



Wrapped in their tourist town

Team with an 'ear to the ground' can almost do it all

Zahra Shahtahmasebi checks in with the tourist town health centre that made a name for itself responding to the 2016 Kaikōura earthquakes. The small town of Kaikōura has only one general practice – Kaikōura Healthcare just off State Highway 1 on Deal Street. The town has a population of just under 4000 people – but many more during the tourist seasons

Kaikōura Healthcare

- ◆ **Location:** 25 Deal Street, Kaikōura
- ◆ **PHO:** Pegasus Health
- ◆ **Staff:** 35 – seven GPs; seven nurses including two district nurses; two healthcare assistants; 12 in administration; seven in mental health and wellbeing team
- ◆ **Owners:** Andrea Judd and Chris Henry
- ◆ **Enrolled patients:** 4100
- ◆ **Funding:** Pegasus distributes capitation and related funding such as Services to Improve Access, Rural, End of Life Care; Canterbury Initiative funds certain procedures



The Kaikōura Healthcare team includes: Suzanne Cuff, Chris Henry, Aletra Allen, Liz Adams, Jo Hewson, Pippa Harrison, Deanne Nicholl, Julia Smedley, Susie Milne, Steve Howie, Angela Blunt, Michelle Ormsby, Natalie Cadzow, Moana Manawatu, Frances Nixon, Deb Reardon, Madeleine Somerville, Andrea Judd, Meriana Manawatu-Harris

The pedigree

Kaikōura Healthcare was founded in the 1960s by two GPs who had previously been working in the town independently of each other. They formed a "loose, gentleman's agreement of a

partnership", deciding to work together and combine their services with the local hospital, says specialist GP and rural hospital doctor Andrea Judd.

Dr Judd started working at the practice in 1993 and has been a co-owner for the past 28 years. In 2005, rural hospital doctor Chris Henry joined the team, also buying in as an owner.

In 2015, the practice was incorporated and Drs Judd and Henry became the directors.

A practice under Canterbury regional PHO Pegasus Health, Kaikōura Healthcare works from a building owned by Te Whatu Ora.

The old hospital, which has been around since 1911, was replaced with a

much more "modern and resilient building" in 2014, the timing of which Dr Judd says was very fortunate.

"Getting the funding for that new facility was a total godsend, because the old building would definitely have fallen over in the 2016 earthquake – we were very lucky."

The facility became an emergency

support centre in the quake's aftermath. Some 1500 people used it for clean water, power and connectivity to contact family and friends. Drs Henry and Judd won the Rural General Practice Network's 2017 Peter Snow Memorial Award for the innovative assistance they provided to their community after the quake.

The patients

Of the patient population of about 4100, 18 per cent identify as Māori, 1 per cent as Pacific and 1 per cent,

Asian. Around 28 per cent are over 65. The practice serves many residents of the wider region, including inland of the Kaikōura Ranges.

Providing care to an increasingly ageing population is one of Dr Judd's main concerns, with the elderly tending to

favour small satellite communities that are hard to get to.

Video consults and telehealth are largely reserved for these remote patients, and the healthcare team also relies heavily on helicopter services to reach them. In the post-earthquake

period, clinics were held in small communities. The team has "an ear to the ground" and the community also lets them know who needs to be checked on. Patient enrolments have grown by 300 in the past six months; the books are always open.

The town's population swells greatly in holiday periods, and the resulting patient numbers "stretch us considerably", Dr Judd says.

This demands flexibility as the team may need to double in size at crucial times.

The practice

Dr Henry says the model of care is a cooperative, with GPs, rural hospital staff, midwives, community dentists and physiotherapists all sharing the same space.

"We were an integrated facility before its time," he says, "and we've grown off these strengths, especially the continuity of care that comes from having a team that works in the community, primary care, and in the rural hospital all co-located in the same building for 70 years."

The facility has regular visits from specialists including in rheumatology, geriatrics and plastic surgery and coming mostly from Christchurch and from Blenheim.

Throughout, the patient is always kept at the centre, says Dr Henry.

He points to a high level of trust and understanding between patients and clinicians, as seen when patients move away but remain on the roll.

It's this unusual model of care that is one of the major drawbacks of working

at Kaikōura Healthcare as it brings diversity of work: "The combination of general practice and rural hospital medicine – I love it," says Dr Henry.

The staff number about 35. The practice has seven GPs, including a couple of registrars both from the GP training programme and the rural hospital medicine programme.

There are also seven nurses working across the practice and the community, 12 administrative staff and one health services manager, employed by Te Whatu Ora to look after the staff and run the practice and hospital.

"We're doing better than most, but we worked incredibly hard to make that happen," says Dr Henry. "We've had every stage here from managing with just two to three GPs for a few years. But then we got some momentum."

"The positive is that it's a really interesting job and scope of practice – people come and they end up staying here."

The general practice team offers general medicine, Well Child/Tamariki Ora, accidents and wound care, minor surgery, insertions of long-acting contraceptives, travel health, diabetes clinics, youth health and skin checks.

Dr Judd says the main workforce challenge is pay parity for nursing staff.

Dr Henry highlights geography as another challenge, as Kaikōura is isolated from other main centres, with Blenheim two hours' drive to the north, and Christchurch (and its tertiary hospital) three hours to the south.

But, says Dr Judd, the "whole team approach" of community, primary and secondary care under one roof means that Kaikōura Healthcare can manage significantly ill patients with really good outcomes.

"If we have a patient that is crashing respiratorily, or has been through major trauma, we may not have to transfer them [to Christchurch] but rather we can stabilise and treat them locally."

This is especially significant for mental health events. Recently, a patient brought in by the community mental health and wellbeing team was admitted overnight until a specialist team could arrive from Christchurch.

Dr Henry explains: "We were able to keep them here, somewhere that is familiar to them, rather than send them off to somewhere they don't know, in the middle of a crisis."

"Dealing with mental health crises in rural and remote places is always difficult and, before, we had to rely on people coming up, or sending them down to Christchurch."

The practice's community mental health and wellbeing team of seven – a "phenomenal" asset, he says – was set up after the earthquake.

Dr Judd says Kaikōura Healthcare also has two healthcare assistants, a new role the practice is developing particularly for local school leavers, with the aim they will study nursing.

Being a provider of emergency services is a big part of the job at Kaikōura Healthcare, with the general practice team also a part of the Primary Response in Medical Emergencies (PRIME) service.

After-hours care is principally run by the general practice, with one GP typically on call except at busy times of the year.

Doctors on call cover the general practice and the rural hospital, do radiography, provide back up for midwives and respond to PRIME calls.

A paid paramedic now serves on most St John shifts, so the practice isn't

called to the same volume of PRIME events as in the past.

"We miss it, but this has helped from a workload perspective," says Dr Judd.

She says she is proud of the team's culture and the way they all work together to serve the community, which epitomises the integrated family health centre model.

"The wrap-around care we provide, it's phenomenal the way it works."

Asked what would improve the practice, Dr Judd says she should have pushed harder, at the start, for air conditioning in all rooms.

The practice should also have worked harder to be listed to host postgraduate year 1 and 2 doctors, she adds. They would be an asset and working at the practice would be a great experience for them, says Dr Judd.

Three things she would like changed in the wider health system are the introduction of pay equity for practice nurses, free prescriptions and better funding of adult dental care. ■

Zahra Shahtahmasebi is an Auckland journalist. This is the second of her regular series of practice profiles