Aide-Mémoire

Health New Zealand
Te Whatu Ora

Dargaville Hospital update

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To:	Hon Simeon Brown, Minister of Health		
From:	Alex Pimm, Group Director of Operations, Te Tai Tokerau		
Copy to:	Hon Matt Doocey, Associate Minister of Health		
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Consulted	n/a		

Contact for further discussion (if required)			
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Purpose

1. Following media enquiries relating to medical staffing at Dargaville Hospital, you have asked for an update on the current issues and on-going improvement plan.

Summary

2. Dargaville Hospital provides a range of services including a 24/7, 12 bed inpatient general ward and 8 bed medical detoxication unit. The hospital receives public walk-ins and ambulance presentations for acute care although it does not have a formal emergency department.
3. Dargaville Medical Centre (DMC, the local general practice) is located on the same site as the hospital. The medical centre provides usual general practice care and some urgent care. They are open weekdays in business hours plus Saturday mornings.
4. There have been key challenges relating to the provision of care in Dargaville that result in clinical and organisational risk:
   a) Patients self-presenting to the hospital after hours;
   b) Safely staffing the hospital on-call medical roster overnight; and
   c) Primary care workforce and capacity.

5. To address these challenges a phased implementation plan to move to a sustainable model was agreed in November 2024 with the Commissioner.

    a) Phase 1: stabilise current services and communicate with staff and the local community – complete.

    b) Phase 2: engage, review, plan and implement an improved model of urgent care and inpatient services across the system – on-going.

6. Phase 2 has made slower progress than anticipated as Health NZ continues with internal staff and external private provider engagement.

7. There is an opportunity to accelerate and move to implementation of a sustainable model that supports enhanced daytime urgent care on the Dargaville site and provides increase primary care access. However, this has the potential to result in community opposition unless well supported by the local primary care and Health NZ staff.

Background

8. Dargaville Hospital is located in Dargaville, a small town situated on the bank of the Northern Wairoa River in the Kaipara District of the Te Tai Tokerau (Northland) region. Dargaville is located 55 kilometres southwest of Whangārei, and 174 kilometres north of Auckland. Whangārei Hospital is 50 minutes' drive from Dargaville Hospital. For people who live on the west coast of Kaipara this drive can be over 90 minutes.

9. Dargaville Hospital is one of five public hospitals in the Te Tai Tokerau district. Four of these (Whangārei, Kaitaia, Bay of Islands, and Dargaville) are operated by Health New Zealand. Rawene Hospital is owned and operated by Hokianga Health Enterprise Trust and primarily provides general practice and aged residential care services.

10. For approximately 12,000 people, Dargaville Hospital is their closest hospital.

11. Dargaville Hospital was built in the 1950s and opened in 1956. It has several single-story brick building on a large, elevated site. The site includes:

    a) Primary care services provided by Dargaville Medical Centre (DMC), a business independent of Health NZ.

    b) A general inpatient ward providing care for lower acuity patients (resourced to 12 beds with physical capacity to extend to 19 beds; one of these 12 beds is designated for palliative care but can be utilised for other care if available). Occupancy is low (< 50%) within the inpatient beds.

    c) An inpatient medical detoxification unit with eight beds.

    d) Laboratory operating 24/7 (via on-call overnight).

    e) Radiology (x-ray only; operating Monday-Friday business hours).

    f) Outpatient facilities, including some day procedures.

    g) Offices used by Health NZ, hospice, and Te Hā Oranga (a kaupapa Māori community health provider).

12. DMC has an enrolment of approximately 11,800 patients, which is the majority of patients living near Dargaville. The remaining patients are enrolled with general practices on the peripheral edges of the southern, northern and eastern borders. DMC has a separate commercial arrangement with Te Hā Oranga Ngati Whatua, the predominant local iwi Māori health provider, to provide some clinical services. Te Hā Oranga is also co-located on the hospital site.

13. Health NZ runs the hospital and is well-known in the community for providing various services and inpatient beds. The hospital building is owned 54% by Health NZ and 46% by Kaipara Community Health Trust through a Joint Venture organisation called the Kaipara Total Healthcare Joint Venture (JV). The JV has leased the hospital building to Health NZ. The current JV agreement is set to expire in 2029, and all parties are leaning towards Health NZ retaking full ownership. Health NZ is working through the internal process regarding the JV agreement expiry.

General Practice Care

14. DMC has 4.2 general practitioner FTE spread across seven individuals equating to a patient load of 2,800 per FTE. This is very high ratio of patients to FTE compared to other general practices in New Zealand. Two of these general practitioners are rural hospital medicine specialists who also work on the hospital medical roster. DMC also employ nursing staff and a range of other staff such as a health coach, health improvement practitioner, physician assistant and prescribing pharmacist.

15. DMC provides usual general practice care within business hours as well as an urgent care walk-in stream. However, they have reported that the volume of walk-in care required significantly impacts on their overall capacity to do ‘business as usual’ general practice care (i.e. long-term condition management and proactive preventative care) particularly given their workforce constraints. For example, the general practitioners describe that there is no opportunity for the practice to have the discussions with parents who have declined immunisation for their children, in an area of high decline rates. The proportion of general practitioner time spent on urgent care compared to booked appointments is reported to be increasing.

Inpatient care

16. The hospital general inpatient ward caters for lower acuity patients (resourced to 12 beds). Separately there is a medical detoxification unit (8 beds, fully utilised). These wards are open 24/7. During the day there is medical cover, albeit with some challenges to staffing. Overnight, care is now provided by nursing staff with access to a telehealth medical provider (Emergency Consult) and the usual range of specialists based from Whangārei Hospital.

17. Occupancy of the inpatient general ward ranges from zero patients to fully occupied. Average occupancy since December 2024 has been five patients.

18. All patients are informed of and consented regarding no overnight medical cover and clinical criteria is in place to minimise any patient remaining in the ward overnight that is likely to require medical input. Patients requiring medical cover overnight are admitted to Whangārei Hospital or other hospitals in the Te Tai Tokerau hospital network.

19. Planned day-stay care is provided at the hospital for medical procedures. There are small numbers of day case treatments and therapies provided on the general ward, for example blood transfusion, infusion therapies and therapeutic venesections. No surgical procedures occur at Dargaville Hospital. It is proposed that the current procedures would continue in a future model. There is opportunity to relocate some planned care occurring at the Whangārei Hospital site that could be appropriately delivered at Dargaville Hospital, closer to home for the local community.

20. Health NZ currently employs 3.22 FTE of medical staff based in Dargaville for the inpatient service. This is reducing to 2.25 FTE in August when one doctor leaves the organisation (who has been on a short period of absence). There is no anticipated impact to service delivery because of this change. Health NZ continues to maintain the current roster structure except for the usual operational challenges like unexpected sick leave, or extended absences. Health NZ is discussing with the team regarding covering any vacant shifts that do arise as well as continuing to advertise for senior doctors and nurse practitioners to enable strengthen resilience and support increase care delivery on the site.

21. Health NZ is also actively reviewing the opportunity for physician assistants to be used to support the clinical activity at Dargaville and is in discussion with centres elsewhere that have successfully utilised this model.

Urgent care

22. Dargaville Hospital does not have an emergency department (it does not meet tier 2 specifications for rural emergency departments). For triage category levels one and two (the most clinically urgent or unstable) and some three, the best place for patients to be seen is Whangārei Hospital. However, category one and two patients have historically been brought to the hospital by Hato Hone St John or have self-presented. These patients are stabilised before transport is organised to transfer the patient to Whangārei Hospital. Such acutely unwell patients being brought to Dargaville Hospital, without the resources or infrastructure to provide the appropriate level of care, presents clinical risk and should be avoided.

23. For all other triage category patients (triage three to five), a mixed model operates within hours where patients can seek urgent care at DMC or at the hospital.

24. DMC is open during the day Monday to Friday and Saturday morning and provides urgent care to many patients. They are not an urgent care clinic, so there are limitations to what they can provide (e.g. they cannot provide fracture care).

25. The hospital has historically operated a ‘walk-in’ model for the local community seeking urgent healthcare not provided by primary care or for unenrolled patients. There is an assessment space on the ward set-up to provide urgent care for patients, including a video link to Whangārei Hospital’s critical care unit and the ability to utilise telehealth providers. Often patients are assessed and transferred by ambulance to Whangārei Hospital for further care and interventions or admitted to the ward.

26. Often patients are triaged from DMC to the Health NZ operated inpatient service.

27. An after-hours primary care telehealth nurse-led triage system via the national Ka Ora rural health agreement is available to all people in rural settings. Ka Ora also provides telemedicine consultants with general practitioners and emergency physicians. DMC's after-hours calls are redirected automatically to this provider, and all after hours phone calls to DMC seeking care are managed via this route.

Discussion

28. In November 2024 a phased approach to move to longer-term sustainable service models was approved. The plan is being overseen by the Group Director of Operations for Te Tai Tokerau and Regional Planning, Funding & Outcomes Director.

29. Phase 1 focussed on stabilising current services, including overnight safety, and communicating with staff and the local community regarding accessing the appropriate care from the right place. A localised communication campaign occurred, aligned with broader 'right care for you' messaging, including direct texts and emails to patients, posters, social media posts, and updated signage to advise the community where and how to access care. This phase is complete.

30. Urgent care services have continued to be provided in business hours by DMC and Health NZ. After hours, the community have been directed to utilise telehealth in the first instance or call 111 in an emergency, where patients will be triaged to the most appropriate service.

31. There has been engagement with Hato Hone St John regarding the appropriate location for category 1 and 2 patients and agreed that these patients should be transported to Whangārei Hospital. Overnight, all emergency transfers go to Whangārei Hospital if patients require immediate hospital treatment or investigations.

32. Overnight inpatient safety has been maintained despite medical staffing constraints. The focus shifted to providing daytime medical cover when most admissions/transfers occur; overnight nurses provide care and have been supported with additional training. Patients remaining admitted to the ward overnight are seen by a doctor earlier in the day with a documented care plan. After-hours cover has been organised for peak holiday periods such as over statuary holiday weekends.

33. Phase 2 of the agreed workplan included reviewing, planning, and implementing an improved model of urgent care and inpatient services for Dargaville residents including adjusting hospital services.

34. Phase 2 has moved at a slower pace to ensure good engagement with key partners and to gain a high-level of 'buy in' to any proposed model ahead of public announcements or public consultation.

35. A potential future model has been developed that would see DMC continue to provide acute primary care but commit a greater proportion of their clinical time to booked appointments. Health NZ would provide daytime urgent care access for anybody triaged as not suitable for primary care.

36. In addition, Health NZ proposes to increase other clinical activity on the Dargaville campus, such as chemotherapy delivery and potentially renal dialysis, as part of our focus on providing care closer to home and minimising travel for patents that currently have to access services from Whangārei.

37. [redacted]

38. [redacted]

39. There remain some questions regarding the impact to primary care revenue as a result of the potential changes, and whilst it is our view that this is not significant, it has slowed progress.

40. In addition, there is a desire from the local community, DMC and some Health NZ staff to commit to offering full 24/7 urgent care access via the hospital, which we donot support.

41. Health NZ is currently developing a national rural services framework. This work is still in draft but intends to support a more consistent, fair and sustainable level of health services in rural areas, spanning primary, urgent and hospital care. This work won't be finalised until late 2025, so regional and national teams are working closely where local decisions have to be made sooner (e.g. in Dargaville, Queenstown).

42. Health NZ has the opportunity to accelerate this work and move to implementation, however there is a risk that all affected parties are not in full support and there could be significant public opposition. HNZ believe that further time to build positive engagement and support for the model will be beneficial longer-term and enable a smoother change process.

Next steps

43. Health NZ will continue the agreed approach to make changes, with the focus on implementing sustainable models of care that reduce clinical and organisational risk and support the local community to access urgent healthcare.

44. If you would like this work to proceed faster, Health NZ can move to consultation on the preferred model.

45. A further progress update can be provided if required.