Change | Te Hurihanga'. The review considered:

1. the conditions that support current pockets of innovative and/or excellent practice
2. the pressure points in the mental health and addiction (MH&A) system and their underlying root causes, identifying barriers, connectivity, gaps and opportunities for service development, configuration which is equitable across the Southern area
3. the changes and/or improvements that need to be made to the model of care in order to better meet the needs of the population in each locality
4. the best structure and mix/configuration of resources and services and the preferred model of service delivery in each locality
5. what governance and leadership should look like in order to ensure that modern, contemporary clinical practice can be delivered effectively.

The report is considered a foundational document for informing the planning of regional mental health and addiction services. Progress on the recommended actions from the report has been published each year since the report's release. While progress is being made, there is still much work to do, which is evidenced by the findings of our research.

Notably, analysis undertaken in 2021 for the 'Time for Change' report indicated that the Queenstown and Central Lakes district community mental health teams were between 20% and 30% under resourced based on the population demographics at that time. The report also highlights significant resourcing gaps in AOD (alcohol and other drugs) provision across the district.[25] Given the significant population growth in the Queenstown-Lakes District since 2021, under-resourcing in the region is likely to have increased since the release of the report.

Despite the unmet needs our research has identified, we acknowledge the many competent and committed mental healthcare workers who deliver outstanding support to our community, often with insufficient resources.

[25] Time for Change | Te Hurihanga (June 2021) (p32)

KEY FINDINGS

Our research reveals significant challenges in accessing and delivering mental health services in the Upper Clutha. For patients, this is primarily due to high costs, limited availability of specialised professionals, and long wait times. Locals expressed a strong need for more affordable, accessible, and community-based mental health support options. We also heard evidence of the heavy burden of care that healthcare providers working in mental health carry due to insufficient resourcing and the large geographical area they are required to service. The main issues that emerged from our research are:

- the barriers (service gaps, limited availability, cost) people face when seeking to access mental health support
- insufficient mental health services for children and young people
- difficulties in agreeing support pathways for youth expressing suicide ideation
- insufficient alcohol and other drugs services to meet local demand
- the need for dedicated staffing to deliver crisis care support
- the need for increased safety measures for mental health support workers and patients in managing crisis care.

DEMAND FOR MENTAL HEALTH SUPPORT

- **Level of demand:** Almost one in three survey respondents (29.7%) said they, or a family member, had tried to access mental health support in the past five years. The prevalence of poor levels of mental health in our community may be higher as our research suggests there are barriers to accessing support.
- **Common access points:** Among those who sought mental health support, GP visits were the most common starting point (83.9%), followed by private counsellors/psychologists (58.1%) and community support providers (24.2%). This pattern highlights the GPs' central role in mental health referrals and the community's reliance on private providers due to insufficient publicly funded services.
- **Mixed satisfaction with referrals:** When respondents were referred by their GP to mental health services, their reported satisfaction was mixed. Ratings ranged widely, with clusters at both low (1 out of 10) and high (8-10) satisfaction levels, reflecting inconsistent experiences in the effectiveness of referred care.
- **Maternal mental health:** 35% of respondents who had given birth in the last five years said they had required maternal mental health services.

"Mental health teams are very busy and only see you if things are 'desperate'. They are very quick to discharge (even when we still very much have to deal with mental health issues daily in our home). Told to simply go to the GP if things worsen ..."

COMMUNITY MEMBER

BARRIERS TO ACCESS

- **High cost and limited appointments:** The most significant barriers were the cost of treatment (56.9%) (people accessing private services due to difficulties accessing publicly funded services) and lack of available appointments (65.5%). These issues make it challenging for locals to access mental health care when needed, especially for those with limited financial resources.
- **Limited affordability:** Many respondents noted the prohibitive cost of private mental health sessions, with some mentioning fees as high as $200 per visit. This suggests there is a need for subsidised or affordable options, particularly for young people and families.
- **Navigating the system:** It appears that people do not always know what services are available, what they are entitled to, and how to access the right services to meet their needs. This sometimes results in people turning to private services believing that a suitable service is not available locally.
- **Other barriers:** Time constraints (19%) and the lack of public transport (5.2%) further complicate access, particularly for those with busy schedules or no transport options.

> ***"The acuity of mental health is just through the roof for adults and youth and it's really really terrifying."***
>
> LOCAL HEALTHCARE PROVIDER

SERVICE GAPS AND LIMITED AVAILABILITY

People expressed a desire for increased funding and more accessible mental health services, including after-hours options and expanded community-based mental health resources.

- **Specialist shortages:** Respondents noted a lack of local specialised mental health professionals, such as psychiatrists and clinical psychologists, leading to long wait times and closed books. Many locals must travel to other towns like Queenstown or Dunedin, for specialised care, which is costly and time-consuming.
- **Wait times and continuity of care:** Several responses highlighted excessively long waitlists, with some individuals waiting over nine months for an appointment. There are also concerns about limited follow-up, with patients discharged quickly or not prioritised unless cases are deemed critical.
- **Insufficient support for moderate to severe cases:** Responses suggest that the Brief Intervention Service (BIS), while of value for some patients, is not sufficient to meet the needs of those with moderate to severe mental health challenges. Feedback also indicates that our local area requires additional community-based support options such as those that exist elsewhere in Dunedin, for example.
- **Challenges for specific demographics:** Some responses highlighted a lack of support for neurodivergent individuals and postpartum mental health needs, indicating a gap in specialised care for these populations. There is one clinical psychologist based in Dunedin who completes Autism Spectrum Disorder (ASD) assessments and diagnoses, for example. In its response to an official information request, Health New Zealand | Te Whatu Ora confirmed that there is a 0.2FTE (one day/week) clinical psychologist (based in Dunedin) for ASD assessments, a service covering Dunedin and Central-Lakes. In addition, children under 12 can also see paediatricians for ASD and Attention deficit hyperactivity disorder (ADHD).

"It's really hard to access that diagnosis* [ADHD]*. You need to go through your GP and a psychologist. It's about $1000 to get the diagnosis. Recently my child went through the process through SPELD NZ … and to be assessed was $1000. There's no public funding for that even when it's recommended by the school, so that's where the Upper Clutha* [Children's Medical] *Trust did assist me; they gave me $400."

COMMUNITY MEMBER

MENTAL HEALTH SERVICES FOR ADULTS

Our research indicates that there are limited adult mental health support services, such as peer support programmes (groups run by trained peers that focus on emotional support, sharing experiences, education and practical activities), drop-in clinics, and day programmes available in the region. While there are support services delivered in Dunedin, travel is a barrier to access. We are aware of only one volunteer-led peer-to-peer support group in the Upper Clutha area.

MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS

People are concerned about the difficulty in accessing publicly funded mental health services for children and young people. This situation leads many families to turn towards private service providers. While children are at school, some funding is available from the Upper Clutha Children's Medical Trust to access private mental health services, and at high school, young people can access support such as school guidance counsellors. However, cost remains a barrier for some families, and once children leave school, the pathways are less clear. In addition, people may not always know what services are available, so improved communication and better knowledge of referral pathways would help.

CHILDREN UNDER 5

In its response to an official information request, Health New Zealand | Te Whatu Ora stated that within Health NZ Southern, children aged under 5 years who require mental health support are managed through paediatric services.

"Play therapy – it's nearly all privately funded. Gumboot Friday will fund two sessions, sometimes four, but only for children over 5 years old – nothing under 5s. The Upper Clutha Children's Medical Trust will subsidise or pay for 10 sessions but children need about 15 to 20 and then they can actually get to mastery and they work through their difficulties. It's a struggle for families."

COMMUNITY MEMBER

CHILDREN UNDER 12

Our findings indicate that there is very limited support for children under 12 with mild to moderate mental health needs in our region.

In its response to an official information request, Health New Zealand | Te Whatu Ora stated that within Health NZ Southern 'children aged under 12 years who are thought to be suffering from a moderate to severe mental health disorder can be referred to the Central/Lakes Child and Family Service (CAFS). Referrals are triaged based on risk and acuity or severity. The average wait time for the Central/Lakes CAFS was three to four months as of December 2024. This wait time had previously been a lot longer earlier in 2024 due to recruitment difficulties.' We have heard anecdotal evidence that in 2024, wait times reached more than twelve months.

"It's diabolical in Wānaka. We've been sitting on a referral to child mental health services for 18 months and still not seen anyone. We've been forced to engage a local private psychologist after literally begging her to take us on as everyone was not taking any new clients. She's now left Wānaka, so we have to travel to Queenstown as nobody local will take us on. The child is too young to access services provided in Cromwell. Our GP has been amazing and has finally, in desperation and after six months of high levels of mental health issues, managed to contact a consulting psychiatrist who has prescribed anti-depressants. It's been a nightmare."

COMMUNITY MEMBER

"Massive gaps. I have had our daughter on a waiting list for psychological support via public health for nine months and still no date for appointment."

COMMUNITY MEMBER

YOUTH AND ADOLESCENT

In its response to an official information request, Health New Zealand | Te Whatu Ora stated that young people who are thought to be suffering from a moderate to severe psychiatric disorder can be referred to the Central/Lakes Child and Family Service (CAFS). There are also a number of other services, funded by Health New Zealand | Te Whatu Ora, available:

- ADL Thrive Te Pae Ora is a free face-to-face professional counselling service for young people (aged 12 to 24) with mild to moderate-plus mental health needs, and their whānau. Access to this service is via GP or self-referral.
- ADL also provides extended counselling sessions to young people for mental health and/or co-existing problems that require increased interventions (extended sessions to Thrive Te Pae Ora). Young people must meet the entry criteria for Thrive and be referred by ADL to access this additional support. There are currently 10 spaces available across Central Otago.
- Adventure Development Counselling (ADC) is a longer-term program that helps young people (aged 13 to 22), with alcohol and drug use and co-existing problems, through talk therapy, activities and outdoor experiences. Referral can be from anywhere, however, cases are triaged and decided by ADL if appropriate. Often young people come via Thrive initially. There are six spaces available in Central Otago.

"We're seeing a lot more youth and it's getting younger and scarier."

LOCAL HEALTHCARE PROVIDER

YOUTH EXPRESSING SUICIDE IDEATION

Participants described difficulties in confirming treatment and support pathways for some mental health patients, including young people, expressing suicide ideation (suicidal thoughts). We are aware of cases of young people with suicidal ideation being accepted for treatment by the publicly funded Child and Youth Mental Health Services (CAFMHS), and then being placed on waitlists of up to one year before treatment can commence, with a recommendation to the family, young person and non-government organisation (NGO) to contact the Te Whatu Ora crisis team if the situation becomes urgent. While waiting, some young people are referred to non-government organisations to provide interim support. While this is effective for some young people, others need specialised assessment, diagnosis, medication and intervention. The following case study illustrates the challenges faced by families in accessing assistance for children expressing suicide ideation.

"We [government-funded mental health service provider] *received an urgent referral from a GP concerning a young person experiencing daily suicidal thoughts and expressing a desire to die. The young person was unwilling to discuss any specific plans or intent related to suicide. The screening assessment by the GP indicated a moderate to severe presentation of depression and anxiety. The young person also expressed reluctance to attend school and was receiving support from the school guidance counsellor. We discussed the case with* [Health New Zealand | Te Whatu Ora] *Child and Youth Mental Health Services (CAFMHS) and they accepted the referral based on the severity of the symptoms. The family of the young person was then sent a letter informing them of a wait list of up to one year for CAFMHS services. The family became distressed upon receiving the waitlist letter and contacted us expressing their concerns about the lack of communication from CAFMHS beyond the initial letter. They were particularly worried given the urgency of the young person's mental health condition. We met with CAFMHS again and reviewed the case. CFMHS acknowledged that apart from the waitlist letter, there had been no further contact with the family. This was highlighted by CAFMHS as its normal process. CAFMHS instructed us to contact the family and advise them to contact the crisis team if the young person's condition worsened or if immediate support was needed while they waited for treatment to commence."*

MATERNAL MENTAL HEALTH

Participants discussed the need for more pre- and post-natal mental health support for mothers. In its response to an official information request, Health New Zealand | Te Whatu Ora stated that Health NZ Southern does not have a dedicated perinatal mental health service or FTE in the Central Lakes area. The Community Mental Health Teams based in Queenstown and Dunstan offer case management for women and whānau in the pre- and post-natal period with oversight and clinical reviews from a consultant psychiatrist. They also utilise the support from the South Island Regional Mothers and Babies service as necessary. We are also aware of other services providing support, including Central Lakes Family Services and Child, Adolescent and Family Mental Health Service (CAFMHS).

EATING DISORDER SERVICES

In its response to an official information request, Health New Zealand | Te Whatu Ora stated that clinical teams within the Wānaka, Central Otago and Queenstown Lakes areas have anecdotally reported an increase in the number of young people presenting with an eating disorder which supports what we heard during our research.

Currently, there is an inpatient service based in Dunedin (Wakari hospital ward 9C has two youth beds) for those aged over 16 with eating disorders requiring inpatient treatment.

If a young person is under the age of 16 years, they are often admitted to a paediatrics ward if they are medically unwell. The only specialised eating disorder treatment is at Hillmorton Hospital in Christchurch.

The Central/Lakes CAFS service works alongside young people and their families delivering a community-based intervention called the Maudsley Family-Based Therapy. This is for the treatment of an eating disorder with ongoing oversight and clinical reviews with a consultant psychiatrist.

The mental health outpatient dietitian for the Central Otago/Lakes/Upper Clutha area is based out of Invercargill so support is via telehealth. If a person with an eating disorder is not yet being managed under the mental health team, they might be seen by the Dunstan Hospital dietitian, which is not best practice, as eating disorders should be treated with a multi-disciplinary team providing holistic support.

Counselling services for people with eating disorders who have not been accepted for treatment by the mental health team can be difficult to access. We are also aware of patients who have not been adequately supported following discharge from Wakari hospital and this has led to their readmission as an inpatient. ADL Thrive Te Pae Ora is a free face-to-face professional counselling service that sees a significant number of young people with disordered eating, however, this is not a specialist eating disorder service.

CRISIS CARE

Our understanding is that staff employed at the Central Lakes Community Mental Health Team (CMHT) and Child, Adolescent and Family Mental Health Service (CAFMHS) are placed on a 24-7 roster for crisis call outs, on top of their regular work schedules. When required, the crisis team does an assessment and creates a plan for the person in crisis. Often the patient can stay at home, but when transport to hospital is required, it can take more than 10 hours return, and often the team needs to stay in Dunedin before returning. One healthcare provider described working from 9am to 5pm and then being on call overnight, and 24/7 during some weekends.

Central Lakes staff can take on up to eight shifts a month and one weekend. They work a full day from 8:30am to 5pm and are then on call from 5pm to 8am the next day. Queenstown staff work from 5pm to 12am (it is not clear why there is a difference in rostering). On Saturdays and Sundays, staff are on call for 24 hours.

The crisis team is rostered on in pairs and when the on-call crisis team has to respond, it will sometimes result in team members being unable to see their routine/scheduled patients the next day due to the stand-down period which can be for up to 12 hours. Such disruption can occur for people in roles such as psychologists (where there are already very long waits for patients to be seen), mental health nurses, and allied health workers such as social workers.

In Central Lakes, there is no emergency inpatient psychiatric service for mental health patients in crisis. Sometimes a GP, ambulance, the police, a family member, or the patient will call the crisis team. While some patients can be transported to Lakes District or Dunstan hospitals for assessment, neither hospital has a fit-for-purpose set up for mental health patients. In response to findings of the 'Time for Change | Te Hurihanga' report, a crisis respite centre was established in May 2024 in Queenstown, and is run by Central Lakes Family Services (CLFS). For patients meeting the eligibility criteria, this centre provides a much-needed, short-term respite service, but was never designed to meet the needs of the range of high-risk patients requiring support.

IN-HOSPITAL CARE OF HIGH-RISK MENTAL HEALTH PATIENTS

Some at-risk mental health patients are admitted to Lakes District Hospital where there are two nurses and one doctor rostered on overnight in the Emergency Department. High-risk mental health patients require one-on-one watch for safety, and the hospital is not resourced to provide this level of care on a consistent basis. Participants discussed the lack of fit-for-purpose local facilities for holding sectioned patients, including a lack of a secure room and sufficiently trained and supported staff to care for these patients.

AMBULANCE SERVICE SUPPORT

Participants discussed how in an acute mental health critical emergency, the ambulance service may be involved, usually to transport the patient to hospital in a safe and controlled way. In such situations, the ambulance service needs a timely and appropriately skilled referral pathway to deliver the level of care the patient needs. At times, it appears that the response of the referral service can be slow and/or the people who attend do not have the necessary skills to meet the patient's needs. While the demand for specialist mental health teams is increasing, the ambulance service is tasked with providing a generalised emergency service response, and its staff are not trained to deliver the highly specialised skills needed for crisis care of mental health patients.

SECTIONING PATIENTS

Participants discussed how in an acute mental health critical emergency, the ambulance service may be involved, usually to transport the patient to hospital in a safe and controlled way. In such situations, the ambulance service needs a timely and appropriately skilled referral pathway to deliver the level of care the patient needs. At times, it appears that the response of the referral service can be slow and/or the people who attend do not have the necessary skills to meet the patient's needs. While the demand for specialist mental health teams is increasing, the ambulance service is tasked with providing a generalised emergency service response, and its staff are not trained to deliver the highly specialised skills needed for crisis care of mental health patients.

Healthcare workers expressed concerns about police instituting a higher threshold for transporting people in mental health cases, which they believe may further impact the safety of mental health workers and other service providers in transporting high-risk patients.

"I feel unsafe at times transporting acutely unwell patients to Dunedin or Invercargill as there are significant portions of the drive with no mobile coverage, and minimal security measures in the work car, for example, only child-lock doors. Likewise, if I have a full day of seeing clients and then am called out for an extensive amount of time with minimal opportunity to eat, rest, or take a sufficient break - it can be physically and emotionally shattering. On top of that, I then have to re-schedule or cancel clients for the next day which adds more admin and time away from face-to-face contact. Also, if two allied health staff are on a call out and a patient requires medication or physical monitoring, paramedics will need to be involved which can draw out the process even further while we wait for them to come. Staff have the right to step away if it is too unsafe, but sometimes we cannot predict or assess what will happen."

LOCAL HEALTHCARE PROVIDER

"I feel incredibly unsafe as a young female."

LOCAL HEALTHCARE PROVIDER

DRUG AND ALCOHOL ADDICTION SERVICES IN THE REGION

Participants described a lack of locally available drug and alcohol addiction services.

An official information request submitted to Health New Zealand | Te Whatu Ora in December 2024 (see Appendix D for full response), showed that there has been an increase in the number of alcohol and drug referrals received in the Dunstan and Queenstown Central Lakes areas from calendar year 2023 to calendar year 2024.

The Specialist Addiction Service (SAS) has 3 FTE permanently allocated to the Queenstown Central Lakes area for key workers (case managers). Currently, this is spread across 1.8 FTE in Dunstan and 1.2 FTE in Queenstown, and the workers support each other as a Central Lakes service. SAS offers face-to-face clinics in Wānaka one to two days per week, and more if needed. According to Blueprint 1 (The Blueprint for Mental Health Services in NEw Zealand - how things are meant to be 1998) as referenced in the 'Time for Change | Te Hurihanga' report, the Queenstown Lakes population of 47,811 (as at Census 2023) requires resourcing for drug and alcohol addiction services of 4.62 FTE. It's important to note that there are other services available regionally.

It appears that the gap in resourcing is sometimes met by the ambulance service which has patient management plans (a personalised document outlining a person's mental health needs, treatment goals, and a plan for managing their condition, developed collaboratively between the patient, their healthcare provider, and potentially their whānau | family) for patients who they regularly attend. We have also heard of staff at a hospital in Queenstown being asked to provide medical detox services despite not being trained or staffed to do so.

Health New Zealand | Te Whatu Ora's full response to our official information request can be read in Appendix D of this report.

"Drug and alcohol services just seem dismal in this region and we're not trained to do drug and alcohol … but there's no supports in our service for alcohol and drugs."

LOCAL HEALTHCARE PROVIDER

"I suffered a mental breakdown after returning to New Zealand from working abroad). I have a long history of mental health troubles. I sought help via my GP for my serious depression and suicidal ideation.

Eventually I was given an appointment through the mental health team at Dunstan. Sadly, it all occurred over a very long and slow few months, and by the time the help came, I was in a terrible state. I was admitted to Wakari Hospital in Dunedin three times, and each time, I was sent home to be followed up by Dunstan. My case manager would sometimes come to Wānaka, but sometimes I had to drive to Dunstan. After a while, my case manager stopped coming to Wānaka altogether, and my options were to start a new relationship with a case manager who did come to Wānaka or travel to Dunstan. Part of my mental health struggle is meeting new people, so there was not really any option for me. The help was minimal, was not fit to my conditions, and I was told that the best thing to help me was to attend the community day programme in Dunedin. Last year, I suffered another breakdown and as a result, I have had to move to Mosgiel to be able to access the care I need. I require regular psychology appointments for a couple of years, or maybe more, and this is not available to me in Wānaka. I need to attend the community day programme at Dunedin Hospital — there is nothing available in Wānaka. I also need weekly/fortnightly appointments with a psychiatrist (not available in Wānaka), and I need to attend other weekly groups/places for continuing wellness such as ArtSenta and a therapeutic pool. Again, not available in Wānaka. It's been a very, very long 10 years of unwellness and I am still dealing with the basics that could have been over and done with seven or eight years ago if the facilities were available in, or near, Wānaka. Having to travel to Dunedin to be assessed by EPS is an horrific journey when in crisis, and with no guarantee of being admitted at the end of the journey either, so potentially needing to find accommodation in Dunedin. Staff from Dunstan having to drive/travel with me for a 7 to 8 hour return journey is also really unreasonable.

Dunstan's mental health team does its best, but the funding and staffing is just not there. We need more experienced staff to help ease their load and make patient outcomes more positive."

LOCAL COMMUNITY MEMBER

PRIMARY CARE

As of April 2024, Southern's rural practices had an average patient ratio of 1654 patients per GP, significantly higher than the average for Southern's urban practices of 1572 per GP (WellSouth, April 2024). The Royal New Zealand College of General Practice recommended average ratio is 1300-1400:1.

OVERVIEW

Primary healthcare is the entry point to the health system for most New Zealanders. Primary care is delivered by general practitioners (GPs), nurses and other healthcare workers in the community. Primary healthcare covers health services such as regular check-ups, treatment for illnesses, vaccinations, and lifestyle advice. Secondary healthcare refers to more specialist-level care, and is often based in a hospital setting. Patients are referred to specialist health care from a primary care provider, usually a GP.

Primary healthcare providers are often part of a wider Primary Health Organisation (PHO) which receives healthcare funding from Health New Zealand | Te Whatu Ora and distributes the funding to GP practices, as well as funding its own community programmes.

The PHO for the Southern area is WellSouth. There are three GP practices in Wānaka which are members of WellSouth: Wānaka Medical Centre, Aspiring Medical Centre, and Cardrona Doctors. According to WellSouth, the number of enrolled patients in Wānaka as at August 2024 was 18,094.[26]

[26] Rural Services Review - Southern Region (2024)

KEY FINDINGS

PATIENTS

Our survey found that 91% of respondents are enrolled at one of Wānaka's three medical practices, and that 97.6% of respondents had made a visit to the GP in the past five years (excluding emergencies). Community members identified a number of issues relating to their primary care:

- continuity of care due to difficulty in seeing the same practitioner
- difficulties in getting timely appointments
- cost of care
- confusion around the roles of different practitioners and pathways to care
- overnight care.

Despite participants' frustrations about the healthcare system, many expressed their appreciation for the calibre of healthcare providers in our community.

"A patient-GP relationship is impossible to achieve given the unlikelihood of seeing the same person twice. The time taken to get an in-person appointment is ridiculous. Two weeks is common. Way too long. Health issues don't have to be emergencies to be serious or problematic."

COMMUNITY MEMBER

"I always found health professionals great in Wānaka, but lately it's so hard to get an appointment."

COMMUNITY MEMBER

"Despite the fact there's a lot of things that could be a whole lot better, the GPs that we've encountered … are almost without exception kind, caring, helpful and they're bound within the system that we're all grumbling about."

COMMUNITY MEMBER

PRIMARY CARE PROVIDERS

The 'WellSouth Rural Services Review: Southern Region' (2024)[27] was commissioned by WellSouth to identify the key priorities of rural health and community providers and to develop ways to enhance services and outcomes in rural areas. Included in its scope were all services relating to the provision of rural primary care. The review described the Southern Region as 'geographically vast, characterised by significant variances in terrain, climate, population, and economic prosperity' - all characteristics that present challenges for our primary care providers in the Upper Clutha community.

The issues identified in the Rural Services Review report mirror what we heard from primary healthcare providers.

- There is insufficient funding to cover actual costs to provide primary care services in rural areas.
- They face difficulties in recruiting and retaining staff due to the scope of skills required by rural practitioners and the scarcity of local accommodation and housing affordability.
- The complexity of urgent care in isolated regions which creates greater risk and fatigue for clinicians, exacerbated by unpredictable weather conditions.
- The lack of secondary mental health resources creating a gap in service for moderate to high acuity patients.
- The insufficient services for an ageing population, including needs assessments, home support, and respite care.
- A lack of access to diagnostics.

[27] Rural Services Review - Southern Region (2024)

"One of the problems is the people who are funding the situation have got no idea about how medicine has changed in the last 23 years because primary care hasn't had any real change in funding, if we look at the capitation system that we work on which is the basis of our funding."

LOCAL HEALTHCARE PROVIDER

"The Minister has mentioned that there's going to be a change in imaging and there's been some money come through in the budget as well. The announcement was four months ago and what has happened? Nothing. It's unbelievable why primary care has been allowed to erode to the state that it's in."

LOCAL HEALTHCARE PROVIDER

"The model has not changed and it's been based on a 15-minute or probably a 10-minute appointment in those days. But the 15-minute appointment for someone who's got complex healthcare or needs complex healthcare … is just not possible because of the pressure of work that's upon us. It's just not possible with some patients for them to be in and out in a quarter of an hour."

LOCAL HEALTHCARE PROVIDER

INTERFACE WITH SECONDARY CARE

Participants discussed the interface between primary and secondary care, and the increased expectations placed on primary care without additional funding to resource the additional workload.

"The amount of things that are being pushed out of secondary care back into primary care without one cent to follow."

LOCAL HEALTHCARE PROVIDER

"We're being asked to do more and more and more, but without the staff or the funding."

LOCAL HEALTHCARE PROVIDER

"There's been studies showing that there's been much more rejection from Dunedin Hospital than in other areas which all feeds back on how your service works here which is difficult."

LOCAL HEALTHCARE PROVIDER

ACUTE CARE SERVICES IN GENERAL PRACTICE

Extended Primary Care (EPC), managed by WellSouth PHO and funded by Health New Zealand | Te Whatu Ora, supports general practices to manage acutely unwell patients. In doing so, it supports equity of access for priority populations, including rural communities. This initiative is funded for this financial year until June 2025. There is a limited amount of funding available, and each general practice must decide who is eligible to receive the funded service, so not everyone may be eligible. Prior to this funding becoming available, patients accessing urgent care in Wānaka for chest pain, for example, would be required to pay for this care, often receiving a bill of many hundreds of dollars.

The available funding may be exhausted before the end of the financial year because it is not sufficient to meet local demand. This means that people in our community must pay for care that would otherwise be treated for free at an emergency department in locations such as Dunedin, Christchurch or Queenstown — another example of the inequitable access to healthcare experienced in our community.

AFTER HOURS AND OVERNIGHT MEDICAL SERVICES

The provision of GP-led overnight care was discussed by community members at the focus groups, with some community members questioning why, among the three practices, it is not possible to provide an overnight service.

Until September 2022, the Wānaka Medical and Aspiring Medical practices had provided overnight GP care for many years. Announcing the cessation of the service, a joint statement from the practices said the cuts were due to 'ongoing recruitment issues and the impact of Covid-19 on clinical resources, of whom many also provide daytime medical services."

General practitioners continue to provide care until 11pm, and in October this year, the Tititea Hauora Wānaka Overnight Acute Care service opened. This interim service is funded for 12 months and operates Monday – Friday: 11pm – 8.30am, and Saturday, Sunday and Public Holidays: 11pm – 9am from two clinic rooms at Aspiring Enliven Care Centre. The service is led by experienced registered nurses with remote telehealth support provided by the Dunstan Hospital overnight senior doctor. It is not a walk-in service. Patients are referred by either Ka Ora telehealth service (0800 252 672) or Hato Hone St John.

RESPITE CARE

OVERVIEW

Respite care is very limited in Wānaka and often unavailable. Because public funding is allocated for occupied beds, there is a reluctance on the part of service providers to hold empty beds for respite purposes.

There is also a limited number of local staff available to work in residential and in-home respite care, and with both public and private service providers utilising these staff, there are often staff shortages.

COMMUNITY DAY PROGRAMMES

Currently, Aspiring Wanderers and Elmslie House provide day programmes which promote cognitive function and give people living with dementia an opportunity to socialise and engage in meaningful community activities. Healthcare providers reported to us that there is a need for more local day programmes to provide engaging and stimulating opportunities for people requiring care, and periods of respite for their carers. Such programmes are beneficial, not only for people living with dementia, but also other members of our community who would benefit from engagement with other people and activities such as gardening, walking in nature, art and crafts, and music and movement. Currently, Elmslie House has enough public funding to deliver a programme once a week for four people living with dementia, however, the local demand for such a programme is much higher. In addition to needing additional funding, appropriate spaces and venues are required to deliver such programmes.

"Dad desperately needed respite care because he couldn't stay in his house at Enliven without someone sleeping there with him. It turned out there weren't any beds anywhere - everything was full. Given the nature of the population in Wānaka, what's going to happen to people? And where do people go to get a break?."

COMMUNITY MEMBER

"We cannot get people into respite care so they're at home, they're dangerous, and they're just going backwards and forwards."

COMMUNITY MEMBER

SPECIALIST SERVICES

OVERVIEW

Our research found that there is a strong demand in the Upper Clutha community for a number of specialist services. While there is a range of services available in Wānaka, and elsewhere in the district (for example, at Dunstan Hospital or in Queenstown), community members are still required to undertake frequent travel to access some specialist services, including to Dunedin and Christchurch.

The following publicly funded specialists visit Dunstan hospital for outpatient appointments: cardiology, diabetes nurse specialist (visits Wānaka), gastroenterology, including endoscopy services, general surgery, gynaecology, neurology, obstetrics, older person's health, oncology, orthopaedic, paediatric, respiratory, retinal photography, urotherapy / continence.[28]

Currently, there is one full-time consultant dermatologist for the whole of the South Island (based in Christchurch), but it's not clear if they are employed full time in the public system.

The following allied health clinics are also available through Central Otago Health Services[29]: child development service (visits Wānaka), dietitian (visits Wānaka), speech and language therapy (visits Wānaka), occupational therapy (visits Wānaka), and physiotherapy.

In Wānaka, the following private specialist clinics are available[30]: gynaecology and obstetrics, fertility, gastroenterology, including endoscopy, colorectal surgeons, allergy clinic, breast surgeon, cardiology, cosmetic and reconstructive surgeon, ear, nose and throat specialist, musculoskeletal medicine, sports medicine, occupational medicine, orthopaedics, paediatrics, ophthalmology, psychology, urology, vein specialist, and mole/skin clinics.

KEY FINDINGS

The main issues raised by participants were:

- being required to travel long distances to see specialists for short appointments that could have been conducted locally or via telehealth
- long waitlists to see specialists via the public and private systems
- difficulty accessing local specialist services in fields such as obstetrics, gynaecology and orthopaedics
- the need for information about which specialists are consulting in Wānaka and when.

"An ophthalmologist comes over once a month and he does Avastin injections up here. Most of the people affected by that are elderly and travel to Dunedin is incredibly difficult for them. I know for a fact that he's got some patients that have told him or have told me: 'I can't keep travelling to Dunedin, so I'm just going to stop getting my injections'."

LOCAL HEALTHCARE PROVIDER

[28,29] Central Otago Health Services Limited services

[30] Wānaka Health Centre directory of services, Intus Specialist Health Care

MORE LOCAL SPECIALIST SERVICES

Enhancing local access to high-demand services like orthopaedics, dermatology, and surgical care would reduce travel burdens and potentially improve health outcomes by enabling faster access to treatment. The gaps in certain specialities suggest opportunities for expanding the range of visiting specialist clinics. Participants discussed the need for greater coordination between primary care services and specialist services to establish the most direct and cost-effective care pathways for people living in the Upper Clutha community.

Our survey found that obstetrics, gynaecology and orthopaedics are among the most commonly accessed specialities, with respondents travelling to Dunedin, Christchurch, and other locations to receive care, especially for surgical interventions. Cardiology, paediatrics, urology, and gastroenterology also show a notable split between local and out-of-town access, indicating partial availability locally, but significant travel for more advanced or specialist procedures. While a limited number of mental health services can be accessed locally, there's a clear demand for specialist services that require travel to major centres, due to limited local availability.

Fields such as immunology and rheumatology appear to be under-served locally, with respondents needing to travel for these services.

Some highly specialised medical sub-specialties are provided regionally, for example, a South Island-wide service is provided from Christchurch for paediatric oncology, paediatric gastroenterology, genetic services, and dermatology, necessitating travel to access in-person services for all patients who do not live in Christchurch.

At one of the healthcare provider focus groups, a local healthcare provider shared their concerns about members of our community - primarily elderly residents - being able to access Avastin injections to treat age-related macular degeneration (AMD). Currently, elderly people living in the Upper Clutha often must travel to Dunedin to receive their injections as the service is not always available locally. The healthcare provider expressed the view that local healthcare providers could be trained to administer the Avastin injections, creating a local service to meet demand and removing the need for people to travel for this treatment.

When we asked healthcare providers what medical specialities they saw as the areas of highest need in our community, respondents cited geriatricians, needs assessment by the Needs Assessment and Coordination Services, neurology, dermatology, and vascular surgeons (in particular, to meet the needs of elderly people living in our community).

TRAVEL TO SEE SPECIALISTS

Our research suggests that some people choose to pay for private specialist appointments because it can cost less to pay to see a specialist in Wānaka, compared with the cost of lost wages, travel, and/or accommodation costs incurred when attending publicly funded appointments in Dunedin. This underscores the need for increased funding for more local specialist clinics at locations such as Dunstan Hospital. Participants also talked about occasions when they've travelled to see a specialist in Dunedin, only to discover that, with the right communication and coordination, the appointment could have been conducted locally.

The 'WellSouth Rural Services Review: Southern Region'[31] proposed a number of actions that could assist in increasing the number of specialist clinics delivered locally:

- identifying areas where it is more cost effective to establish a specialist clinic in a specific area, than to have multiple patients travelling to see the specialist
- making rural clinics a mandatory component of specialists' employment contracts
- utilising and funding allied health services in local areas more effectively, such as local optometry services providing retinal screens rather than specialists.

ACCESS TO INFORMATION ABOUT SPECIALIST SERVICES

Participants described not having sufficient information about which specialists visit Wānaka at different times. Some participants described travelling to Dunedin for an appointment, only to discover later that the specialist comes to Wānaka to see patients. While there is some information available online about visiting specialists who hold regular clinics at the Wānaka Lakes Health Centre, and a monthly calendar compiled by staff at the Wānaka Lakes Health Centre which is provided to GPs, it appears that there is a need for more detailed discussions between primary health providers and their patients, so patients are aware of which specialists they can see, and at what locations.

"My experience has been that there are some specialty areas in Wānaka that are quite well served but you might have to pay because the specialist operates in the public sector and the private sector. In Dunedin, you might end up seeing the same person but you pay for the same service in Wānaka. In the end, you either pay to travel to Dunedin and have overnight accommodation or you pay for Wānaka and it works out sometimes better to do it in Wānaka. That's not fair for us."

COMMUNITY MEMBER

"One time, we travelled to Dunedin for an appointment [for her grand-daughter] and they only needed 10 minutes to measure her arm and it could have been done here - anyone could have measured her arm. I think she was four at the time and it could be done here. It's not easy for her to travel."

COMMUNITY MEMBER

"I had to travel to Dunedin every four weeks throughout my pregnancy to see specialists."

COMMUNITY MEMBER

"We don't really know what specialists travel to Wānaka. We've been referred to Dunedin to see specialists and then we've heard they come to the consulting rooms in Wānaka."

COMMUNITY MEMBER

[31] Rural Services Review - Southern Region (2024) (p36)

2. Systemic barriers

It is clear from our research that the health system can be difficult to navigate for both patients and healthcare providers. Such difficulties have been compounded recently due to changes in the structure of the health system.

Further, difficulties in navigating the health system can be more pronounced in rural areas where people are required to travel significant distances, to different locations, to access healthcare services.

The Rural Services Review Report (2024) recommended the use of health navigators or community support roles to assist people in navigating the health system. Our findings support the need for patients to be assisted in navigating the health system, and we have recommended the funding of a role in the Upper Clutha community that incorporates this function.

INFORMATION MANAGEMENT

OVERVIEW

While best practice IT infrastructure in health settings can create administrative efficiencies and enable access to essential patient information, the IT systems at Health New Zealand | Te Whatu Ora are reportedly fragmented and struggling to cope with growing demand. Additionally, there has been a call for some time to develop a shared national electronic patient record. A proposal to significantly reduce the number of digital roles at Health NZ | Te Whatu Ora is under consultation (as at the end of 2024).

KEY FINDINGS

Both community members and healthcare providers spoke about the challenges of accessing and managing patient information due to the lack of integration of systems across Health New Zealand | Te Whatu Ora. The main issues raised were:

- patient and healthcare provider concerns about delays in receiving correspondence regarding the management of patient healthcare
- patient frustration with appointment information being sent via the postal system rather than via email, and supported by text message reminders
- healthcare providers' frustration with the 'siloed' nature of data collection which leads to difficulties in accessing patient data.

MAILING OF APPOINTMENT INFORMATION

Many community members mentioned the difficulty with notification of health appointments sent via post, with people sometimes not receiving their appointment letters until after the appointment date. In the past, people have been told that correspondence was being mailed due to 'privacy reasons'. However, we contacted the HNZ Privacy Office and asked them if privacy considerations were the reason for the reliance on the postal service, and we were told the following: 'I would say this is more of an issue with the booking systems – various services currently send text message reminders, so I can't see why we wouldn't send email reminders (if we had prior consent, had verified the email address, etc).'

> ***"I finally saw an orthopaedic surgeon about six weeks ago and now I'm on a waiting list to have a knee replacement. As I was leaving, the nurse said: 'You will get a letter, but don't expect it very soon because there's such a backlog'. And I still haven't received that letter. The other thing is that … everything's snail mail. It's unbelievable in this day and age. Unbelievable."***
>
> COMMUNITY MEMBER

SILOED PATIENT DATA

Healthcare providers talked about the frustrations created by not being able to manage their patients via a single patient information source. The key issues raised were:

- a lack of access to North Island patient data on the South Island and vice versa
- delays in primary healthcare providers receiving timely hospital discharge information
- access to patient information when patients had been treated in both the public and private systems.

"The information system situation is completely fragmented and siloed … I think the patient thinks 'it's all there's in the computer, 'it's all sitting there in one place' and in fact it's not, and it really endangers care."

LOCAL HEALTHCARE PROVIDER

"And they [the patient] sit down and I say 'What can I do for you today?' … and they say 'this is a follow up after you referred me to the hospital' and I say 'I know but I don't have the notes yet'. And when I finally do get the notes … it's often a week later."

LOCAL HEALTHCARE PROVIDER

NAVIGATING THE SYSTEM

OVERVIEW

Both patients and healthcare providers talked about the challenges of navigating the healthcare system. Many people mentioned the complexity of pathways to access healthcare and to manage referrals to specialists and hospital services. Challenges in navigating the system are compounded due to the high rates of referral rejections in the southern health district, and a lack of understanding among some healthcare providers and/or administrators in the southern health region of the geographical terrain and distance people in the Upper Clutha are required to travel to access health services.

"I know if I have certain questions now I go to the Hub and they tend to find the answers, but what if you don't know to ask those questions"

COMMUNITY MEMBER

KEY FINDINGS

- **Referral pathways:** The historic merger of Southland and Otago district health boards (DHBs) and subsequent changes in personnel and geographical boundaries across the Southern health region have created confusion when determining referral pathways.
- **System structure:** It is apparent that people do not understand the structure of the system and how different entities interact with each other, creating confusion for patients and healthcare providers.
- **Accessing hospital-level services:** Many people in our community are unaware of the different services delivered at the different hospitals in our region suggesting a need for improved communication of these services.
- **Accessing emergency and after-hours medical services:** People in our community require better access to information on the types of local after-hours medical care and emergency services, including what services are available locally, when to call 111, expectations on wait times, and clear procedures for accessing after-hours or emergency care.

REFERRAL REJECTION

OVERVIEW

Referral rejection is a major problem across the health system, in particular in the Southern health region which has the highest referral rejection rate in the country.[32] Referral rejection is increasing due to the criteria for accepting referrals for high-demand services being changed, making it more difficult to meet the criteria so that people are rejected, rather than waitlisted.

This approach is designed to give the appearance that the system is functioning, when it isn't. In addition, triage criteria are not consistent across all Health New Zealand | Te Whatu Ora services and departments, meaning that the same referral could be accepted in one health region and declined in another. This inconsistency creates inequity of access to health services across the system.

KEY FINDINGS

Compromised patient care: High rates of referral rejection were cited by both community members and healthcare providers as a significant problem that impacts the quality of patient care and puts patients at risk.

Unreasonable burden on patients: Community members talked about the difficulties of having to advocate for themselves and loved ones to be seen by secondary care services, while either being sick or under the enormous strain of caring for others.

Unfair burden on healthcare providers: Referral rejection is also putting unreasonable pressure on local healthcare providers who say they are required to spend too much time seeking to have referrals accepted, and carrying the clinical risk of their patients and the stress associated with that. Local healthcare providers also described how they are sometimes forced to 'work' the system to get their patients the care they need.

54%

Percentage of GP referrals to specialist care declined in the Southern DHB region - the highest in the country in 2022.

Source: 'Quantifying and understanding the impact of unmet need on New Zealand general practice' by Centre for Health Systems and Technology (CHeST), University of Otago, Dunedin

"It's almost like Dunedin and Dunstan won't take us unless we're really, really critical."

COMMUNITY MEMBER

"The nurse practitioner had to insist that my son be sent to Dunedin. Dunedin hospital wanted him treated in Wānaka, however, the nurse practitioner said that would not be appropriate in a rural setting. Thankfully he was sent to Dunedin. He would have had a very poor outcome if Dunedin hadn't accepted him."

COMMUNITY MEMBER

"I think that referral thing is so frustrating for them because my GP was saying to me 'I'm sorry I can't order that test. I'm not allowed to order that test.'"

COMMUNITY MEMBER

"It wasn't until day three of me having symptoms that they finally sent me to Dunstan for a CT scan. I said, 'Why did you not send me sooner?' and the GP said 'Dunstan wouldn't have accepted you any sooner'".

COMMUNITY MEMBER

"Why should you be the squeaky wheel because it's your human right to have healthcare?"

COMMUNITY MEMBER

"Eventually it takes you all day, it just consumes you. You spend all day just to get an answer, and it just takes over your life."

COMMUNITY MEMBER

[32] Quantifying and understanding the impact of unmet need on New Zealand general practice' by Centre for Health Systems and Technology (CHeST), University of Otago, Dunedin

"Different things [happen when patient referrals are rejected]*. So sometimes you might pick up the phone and ring them for no charge. Sometimes you might be able to say it's going to take a lot of my time to see them so that person will require an appointment to talk about it at their cost because we don't have funding to do that. Sometimes we're going to be forced into suggesting a private care system for them which not all of them can afford. Sometimes we will manage them ourselves but if we've already made the choice to refer them to secondary care, we're probably wanting a secondary care colleague's opinion.*

It's one of the difficult things we are dealing with at the moment, the increased amount of rejections which I think is endemic to New Zealand but worse in our area."

LOCAL HEALTHCARE PROVIDER

"It's very stressful in that constant state of 'Okay this is above my pay grade but we're going to do it because somebody has to do it.'"

LOCAL HEALTHCARE PROVIDER

"Sometimes the on-call doctor will ask me to deal with something here as they are understaffed or just too busy, the implication being that if I don't do it, it won't get done in time for the patient. So I have to write in my notes that I'm doing this under remote supervision."

LOCAL HEALTHCARE PROVIDER

TRAVEL AND COST

"We've spent the last three years driving up and down to Dunedin Hospital every month."

COMMUNITY MEMBER

"I take her there [to Dunedin] in a wheelchair overnight and it's just really exhausting … I'm 75."

COMMUNITY MEMBER

"The sort of healthcare you can get down the road for free 24/7 when you live in a city just isn't available to Wānaka and its environs. Here, whether or not you get the care you need depends largely on whether or not you can afford it, even if that care is being provided publicly. It depends on whether you can afford the travel, whether you can take the time off work, whether you have someone to care for your kids, whether the hospital has provided you with the right information and enough time to make travel arrangements … the list goes on."

COMMUNITY MEMBER

OVERVIEW

While most participants accept that some travel to access healthcare services is necessary when living in a rural community, people feel that they are required to travel too often, and that additional services should be provided locally.

KEY FINDINGS

The key issues identified were:

- the excessive personal and financial burden of needing to travel to access medical services that could be delivered locally
- difficulties in accessing travel reimbursements via the National Travel Assistance scheme
- the requirement to travel to access services that should be met locally.

WHO IS TRAVELLING AND WHERE?

- Forty-four percent of survey respondents said they had travelled to access healthcare.
- Of those respondents who had travelled to access healthcare, 68% indicated they were away from home for anywhere between a day to a month, and 9.1% said they were away from home for between a month and three months.
- Of respondents who said they had travelled to access healthcare services, 32% had travelled to Queenstown, 27% to Dunedin, 22% to Clyde and 13% to Christchurch.

FINANCIAL BURDEN

People who live in the Upper Clutha are subject to costs not experienced by people living in urban centres. In particular, the Upper Clutha community does not have easy access to a publicly funded Emergency Department (the closest in Queenstown is at least an hour away over an alpine pass or via a gorge) meaning that people who live here have to pay for care that would otherwise be free for people living close to an Emergency Department.

Our online survey found that 46.9 percent of respondents have private health insurance with 8 percent of those having surgical- or hospital-only cover, while 43.1 percent of respondents do not have private health insurance. Participants talked about the need to have private health insurance due to their lack of confidence in the public health system. In addition, some people are finding it increasingly difficult to afford the premiums which increase as policy holders age.

Costs associated with accessing healthcare services, including the additional burden of travel, accommodation, and the cost of time taken off work to travel, were cited by people as a barrier to accessing healthcare. People mentioned cost as a barrier when accessing services in the following areas:

- private mental health sessions, with some mentioning fees as high as $200 per visit
- after-hours medical care
- home care and support services
- primary care.

"I don't trust our funded health system to look after us basically and so I think we're very soon getting to the point of 'well do we have a holiday, do we go and see our children elsewhere or do we pay our health insurance?'."

COMMUNITY MEMBER

"Costs to business are significant. Having to provide prolonged absences to staff so they can travel to access healthcare places stress and expense to business operators."

COMMUNITY MEMBER

"Accessing out-of-town healthcare is part and parcel of living somewhere as remote as Wānaka, because our population is so small that of course we can't sustain all of the medical specialists needed to cover every single medical need. However, there are few options available to support travelling for healthcare, and little awareness in urban centres of what it means to have to travel long distances for care."

COMMUNITY MEMBER

THE NATIONAL TRAVEL ASSISTANCE SCHEME

The National Travel Assistance scheme is designed to help people who need to travel long distances or travel frequently. However, our research shows that the eligibility criteria is inequitable, and that people living in the Upper Clutha are disadvantaged when seeking to recoup costs relating to their travel to access health services.

To be eligible a person needs to be referred by a (public) specialist – not a GP - to see another (public) specialist and they also need to meet one of the following criteria:

- If a person has a community services card and travels more than 25km one way per visit for a child (eg Dunstan hospital) or 80km one way per visit for an adult (eg Dunedin hospital), they are eligible for support.
- If a person does not have a community services card and they travel more than 80km one way per visit for a child (eg Dunedin hospital) or 350km one way per visit for an adult (eg Christchurch hospital), they are eligible for support.
- If a person visits a specialist at least 6 times in 6 months and travels more than 25km one way for a child or 50km one way for an adult (eg Dunstan hospital), they are eligible for support.
- If a person visits a specialist more than 22 times in 2 months, they are eligible for support.

For those eligible, support is available to pay for public transport to appointments or will reimburse 34c per km towards fuel costs. Contribution towards accommodation costs, for those who travel more than 100 km one way for the appointment is $140 per night or $35 per night if staying with friends/family.

To claim travel assistance, a health provider must register the patient for the scheme (online) so the patient can be allocated a travel assistance number. The patient must get a form stamped every time they attend an appointment. Receipts need to be provided for public transport and accommodation costs.

"We don't have health insurance. And if you have to go to ED, they don't stamp it [the travel assistance form] then and he [her husband] was in there for five days and that wasn't covered at all. I had to stay somewhere close to the hospital so it's anything between $170 and $230 a night plus all the petrol backwards and forwards."

COMMUNITY MEMBER

- If a person living in Milton (55km from Dunedin hospital) did not have a Community Services card, but met specialist referral criteria, travelled to six appointments in six months at Dunedin hospital, they would travel approximately **660km** and they would be eligible for a contribution towards mileage costs from the NTA programme.
- If the same person lived in Clinton (111km, 90 minute drive from Dunedin hospital) also travelled to six appointments in six months at Dunedin hospital, they would be eligible for a contribution towards mileage costs (approximately **1332km**) and also six nights' accommodation.
- People living in Wānaka are approximately 275km, 3hr 30 minute drive from Dunedin hospital. If the same person lived in Wānaka and was to visit Dunedin hospital five times in six months, they would travel approximately **2750km**. People often choose to stay overnight rather than drive 7 hours in a single day, but this person would ***not be eligible*** for any support towards mileage costs or accommodation from the NTA programme.

"Over the course of … 8 weeks, I have had to make five visits from Cromwell to Dunedin hospital and … it's a costly exercise. We decided to apply for financial assistance under the National Travel Assistance scheme. However, there are conditions. There are motels who will give you a generous discount (about 30%) if you are registered under the scheme, but you cannot get registered until you have met the criteria. The government department that deals with this has an office in Dunedin and we spoke to them in the course of our research. The staff member was quite open about the fact that hardly anyone who applies can possibly satisfy the conditions. After all, who manages to see a specialist six times in 6 months? I've seen mine once in four months. The five visits that I have made to Dunedin necessitated two stays for 2 nights (Dunedin Hospital insists that even though it may be 'day surgery' you have to stay in 'the vicinity of the hospital' for 24 hours after discharge). They also insist that even though surgery may be late in the afternoon, that you report to the hospital at 9.30am. Plus 10 journeys of 225kms each. I estimate that the cost of this is just over $1,300."

COMMUNITY MEMBER

"I was diagnosed with a chronic illness which made me quite unwell and fatigued for several months until it was able to be managed. I required several visits to Dunedin Hospital to see two different specialists, and to have specialised tests. I was too unwell to drive myself for visits and my husband had to stay behind to look after our two young children and run his business. So, my father would kindly drive from Christchurch to pick me up in Wānaka and drive me to appointments. Sometimes we stayed overnight in Dunedin, requiring two days off work for me. To be reimbursed for mileage I would have needed to make six specialist trips in six months travelling at least 50km. I did five trips in six months, totalling 2770km from my house to the hospital (return). If I had lived 51km from the hospital and travelled 6 times in 6 months (a total of 612km), I would have been reimbursed for mileage. Or, if I had lived 351km from the hospital, I would have been reimbursed mileage for a single visit. Neither of my specialists (or anyone else from their specialty) visits Dunstan hospital or routinely provides telehealth. At most appointments, there is no physical exam and it is a discussion only. I also had to go to Dunedin to be attached to a 24-hour blood pressure monitor, a 10-minute appointment with a nurse. This is a relatively low-cost piece of equipment that even some medical centres own - but not the ones in Wanaka (or they didn't in 2018). So, I made a 560km round trip for a 10-minute nursing appointment. I don't understand why this service could not be implemented at Dunstan hospital, when they do a lot of other types of cardiac monitoring. I think there is a clear lack of equity of funding for travel reimbursements for those who live between 50-350km away from hospital/specialist services."

COMMUNITY MEMBER

"We have to make trips down to Dunedin as there's no rehabilitation that he [her son] needs here - there's physio but not any other - so when we go down to Dunedin, I do apply for funding for the mileage and accommodation through ACC. However, you don't get the same amount that you would get through the National Travel Assistance (NTA) scheme which gives you $140 a night, while ACC only gives you $57, so for me and my husband there's no way you can get accommodation for $57. People in an urban centre wouldn't have to pay for accommodation, but because we live rurally, we do. So you are disadvantaged if you live in a rural area and have an accident which seems unfair."

COMMUNITY MEMBER

"They [some elderly patients] got a letter from Dunedin to say they needed to visit the vascular surgeon. They travelled down there and came back with measurements for a pair of stockings."

COMMUNITY MEMBER

TRAVELLING TO ACCESS SERVICES THAT COULD BE DELIVERED LOCALLY

People reported numerous instances of being asked to travel to Dunedin for a 15-minute appointment for a service that could have been delivered locally. People also reported travelling to attend appointments, only to be told when they arrived that the appointment would not be going ahead. Such situations point to a lack of coordination of services to identify unnecessary travel and/or to enable efficiency of travel through providing rural patients with access to some choice of appointment times, for example.

"My story starts when I was being assessed for sleep apnoea. As part of the investigation I had a deviated septum repaired surgically. When I experienced minimal benefits as a result of this procedure and the use of a continuous positive airway pressure (CPAP) machine, I was referred to the dentistry department for a full physical investigation of my mouth/jaw etc. I was booked in several months later for a consultation along with x-rays to establish any physical reason for my non-improvement. I drove from Wānaka to Dunedin the day before as it was a morning appointment. I arrived and waited several hours beyond my appointment time. Finally, I sat in the chair and was immediately informed that the radiographer was on pre-planned leave for all of the month, so there was nothing they could do today. They said they'd rebook me in later. I was given a snoring device (which wasn't the reason for the appointment) to take away and try at home, which incidentally, was a complete fail. I've never heard from them since about rebooking and neither did I choose to follow up after the effort I put in. It takes me four hours each way in my camper to get to Dunedin, a tank-and-half of fuel (return) and road user charges (RUC). I had no idea at that point that I could get financial help with travel to hospital appointments — another issue that needs highlighting. I went on to suffer a severe decline in mental health in the following months, and I have continued to live with poor sleep which has meant my physical and mental health has never had a chance to fully recover. When setting these appointments, a person travelling from out of town should be given an appointment that will meet their health needs, and if things do change in the meantime, then the patient should be informed and rebooked accordingly."

LOCAL COMMUNITY MEMBER

3. Future planning

The Upper Clutha area is part of a rapidly growing region that faces challenges due to its geography, rurality, and inequitable access to healthcare services. The Queenstown-Lakes District has the second-highest growth rate in New Zealand, with Wānaka's population projected to grow by 144% by 2053.[33]

To meet growing demand, strategic-level planning for infrastructure and services is needed.

Such planning must put the community's needs at the centre of decision making, viewing the broader Southern health region as an integrated system, and ensuring the Upper Clutha has equitable access to health services.

Any proposed healthcare infrastructure developments should also be considered in the context of the code of expectations required by the Pae Ora (Healthy Futures) Act 2022[34] which outlines how health entities must work with consumers, whānau and communities in the planning, design, delivery, and evaluation of health services.

"Our region thrives and grows on the back of tourism. It's all anyone talks about. With increased tourism comes increased numbers, both temporarily and permanently. How can we care for both without strong medical services? You just can't have one without the other?"

COMMUNITY MEMBER

[33] QLDC Demand Projections 2023 - 2053

[34] Pae Ora (Healthy Futures) Act 2022

DEVELOPER-LED HEALTHCARE

OVERVIEW

Planning for local healthcare delivery is subject to significant public discussion, due to the rapid growth of the Queenstown-Lakes and Central Otago districts, and the inequity of access to healthcare services, particularly in the Upper Clutha area. A number of new developments are being discussed, including a proposed privately owned and publicly run regional hospital in Queenstown, along with two proposed privately owned and operated health infrastructure developments in Wānaka: a health precinct at Three Parks, and an integrated care hub at a site on Avalon Station Drive across the road from the Wānaka Lakes Health Centre.

"I think it's time to end what seems like blatant discrimination by central government against the people of this whole region in relation to public health. There is a clear and urgent need in this district for provision of proper, publicly-funded medical health services, especially emergency medical services, that are readily accessible to all as and when needed."

COMMUNITY MEMBER

"I really resent developer-led healthcare and I'm concerned there's no good planning. We've got ambulance on that side of town; we've got fire, search and rescue and police together - that's a good idea. We've got the medical centre over the other side of town, and then there's plans for Three Parks. We need to stand back and look at the whole thing."

COMMUNITY MEMBER

"A developer-led health service will be in the interests of the developer rather than the community."

COMMUNITY MEMBER

KEY FINDINGS

A number of focus group participants expressed their concerns about what they described as 'developer-led healthcare'. They believe that such an approach risks prioritising commercial interests over patient need. There was also discussion about the proposed healthcare developments in Wānaka, with participants raising the following issues:

- confusion about what healthcare services they would deliver
- the extent to which there would be publicly funded services offered
- whether there would be sufficient demand to support multiple healthcare developments.

Participants also discussed what they saw as a lack of strategic-level planning to achieve a coordinated service delivery model, and expressed concern about the sustainability of private healthcare providers, particularly those from overseas.

A SUSTAINABLE WORKFORCE

OVERVIEW

There is evidence of shortages of healthcare workers across the national health system. Such shortages are felt keenly in rural areas where the difficulty of recruiting and retaining healthcare workers is compounded by the challenges of working remotely, sometimes for lower pay than urban counterparts.

In the Upper Clutha, lower employment in healthcare and social assistance (5.2% versus 10.3% nationally) suggests limited local resources, highlighting the need for external healthcare support and investment.[35]

The 'WellSouth Rural Services Review: Southern Region' asked primary care providers to identify the top three challenges they currently face as a rural health provider, with nearly half of the group identifying workforce (capacity, recruitment, and retention) as the primary challenge. The Review also reported that while primary care practice workloads are increasing, 34% of GPs in the southern region have indicated they intend to retire in the next five years, and 44% have indicated they are at the high end of the burnout scale (WellSouth, 2023).

Meanwhile, in the Upper Clutha community, there are significant numbers of migrant workers employed to work in aged care and to deliver in-home support and respite services, and finding affordable accommodation for such workers is very difficult. The 'WellSouth Rural Services Review: Southern Region' reported that aged care providers cited recruitment as their main issue, due to the lack of accommodation and high cost of living in some areas.

The average age of GPs across the southern region is consistent with national figures of 50.6 years (Royal New Zealand College of General Practice, 2023); however, seven practices have GPs with an average age of 55+ indicating future capacity risk to the network.

Source: 'WellSouth Rural Services Review: Southern Region'

"Last year, we had two nurses who accepted a job, but had to turn it down at the last minute, because they couldn't find somewhere affordable to live in the district."

LOCAL HEALTHCARE PROVIDER

[35] Infometrics: QLDC: regional economic profile: industry structure of employment

KEY FINDINGS

Difficulties in recruiting staff: While there are clearly lifestyle-related attractions to living in the Upper Clutha, the cost of living and lack of affordable housing are significant barriers to recruiting healthcare workers. Focus group participants discussed how, when advertising for healthcare staff, they often attracted a healthy number of applicants, but that people often did not take the roles due to the cost of living pressures in the Upper Clutha community. Participants mentioned seeing healthcare professionals posting on Facebook trying to find affordable local accommodation, and local healthcare providers discussed the challenge of competing with places like Australia and Canada where wages for healthcare workers are typically higher.

Training challenges: Local healthcare providers discussed the difficulty of building a sustainable healthcare workforce given the time necessary to train new entrants to the system. In addition, the 'WellSouth Rural Services Review: Southern Region' also found that 'training is a significant burden on practices with courses typically located in urban settings leaving providers to cover the cost of staff travel, accommodation, and replacement cover; while training content is not rural specific, and doesn't consider the clinical diversity rural practitioners require, nor the multi-service input needed to deal with rural situations, for example, mass casualty incidents.'

"What the politicians don't realise is that it's 11 years before a student can practise … not six. We're competing very strongly with Australia whose wages are double … I honestly do not know how we can cope with our medical workforce. It's going to get worse, just brace yourself."

LOCAL HEALTHCARE PROVIDER

"We have trouble even getting doctors who have a doctor's wage to work here because of the lack of affordable housing."

LOCAL HEALTHCARE PROVIDER

What would make the most difference?

As part of our online survey, community members were asked to nominate what changes would make the most difference to them and their family in accessing the healthcare they need. Their responses below reflect the community's need for more robust and accessible healthcare infrastructure to match the region's growth and meet the needs of all residents equitably.

HIGH DEMAND FOR KEY HEALTHCARE IMPROVEMENTS

Extended after-hours medical access: A high priority for respondents (76.9%) is access to an extended after-hours medical service, noting that an overnight acute care service has been funded for twelve months from October 2024.

Local Emergency Department: 81.1% of respondents indicated a strong need for a local, publicly funded emergency department, reflecting concerns about travel distances, the timeliness of emergency care, particularly for critical or urgent cases, and the cost of accessing urgent care locally.

More GP appointments: Access to more GP appointments (76.4%) is another high priority. Long waits for GP consultations were commonly reported, leading to delays in care and dissatisfaction among residents.

COST AND ACCESSIBILITY BARRIERS

Access to free appointments to have blood taken: 71.2% of respondents indicated that free blood collection would significantly improve their access to healthcare. Many residents are concerned about the costs of blood tests which can become a financial burden, particularly for those with chronic conditions.

More publicly funded mental health services: Mental health was a recurring theme in the responses, with many highlighting a need for greater availability of publicly funded mental health services.

Increased access to visiting medical specialists: The community (76.9%) expressed a desire for more visiting specialists to reduce the need for travel to distant centres like Dunedin for specialised care. This would allow residents to receive timely and continuous care locally.

GENERAL OBSERVATIONS

Equity of access: Many respondents raised concerns about healthcare equity, noting that services available in larger cities like Dunedin are less accessible or costlier in Wānaka.

Infrastructure needs: There is a strong sentiment for a local hospital with emergency, surgical, and maternity services, given the Upper Clutha's growing population. Respondents highlighted the need for a centralised facility that could cater to the region's healthcare needs more comprehensively.

Preventive and holistic health services: Some responses indicated a desire for more preventive health services, such as free or subsidised screenings, nutrition, and wellness education. Others mentioned the value of holistic and natural healthcare options, promoting a more integrative approach to wellness.

Next steps

FACILITATION

Health Action Wānaka will help facilitate the acquisition of funding (public, charitable, community or philanthropic) for existing community organisations and/or service providers to lead the implementation of the following community initiatives:

- **Development of local capability** to deliver selected specialist-level services such as the administering of Avastin injections.
- **Establishment of a local health advocate role** to support patients with chronic and/or complex cases to navigate the health system.
- **Delivery of community care programmes** to support and engage community members with dementia, disabilities, and chronic conditions, and to provide respite for their carers.

ADVOCACY

Health Action Wānaka will advocate for the following outcomes:

- establishment of a **publicly funded blood collection** service in Wānaka
- establishment of a **permanent, Wānaka-based 24/7 urgent care** service
- increased local access to **funded urgent care**
- increased **funding for local hospital beds**, in consultation with local hospitals to ensure the funding is appropriately allocated
- increased local access to **publicly funded diagnostic services** and equipment
- increased funding for local delivery of mental health services, including **telehealth access to consultant psychiatric services**
- revision of the **National Travel Assistance scheme** to meet rural needs and address inequity
- reduction in **referral rejections** in the southern health region
- delivery of **increased local specialist services** to meet community needs and reduce travel
- improved **management of patient information** to enable healthcare providers to do their jobs
- improved **communication from Health New Zealand** to enable patients to access the healthcare services they need
- increased availability of local **dementia care, home-based care and respite care**
- provision of **additional rooms in Wānaka** for healthcare and service providers to deliver their services.

SUPPORT

Health Action Wānaka supports the implementation of the recommendations of the following reports:

- 'WellSouth Rural Services Review: Southern Region' (August 2024)[36]
- 'A Future Capitation Funding Approach' (July 2022)[37]
- 'Time for Change | Te Hurihanga' (June 2021).[38]

[36] WellSouth Rural Service Review: Southern Region (August 2024)

[37] A Future Capitation Funding Approach (July 2022)

[38] Time for Change | Te Hurihanga (June 2021)

Conclusion

While we undoubtedly live in an environment of outstanding natural beauty, the allure of this location can, at times, mask the challenges people face when living in a rural community. This report provides an important summary of the challenges our community faces in accessing healthcare services, in particular, publicly funded services. Despite these challenges, our community has a number of attributes that make it well positioned to meet those challenges, provided there is publicly funded investment in our local health services.

A GENEROUS COMMUNITY

We are fortunate that many individuals and families have chosen to invest in our community through trusts and philanthropic acts. This generosity has allowed many in our community to thrive, and has seen significant contributions made to fund medical equipment and other services to support the healthcare needs of the community.

A RESOURCEFUL COMMUNITY

Many individuals and families have chosen to invest in our community through trusts and philanthropic acts. This generosity has allowed many in our community to thrive, and has seen significant contributions made to fund medical equipment and other services to support the healthcare needs of the community.

COMMITTED AND SKILLED HEALTHCARE PROVIDERS

Our community has many skilled and committed healthcare providers who work in sometimes challenging conditions to take care of the health needs of our community. Indeed, it is obvious from speaking to a number of these healthcare professionals as part of our research that many of them are going above and beyond to deliver healthcare services, often in the face of inadequate resourcing.

Many of our healthcare providers have lived in our community for many years and have provided a continuity of care that has been of great benefit. In 2011, the Wānaka Lakes Health Centre opened and has been a hub of healthcare services since that time. We are fortunate that the vision of a small group of people more than a decade ago established this community asset which so many of us have benefited from. Our local general practitioners, for many years, have provided after-hours, and triage and emergency healthcare to take care of people when they needed it most. However, our community is growing rapidly and we now need to look ahead to how the healthcare needs of our community will be met in the decades to come.

Appendices

A. COMMUNITY MEMBER (PATIENTS AND CARERS) FOCUS GROUP QUESTIONS

1. Would any of you like to tell us briefly what your healthcare needs are and what services you access either here in Wanaka or out of town?
2. Have you ever accessed any available supports, such as the community services card, high health user card, the National Travel Assistance scheme, in-hospital social worker? If yes, can you share how it worked for you?
3. Can you share which of your healthcare needs are currently being met in Wānaka and which you have to go out of town to access treatment?
4. If you have to go out of town to access some services where do you go? And can you share what services you need to travel for?
5. Do you have any issues with the services you are accessing in Wānaka? If yes, can you describe them and the services they relate to?
6. And what about issues with out of town services/treatment? If you have had issues can you also describe them and the services they relate to?.
7. What are some of the barriers you have faced in accessing treatment locally?
8. What about barriers to accessing out of town treatment?
9. Have you ever not accessed a health service when you needed to? If yes, can you tell us why that was?
10. If you are a parent of a baby/child or a caregiver/relative/friend of an elderly/disabled person accessing health services for the person you are caring for locally/out of town, how easy/difficult has that been?
11. Maternity services in Wānaka are minimal. If you have had a baby/babies in Wānaka/out of town how has that experience been for you?
12. Have you or a family member tried to access mental health/crisis mental health support and if yes, what support were you wanting and were your needs met?
13. Have you ever experienced a life threatening emergency in Wānaka and had to call an ambulance? If yes, can you share the nature of the emergency and how it was managed?
14. Have you ever had to call the medical centre after hours (after 6pm)? If yes, what happened?
15. Have you had a friend or family member visit you from out of town (not enrolled locally) who required medical care? If yes, what happened?
16. Do you have any thoughts on what locally based treatment/services would make the most difference to you and your family in managing your healthcare needs?
17. It isn't realistic to expect that all services would be able to be provided in Wānaka so if it could be Dunstan (or Cromwell or Queenstown) what would you think about that?
18. What do you think of what Health Action Wānaka is trying to do? (see handout)
19. Is there anything else you would like to share with us?

B. HEALTHCARE PROVIDER FOCUS GROUP QUESTIONS

1. Could you tell us briefly in what area of healthcare you provide services in the Upper Clutha community?
2. If you work in private healthcare do you provide any publicly funded or subsidised services for public patients? If yes, what are those services and is there a cost to the patient/client?
3. Do you encounter any issues in delivering the services you provide? If yes, can you describe them and the services they relate to?
4. As part of your role do you refer patients/ clients onto specialists or hospital-level care? If yes, can you describe the process and outcomes of that process.
5. Do you encounter any problems when referring patients? If yes, please describe the nature of those problems.
6. The Wānaka Birthing Unit is now open which is great. Do you think additional ante- and post-natal services are required?
7. Is there enough local support for mild, moderate, severe, and crisis mental health conditions? If not, what support do you think is needed?
8. Are there any gaps in mental health support for children and youth, the elderly, Māori, people with addictions or any other particular group? If yes, can you tell us what those gaps are?
9. Do you think there are any gaps in services for people with disabilities and/or their carers? If yes, can you tell us what those gaps are?
10. What medical specialities do you see as the areas of highest need for our local community? How easy is it to access those specialities currently?
11. If you deal with medical emergencies in our community, can you describe how they are managed?
12. It's great news that we now have a nurse-led after hours health service (11pm-8am) starting very soon. Looking ahead as this community continues its rapid growth, what should an overnight service look like here in Wānaka?
13. Do you think that emergency care is manageable and safe for patients and providers in this area? If not, how could it be made manageable and safe?
14. What locally based treatment/services do you think would make the most difference to the people of this area?
15. What do you think is the biggest risk to people's health in this area?
16. Do you provide health services for visitors to the area? If yes, does this have any impact on the service you provide for residents?
17. Do you think our local healthcare workforce is sustainable given the rapid growth we are experiencing locally? If not, what do we need to do to enable a sustainable healthcare workforce in the Upper Clutha area?
18. What do you think is the most important positive change Health Action Wānaka could advocate for?
19. Is there anything else you would like to share with us?

C. ONLINE SURVEY

The online survey collected information on the following topics:

- demographics of respondents
- healthcare supports
- healthcare needs
- accessing healthcare services
- travelling for health services
- access to specialist services
- access to disability services
- access to maternity services
- access to mental health services
- medical emergencies
- ambulance service
- non locally enrolled residents and visitors to town
- improvements to healthcare delivery.

D. OFFICIAL INFORMATION REQUEST TO HEALTH NEW ZEALAND| TE WHATU ORA: RESPONSE

Response

For the sake of clarity, I will address each section of your request in turn.

Mental health services for under 12s and under 5s

- *What pathways exist for people in the Upper Clutha to access mental health support for children under 5 and children under 12?*

Within Health NZ Southern, children aged under 5 years who require mental health support are managed through paediatric services.

Children aged under 12 years who are thought to be suffering from a moderate to severe mental health disorder can be referred to the Central/Lakes Child and Family Service (CAFS). The Central/Lakes CAFS accept referrals from community professionals such as: Public Health Nurses, General Practitioners (GP's), Social Workers, Resource Teacher Learning and Behaviour (RTLB), School Principals or Child and Youth Agencies. These professionals know about the service and understand how to refer to it.

- *How long can people expect to wait to access the service/s?*

Referrals are triaged based on risk and acuity or severity. The average wait time for the Central/Lakes CAFS was three to four months as of December 2024. This wait time had previously been a lot longer earlier in 2024 due to recruitment difficulties.

It is important to note that there is no waitlist for acute/ urgent Mental Health care as this falls under the on- call/crisis team.

Mental health services for youth and adolescents

- *What is the pathway for youth and adolescents in the Upper Clutha community to access mental health services?*

Young people who are thought to be suffering from a moderate to severe psychiatric disorder can be referred to the Central/Lakes CAFS service as above.

- *What mental health services are available for youth and adolescents in the Upper Clutha community and/or Central Otago and Queenstown Lakes districts and/or the Southern health region?*

The following services are available within the Central Otago area of Health NZ Southern.

- ADL Thrive Te Pae Ora is a free face to face professional counselling service for young people (aged 12 to 24) and their whānau. Access to this service is via GP or self-referral.

  ADL Limited are also commissioned to provide extended counselling sessions to young people for mental health and/or co-existing problems that require increased interventions (extended sessions to Thrive Te Pae Ora). Access is via GP, Community Mental Health Teams, Thrive Te Pae Ora and other Child & Youth Mental Health Services.

- Adventure Development Counselling (ADC) is a longer-term program that offers young people (aged 13 to 19) support who are wanting more intensive help with mental health, alcohol or drug concerns. The ADC service focuses on using activity and outdoor experiences to help develop new skills to better manage difficult times. Access to this service is via Child and Youth Mental Health Services, Community Mental Health Teams and Thrive Te Pae Ora.

Child and youth psychology service/s

- *Is there a publicly funded child psychology service available for children or adolescents living in the Upper Clutha community?*
- *If yes:*
  - *How many FTEs are funded?*
  - *What is the criteria for accessing this service?*
  - *Where can they access this service?*
  - *What is the current wait list time?*

The Central/Lakes CAFS service accept referrals for young people who are thought to be suffering from a moderate to severe mental health disorder. The team consists of staff members in Psychology, Social Work, Occupational Therapy, Nursing and Psychiatry.

A young person that is referred to the service for an assessment of a psychiatric disorder, once accepted, would be assessed by a staff member who holds specialist mental health skills and knowledge (or working towards this). A key worker (who may or may not) be a psychologist will complete the initial comprehensive mental health assessment. The assessment is then presented to a multidisciplinary team meeting where a decision is made about diagnosis, further assessment, treatment or interventions are recommended. Central/Lakes CAFS do not accept direct referrals for psychology only.

Central/Lakes CAFS has a 0.6FTE Clinical Psychologist and a 0.2FTE Clinical Psychologist (based in Dunedin) for Autistic Spectrum Disorder assessments that covers Dunedin and Central/Lakes.

Eating disorders support services

- *Are you seeing an increase in the number of eating disorders diagnosed in the Upper Clutha community and broader Central Otago and Queenstown Lakes districts?*
- *If yes, can you please share the data that support this?*

Clinical teams within the Wānaka, Central Otago and Queenstown Lakes areas have anecdotally reported an increase in the number of young people presenting with an eating disorder. However, due to how data is collected within the system we cannot at this stage provide data confirming this observation. Therefore, this section of your request is refused under section 18(g) of the Act, as the information requested in not held by Health NZ and we have no grounds to believe that the information is held by another entity subject to the Act.

- *What local support for eating disorders is available for people in the Upper Clutha (if any), other than inpatient beds in Waikari?*

The Central/Lakes CAFS service works alongside young people and their families delivering a community-based intervention called the Maudsley Family-Based Therapy. This is for the treatment of an eating disorder with ongoing oversight and clinical reviews with a consultant psychiatrist.

If a young person is under the age 16 years, they are often admitted to Paediatrics if they are medically unwell. Ward 9C at Wakari Hospital has two youth beds and supports inpatient treatment of eating disorders.

Health NZ Southern staff also utilise the support from the South Island Regional Eating Disorder team. Depending on the presentation and assessment of the young person, it may also be appropriate to refer to the South Island Eating Disorder unit in Christchurch.

Drug and alcohol addiction services

- *Are you seeing an increase in demand for drug and alcohol addiction services in the Upper Clutha, and more broadly across the Central Otago and Queenstown Lakes districts?*
- *If yes, can you please share the data that support this?*

Table One: Number of Mental Health (MH) Alcohol and Drug, MH AoD Opioid referrals received in Dunstan and Queenstown Central Lakes areas by calendar year for 2023 and 2024.

Year	MH Alcohol and Drug, Dunstan Central Lakes Referrals		MH AoD Opioid, Dunstan Central Lakes Referrals		MH Alcohol and Drug, Queenstown Central Lakes Referrals		MH AoD Opioid, Queenstown Central Lakes Referrals	
	Received	Accepted	Received	Accepted	Received	Accepted	Received	Accepted
2023	33	31	<5	<5	54	40	<5	<5
2024*	80	52	<5	<5	79	44	0	0

*Information for referrals received in 2024 up until 12 December 2024.

Please note, where the number of referrals received for a single calendar year are five or less this has been represented as <5. A further breakdown of this information is withheld under section 9(2)(a) of the Act. In this instance, we do not believe the public interest in the release of this information outweighs the need to protect the privacy of these individuals are their whānau.

In addition, noting that this is provisional data. This is data which has not undergone the validation process that we use for published data. We recommend that caveats are consistently used, underscoring that the data is provisional, not validated through a formal validation process, and could be subject to change.

- *What drug and alcohol addiction services are available in Wānaka specifically, and more broadly in the Central Otago and Queenstown Lakes districts?*

Health NZ Specialist Addiction Services (SAS) provides Specialist assessment, treatment and referral for those with moderate to severe substance use disorders who agree to engage with the service. Clients must be referred by a GP or an alternative health provider, with their consent. Noting that clients have the right to refuse to be referred.

Nga Kete Mataurangi Pounamu are commissioned for Manawa Ora which is a home-based managed withdrawal nursing service that aims to support safe withdrawal from alcohol and/or drugs. This service is in Queenstown and can be accessed by self-referral, GPs or other health services.

Other services include:

- ADL (formerly Adventure Development) - Adventure Development Counselling (ADC) offers young people (aged 13 to 19) support who are wanting more intensive help with mental health or alcohol or drug concerns.
- Alcoholics Anonymous (Wānaka, Queenstown, Arrowtown, Alexandra, Cromwell) - in person open meetings. Open meetings are available to anyone interested in Alcoholics Anonymous' program of recovery from alcoholism. Non alcoholics may attend open meetings as observers.

- Narcotics Anonymous (Queenstown, Cromwell) - Narcotics Anonymous offers recovery from the effects of addiction through working a 12-step programme, including regular attendance at group meetings. The group atmosphere provides help from peers and offers an ongoing support network for addicts who wish to pursue and maintain a drug free lifestyle
- WellSouth (Wānaka, Queenstown, Alexandra, Cromwell) - Tōku Oranga, the Southern Access and Choice programme, is a primary mental health and addiction service based in general practices in the Southern region. This is part of the National Access and Choice initiative.

    - *How many FTEs are funded?*

The Specialist Addiction Service (SAS) has 3 FTE permanently allocated to the Central/Lakes area for key workers (case managers). Currently this is spread across 1.8 FTE in Dunstan and 1.2 FTE in Queenstown, however, they support each other as a Central Lakes service. SAS has face-to-face clinics in Wānaka one to two days per week and more if needed, this does not include any telehealth clinics or appointments.

In addition to this, Consultant Psychiatrists, Medical Officer and a Nurse Practitioner based in the Dunedin service support the Central Lakes team.

- *What is the current wait time to access these services?*

The wait time to access Drug and Addiction services is one to eight weeks, this includes time for triage and gaining client consent. This is triaged based on acuity and risk. There may be some variance in wait time due to limited staff being available due to staff leave, professional development, illness, crisis and Mental Health Act work.

Maternal mental health services

- *Are you seeing an increase in demand for maternal mental health services in the Upper Clutha, and more broadly across the Central Lakes and Queenstown Lakes districts?*
- *If yes, can you please share the data that support this?*

Health NZ Southern has not observed a noticeable increase in referrals to Community Mental Health Teams for perinatal mental health services.

- *What maternal mental health services are available in Wānaka specifically, and more broadly in the Central Otago and Queenstown Lake districts?*
- *How many FTEs are funded?*

Health NZ Southern does not have a dedicated perinatal mental health service or FTE in the Central Lakes area. The Community Mental Health Teams based in Queenstown and Dunstan offer case management for women and whānau in the pre and post-natal period with oversight and clinical reviews from a consultant psychiatrist. They also utilise the support from the South Island Regional Mothers and Babies service as necessary.

Other Services are located in the agency directory Queenstown, Wānaka and Cromwell available at: https://www.southernhealth.nz/living-well/tehautoka/need-help

- *What is the current wait time to access these services*

Each person referred to a Community Mental health Team is seen within one to two weeks for an outreach worker with phone contact prior to appointment if required. Appointments with Consultant Psychiatrist would be one to two months with provision for immediate contact for urgent situations.

Thanks and acknowledgements

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Monique Mayze, Trish Fraser, Brigid Loughnan, Nicky McCarthy, Lucy Middendorf

Health Action Wānaka steering committee

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