Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4134
Kathleen.Smitheram@cdhb.health.nz;

9 August 2021

9(2)(a) [redacted]

RE Official Information Act request CDHB 10639

I refer to your email dated 19 June 2021 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

With yet more reports appearing in The Press about the crisis that the CDHB is facing in the delivery of public healthcare, apart from surgical procedures being outsourced at considerable cost to the CDHB each year, given that Christchurch has New Zealand's first genuine charity hospital founded by Dr Bagshaw (St George's Hospital is a fee-charging society with charitable purposes while the Charity Hospital does not charge for its services),

1. **What involvement has the CDHB had with the Charity Hospital regarding the use of its facilities and volunteer surgeons?** To answer that rhetorical question, **would you please provide me with copies of all communications between the CDHB and the Charity Hospital from 2008 to 2021 regarding how the Charity Hospital might have assisted the CDHB in coping with its inability to provide surgical services.**

There have been ongoing discussions between the Christchurch Charity Hospital Trust (CCHT) and Canterbury DHB and both services have worked collaboratively over the years. We have taken people off the CCHT waiting list at times to undertake procedure sooner and CCHT has undertaken surgical intervention on patients declined care at the Canterbury DHB, who did not have resources to access private hospital care (provided under their trust deed).

The Canterbury DHB supports the great work of the CCHT and the DHB agrees to look after any complications of care and / or those requiring admission. (rare events).

There have been offers of help at times we have struggled to deliver care (e.g. mosque shootings), but nothing in the time of recent DHB challenges

The Canterbury DHB does not currently contract with the Christchurch Charity Hospital for any procedures

In 2020, to support the sustainability of the Christchurch Charity Hospital during COVID, and to assist with its readiness to restart after the Covid Alert Levels decreased, the Canterbury DHB provided a one-off sustainability payment to ensure their viability as part of the Canterbury Health care system.

The Canterbury DHB provides sterile services for the Charity Hospital through our internal service at no charge. This contributes significantly to their ability to operate.

Please refer to **Appendix 1** (attached) for communications between the Christchurch Charity Hospital Trust (CCHT) and Canterbury DHB since 2008.

Note we have redacted information under the following sections of the Official Information Act:
Section 9(2)(a) i.e. *"….to protect the privacy of natural persons, including those deceased"*
Section 9(2)(b) i.e. *"….to protect the commercial position of the person who supplied the information, or who is the subject of the information".*
Section 9(2)(g) i.e. *"….to maintain the effective conduct of public affairs through the free and frank expression of opinions".*
We have also withheld information we believe to be 'Out of scope' of your request.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Tracey Maisey
Executive Director
Planning, Funding & Decision Support

APPENDIX 1

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE CANTERBURY CHARITY HOSPITAL TRUST

AND

THE CANTERBURY DISTRICT HEALTH BOARD

THIS MEMORANDUM OF UNDERSTANDING is made the 22nd day of April 2008

BETWEEN

THE CANTERBURY CHARITY HOSPITAL TRUST
("CCHT")

AND

THE CANTERBURY DISTRICT HEALTH BOARD
("CDHB")

BACKGROUND

A. CCHT is an incorporated charitable trust formed to provide free, elective day surgery and medical outpatient clinics for some of those who would otherwise not readily access such healthcare.

B. CDHB recognises the role being provided by CCHT in the provision of healthcare services for some of those who are not readily able to access healthcare through the public health system and who are not eligible for accident compensation and who otherwise do not have any medical insurance protection or the ability to pay for their healthcare from their own financial resources.

C. CDHB recognises the role that CCHT could provide in the provision of clinical education for some healthcare trainees and in the provision of facilities and support for some healthcare groups in the community and in the event of natural disasters.

D. CCHT recognises the importance of having the co-operation of CDHB in ensuring that its physicians, surgeons, nurses, technologists and other healthcare professionals ("CDHB employees") have the support and encouragement of CDHB in providing their services to CCHT. This co-operation being based on the premise that it is both normal and desirable that CDHB employees volunteer their services to community healthcare as part of the CDHB mission to protect and provide healthcare services to the Canterbury community. This voluntary and unpaid service shall not compromise in any respect the CDHB employees' responsibility to CDHB and will only be undertaken in times when CDHB employees do not have scheduled CDHB responsibilities.

1. Objectives

1.1 The objectives of this Memorandum of Understanding are to set out the relationship between CCHT and CDHB in meeting their mutual mission to enhance the healthcare of the Canterbury community.

2. Roles and Responsibilities of CCHT and CDHB

2.1 To give effect to the objectives referred to above the responsibilities of CCHT under this Memorandum of Understanding are:

2.1.1 To provide free, elective day surgery and medical outpatient clinics to some of those patients whom the CDHB is not readily able to treat; such patients, who otherwise meet the CCHT admission criteria, being directed to CCHT by general

medical practitioners in the Canterbury area (such practitioners having the sole right to control access to CCHT healthcare services).

2.1.2 To provide clinical education, training and experience for some junior medical staff, medical students, nurses, health technologists and ancillary staff ("trainees") whenever possible and appropriate with the approval of the supervising authorities. CCHT will have no obligation to fulfil any reporting or auditing procedures for the supervising authorities, those obligations being entirely a matter for the trainees.

2.1.3 To provide its facilities in the event of any natural disaster, for major trauma triage and if there is a threat of any significant epidemic.

2.1.4 To provide its facilities for community healthcare groups and patient support whenever possible and appropriate.

2.2 To give effect to the objectives referred to above the responsibilities of CDHB under this Memorandum of Understanding are:

2.2.1 To provide support and encouragement for its CDHB employees to volunteer their services to CCHT subject always to their obligations to CDHB not being compromised in any respect.

2.2.2 To ensure that the general practitioners who have patients referred back to them for their care, are informed that these patients may be able to access CCHT healthcare services as one of their alternative healthcare options.

3. General

3.1 CDHB and CCHT agree to work toward a mutually beneficial relationship to implement the objectives detailed above to advance the healthcare, clinical education and natural disaster needs of the Canterbury community.

3.2 CDHB and CCHT will consult and communicate from time to time so that at all times there is a mutually supportive, co-operative and transparent relationship fulfilling the common objective to provide enhanced healthcare for the Canterbury community.

4. Term and **Review of Memorandum of Understanding**

4.1 This Memorandum of Understanding will commence on the date that it is signed by the parties.

4.2 The CDHB and CCHD will review the terms hereof from time to time on the initiative of either party.

4.3 This Memorandum of Understanding is not intended to be legally binding on the parties or to give rise to legal rights or obligations.

SIGNATURES

SIGNED for and on behalf of)
THE CANTERBURY CHARITY HOSPITAL TRUST)
in the presence of:)

9(2)(a) [redacted]

Witness signature 9(2)(a) [redacted]

Witness name 9(2)(a) [redacted]

Witness Occupation Medical Secretary

Witness Town of Residence Christchurch

SIGNED for and on behalf of)
THE CANTERBURY DISTRICT HEALTH BOARD)
in the presence of:)

9(2)(a) [redacted]

Witness signatu 9(2)(a) [redacted]

Witness name [illegible]

Witness Occupation General Manager

Witness Town of Residence Christchurch

CHIEF EXECUTIVE'S OFFICE

Tel: (03) 364 4110
Fax: (03) 364 4101
E-Mail:chiefexecutive@cdhb.govt.nz

9 May 2008

Mr Phil Bagshaw
Department of Surgery
Christchurch Hospital

Dear Phil

CDHB employees operating at the Charity Hospital

Further to our Memorandum of Understanding, I have been made aware that you may have stated to your surgical colleagues that this allows for them to operate in CDHB time ie without taking leave. This is not what is stated in the MOU nor was it our intention to make such a provision. Just to clarify; we are more than happy for CDHB employees to undertake work for the Charity Hospital on an unpaid basis meaning that they are required to take leave from the CDHB if this occurs during their normal (job sized) working week. Of course they should only do so at times when they would not be engaged in CDHB clinical activities as is stated in the MOU.

I should be grateful if you would clarify this with your colleagues and let them know that they will be expected to seek leave approval in the usual manner for such occasions.

Please be assured that our support for the Charity Hospital and its mission to help patients whom the health service cannot offer intervention remains, and that we continue to support the MOU as signed.

Yours sincerely

Gordon Davies
Chief Executive

Copy to: Mark Leggett, GM Medical & Surgical, Christchurch Hospital

CEO 20864.doc

CANTERBURY
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Mr Gordon Davies
Chief Executive Officer
Canterbury DHB
P.O. Box 1600
Christchurch

17th May 2008

Dear Gordon,

Re: CDHB employees operating at the Charity Hospital

The Trustees of the Canterbury Charity Hospital Trust (CCHT) again seek an urgent meeting with you. We believe it is vital to clear up the issue raised in your letter of 9th May as quickly as possible. We contend that this would be easier to sort out in a face-to-face meeting with you.

We see the work of the Charity Hospital as an important resource to address some of the unmet health needs of a section of the community that is currently inadequately served by the public healthcare system, particularly in the area of elective surgery.

We also believe that the Charity Hospital offers the CDHB other significant opportunities in the areas of teaching and training for young healthcare professionals, and facilities in the event of natural disasters. We hope you continue to see these and other opportunities for cooperation between us in a positive light.

We contend that the concern you raise about the need for annual leave only applies to CDHB full-time staff. The part-time and academic staff can do voluntary work at the Charity Hospital outside their contracted CDHB time.

What we seek from you, in respect of your full-time staff, is some flexibility (as accorded them in relation to some other work-related activities) so that they can work at the Charity Hospital when not needed for normal scheduled duties and responsibilities by CDHB. These staff members would be expected to work the same total number of hours for the CDHB and perform the same duties as agreed in their job-sized working week. Under a more flexible arrangement, however, they could do voluntary work for us, without the penalty of having to take annual leave.

9(2)(a) [redacted]

Chair Deputy Chair Trustee Trustee

We contend that such a flexible approach sits well with the responsibilities of the CDHB as outlined in section 2.2.1 of the Memorandum of Understanding of 22nd April 2008, where it agrees 'To provide support and encouragement for its CDHB employees to volunteer their services to CCHT'. Furthermore, we accept that voluntary work for us by CDHB staff is (section 2.2.1) 'subject always to their obligations to CDHB not being compromised in any respect'.

Again, we hope you will see the approach we have outlined in a positive light and that it has the opportunity to be advantageous to the community, CDHB and ourselves.

We eagerly await your response.

Yours sincerely,

9(2)(a) [redacted]

Philip Bagshaw
Chair, CCHT

Copies: 9(2)(a) [redacted]

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Mr Gordon Davies
Chief Executive Officer
Canterbury DHB
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CORPORATE OFFICE
20 MAY 2008

17th May 2008

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9(2)(a) [redacted]

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Again, we hope you will see the approach we have outlined in a positive light and that it has the opportunity to be advantageous to the community, CDHB and ourselves.

We eagerly await your response.

Yours sincerely,

9(2)(a) [redacted]

Philip Bagshaw
Chair, CCHT

Copies: 9(2)(a) [redacted]

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Mr Bruce Matheson, Chair
✓ Mr David Meates, CEO
Canterbury District Health Board
Level 2, H Block
The Princess Margaret Hospital
Cashmere Road
Cashmere
P.O. Box 1600
Christchurch

6th December 2012

Dear Mr Matheson & Mr Meates,

Re: Issues between CDHB & CCHT on fundraising, staff volunteerism & equipment sharing, & our MOU

Thank you both for meeting with members of our Trust Board on 8th October 2012. At that meeting we discussed the concerns the CCHT Board and management have recently had with regard to our relationship with the CDHB, in the context of the MOU that exists between our two organizations.

Those concerns are in regard to: (1) evidence purportedly from the CDHB to fundraising organizations claiming a lack of need for certain clinical services provided by the CCHT; (2) difficulty with the CDHB clinical staff volunteering their time to work for the CCHT under the previously agreed terms of our MOU; and, (3) the specific issue with equipment sharing between the CDHB and the CCHT. These three issues are elaborated on in the enclosed letter from our Hospital Manager of 5th October 2012.

At our meeting on the 8th October: we, the CCHT Board, agreed to provide evidence to support our concerns (please see the list of appended documents); you, for the CDHB, agreed to investigate and report back to us on what might be done to address our concerns.

We look forward to hearing from you how these three issues might be satisfactorily resolved.

Yours sincerely,

9(2)(a) [redacted]

Phil Bagshaw
Chair, CCHT

(Enclosed List- PTO)

9(2)(a) [redacted]

Chair | Deputy Chair | Trustee | Trustee

Enclosed Documents

9(2)(a), Out of Scope

[redacted]

5. Statement from CCHT Hospital Manager on funding application to Christchurch Mayoral Earthquake Relief Fund and presentation by CCH to Christchurch City Council Meeting of 2nd February 2012 – 28th November 2012.
6. Out of Scope [redacted]

[redacted]

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Friday, 5 October 2012

Philip Bagshaw
Chairman
Canterbury Charity Hospital Trust (CCHT)
349/351 Harewood Road
Christchurch

Dear Philip,

Thank you for your request for information pertaining to problems CCHT has experienced over the past months in regard to fund raising and our Memorandum of Understanding (MOU) with CDHB.

Fund Raising.

As you are aware, late last year and earlier this year we attempted to secure large scale funding from various sources to assist us with our major West Wing expansion programme. The work being carried out in this new facility pertains to counselling, dentistry and endoscopy as follows:

1. The counselling service was set up to cover the crisis following the local earthquakes but expanded to cover unmet counselling need as judged by continued demand from the community and support from local Counsellors and Psychologists.

2. The dental service was set up in cooperation with the Canterbury branch of the New Zealand Dental Association in response to the diminished level of dental service offered by the CDHB, particularly following the earthquakes.

3. The colonoscopy service was set up in response to on-going unmet need for endoscopic investigation of rectal bleeding, which is a frequent reason for referral to our Trust.

The two largest organizations to which we applied for funding were the Mayoral relief fund and the Prime Minister's Christchurch earthquake appeal fund. Although we appeared to fit the funding criteria perfectly, both applications were turned down. When we asked the two organizations their reasons for doing so, we were told that the CDHB said there was no need for our new services, which they claimed were fully covered by them, particularly dentistry and counselling.

I quote from a letter from Out of Scope

"The Trust considered your request for $1 million to convert one of your buildings into a suitable facility which to provide additional counselling and dental services.

The Trust considered the request against the funding criteria and sought advice from a number of sources including the Canterbury District Health Board" also "The provision of such services is considered the responsibility of existing providers, who are funded by government agencies".

Clearly the information this Trust received was incorrect and seriously jeopardised our chances of achieving a successful outcome.

In the case of the Out of Scope we made a second application and a verbal presentation to the City Council. Here we convinced the Council that some of the information they had received from the CDHB was incorrect and, as a result, we were granted some funding support. We therefore intend to similarly re-apply to the PM's fund.

Furthermore, a funding application made by us to the 9(2)(a) was similarly turned down on the basis of information received from CDHB sources.

It must be concluded that information provided by the CDHB has had a large impact on the ability of the CCHT to recover some of the funds we invested in providing essential post-earthquake services for the people of Canterbury, when the existing services were demonstrably inadequate.

Personnel Issues.

Several senior CDHB medical staff have had continuing issues with volunteering their time to work for the CCHT. One general surgeon only works for us during his holiday time because his service manager insists that this is his only option. Other general surgeons have been placed under similar prohibitions, which limits our access to this type of specialist. Numerous O&G specialists have also been told they must take annual leave to work for us. This approach is not within the spirit or letter of our MOU with CDHB.

Equipment Issues.

Last May we entered into an agreement with th[redacted] CWH regarding the use of hysteroscopic sets of surgical equipment. We offered to purchase multiple sets, which could be used on our patients but also shared by the public O&G group who expressed a wish to do so. The agreement was both verbal and backed up by email. After extensive consultation with the O&G group we committed to purchase this expensive equipment. The agreement was similar to others we have with hospitals throughout Christchurch and was mutually beneficial.

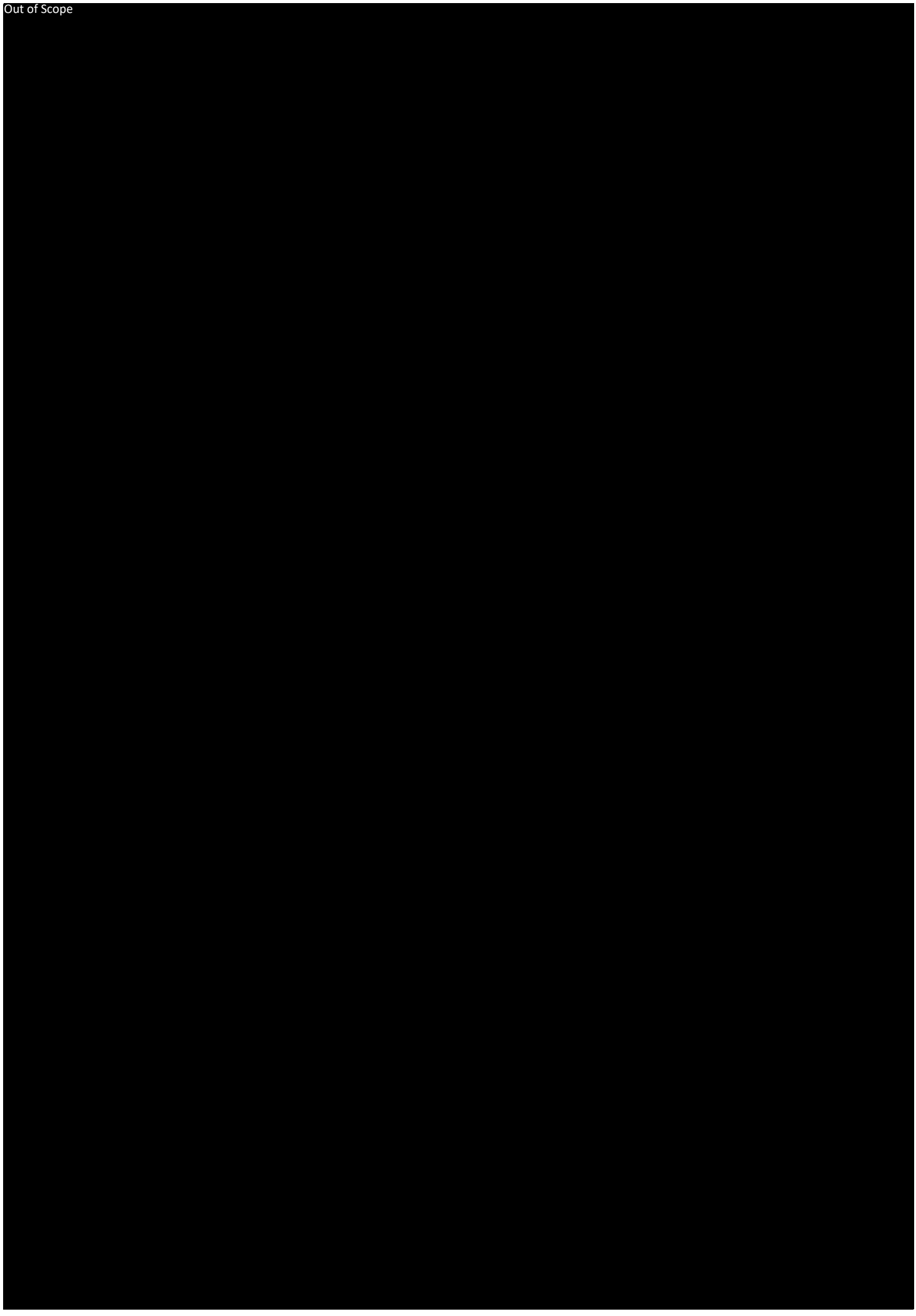
Then, a few weeks ago when we came to borrow some equipment from CWH, we were informed by th[redacted] that they have decided to renege on the agreement. We understand from the[redacted] that this was on the instruction of higher management. Both the O&G group at CWH and I are perplexed at this bad faith decision.

Finally I wish to add that, though frustrated by the unhelpful behaviour of a minority within the management of the CDHB, I take heart from the overwhelming support and cooperation we receive from many health professionals at the coal face of both the public and private sectors within Canterbury and around the country.

Yours sincerely,

[redacted]

[redacted]


Out of Scope

Out of Scope

Carl

From: Benjamin Sharp <Benjamin.Sharp@cdhb.health.nz>
Sent: Wednesday, 12 September 2012 1:16 p.m.
To: 9(2)
Subject: RE: charity hospital/ OP hysteroscopes

Spoke to 9(2)(a) seems to know little apart from the fact that the management have decided 'no' without talking to us. Their professed reason is that if anything happens to the scopes in transit, who has liability? This is a Pauline clark matter and she's away for the rest of the month. If you can put pressure on them via the clinical board meet that may be helpful...? Speak to David Meates?

Ben Sharp

Consultant Obstetrician & Gynaecologist
Christchurch Women's Hospital
Christchurch
New Zealand
9(2)(a)

From: 9(2)(a) [@charityhospital.org.nz]
Sent: Tuesday, 11 September 2012 4:15 p.m.
To: Benjamin Sharp
Subject: RE: charity hospital/ OP hysteroscopes

Thanks for keeping me in the loop Ben,
We have the issue on the agenda for tonight's clinical board meeting.
I'll wait and see what comes out of your meeting and will of course talk to you 1st before we say or do any more.
Regards,
9(2)

From: Benjamin Sharp [mailto:Benjamin.Sharp@cdhb.health.nz]
Sent: Tuesday, 11 September 2012 3:17 p.m.
To: 9
Subject: FW: charity hospital/ OP hysteroscopes

fyi

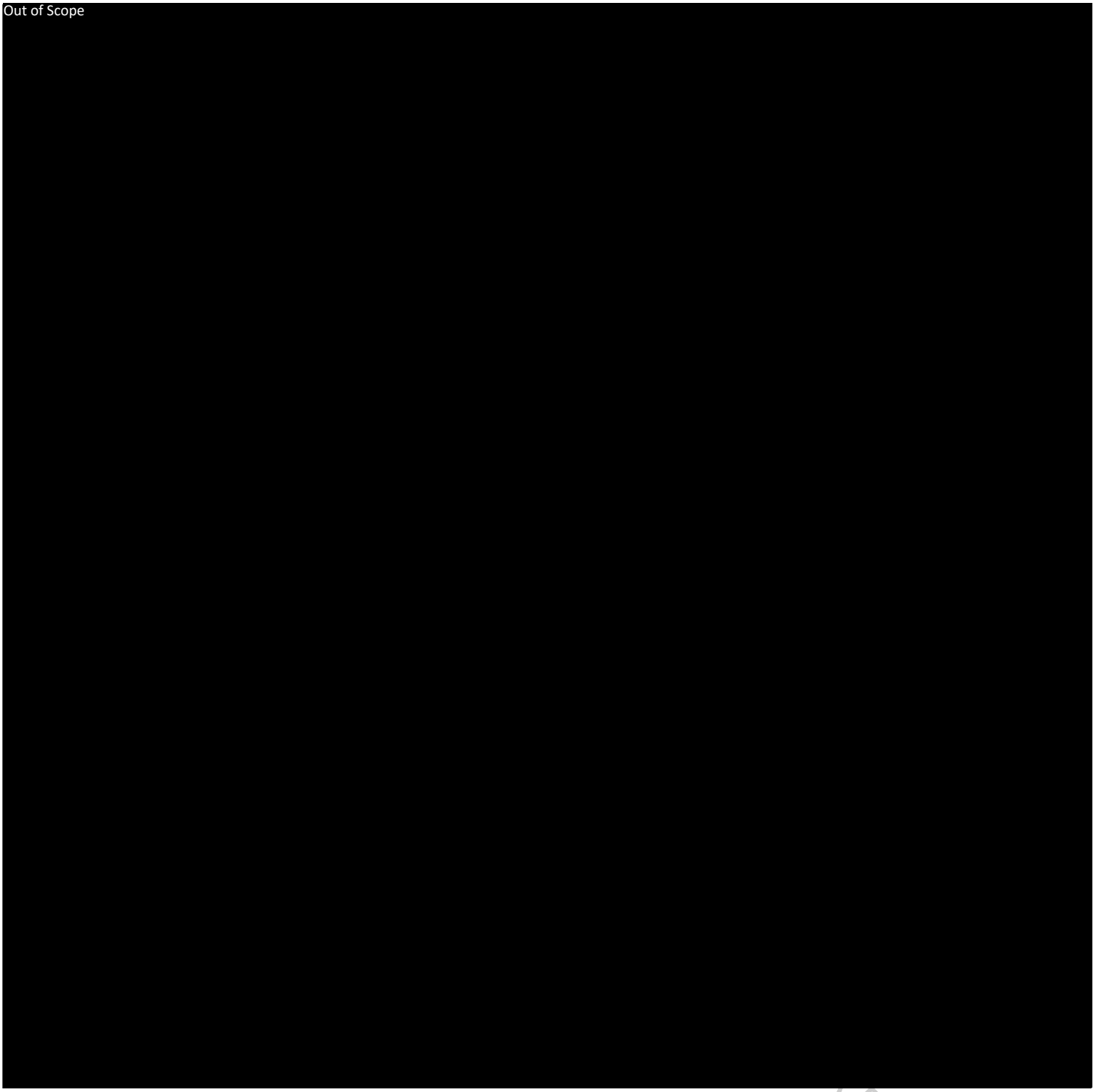
Ben Sharp

Consultant Obstetrician & Gynaecologist
Christchurch Women's Hospital
Christchurch
New Zealand
9(2)(a)

Out of Scope


Out of Scope


Out of Scope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[redacted]

Carl

From: 9(2)(a) @cdhb.health.nz>
Sent: Thursday, 30 August 2012 2:45 p.m.
To: 9(2)
Subject: RE: Charity Hospital

Sorry I haven't got back to you sooner
Am in the office after 1:30pm tomorrow so it would be good to chat if you are free
Regards
Amanda

Amanda Daniell

Acting Service Manager Women's Health

Christchurch Women's Hospital

Private Bag 4711

Christchurch

9(2)(a)

From: 9(2)(a) @charityhospital.org.nz]
Sent: Tuesday, 28 August 2012 6:33 p.m.
To: 9(2)(a)
Subject: RE: Charity Hospital

Dear Amanda,
Thank you for your email and I'm sorry you were not able to reach me to discuss this.
Unfortunately this is a little more than an inconvenience as following discussions with Senior DHB O&G specialists we have made strategic decisions, based on the agreement. We have also committed thousands of charitable dolllars towards this new service which may no longer be viable.
I would like to talk to you about what has transpired, particularly who has made this decision. Can I call you tomorrow please?
In the meantime I have alerted senior DHB specialists to the change of heart and alerted our Chairman who is currently awaiting a meeting with the DHB Chairman & CEO about enhancing our current MOU for the benefit of patients.

Regards,
9(2)
(a)

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From: 9(2)(a) @cdhb.health.nz]
Sent: Tuesday, 28 August 2012 1:35 p.m.
To: 9(2)
Subject: FW: Charity Hospital

Dear Carl
I had hoped to talk to you on the phone prior to sending this but haven't been able to get you, yet.
Further to our phone conversation and emails (16/08/2012), regarding the use of hysteroscopes across our two sites, I have looked in to this matter in more detail.
Unfortunately we are unable to proceed with the loan of this sensitive equipment and I have spoken with more senior management who confirm this is the case. I understand you have ordered two scopes that you had suggested were to be kept on site at Christchurch Womens but it would be inappropriate to do so when you will still require them for use at the Charity Hospital.
My apologies for any confusion or inconvenience that has been caused in this matter
Kind regards
Amanda

Amanda Daniell

Acting Service Manager Women's Health

Christchurch Women's Hospital

Private Bag 4711

Christchurch

9(2)(a)

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<20120820090849462.pdf>

From: 9(2)(a) @cdhb.health.nz]
Sent: Thursday, 16 August 2012 10:50 a.m.
To: 9(2)(a)
Subject: RE: Hysteroscopes

Hi 9(2)

Thanks for speaking with me on the phone this morning and clarifying things, for me, from your discussion with 9(2) 9(2)(a) a couple of months ago.
A suggestion, by Ben Sharp, was made to share the use of hysteroscopes between the Charity Hospital and CWH.
At present there are a limited number of scopes in Chch, with only 2 other sets at 9(2)(a). Apparently there is a problem with compatibility of parts between their scopes and the ones we use here.
The Charity Hospital are in the process of buying 2 hysteroscopes, with accompanying operating sets, which will take approximately 6-8 weeks to arrive and are the same product used by us. These scopes will be able to be kept with our stock at Chch Womens for use over both sites. My understanding is that there will then be 7 hysteroscopes in total
In return for this, the Charity Hospital will borrow, possibly up to 4 scopes, about every 3 weeks and will arrange pick-up and return, with advance notification so we don't have any conflicts with use/supply.
I hope this is an accurate summing up!

In answer to your question below – yes it will be fine to borrow 2 scopes for the 24th
Kind regards
Amanda

Amanda Daniell

Acting Service Manager Women's Health

Christchurch Women's Hospital

Private Bag 4711

Christchurch

9(2)(a)

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28th November 2012

Statement re: funding application to Mayoral Earthquake Relief Fund.

On February 2nd 2012 a presentation to the Christchurch City Council by the Canterbury Charity hospital Trust was made. The presenters were Chair, Philip Bagshaw, Manager, 9(2)(a) 9(2)(a)

The reason for the presentation was to present a better understanding of an application for funding of $1m towards the new wing of the Charity Hospital which had initially been discounted some weeks prior.

A copy of the most recent presentation is enclosed.

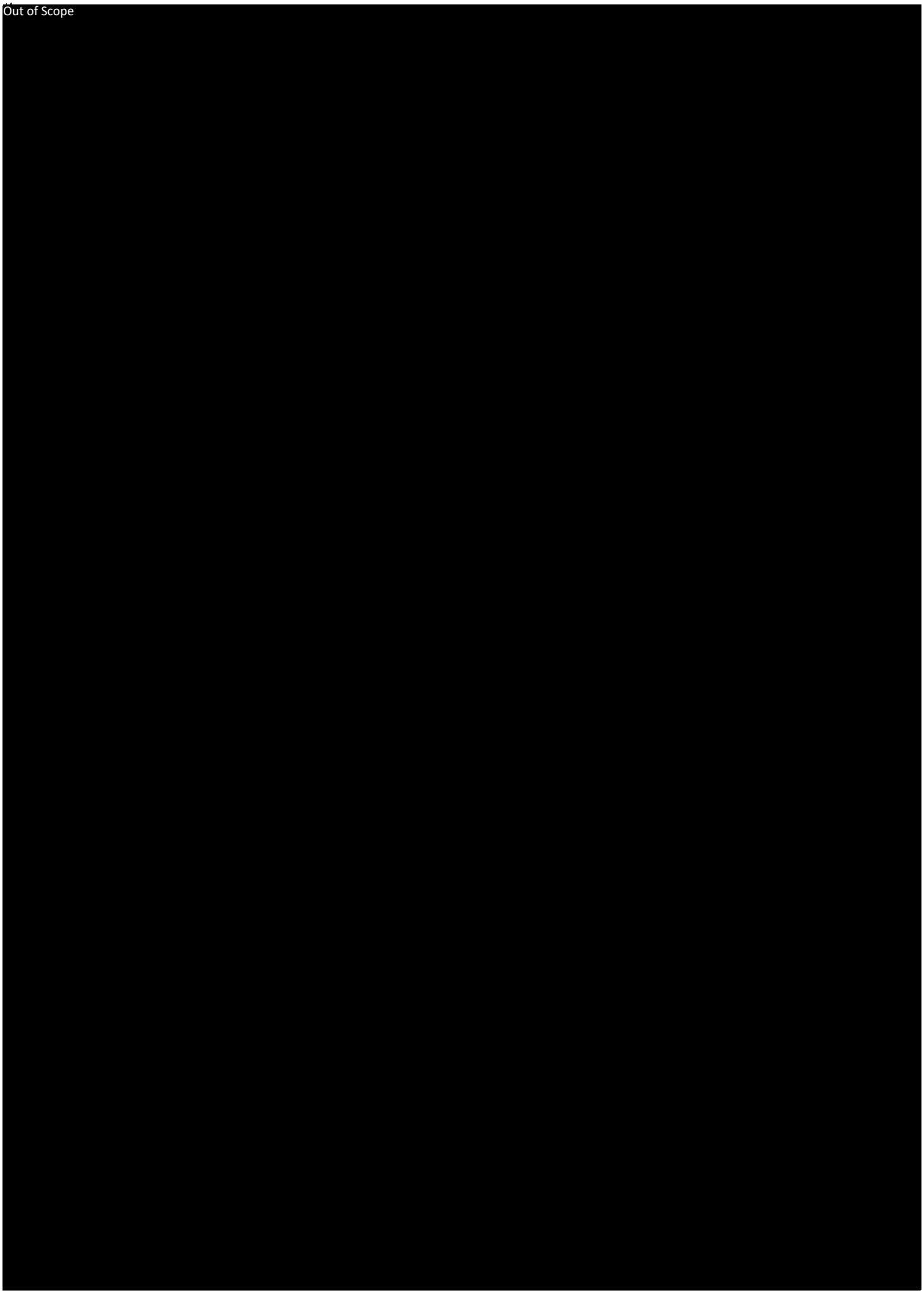
In the discussion which followed our submission, one of the City Councillors said he had checked the facts with the Canterbury District Health Board and been reassured that there was no need for the services for which we were applying for funding as the DHB covered those areas, suggesting duplication of services. This was the reason for the prior rejection.

We in part successfully argued the case that this information was false.

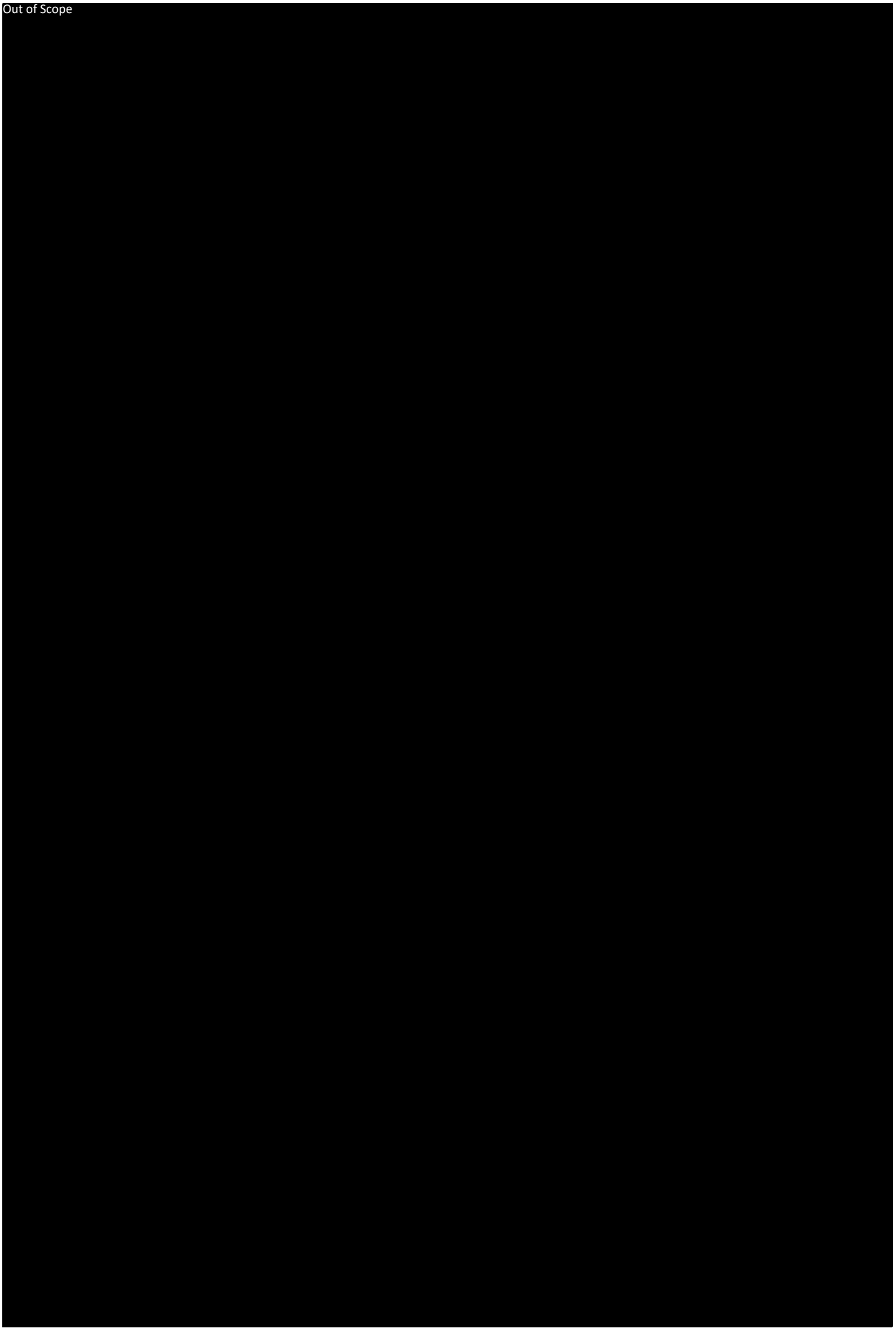
As a result in a closed council meeting following the presentation the council voted to grant an award on a percentage basis to cover a proportion of the application.

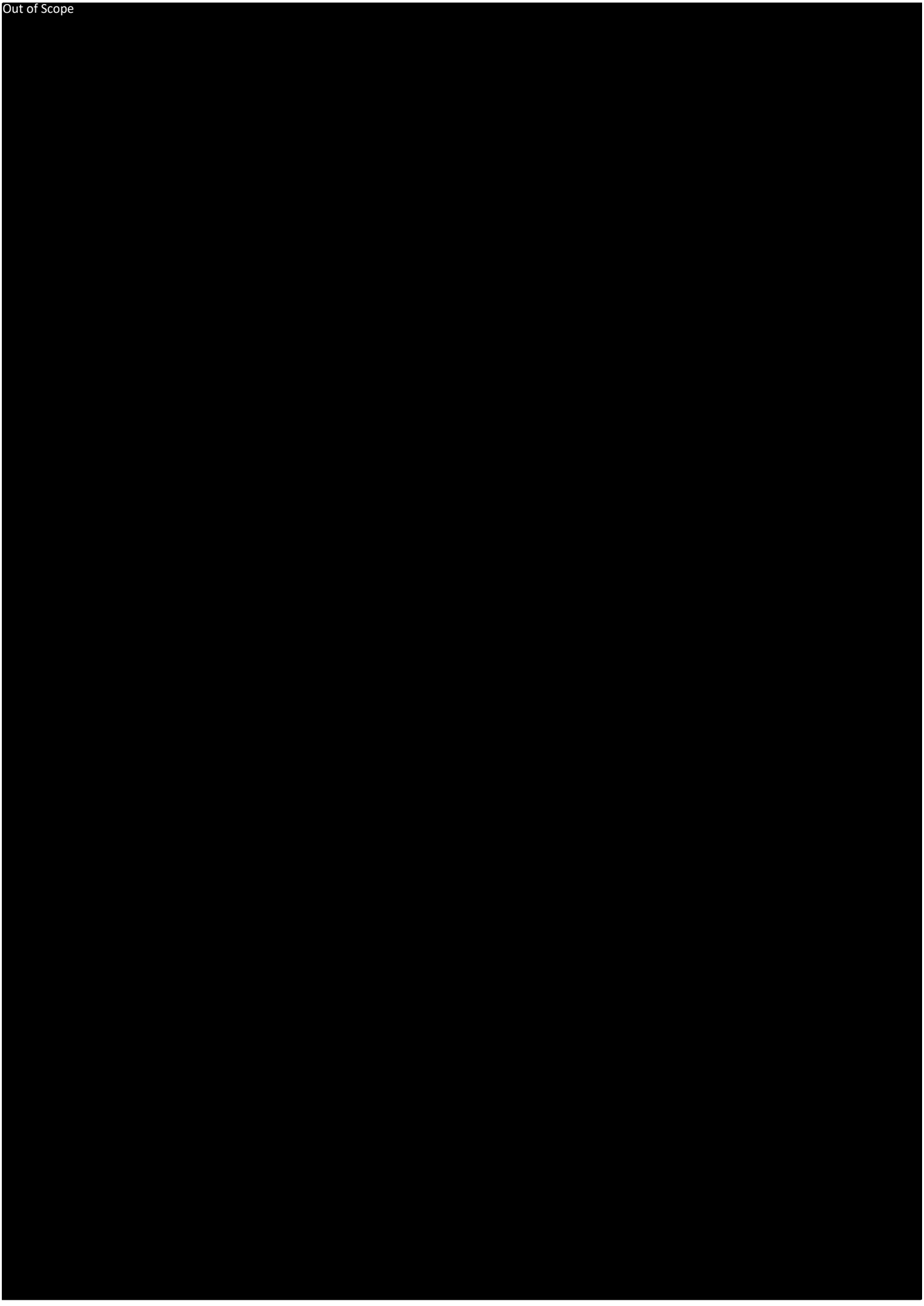
9(2)(b)(ii) .

9(2)(a)


Out of Scope

Out of Scope

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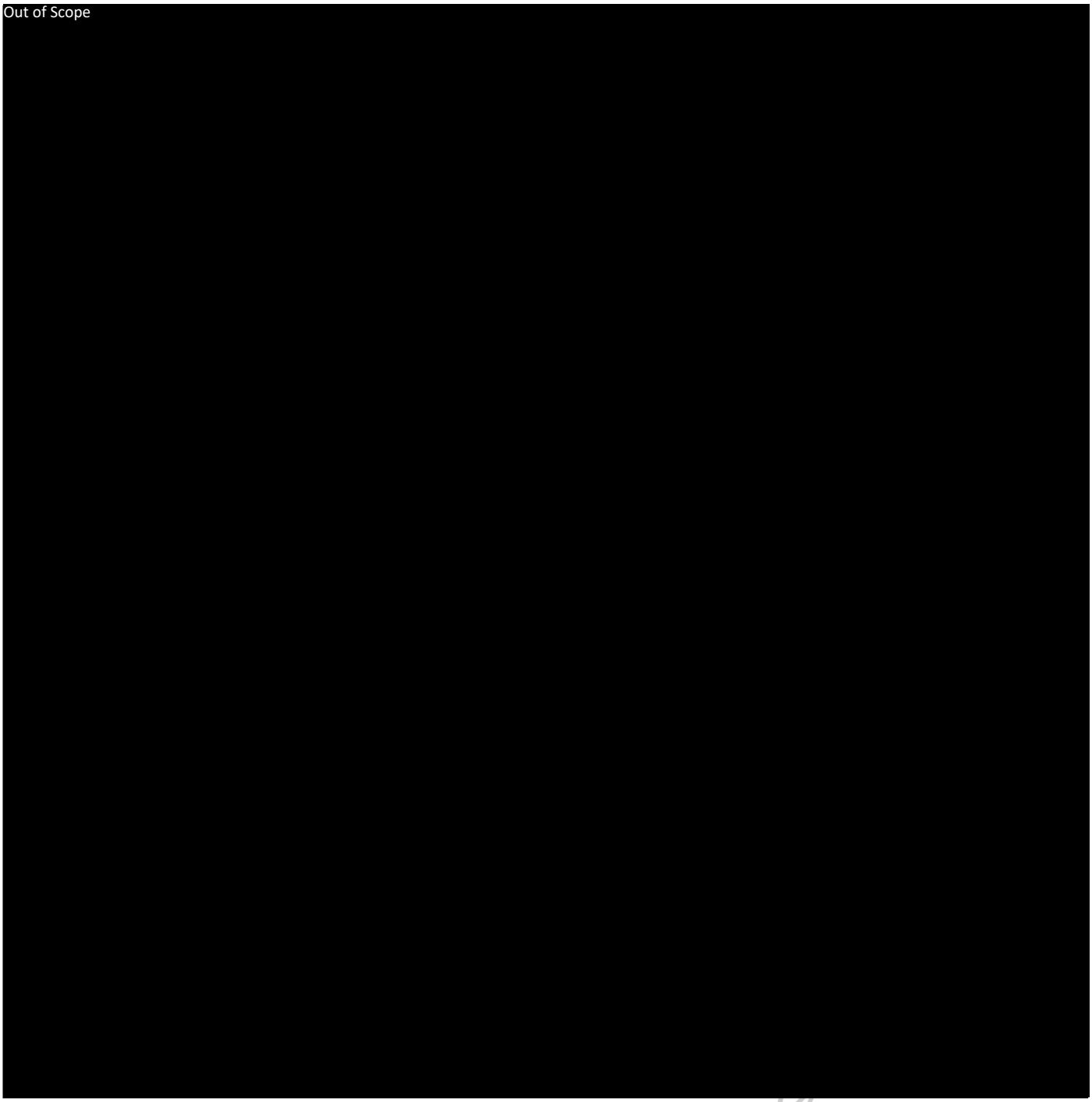

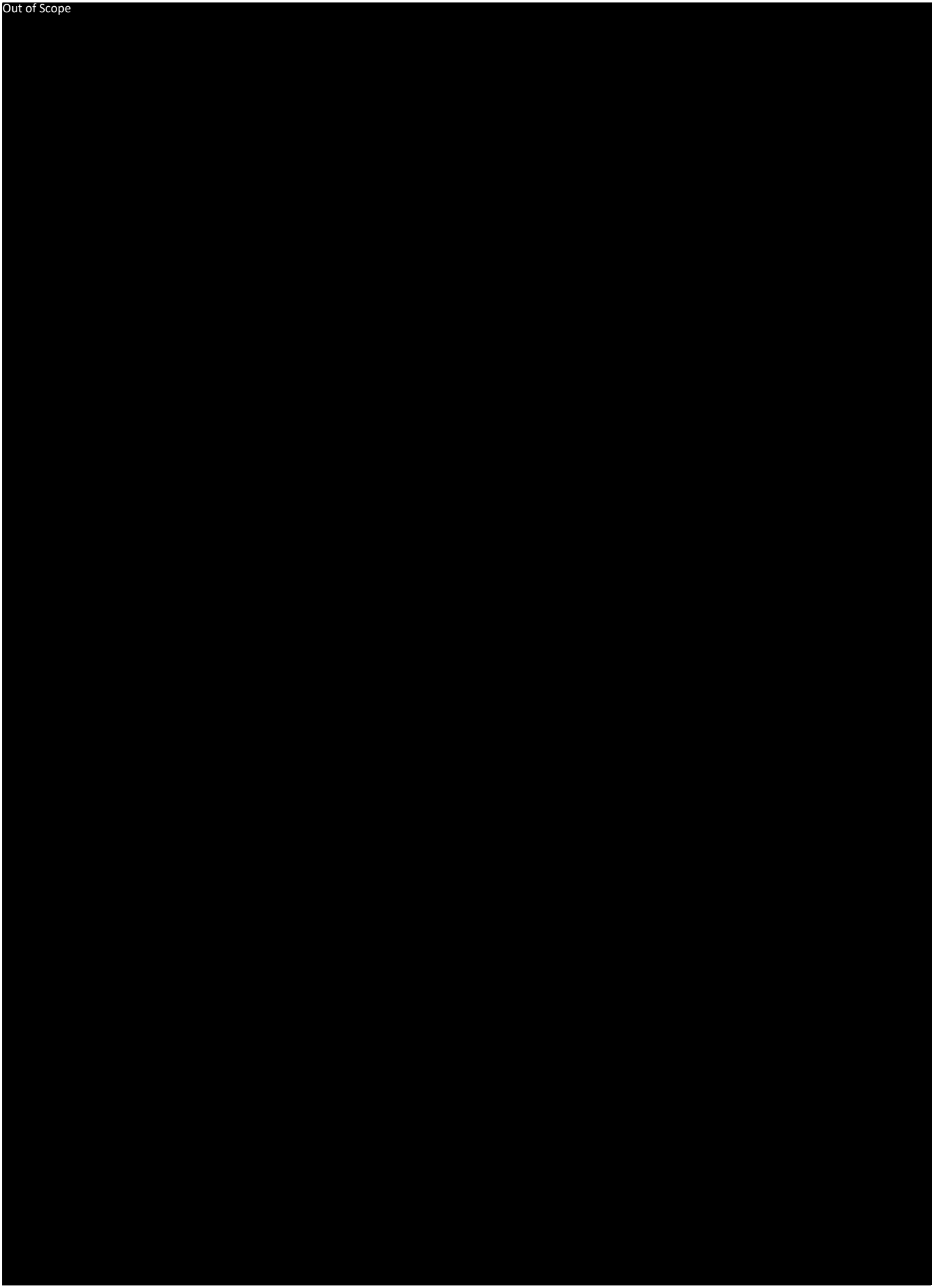
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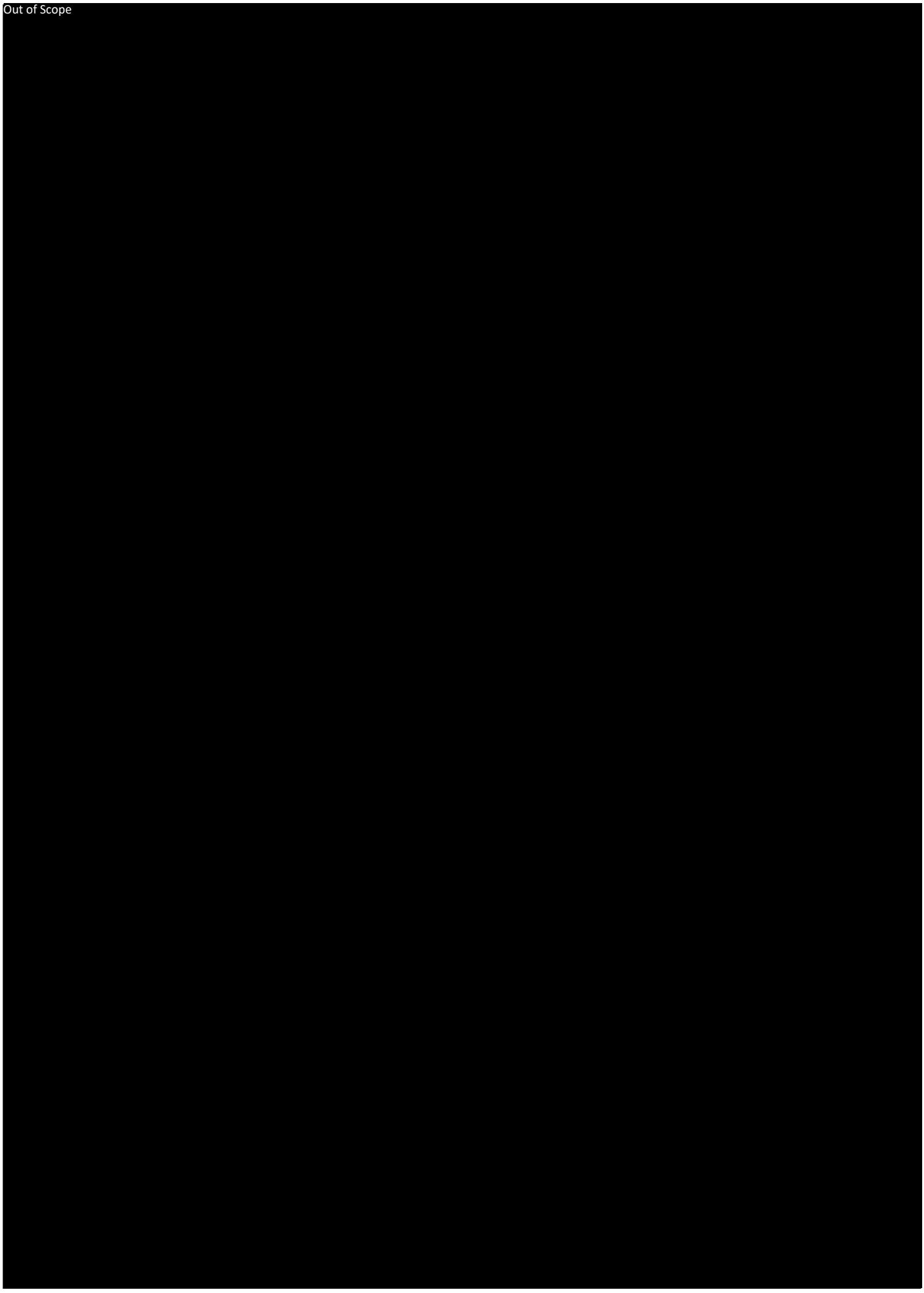

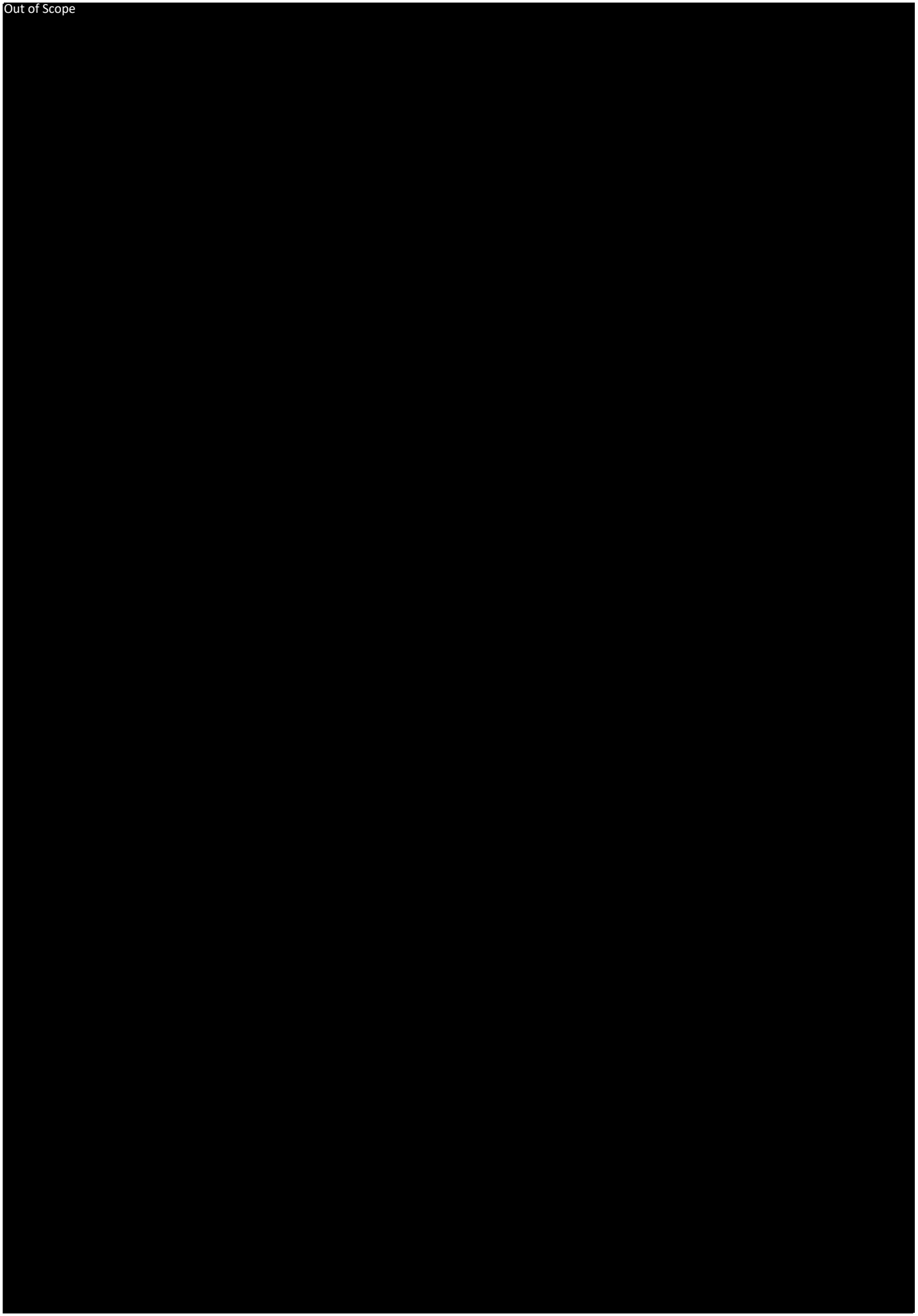
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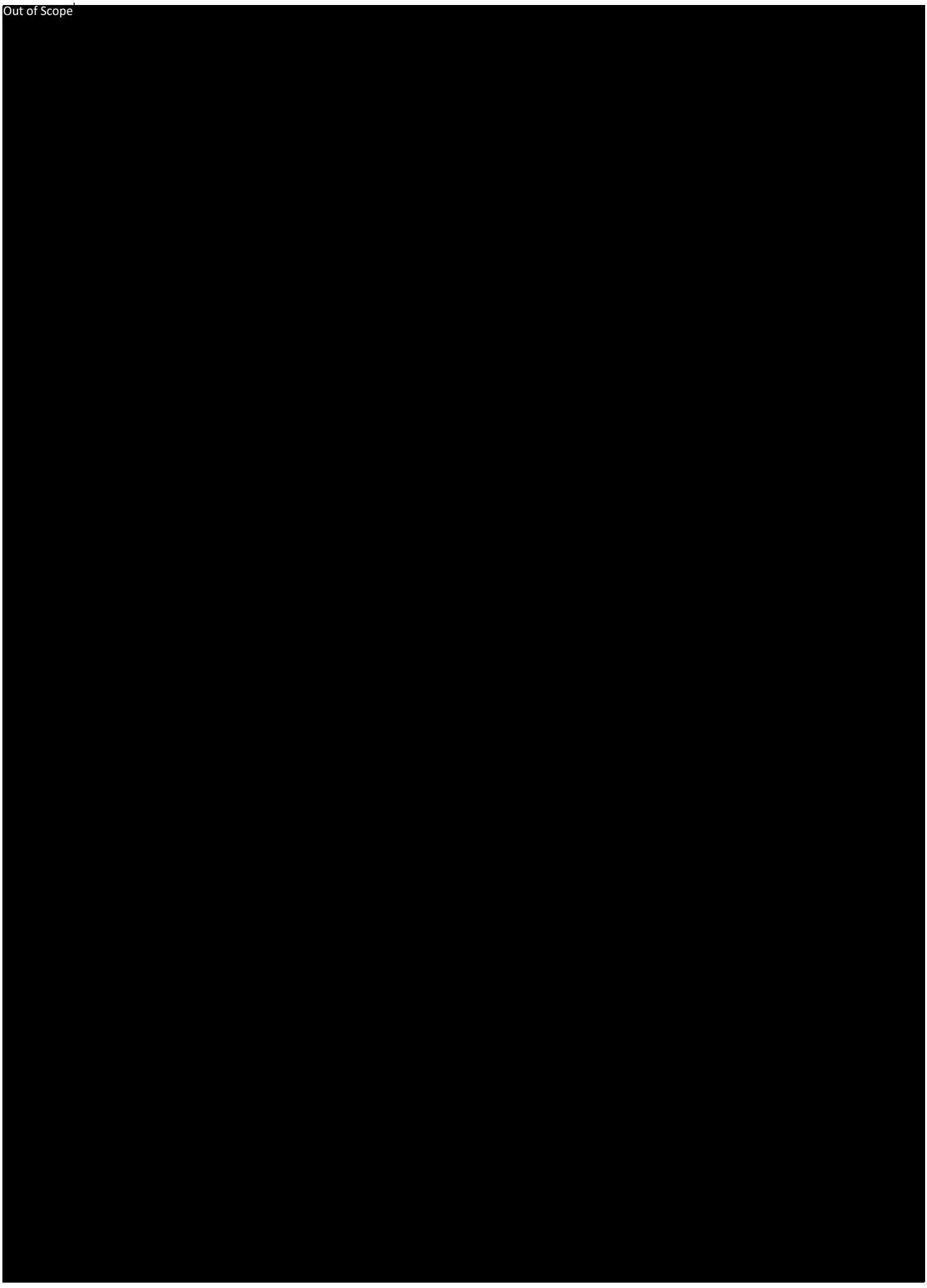
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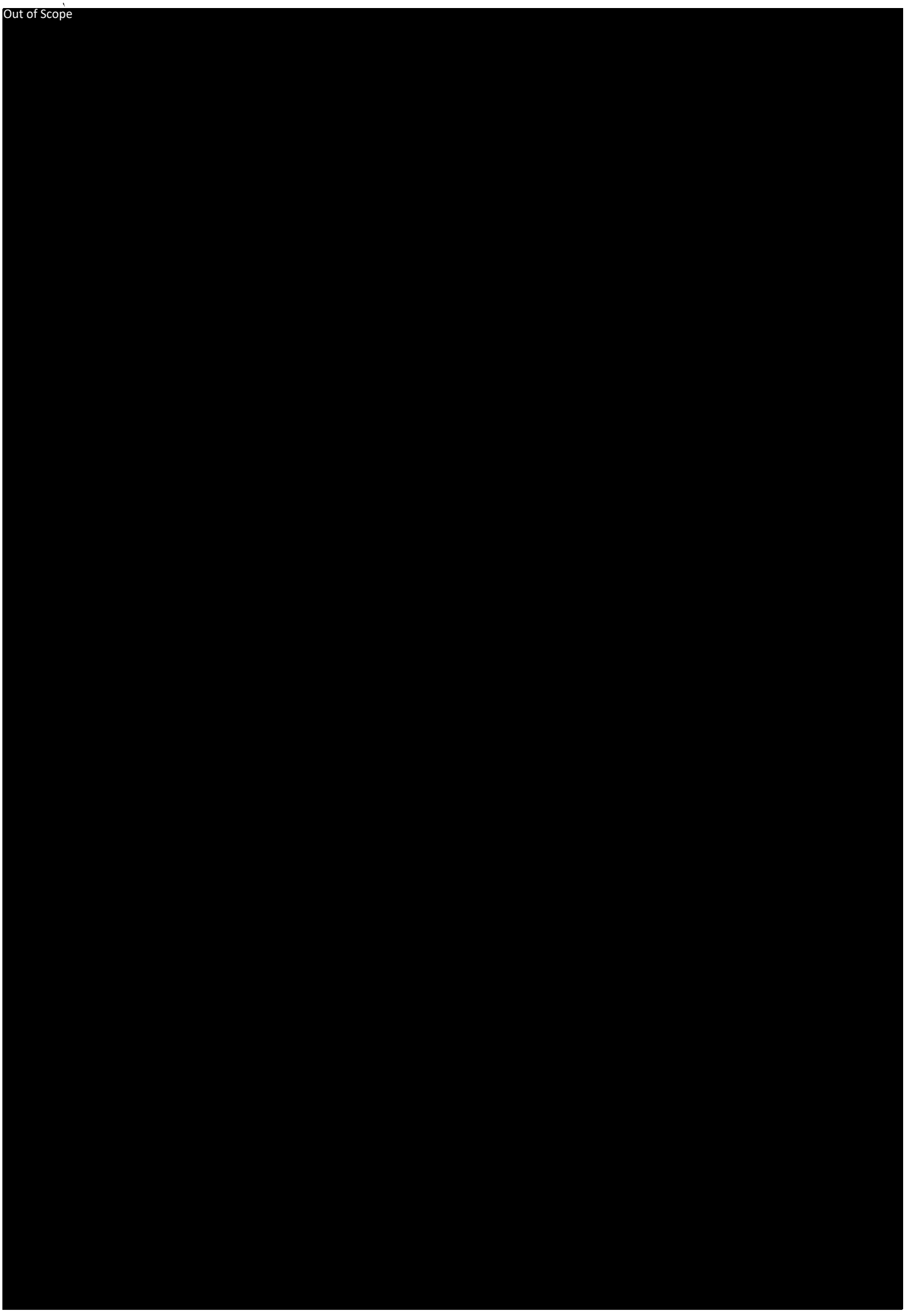
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New Zealand

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Mr David Meates, CEO
Canterbury District Health Board
Level 2, H Block
The Princess Margaret Hospital
Cashmere Road, Cashmere
P.O. Box 1600, Christchurch

11th February 2013

Dear David,

Re: Article today in The Press entitled "Outsourcing surgery to cost CDHB $150m".

The trustees of the Canterbury Charity Hospital Trust (CCHT) request an urgent meeting with you to discuss this article, which is a serious cause for concern to us and must be a similar concern to members of the public.

When the operating theatres in Ashburton Hospital were closed by earthquake damage in the middle of 2011, CCHT offered CDHB the use of our operating theatre facilities for one day per week, free of charge, to meet the shortfall in surgical services. We made this offer as a public duty, in a time of regional emergency, but it was turned down for a series of questionable reasons. In any event, CCHT is now treating many of the elective surgical referrals that would previously have been sent by CDHB to Ashburton.

Today's article in The Press states that you are purchasing expensive surgical services in the private sector because you are short of capacity and will not have any new capacity of your own for a least five years. Under these serious circumstances, CCHT again offers the use of some of our operating theatre facilities, as a public duty and at no charge to you. Such an arrangement would cause us some organizational difficulties, but these are not insurmountable, and we are all keen to help out.

The use of our surgical facilities, for perhaps one day per week, might not address all your unmet needs for elective surgical services but could significantly reduce the shortfall and save a large amount of money, which could be spent on other public health services.

We earnestly request an urgent meeting with you to discuss this very serious issue, sometime next week, when all our trustees will be able to attend. This meeting is necessary before you are forced to enter into any binding agreements with private service providers, and we are required to make any public statements on the issue.

Yours sincerely

9(2)(a) [redacted]

Phil Bagshaw
Chair, CCHT

Copies: Chair, Mr Bruce Matheson CDHB
Trustees & Management, CCHT
(emailed and posted)

9(2)(a) [redacted]

Chair | Deputy Chair | Trustee | Trustee

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Mr Bruce Matheson CDHB Chair
Mr David Meates, CEO
Canterbury District Health Board
Level 2, H Block
The Princess Margaret Hospital
Cashmere Road, Cashmere
P.O. Box 1600, Christchurch

11th March 2013

Dear Bruce & David,

Re: Memorandum of Understanding (MOU) between Canterbury District Health Board (CDHB) and Canterbury Charity Hospital Trust (CCHT), and Obstetrics & Gynaecology (O&G) Teaching &Training

Thank you both for meeting the members of our CCHT board on 8th October 2012 to discuss operational difficulties and misunderstandings around our MOU. We are pleased to say that the operational difficulties raised then have been resolved. With regard to working within the spirit of cooperation indicated by our MOU, some progress has also been apparent. Unfortunately, however, there has been a recent issue within the Women's Health Division, which might be due to a misunderstanding in the interpretation of the MOU and could perhaps be easily sorted through internal processes.

Briefly, six local O&G specialists, who also do teaching for the University of Otago, Christchurch, wished to provide some community-based and specific educational opportunities, which are freely available at CCHT and rarely available elsewhere. They, therefore, offered to run such regular teaching sessions at CCHT and, where these sessions clashed with CDHB administrative duties, they pledged to make up any shortfall out of their own time. This generous offer would have benefits for all concerned, with no associated loss of utility for the CDHB. Furthermore, the simple laparoscopic procedures frequently done at CCHT provide excellent training opportunities for the O&G registrars. Unfortunately, Pauline Clark does not consider that the MOU allows for this type of cooperation. She has insisted that O&G specialists must take annual leave, with six week's notice, to do such teaching. As a result, this O&G teaching initiative is now on hold.

We are keen to demonstrate our desire to work cooperatively with the CDHB and other local healthcare providers. With this in mind, we earnestly request your assistance in resolving this immediate teaching issue. We also wonder whether, in the light of this and other collaborative ventures with you that are either in progress or under consideration, it is time to review with you our MOU in order to produce a more specific and clearer document.

Thank you for considering these issues. We would be happy to meet with you both again, if a further discussion would be helpful.

Yours sincerely,

9(2)(a) [redacted]

Phil Bagshaw
Chair, CCHT

From: Richard French
Sent: Monday, 18 March 2013 11:02 AM
To: Christine Martin <Christine.Martin@cdhb.health.nz>
Subject: RE: RESPONSE REQUIRED - Charity Hospital - G Robertson

Hi Greg

9(2)(g)(i) [redacted]

Richard

From: Christine Martin
Sent: Monday, 18 March 2013 9:13 a.m.
To: Allan Simpson; Barnaby Nye; Barnaby Nye; Harsh Singh; Jason Erasmus; Jason Erasmus - CDHB 9(2)(a) [redacted] John McKie; 9(2)(a) [redacted] Justin Roake; Lester Settle; 9(2)(a) [redacted]; 9(2)(a) [redacted]; Richard French; Roberts, Ross 9(2)(a) [redacted] Ross Roberts; Scott Stevenson; Spencer Beasley; Stephen Mark; Stephen Mark; Carole Stuart; 9(2)(a) [redacted]; Keith Todd; Marilyn Ollett; 9(2)(a) [redacted]; Pamela Gordon; 9(2)(a) [redacted]
Subject: RESPONSE REQUIRED - Charity Hospital - G Robertson

Feedback required in next 3-4 weeks

From: Christine Martin
Sent: Tuesday, 26 March 2013 3:38 PM
To: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; Ralph La salle <Ralph.Lasalle@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>; Allan Simpson <Allan.Simpson@cdhb.health.nz>; Barnaby Nye <Barnaby.Nye@cdhb.health.nz>; 9(2)(a) Harsh Singh <Harsh.Singh@cdhb.health.nz>; Jason Erasmus <Jason.Erasmus@cdhb.health.nz>; Jason Erasmus - CDHB 9(2)(a) 9(2)(a) John McKie <John.McKie@cdhb.health.nz>; 9(2)(a) Roake <Justin.Roake@cdhb.health.nz>; Lester Settle <Lester.Settle@cdhb.health.nz>; 9(2)(a) 9(2)(a) @cdhb.health.nz>; 9(2)(a) @cdhb.health.nz>; Richard French <Richard.French@cdhb.health.nz>; Roberts, Ross 9(2)(a) 9(2)(a) Ross Roberts <Ross.Roberts@cdhb.health.nz>; Scott Stevenson <Scott.Stevenson@cdhb.health.nz>; Spencer Beasley <Spencer.Beasley@cdhb.health.nz>; 9(2)(a) 9(2)(a) Stephen Mark <Stephen.Mark@cdhb.health.nz>
Subject: Charity Hospital Letter - G Robertson

Sent on behalf of Greg Robertson

Letter to Charity Hospital (Phil Bagshaw & 9(2)(a)) + Memorandum of Understanding and memo from Gordon Davies FYI.

Greg Robertson
Chief of Surgery
Department of General Surgery
Level 1, Hagley Outpatients
Christchurch Hospital

9(2)(a)
[redacted]

cc: Carolyn Gullery, GM Planning & Funding
Ralph Le Salle, Portfolio Lead/Project Specialist, Planning and Funding.
David Meates, CEO
All Surgical CDs

26th March 2013

Mr P Bagshaw/9(2)(a) [redacted]
Canterbury Charity Hospital Trust
349 Harewood Road
PO Box 20409
Christchurch

Dear Phil/9(2)(a) [redacted]

It was good to meet you the other day.

Thank you for the kind offer of the use of the Charity Hospital facilities at no cost for a 1 year period, with consideration of review after that.

As you will appreciate, difficulties are longer term, with the problem of needing to outsource and outplace activity, likely to continue until the new facilities are built (2018-2019).

My understanding of our conversation was that, a long term commitment of Charity Hospital facilities, to the DHB, until a new facility is completed, is something that would be unlikely to be appropriate for the Charity Hospital.

With that in mind, a potential use of the Charity Hospital facilities might be for undertaking some of the non-ESPI compliant work to reach the Ministry's 6, 5 and then 4 month targets (end of June 2017, to the end of December 2014).

You will appreciate the issues that we have in service provision at different locations around the town and backup with that, and as a consequence of that I do appreciate the offer that you have provided of finding SMOs, who have and are willing to work in the Charity Hospital facilities.

My assumption is that SMOs would work at a standard DHB rate, as we presently pay our SMOs working on outplaced lists at Southern Cross.

As these patients would all be day case there would be none of the overnight cover payments that drew your attention and concerns to the outsourcing activity.

My understanding of the relationship between the DHB and the Canterbury Charity Hospital is that full time CDHB staff could offer their services to the Charity Hospital without constraint or the need to apply for leave. This assumes that their duties, commitments and responsibilities to CDHB are fulfilled and that for part time staff the providing of such services also does not detract from their duties, commitments and responsibilities to the CDHB.

I understand that the day that was most favourable for you is a Thursday. The services that you thought were most applicable were Plastic Surgery,

Ophthalmology, General Surgery, and Oral Surgery. Endoscopy could be considered but might need further review. ENT has not been undertaken at your facility but, could potentially be undertaken with appropriate scoping.

Initial discussions with the Department of General Surgery Service Manager on the patient numbers she perceived might be suitable for day case surgery on a DHB list in the Charity Hospital, were that there would be relatively few allowing for the need to commit to the facilities that have provided a guaranteed long term contractual arrangement to see us through to the completion of the new facility on the Christchurch Public Hospital site.

I will continue with the discussions with other services and see what our need might be and get back to you.

Once again it was good to meet you the other day, and thank you for your kind offer.

Kind regards.

Yours sincerely

9(2)(a) [redacted]

Greg Robertson
Chief of Surgery
Christchurch Hospital

GMR:cem

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE CANTERBURY CHARITY HOSPITAL TRUST

AND

THE CANTERBURY DISTRICT HEALTH BOARD

THIS MEMORANDUM OF UNDERSTANDING is made the 22nd day of April 2008

BETWEEN

THE CANTERBURY CHARITY HOSPITAL TRUST
("CCHT")

AND

THE CANTERBURY DISTRICT HEALTH BOARD
("CDHB")

BACKGROUND

A. CCHT is an incorporated charitable trust formed to provide free, elective day surgery and medical outpatient clinics for some of those who would otherwise not readily access such healthcare.

B. CDHB recognises the role being provided by CCHT in the provision of healthcare services for some of those who are not readily able to access healthcare through the public health system and who are not eligible for accident compensation and who otherwise do not have any medical insurance protection or the ability to pay for their healthcare from their own financial resources.

C. CDHB recognises the role that CCHT could provide in the provision of clinical education for some healthcare trainees and in the provision of facilities and support for some healthcare groups in the community and in the event of natural disasters.

D. CCHT recognises the importance of having the co-operation of CDHB in ensuring that its physicians, surgeons, nurses, technologists and other healthcare professionals ("CDHB employees") have the support and encouragement of CDHB in providing their services to CCHT. This co-operation being based on the premise that it is both normal and desirable that CDHB employees volunteer their services to community healthcare as part of the CDHB mission to protect and provide healthcare services to the Canterbury community. This voluntary and unpaid service shall not compromise in any respect the CDHB employees' responsibility to CDHB and will only be undertaken in times when CDHB employees do not have scheduled CDHB responsibilities.

1. Objectives

1.1 The objectives of this Memorandum of Understanding are to set out the relationship between CCHT and CDHB in meeting their mutual mission to enhance the healthcare of the Canterbury community.

2. Roles and Responsibilities of CCHT and CDHB

2.1 To give effect to the objectives referred to above the responsibilities of CCHT under this Memorandum of Understanding are:

2.1.1 To provide free, elective day surgery and medical outpatient clinics to some of those patients whom the CDHB is not readily able to treat; such patients, who otherwise meet the CCHT admission criteria, being directed to CCHT by general

medical practitioners in the Canterbury area (such practitioners having the sole right to control access to CCHT healthcare services).

2.1.2 To provide clinical education, training and experience for some junior medical staff, medical students, nurses, health technologists and ancillary staff ("trainees") whenever possible and appropriate with the approval of the supervising authorities. CCHT will have no obligation to fulfil any reporting or auditing procedures for the supervising authorities, those obligations being entirely a matter for the trainees.

2.1.3 To provide its facilities in the event of any natural disaster, for major trauma triage and if there is a threat of any significant epidemic.

2.1.4 To provide its facilities for community healthcare groups and patient support whenever possible and appropriate.

2.2 To give effect to the objectives referred to above the responsibilities of CDHB under this Memorandum of Understanding are:

2.2.1 To provide support and encouragement for its CDHB employees to volunteer their services to CCHT subject always to their obligations to CDHB not being compromised in any respect.

2.2.2 To ensure that the general practitioners who have patients referred back to them for their care, are informed that these patients may be able to access CCHT healthcare services as one of their alternative healthcare options.

3. General

3.1 CDHB and CCHT agree to work toward a mutually beneficial relationship to implement the objectives detailed above to advance the healthcare, clinical education and natural disaster needs of the Canterbury community.

3.2 CDHB and CCHT will consult and communicate from time to time so that at all times there is a mutually supportive, co-operative and transparent relationship fulfilling the common objective to provide enhanced healthcare for the Canterbury community.

4. Term and Review of Memorandum of Understanding

4.1 This Memorandum of Understanding will commence on the date that it is signed by the parties.

4.2 The CDHB and CCHD will review the terms hereof from time to time on the initiative of either party.

4.3 This Memorandum of Understanding is not intended to be legally binding on the parties or to give rise to legal rights or obligations.

SIGNATURES

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Office of the Chief Executive

Tel: 62110
Fax: 62101

10 November 2008

To: All Senior Medical Officers, CDHB
Operations Managers
Service Managers

Copy to: Nigel Millar, Chief Medical Office
9(2)(a) Surgical Services CD Monthly Group
Alan Pithie, Chief of Medicine

From: Gordon Davies, Chief Executive

Subject: **Senior clinical work at the Canterbury Charity Hospital**

A further clarification of the relationship between Canterbury DHB and the Canterbury Charity Hospital is required.

The Board of the Charity Hospital has a Memorandum of Understanding with the Canterbury DHB, and this broadly outlines that the DHB will endeavour to support the Charity Hospital through the release of clinical staff to work in that environment. By clinical staff, it is intended to mean; SMOs (surgeons, physicians and anaesthetists) as well as nurses and other clinical staff.

As further clarification of this relationship it has been agreed by the Chairman and CEO of the Canterbury DHB and the Trustees of the Canterbury Charity Hospital Trust that full time CDHB staff could offer their services to the Charity Hospital without constraint or the need to apply for leave. This assumes that their duties, commitments and responsibilities to CDHB are fulfilled and that for part time staff the providing of such services also does not detract from their duties, commitments and responsibilities to CDHB.

There is also an acknowledgement from all parties that this involves an appropriate degree of professionalism. However, if staff wish to take leave in order to provide their services then they should feel free to do so.

This policy is overall intended to ensure that the support for the Charity Hospital is available, but also has minimal impact on the resource requirements of Christchurch Hospital's services.

Your assistance with these processes is appreciated.

Regards

9(2)(a)

Gordon Davies
Chief Executive

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CHIEF EXECUTIVE'S OFFICE

Tel: (03) 364 4110
Fax: (03) 364 4101
E-Mail:chiefexecutive@cdhb.govt.nz

3 May 2013

Phil Bagshaw
Chair, Canterbury Charity Hospital Trust
P O Box 20409
Christchurch

Dear Phil

Memorandum of Understanding (MOU) between Canterbury District Health Board (CDHB) and Canterbury Charity Hospital Trust (CCHT) and Obstetrics & Gynaecology (O&G) Teaching & Training

I refer to your letter of 11 March 2013 and apologise for the delay in responding.

Since receiving your letter I have taken the opportunity to discuss with Pauline Clark, General Manager Medical-Surgical and Women's and Children's, the broader question of senior medical staff time as employees of the Canterbury District Health Board. We are promoting team work ie an emphasis on service sizing and collectivism as we seek to provide ever improving standards of safe, effective patient care in Canterbury. A key input into this objective is the value we are placing on senior medical staff having dedicated non-clinical contact time. Fundamental to our ability to serve the people of Canterbury (and beyond) who need publically funded health services is senior medical staff leadership and active involvement in education, training, audit, guideline development, service planning, promotion of a safety culture through their work and their presence and investing in redesigning patient pathways etc.

The Canterbury District Health Board (CDHB) supports the work of the Canterbury Charity Hospital Trust (CCHT) and values having a co-operative and collegial relationship with the Charity Hospital at an operational level. Such a relationship benefits patients and their families and those in the health sector across Canterbury.

I welcome the suggestion to review the Memorandum of Understanding as I note it was signed in April 2008 and a deal has changed for our respective organizations since that date. Such an undertaking (ie a review) would be a very constructive way in which to promote a close working relationship between our two organizations. It would also serve to introduce key people undertaking differing roles within the District Health Board and the Charity Hospital and assist them in agreeing communication arrangements designed to promote timely discussion between the appropriate people.

Review of the Memorandum of Understanding might best be undertaken by key nominated people from our respective organizations with the draft MOU proposed then coming to the Chairs of the CDHB and the CCHT for consideration.

I look forward to progressing this matter with you.

Yours sincerely

9(2)(a)

David Meates
Chief Executive

Copy to: Pauline Clark, GM Medical/Surgical, Women's & Children's Health

Canterbury DHB
PO Box 1600, Christchurch, New Zealand

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www.charityhospital.org.nz

Mr David Meates CDHB CEO
Canterbury District Health Board
Level 2 H Block
The Princess Margaret Hospital
Cashmere Road
PO Box 1600 Christchurch

Monday, 6th May 2013

Dear David,

Memorandum of Understanding (MOU) between Canterbury District Health Board (CDHB) and Canterbury Charity Hospital Trust (CCHT) and Obstetrics and Gynaecology (O&G) Teaching & Training

Thank you for your letter of response dated 3rd May 2013.

We would like to proceed to a review of the current MOU with a view to clarifying any ambiguities and enhancing its aims of collaboration and cooperation at both the shop floor and management level.

I wish to be directly involved with the process. I will, however, be unavailable until mid-July.

In the meantime, we would be keen to proceed with preparing some ground work before then and set a date for the 1st meeting.

A working party of key nominated people would be a good idea. Our team would be 9(2)(a) 9(2)(a) and myself, plus occasionally 9(2)(a) We would be grateful if you could supply the names and contact details of your representatives.

In the interim, there is still the question of the O&G training program and the O&G specialist's time to be resolved with urgency. Any further delays will seriously detract from this important program.

As a stop gap measure, until the review is complete, can an assurance be given that the current MOU and its clarifying amendment from the previous CEO will be adhered to? Such an assurance will at least assist us & local O&G specialists to make a start with the overdue program.

Thank you and we look forward to some meaningful outcomes.

Yours sincerely,

9(2)(a)

Phil Bagshaw
Chair CCHT

CC: Pauline Clark General Manager Women's health

Kathleen Smitheram

From: Ralph La salle
Sent: Tuesday, 15 October 2013 2:08 PM
To: Carl
Subject: Re: Hernias

Thanks 9(2) Very helpful.

Cheers,
Ralph

Ralph La Salle
Acting Operations Manager, WCDHB
Portfolio Lead/Project Specialist - Secondary Care | t (03) 364 4193 | f (03) 364 4165 | m 9
Planning & Funding - Canterbury & West Coast District Health Boards
Princess Margaret Hospital, PO Box 1600, Christchurch 8140
ralph.lasalle@cdhb.health.nz

On 15/10/2013, at 1:56 pm, 9(2)(a) @charityhospital.org.nz> wrote:

> Hello Ralph,
> For hernias of all types we are looking at 76 for the last 12 month period. Though a small proportion of hernias were bilateral referrals, we only carry our open unilateral repairs on a day surgery basis.
> The number of referrals this year including those carried over were 296.
> There are currently 127 awaiting surgery.
> You will note that the numbers don't add up. The reason for this is that we have undertaken a correspondence exercise with patients and referrers informing them of the increased referral rates and wait times.
> This has resulted in a number of patients deciding not to proceed and others finding other ways to fund private care. For example families pooling funds.
> We will be monitoring our referral rates closely in the coming months, as our ability to meet demand, though increased is not keeping up.
> I hope this is helpful.
> Kind regards,
> 9(2)(a)
>
> **From:** Ralph La salle [mailto:Ralph.Lasalle@cdhb.health.nz]
> **Sent:** Tuesday, 15 October 2013 8:49 a.m.
> **To:** Carl
> **Subject:** Hernias
> Hi 9(2)
> Just wondering if you had any idea of the number of hernias total done by the charity hospital each year? And also the number of hernia repair for inguinal unilateral hernias. I'm just trying to compare the region's intervention rate in this area. Many thanks
> Cheers,
> Ralph
> **Ralph La Salle**
> **Acting Operations Manager, WCDHB**

Portfolio Lead/Project Specialist - Secondary Care | **t** (03) 364 4193 | **f** (03) 364 4165 | **m** 9(2)(a)
[redacted]
Planning & Funding - Canterbury & West Coast District Health Boards
Princess Margaret Hospital, PO Box 1600, Christchurch 8140
ralph.lasalle@cdhb.health.nz

****
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****

Kathleen Smitheram

From: Ralph La salle
Sent: Tuesday, 7 October 2014 9:28 AM
To: 'Philip and Susan Bagshaw'
Cc: 9(2)(a) Gregory Robertson
Subject: Letter to Charity Hospital from Greg Robertson and Ralph La Salle
Attachments: 20141007 - Letter to Charity Hospital - Working Together - Electives - June 2014.pdf

Hi

Paper copy in mail

Cheers,
Ralph

Ralph La Salle
Acting Team Leader - Secondary Care
| t (03) 364 4193 **| f** (03) 364 4165 **| m** 9(2)(a)
Planning & Funding - Canterbury & West Coast District Health Boards
Princess Margaret Hospital, PO Box 1600, Christchurch 8140
ralph.lasalle@cdhb.health.nz

Canterbury
District Health Board
Te Poari Hauora o Waitaha

Planning & Funding

07 October 2014

Canterbury Charity Hospital
PO Box 20409
Christchurch 8053

Attention: Phil Bagshaw

Hi Phil

Thank you for speaking with me the other day. This letter is intended to follow up that initial conversation.

We are currently working with the Mobile Surgical Services team who wish to provide us their surgical bus for a period of two weeks in the month of June 2015 at the end of their fiscal year to do more surgery. As you know the bus provides surgery in rural areas for those day cases where there is little risk of complication.

While we feel confident we can provide a reasonable number of patients who can have their surgery on the bus from our wait list, we are aware that at any given time and circumstances any DHB may have problems organising the right type of patients who are appropriate to be treated on the bus.

Given that you maintain a similar wait list for day case procedures with patients having problems such as hernias, gynaecological procedures etc., which may well suit the bus, we would like to see if there is a way to work together to get the best benefit of this opportunity for the people of Canterbury. This may take several forms including utilising some patients who may be on the Charity hospital wait list if CDHB's list at the time is filled with cases which are not appropriate to be done on the bus.

Could we start having discussions about working together on this opportunity, which seems to fill the common goal of both our organisations in trying to help as many people as we can?

We look forward to hearing from you, or 9(2)(a) as you feel is appropriate.

Yours Sincerely

9(2)(a) 9(2)(a)

Gregory Robertson
Chief of Surgery
Department of General Surgery

9(2)(a)

Ralph La Salle
Team Leader, Secondary Care
Planning and Funding

Cc – 9(2)(a)

Kathleen Smitheram

From: 9(2)(a) [redacted]@charityhospital.org.nz>
Sent: Tuesday, 16 February 2016 4:02 PM
To: Ralph La salle; greg.robertson@cdhb.health.nz
Subject: Charity Hospital meeting

Hello Ralph,
I hope you enjoyed your weeks holiday.

Thank you for your recent visit to the Charity hospital to discuss the possibility of a cooperative venture to offer DHB treatment to patients on our surgical wait list.

There clearly needs to be some more scoping work done from your end of things, but I thought it would be helpful to summarise our meeting and put in writing what was discussed along with the various possible scenarios and further thoughts.

Priority: First and foremost our joint aim is to offer and expedite treatment to members of the public who require surgical hernia repairs.

The number of patients likely to benefit is around 60.

Venue: The venue for the procedures could be either outsourced to the private sector or CCHT or a combination of the two.
If CCHT is used we would hand over the entire day surgery facility for the duration of the sessions.
The sessions could be a single day of the week or multiple days if there was a desire to operate over a shorter time frame. Weekend sessions are possible.

Staffing: All staffing would need to be DHB employed or contracted.
We cannot involve our volunteer staff, however many may be in a position to work for the DHB on a casual contract.
The staffing ratios would need to match those commonly used by the DHB and private sector. That being:
A surgeon, an Anaesthetist, Anaesthetic technician, Scrub nurse, 2 circulating staff, 2 Pacu nurses, an admitting nurse and a receptionist.
CCHT can provide a support person (one of its paid staff) to support the DHB team (no cost). A DHB liaison person would be preferable as our point of contact and that person would ideally be a perioperative nurse.
I have spoken to several volunteer staff here who are willing to undertake DHB work on a casual basis for the duration of this venture. These include anaesthetists.

Funding: There would be NO charge for the use of the facility. There are however associated costs with providing the service, medical gases, drugs, disposables etc and these will be passed on at a fixed rate "at cost" on a per session basis.

Equipment: All non-disposables will be provided by CCHT.
Most disposables will be provided by CCHT.
Additional disposables can be pre ordered and stored on site for the duration of the agreement.

Sterile services: Minor items can be dealt with on site. We have a current agreement with the DHB sterile services to autoclave our sets. All DHB sessions should be attended to Free of charge.

Post-operative care: A small number of patients may require post-operative respite care. Should there be a need the DHB will provide this through their normal channels and facilities.
Agreement: A simple formal agreement is all that is required between us for the duration of this initiative. CCHT does not desire any media publicity around the agreement nor would it wish the DHB to seek any either.

We would appreciate as much notice as possible of the DHB's intention to proceed in order to avoid altering pre planned sessions. Please do let me know how matters are proceeding.

Regards,

9(2)(a)

[redacted]

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New Zealand

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Kathleen Smitheram

From: [redacted]@charityhospital.org.nz>
Sent: Friday, 4 March 2016 8:19 AM
To: Ralph La salle
Subject: RE: Canterbury Charity Hospital

Thank you Ralph.
Regards,
[redacted]

From: Ralph La salle [mailto:Ralph.Lasalle@cdhb.health.nz]
Sent: Friday, 4 March 2016 8:00 AM
To: [redacted]
Cc: Philip & Susan Bagshaw [redacted]; Gregory Robertson
Subject: RE: Canterbury Charity Hospital

Hi [redacted]

Just noted you had a wrong address for Greg – and passing your note onto him

Cheers,
Ralph

Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 | f (03) 364 4165 | m [redacted]
Planning & Funding - Canterbury & West Coast District Health Boards
Princess Margaret Hospital, PO Box 1600, Christchurch 8140
ralph.lasalle@cdhb.health.nz

From: [redacted]@charityhospital.org.nz]
Sent: Thursday, 3 March 2016 4:02 p.m.
To: Ralph La salle
Cc: greg.robertson@cdhb.health.nz; Philip & Susan Bagshaw [redacted]
Subject: RE: Canterbury Charity Hospital

Hello Ralph,
Thank you for your email earlier this afternoon.
Please can I refer you to my prior correspondence of the 16th of February below this message, which sets out how the arrangement would have worked particularly from a financial perspective. We did make it clear that CCHT could not engage in charging a fee for service. We would merely have recovered costs for any work carried out.
I did agree to ask groups of volunteers if they would provide cover for the duration of the venture and made it known to you in the email that there were several offers. These staff would have needed to be contracted to the DHB on casual contracts.I never agreed to provide a list of names prior to knowing what had been arranged at the DHB end of things.

We are still open to any idea to get patients operated on who need surgery and think we can still work with you to this end.

Please can we arrange a meeting at your earliest convenience to discuss this with yourself, Greg Robertson, Phil Bagshaw and I?
Thank you and regards,
9(2)(a)
[redacted]

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From: 9(2)(a) [redacted]
Sent: Tuesday, 16 February 2016 4:02 PM
To: 'Ralph La salle' <Ralph.Lasalle@cdhb.health.nz>; 'greg.robertson@cdhb.health.nz' <greg.robertson@cdhb.health.nz>
Subject: Charity Hospital meeting

Hello Ralph,
I hope you enjoyed your weeks holiday.

Thank you for your recent visit to the Charity hospital to discuss the possibility of a cooperative venture to offer DHB treatment to patients on our surgical wait list.

There clearly needs to be some more scoping work done from your end of things, but I thought it would be helpful to summarise our meeting and put in writing what was discussed along with the various possible scenarios and further thoughts.

Priority: First and foremost our joint aim is to offer and expedite treatment to members of the public who require surgical hernia repairs.

The number of patients likely to benefit is around 60.

Venue: The venue for the procedures could be either outsourced to the private sector or CCHT or a combination of the two.
If CCHT is used we would hand over the entire day surgery facility for the duration of the sessions.
The sessions could be a single day of the week or multiple days if there was a desire to operate over a shorter time frame. Weekend sessions are possible.

Staffing: All staffing would need to be DHB employed or contracted.
We cannot involve our volunteer staff, however many may be in a position to work for the DHB on a casual contract.
The staffing ratios would need to match those commonly used by the DHB and private sector. That being:
A surgeon, an Anaesthetist, Anaesthetic technician, Scrub nurse, 2 circulating staff, 2 Pacu nurses, an admitting nurse and a receptionist.
CCHT can provide a support person (one of its paid staff) to support the DHB team (no cost). A DHB liaison person would be preferable as our point of contact and that person would ideally be a perioperative nurse.
I have spoken to several volunteer staff here who are willing to undertake DHB work on a casual basis for the duration of this venture. These include anaesthetists.

Funding: There would be NO charge for the use of the facility. There are however associated costs with providing the service, medical gases, drugs, disposables etc and these will be passed on at a fixed rate "at cost" on a per session basis.

Equipment: All non-disposables will be provided by CCHT.
Most disposables will be provided by CCHT.
Additional disposables can be pre ordered and stored on site for the duration of the agreement.

Sterile services: Minor items can be dealt with on site. We have a current agreement with the DHB sterile services to autoclave our sets. All DHB sessions should be attended to Free of charge.

Post-operative care: A small number of patients may require post-operative respite care. Should there be a need the DHB will provide this through their normal channels and facilities.
Agreement: A simple formal agreement is all that is required between us for the duration of this initiative. CCHT does not desire any media publicity around the agreement nor would it wish the DHB to seek any either.

We would appreciate as much notice as possible of the DHB's intention to proceed in order to avoid altering pre planned sessions. Please do let me know how matters are proceeding.
Regards,

9(2)(a) [redacted]

From: Ralph La salle [mailto:Ralph.Lasalle@cdhb.health.nz]
Sent: Thursday, 3 March 2016 1:42 PM
To: 9(2)(a) [redacted]@charityhospital.org.nz>
Cc: greg.robertson@cdhb.health.nz
Subject: RE: Canterbury Charity Hospital

Hi 9(2)(a) [redacted]

Apologies for late response to your last email.

The issue as we discussed with you is our ability to create / assemble / enlist the staffing in the proper timing to do the work at your facility within the timing of end of year. We are taxed internally to continue to provide our normal flow plus some extra. We are also taking up capacity in the private area on a number of fronts which a) leaves very little space for the use of our own folks in another facility and b) lessens the chance surgeons in their private capacity have more to offer us in another facility.

You were going to provide the names of some anaesthetists and surgeons who might be good locums but unless you have provided them to Greg I have not seen that yet. In discussions with the clinicians, it may be an option but there would need to be certain credentialing requirements met.

For us the ultimate solution would be to contract with you to provide the service inclusive of all staff, equipment, incidentals, etc. that are required and simply provide a fee for service. I understand that may not align with your trust deed but may provide a one-off means for you to develop funding which can be used on your other chartable objectives.

With that in the background suggesting we don't see a way to provide the service in your facility this time around (unless you consider a fee for service model), we would still be keen to discuss the referral of a portion of your current hernia waitlist to the DHB for review and consideration of surgery which we would then either undertake internally or through other means. We are looking at about 60 surgeries but do understand there may be issues with

patient availability or other factors impacting the decision. This may mean we have to look at a selection process which may include more to attain a final number of 60 who can receive the surgery within the time.

How would you propose we enact the process itemised above?

Cheers,
Ralph

Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 **| f** (03) 364 4165 **| m** 9(2)(a)
Planning & Funding - Canterbury & West Coast District Health Boards
Princess Margaret Hospital, PO Box 1600, Christchurch 8140
ralph.lasalle@cdhb.health.nz

From: 9(2)(a) @charityhospital.org.nz]
Sent: Thursday, 3 March 2016 10:48 a.m.
To: greg.robertson@cdhb.health.nz; Ralph La salle
Cc: Philip & Susan Bagshaw 9(2)(a)
Subject: Canterbury Charity Hospital

Dear Greg and Ralph,
I have not heard back from either of you following my emails, voicemails and text.
Please can you advise us, as to your intentions regarding the proposed collaborative surgical initiative?

The Canterbury Charity hospital is still open to the proposed idea, however given the specified time frame of March to July and taking into consideration our organizations commitments, the window of opportunity is rapidly closing.

I look forward to hearing from you soon.

Regards,
9(2)(a)

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Kathleen Smitheram

From: Philip and Susan Bagshaw [redacted]
Sent: Saturday, 12 March 2016 9:28 AM
To: Gregory Robertson
Cc: [redacted] Ralph La salle
Subject: Collaboration between CCHT and CDHB over hernia cases

Hi Greg,

Thank you for leaving two messages on my home phone yesterday. Unfortunately, I was at home on Thursday afternoon but I was working at the Charity Hospital all day on Friday when you called, and you had gone on leave when I finished work.

We continue to be keen to collaborate with you on getting extra hernia cases done. We still could arrange that work to be done at the Charity Hospital, with staff of which you approve and at the cost of consumables only. We are truly unable to understand how CDHB management cannot arrange this approach, which we could easily arrange and which would save CDHB a large sum of money. If, however, this approach will continue to be unacceptable to CDHB management, we could provide some names of suitable hernia patients for CDHB to do in the private sector.

In order to make this compromise approach work in a realistic timeframe, we need an early meet with you as soon as you return from leave. Could you please contact [redacted] to arrange this meeting. We do not wish to lose the opportunity for some patients to get the operations they need, if there is any way to circumvent the current difficulties.

Regards,
Phil

Kathleen Smitheram

From: 9(2)(a)
Sent: Monday, 14 March 2016 7:41 AM
To: Gregory Robertson; Ralph La salle; 9(2)(a)
Subject: RE:

Hi Mr Bagshaw

FYI - from Greg.

9(2)(a)
Supervisor/Secretarial Team Leader
Department of Surgery
1st Floor, Hagley Outpatients Building
Christchurch Hospital
9(2)(a)

-----Original Message-----
From: Gregory Robertson
Sent: Friday, 11 March 2016 4:40 p.m.
To: 9(2)(a) Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Subject:

Hi 9(2)(a)

Could you please forward to Phil Bagshaw - I have lost his email address

Hi Phil

Left a couple of messages on your phone (return call from Thursday) - so presume it is at the Charity Hospital. Tried Your home number and couldn't get through.
Sorry we haven't connected but am away on leave for a week .

I have struggled with getting support in a short time frame , for looking at using the Charity Hospital as a location for outsourced work.

With the issues around your trust deed, and the need for the DHB to approach staff who have worked in the charity hospital / hence 'credential ' these people to undertake the activity , Ralph and I have run into roadblocks that have effectively precluded work at the Charity hospital , in this years volumes, but which I have to say I'm disappointed by. Clearly there is nothing more that you or 9(2)(a) could do to help us around this.

I had not contacted you as we understood the communication would be through 9(2)(a) and Ralph had contacted him electronically about 2 weeks ago.

I apologise for not speaking with you/ 9(2)(a) directly.

Can I contact you on my return from leave 22March.

As we initially indicated - we are keen to help people on your waiting list and if you remain agreeable would be happy to continue with this plan , using our established outsourcing connections.

Once again apologies for not talking directly.

Greg

Sent from my iPhone

Kathleen Smitheram

From: Ralph La salle
Sent: Monday, 4 April 2016 2:22 PM
To: 9(2)(a) [redacted]
Cc: Gregory Robertson
Subject: FW: RE: hernia collaborative

Hi 9(2)(a) [redacted]

You have a wrong email address for Greg Robertson and that will cause delays. I've forwarded him your most recent one and my reply. His address is

Gregory.robertson@cdhb.health.nz

Thanks

Cheers,
Ralph

Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 **| f** (03) 364 4165 **| m** 9(2)(a) [redacted]
Planning & Funding - Canterbury & West Coast District Health Boards
Princess Margaret Hospital, PO Box 1600, Christchurch 8140
ralph.lasalle@cdhb.health.nz

From: Microsoft Outlook
Sent: Monday, 4 April 2016 2:20 p.m.
To: Ralph La salle
Subject: Undeliverable: RE: hernia collaborative

Delivery has failed to these recipients or groups:

greg.robertson@cdhb.health.nz (greg.robertson@cdhb.health.nz)
The e-mail address you entered couldn't be found. Please check the recipient's e-mail address and try to resend the message. If the problem continues, please contact your helpdesk.

Diagnostic information for administrators:

Kathleen Smitheram

From: 9(2)(a)@charityhospital.org.nz>
Sent: Monday, 4 April 2016 2:42 PM
To: Grant Coulter; 'Greg Robertson'
Cc: Philip Bagshaw; 'Philip and Susan Bagshaw'; Ralph La salle; Kathy Davenport
Subject: RE: hernias for CDHB contract

Hello Grant,
I will be available to supply the notes to you on Thursday morning and guide you through any electronic notes on our patient management system.
I note your comments regarding the 30 cases.
We are happy for you to select 60 cases from those pre-selected by our Charge nurse and I.
Greg, Phil, Ralph and I did however discuss 2 batches of 30 cases as a precaution to avoid disappointing patients that couldn't be treated prior to the DHB's deadline of July 1st.
This can be discussed and be mutually agreed upon shortly. Perhaps 40/20 might be a better grouping.

On arrival please can you go the reception desk in the East wing were I shall meet you.
Regards.

9(2)(a)

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Hi
I can come out at 0900 on Thursday morning to look through these cases
Have been told we want 60 cases, but Phil indicated it would be 30 initially .
The only problem with that number is that it takes time to see and organise private lists to do them and I'd be concerned about getting the second 30 cases too late to fit them in by the end of June
Can you have the notes or computer files ready please ?
thanks

Grant Coulter
Clincal Director
Department of General Surgery
Cell: 9(2)(a)
9(2)(a)

****
****

Double Up

[redacted]

****

Kathleen Smitheram

From: Gregory Robertson
Sent: Saturday, 9 April 2016 9:40 AM
To: 9(2)(a) [redacted]
Cc: Ralph La salle; Marilyn Ollett; Kathy Davenport
Subject: Re: Hernia Cases

Hi 9(2)(a) [redacted] staff at Charity Hospital / 9(2)(a) [redacted]

Thanks for all the help in getting this sorted in such a timely fashion.

Greg

Sent from my iPhone

On 8/04/2016, at 4:00 PM 9(2)(a) [redacted]@charityhospital.org.nz> wrote:

> Hi Ralph, all good and yes "sooner" is better. We will use that.
> Regards 9(2)(a) [redacted]
>
> LSent from my iPhone
>
> On 8/04/2016, at 3:31 PM, Ralph La salle <Ralph.Lasalle@cdhb.health.nz> wrote:
>
> > Hi 9(2)(a) [redacted]
> >
> > Can you arrange a taxi or other pickup of the records please?
> >
> > 9(2)(a) [redacted] will just run letter through our comms staff but I don't have any issues. I would have used the word "sooner" rather than "soon" but not a big deal either way.
> > Our Trust and the Canterbury DHB are working on a collaborative project which will enable us to offer you your surgery soon.
> >
> > Many thanks
> >
> > Cheers,
> > Ralph
> >
> > Ralph La Salle
> > **Team Leader - Secondary Care**
> > **| t** (03) 364 4193 **| f** (03) 364 4165 **| m** 9(2)(a) [redacted]
> > **Planning & Funding - Canterbury & West Coast District Health Boards**
> > Princess Margaret Hospital, PO Box 1600, Christchurch 8140
> > **ralph.lasalle@cdhb.health.nz**

From: 9(2)(a) [redacted] @charityhospital.org.nz]
Sent: Friday, 8 April 2016 3:19 p.m.
To: Ralph La salle
Cc: Gregory Robertson
Subject: RE: Hernia Cases

Hi Ralph,
The admin girls have spent the day making duplicate copies of all of the notes Grant selected, re attached spreadsheet.
These are now ready to be either collected or delivered.
Please can you advise me of how they will get from us to you.
A draft of the letter to be sent to the patients and copied to GP's is attached .
We have kept this deliberately short and to the point.
Please advise us if an alternative is required, otherwise can we will send them out on Monday?
Regards,

9(2)(a) [redacted]

<image001.jpg>

From: Ralph La salle [mailto:Ralph.Lasalle@cdhb.health.nz]
Sent: Friday, 8 April 2016 1:15 PM
To: 9(2)(a) [redacted] @charityhospital.org.nz>
Cc: Gregory Robertson <Gregory.Robertson@cdhb.health.nz>
Subject: Hernia Cases

Hi 9(2)(a) [redacted]

Grant has advised he has selected about 50 cases which we could bring into our system. According to what we said previously you were going to draft a letter to the patients and their GP and then refer those patients to us with their files so we could get started. We also said we would like to help prepare or at least see a copy of the letter you will be sending.

We would like to get these in process as quickly as possible to ensure they are completed before end of June. Do you have a draft of the letter ready yet?

Cheers,
Ralph

Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 **| f** (03) 364 4165 **| m** 9(2)(a) [redacted]
Planning & Funding - Canterbury & West Coast District Health Boards
Princess Margaret Hospital, PO Box 1600, Christchurch 8140
ralph.lasalle@cdhb.health.nz

****
****

From: Carolyn Gullery
Sent: Sunday, June 12, 2016 3:50 PM
To: Matthew Reid <Matthew.Reid@cdhb.health.nz>; Ramon Pink <Ramon.Pink@cdhb.health.nz>; Greg Hamilton <Greg.Hamilton@cdhb.health.nz>
Subject: FW: Health Funding

From: Gregory Robertson
Sent: Monday, 30 May 2016 3:09 p.m.
To: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Subject: FW: Health Funding

Hi Carolyn/Ralph

Fyi

An interesting read – possibly something that may be of use at some time.

greg

From: Philip and Susan Bagshaw 9(2)(a) [redacted]
Sent: Saturday, 28 May 2016 10:37 a.m.
To: Gregory Robertson <Gregory.Robertson@cdhb.health.nz>
Subject: Health Funding

Hi Greg,
The attached article was published in the NZMJ yesterday. It show from official Treasury documents that the funding for health has been going down, in real times, for years. I realize it does not address all the current specific funding issues for CDHB. However, CDHB should be able to use it as part of a powerful argument for more appropriate government funding.
Regards,
Phil

Funding New Zealand's public healthcare system: time for an honest appraisal and public debate

Lyndon Keene, Philip Bagshaw, M Gary Nicholls, Bill Rosenberg, Christopher M Frampton, Ian Powell

ABSTRACT

Successive New Zealand governments have claimed that the cost of funding the country's public healthcare services is excessive and unsustainable. We contest that these claims are based on a misrepresentation of healthcare spending. Using data from the New Zealand Treasury and the Organisation for Economic Cooperation and Development (OECD), we show how government spending as a whole is low compared with most other OECD countries and is falling as a proportion of GDP. New Zealand has a modest level of health spending overall, but government health spending is also falling as a proportion of GDP. Together, the data indicate the New Zealand Government can afford to spend more on healthcare. We identify compelling reasons why it should do so, including forecast growing health need, signs of increasing unmet need, and the fact that if health needs are not met the costs still have to be borne by the economy. The evidence further suggests it is economically and socially beneficial to meet health needs through a public health system. An honest appraisal and public debate is needed to determine more appropriate levels of healthcare spending.

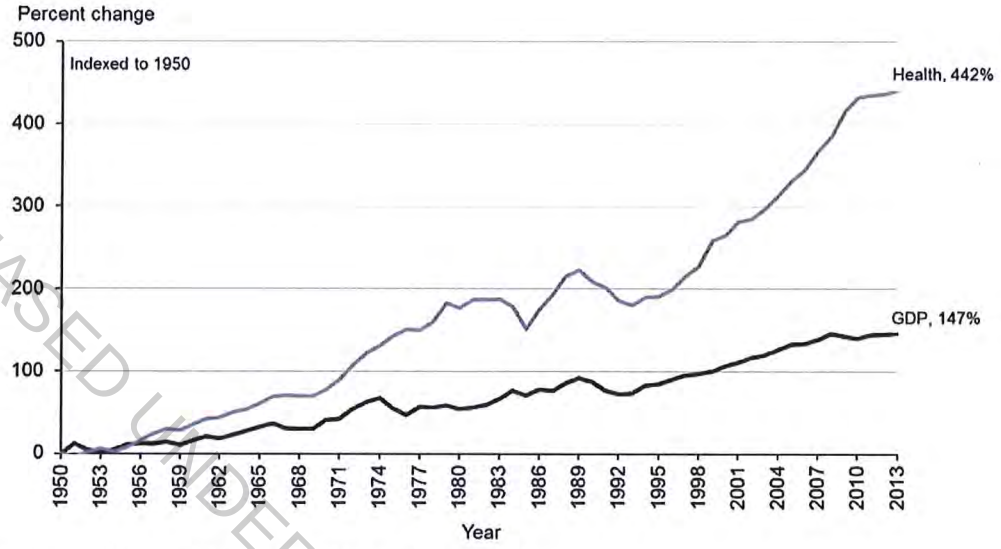
The New Zealand Social Security Act, passed in 1938, was intended to ensure that there should be universal access to comprehensive healthcare services funded through a taxation system. This was a laudable aim and a leader in the western world, but healthcare costs have risen with time as a result of many factors. They include increasing availability of new and often expensive treatments, an increasing total and aging population, and a widening income gap, which has since the 1980s left an increased and sizeable percentage of the population in poverty, whether measured in absolute or relative income terms.[1,2,3,4] At the same time, there have been repeated claims by governments and their agencies that the cost of funding New Zealand's public healthcare services has become unsustainable.[5,6,7,8] Such claims do not bear scrutiny, however, and the situation calls for urgent public debate as to how much should be spent on the public health system, based on the full facts.

In this article we document the level and growth of healthcare expenditure in New Zealand whilst providing a perspective on the relationship between healthcare spending and the overall economy. We emphasise that successive governments and their agencies in New Zealand have tended to misrepresent vital aspects of spending on healthcare and have implemented expensive and unsuccessful changes in the organisation of healthcare.

Healthcare funding in New Zealand

Claims that funding of healthcare in New Zealand is excessive and increasing at an alarming rate are not new.[9,10] Such claims underpinned the disastrous 'health reforms' of the early 1990s. Whereas Treasury maintained at the time that spending on public health was high and rising, economist Professor Michael Cooper noted that total health spending remained around 7%

Figure 1: Treasury's graph tracking real percentage growth per capita of government core health spending and GDP.



Reproduced from the Ministry of Health's *Annual Report 2013*[16]

of gross domestic product (GDP). He also found real health funding *per capita* had actually declined within the public sector between 1980 and 1992, despite medical advances and rising public expectations.[11,12] Economist Brian Easton likewise disputed Treasury figures, stating:

> *"The mistake [figures claiming that real public spending on healthcare were rising] arose in a Treasury paper which deflated the nominal spending with the wrong price index, failing to compare apples with apples, and then using a period which maximised the size of the error."*[13]

In fact a Treasury Working Paper found health expenditure as a proportion of GDP rose steadily from the 1950s to about 1980, but then showed no consistent trend—upwards or downwards.[14]

Subsequent to the 'health reforms' of the 1990s, claims of unsustainable healthcare spending have continued. For example, a Ministerial Review Group reported in 2009:

> *"As a country we do not have the resources to continue spending increasing amounts on the public health and disability system at the rate at which we have".*

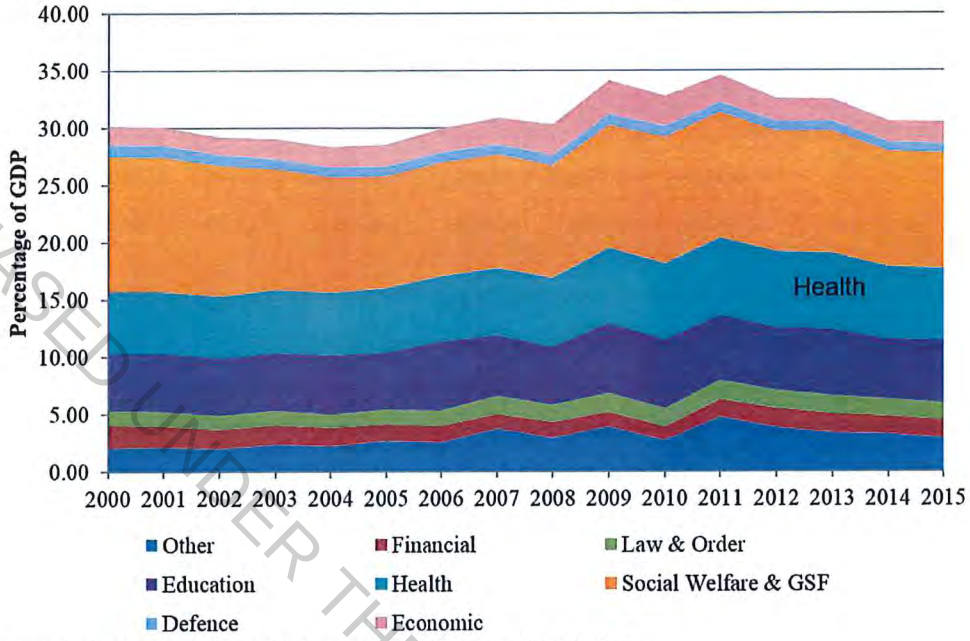
In 2014, *The Press* in Christchurch opined: "New Zealand is on the brink of a healthcare funding crisis that is threatening to bankrupt the Government".[15] This perspective has been promoted by various organisations, including the New Zealand Institute of Economic Research (NZIER), and the Health Funds Association, which have advocated changes to the public healthcare system and greater use of the private sector. As was the case before the 'reforms' of the 1990s, this oft-repeated perspective is not supported by the evidence.

Figure 1 is a version of a Treasury graph suggesting health expenditure is excessive and growing alarmingly as a proportion of both government spending and the economy. Superficially, the graph might be taken to support these claims. However, the graph is misleading as it presents two variables (health spending and GDP) of highly disparate size on the same percentage scale, which has the effect of significantly exaggerating the apparent importance of health spending compared to GDP.

This graph has been widely used without qualification or explanation by government agencies, including the Ministry of Health as well as the media. It has also been used by the private health sector to support their case for privatisation.

To put GDP and health expenditure into perspective, GDP is forecast to be approximately $240 billion in 2015, while Vote Health's operating budget is approximately $14.8 billion, so in absolute terms a 1% increase in GDP is many times greater than a 1% increase in government

Figure 2: Trends in the proportion of core government spending/GDP.



Compiled by the Association of Salaried Medical Specialists (ASMS) 2015
Sources: Treasury Budget Economic and Fiscal Updates 2005-2015; Time Series of Fiscal & Economic Indicators (BEFU 2015); Statistics New Zealand: M5 GDP
Note: 'Economic' aggregates 'Transport and Communications' and 'Economic and Industrial Services'. 'Other' aggregates 'Core Government Services,' 'Heritage, Culture and Recreation,' 'Primary Services,' 'Housing and Community Development,' Environmental Protection', 'Forecast for future new spending', 'Top-down expense adjustment' and 'Other'.

health expenditure. To put it another way, it would take a one-sixth (16%) increase in the Vote Health operating budget to consume another 1% of GDP. The situation in New Zealand has parallels in Australia where economist Professor Jeff Richardson stated: "The unsustainability myth is created by focusing on percentages and not on the absolute level of resources available" and fear that the rising share of GDP spent on health will harm the economy or our standard of living "is probably a result of bad arithmetic."[17]

In New Zealand between 2009/10 and 2014/15, Vote Health's nominal operational expenditure increased by $2 billion, and core government spending as a whole increased by $8.8 billion, whereas nominal GDP increased by $45.2 billion (from $195.4 billion to $240.6 billion).[18]

A more accurate way of illustrating health (and other government) spending trends is to map core government expenditure relative to GDP, as shown in Figure 2, using Treasury figures. This shows a modest increase in health expenditure as a proportion of GDP from 2000 (along with a similar rise in total government spending) until recent years where the trends have reversed, as discussed further below. The trends shown in Figure 2 are in contrast to the impression of an unsustainable rise in government health spending given in Figure 1.

Government health funding is falling as a proportion of GDP

Vote Health's operational budgets have been falling as a proportion of GDP over recent years—an intentional policy move flagged by Treasury in a document dated June 2012.[19] Treasury data, including recent GDP adjustments, show Vote Health's total operational expenditure has decreased as a proportion of GDP from 6.32% in 2009/10 to 5.95% in 2014/15 (Table 1).

If GDP rises at a faster rate than health spending, then health spending as a proportion of GDP will fall, even if there is no change in health spending. In this case, the drop in health funding as a proportion

Table 1: Vote Health operational expenditure as a proportion of GDP.

Year	2009/10	2010/11	20011/12	2012/13	2013/14	2014/15
Vote Health operational expenditure ($m)[1] *	12,348	12,797	13,267	13,561	14,001	14,313
Nominal GDP for the year to June ($m)[2]	195,399	203,791	212,307	216,585	234,027	240,571
% of GDP	**6.32%**	**6.28%**	**6.25%**	**6.26%**	**5.98%**	**5.95%**

Sources:
1. Treasury: The Estimates of Appropriations 2014/15 and 2015/16; Health Sector B5 Vol 6, May 2014 and May 2015.
2. Treasury: *Financial Statements of the Government of New Zealand for the Year Ended June 2015*, October 2015.

* Actual operational expenditure (estimated actual expenditure for 2014/15), including multi-category expenses and "other" non-departmental expenses—ie, contributions to international health organisations, legal expenses and provider development. $49 million has been subtracted from the funding allocations for 2012/13 onwards to account for estimated health provider superannuation contributions such as to Kiwisaver, previously paid for by the State Services Commission.[20]

of GDP reflects significant funding shortfalls in Vote Health's operational funding since 2009/10. Data are not available to enable an accurate assessment of how much money has been saved over those years through genuine efficiencies and how much has been 'saved' through service cuts and increases in user charges. With that qualification, analyses of Budget data from 2009/10 show Vote Health allocations have fallen short of what is needed each year to cover the stated costs of announced new services (taking into account stated savings), increasing costs (Consumer Price Index and average wage increases), and the Ministry of Health's cost-weighted index for population growth and ageing. The assessed annual shortfalls between 2009/10 and 2014/15 have accumulated to an estimated $0.8 billion. The estimated funding shortfall for 2015/16 would make that more than $1 billion.[21]

Similarly, core government expenditure has been falling in recent years, having peaked in 2011 (Figure 2). The intention, according to Finance Minister Bill English, is to see it drop to 25% within the next 6 to 7 years.[22] In line with those policy priorities, the Government's trajectory is one of continuing cuts in health spending. Total real government health spending is forecast to drop by approximately 4% each year, taking into account forecast inflation and the Ministry of Health's cost-weighted index for population growth and the effects of ageing.[23,24] The extent to which that forecast funding is adjusted upwards depends on how much is allocated to Vote Health from the Government's general budget operating allowance. However, in the past, the additions to Vote Health from the operating allowance have not been enough to keep up with rising costs, population growth and new programmes. In preparing the 2013 Budget, Treasury warned that such large cuts will require major changes to the health sector. The continued under-resourcing of our health services, then, is not owing to unaffordability; it is a policy decision to reduce government expenditure overall and introduce tax cuts.[25]

New Zealand government spending is low internationally

A common defence for constraining health spending is that government finances are finite and more money on health means less money is available for other government services. However, like core government expenditure, general government expenditure (including all central and local government spending) has been falling as a proportion of GDP in recent years. It was 40.1% of GDP in 2013, down from 47.4% in 2010, ranking New Zealand 26th out of 32 OECD countries.[26] The OECD average for general government expenditure in 2013 was 45.2% of GDP. In other words, New Zealand's general government spending as a proportion of GDP fell short of the OECD average by 5.1 percentage points, or $11 billion, based on New Zealand's GDP for

2013. The figures indicate that, with different fiscal policies, the New Zealand Government could afford not only to spend more on health but also on other areas of government while remaining at or below average government spending in the OECD.

Economies are flexible and constantly changing

It is important to also recognise that health is not the only sector that has grown relative to the rest of the economy. National economies are highly flexible and the composition of spending can vary significantly over time and between countries.[27] In the early 1970s, New Zealand's economy was heavily reliant on manufacturing, as was the rest of the industrialised world. Manufacturing made up 26% of GDP; it is now 12% of GDP. New Zealand has instead become a more service-oriented economy, mirroring trends in the rest of the OECD.[28,29] The increase in the proportion of the economy dedicated to private and public health services over the past few decades (with similar increases in areas such as finance and insurance, and rental, hiring and real estate) reflects that structural shift. It also reflects the high value that New Zealanders place on good health, which is one of the fundamental determinants of a good life. As good health is also a major contributor to productivity and economic growth it is not clear why investment in good health is singled out as problematic for the economy. [30,31]

Rationale for increasing health spending

There are a number of reasons why New Zealand should and could be spending more on health, including:

- New Zealand's health needs are increasing with population growth and ageing
- If these needs are not met by public health services, the costs do not disappear; they still have to be borne by the economy
- There is mounting evidence of increasing unmet need
- Investment in health can mitigate health costs and improve the quality of life.

While the population is projected to increase by approximately 0.9% per year over the 10 years to 2026, the Ministry of Health estimated the cost of demographic changes, including the impact of an ageing population, will require an increase in health service budgets of approximately 1.8% per year on average over the same period.[32]

While the contribution of population ageing to past health spending growth has been modest, the projected growth in the proportion of older people in the coming decades will lead to a greater impact on health spending. Chronic diseases disproportionately affect older adults and contribute to ongoing disability and increased need for long-term health care. These impairments might be physical (eg, rheumatological, cardiological, respiratory, or a decline in hearing or eyesight), psychological, or related to cognitive functioning and loss of memory, including the dementias. Thus, ageing is associated with a growing need for acute health care services and ongoing chronic illness that sometimes requires long-term care.[33]

However, when older people are in good health, they will need relatively fewer health care resources. Policies that allow a healthy ageing of the population include a better coordination of health and long-term care services and enhanced prevention services to tackle obesity, smoking and mental illnesses. These policies need long-term planning and investment but they will allow more people to age healthily and will help to ensure future health services are properly equipped to accommodate population ageing.[34]

The importance of ensuring people age well, including having timely access to treatment when it is needed, is underscored by Treasury modelling indicating that by 2060 a 'no healthy ageing' scenario (increased longevity with an increase in the number of years lived in poor health) could cost the equivalent of 2.9% of GDP more than a 'healthy ageing' scenario (increased longevity with an increase in the number of years lived in good health)[35]

Pressures on the health system also arise from the introduction of new technologies.

The impact of new technologies on health expenditure is complex. On the one hand, they can reduce costs through efficiency gains or health improvements that reduce the need for further, and perhaps more costly, care. On the other hand, they can also contribute to higher costs, such as by extending the scope and range of possible treatments available. Either way, new technologies, when put to use after proper evaluation, are highly desirable for the well-being of the population.

The alternative to public health care

If people do not have reasonable access to the public health system when they need it, either they must go untreated or face longer delays in being treated, or they must pay for treatment privately—individually or through private insurance. The first option is likely to reduce quality of life and there is a wealth of evidence showing poor access to treatment is more costly for health services in the long run, and more costly for the economy through lost productivity.[36,37,38,39] The option of people paying privately means the economy still has to stand the cost of the increase in health expenditure—it is just that the government does not pay for it. The important question then becomes whether it is more efficient and equitable to pay for health needs privately or publicly. There are good reasons to conclude that it is more efficiently and equitably provided publicly. As Treasury itself has noted:

> *"We do not currently see a clear case for moving away from a predominantly single-payer, tax-financed health system. Systems like ours are typically better at containing health spending and there is no one system that presents a clearly more efficient alternative."*[40]

If we add considerations of equity to cost-containment, private provision is not likely to be better for people, the country and the economy, and that is well illustrated by the costly and inequitable situation in the US.[41,42]

Of course it is important that New Zealand gets the best value out of each health dollar. Treasury's assessment is that, "New Zealand's health system as a whole is not obviously underperforming those of other developed economies."[43] Reports comparing health systems internationally rate New Zealand's health service favourably. For example, the Commonwealth Fund's comparison of health systems in 11 comparable countries (Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the UK, and the US) show New Zealand's performance on efficiency and quality of care is ranked 3rd and 4th respectively. This has been achieved despite being ranked bottom on health expenditure per capita.[44,45]

Unmet need

Indications of unmet need in New Zealand are reflected in the Commonwealth Fund's performance indicators for access to services (7th out of 11), and equity (10th), and on a measure of 'healthy lives' (infant mortality, healthy life expectancy and mortality amenable to health care—that is, deaths that could have been prevented with timely and effective care) New Zealand was placed 9th. New Zealand's poor rankings for access-related performance measures include: access to diagnostic tests (11th out of 11); long waits for treatment after diagnosis (10th); long waits to see a specialist (9th); and long waits for elective surgery (8th). Currently, there are no detailed or accurate measures of unmet need in New Zealand, but anecdotally it appears to be unacceptably high and growing. Of the New Zealand doctors surveyed by the Commonwealth Fund, 59% reported difficulty for patients gaining access to diagnostic tests, and 34% said patients "often experience long waits to receive treatment after diagnosis". Twenty-one percent of New Zealanders surveyed reported cost-related barriers to accessing health care, compared with 4% reported for the best-ranked UK. In fact, the New Zealand Health Survey for 2014/15 reports 27% of adults have one or more types of unmet need for primary care.

Even in the Government's high priority services, such as elective surgery, the Commonwealth Fund reports 15% of New Zealand patients waited 4 months or more for their operation compared to an average of 9% across the 11 comparable countries surveyed. Reports of increasing barriers to accessing elective surgery have also been appearing in the media. They reinforce a 2013 survey by the Health Funds Association

(HFA) and Private Surgical Hospitals Association (NZPSHA), which indicated 170,000 people needing elective surgery did not make it onto the waiting list that year, although the accuracy of that survey has been questioned owing to possible conflicts of interest.[46,47] The New Zealand Medical Association has noted that, anecdotally, the gap between the patients who meet the clinical threshold for surgery, but fall short of our hospitals' financial threshold, is widening.[48]

Overview

As health systems in most countries face the challenges of increasing needs and growing public expectations, policy makers search for new ways to deliver services in innovative and cost-effective ways. In New Zealand, there is continuing talk of restructuring and new system models, despite their lack of obvious success in the past—especially in the 1990s. Looking back at the 1990s 'reforms', economist Brian Easton, notes that:

> *"The New Zealand experience provides strong evidence that comprehensive commercialisation—business practices within, market relations between institutions—will not make a significant contribution to the design of effective health systems."*[49]

While it is clear that the ideologically-based reforms of the 1990s were an expensive failure, it is not clear whether appropriate lessons have been learned. For example, in 2009, the OECD suggested that New Zealand should radically reform its health sector proposing: "...more competition among public hospitals and with private providers...so as to spur competition and burden-sharing."[50] Of particular concern Bill English, Minister of Health at the time of the Stent inquiry into unnecessary deaths from the 'reforms' of the early 1990s and now Minister of Finance, has stated: "We're already implementing some of the (OECD) ideas and will consider others."[51]

Indeed the competitive market-based approach of the 1990s underlies proposals emanating from the recent Director-General of Health's Review of Health Funding Arrangements,[52] led by banker and former Treasury Secretary Murray Horn. The proposals include opening up DHB services to competitive tendering and fragmenting DHB funding into four 'pools', with a suggestion this may be managed by some unidentified body in the future.[53] At the time of writing, the Government had yet to officially announce its response to the proposals, but they are an example of the kind of thinking currently going on in some government circles.

The Government also seems to be reverting to the 1990s' contractualism approach with its experimental 'social impact bonds' policy programmes, encompassing specific health and social initiatives, including in mental health services, which will be funded through private investment. The bond-holding investors' profits would be derived by achieving certain goals—or 'targets' by another name—but there is no evidence to show the policy works, and there are significant risks that it may do a lot of harm.[54]

Given that OECD data indicate government spending in this country is low internationally, fiscal policies that moved New Zealand's general government expenditure back towards the average OECD level would allow substantial increases in those areas of government that have endured funding shortfalls over recent years, including health.

The oft-repeated, but unsubstantiated, assertion that health funding levels are unsustainable echoes the tactics used to introduce the radical, ideological health changes in the 1990s. Notwithstanding, the issues with access and the unacceptable—but poorly documented—level of unmet need,[55] the country's healthcare system, as already mentioned, has delivered relatively well in recent times on basic indices such as quality of care and efficiency. The system does not need 'reforming', it simply needs to be funded to a level that enables New Zealanders' healthcare needs to be met. Indeed, there is a moral imperative to do so.

There are also alternative and more productive avenues for achieving better cost efficiency, such as the promotion of clinical leadership.[56,57] The potential for this to be realised has been hindered by entrenched shortages of medical specialists[58]—an issue that has been recognised by the Government's health workforce agency, Health Workforce New Zealand: "The most important issue

currently is the impact of a prolonged period of medical labour shortages on the workloads, wellbeing and productivity of DHB-employed senior doctors."[59]

As already noted, New Zealand is not alone when it comes to wrestling with what level of funding should be directed to its public healthcare system. Nor is it alone when it comes to obscuring or confusing what is the true, versus the claimed, cost of funding healthcare.[60] The National Health System (NHS) in England is reported to be under severe financial stress with calls for an emergency injection of £1 billion.[61] Substantial underfunding of hospitals is probably key to these current problems in England, as highlighted by the recent down-grading of the renowned Addenbrooke's Hospital (part of Cambridge University Hospital NHS Foundation Trust) because it is running at a weekly deficit of £1.2million. The King's Fund has suggested to Treasury in England that public spending on health and social care should be increased to 11%–12% of GDP.[62]

But just as the underfunding of the NHS has occurred amid reports of official obfuscation,[63,64] it is clear that an honest appraisal of health funding in New Zealand has been similarly hampered by official misinformation. The likely reasons for this subterfuge include a desire by both the Labour Government in the 1980s and the National Government in the 1990s (and signs of this in the current Government) to support the private healthcare industry under an umbrella of pro-market ideology, to set the scene for yet more reduction and restructuring of the public healthcare system and to employ funding policies designed for short-term political gain rather than longer-term health gains. It is time for an honest appraisal and public debate about what the appropriate level should be to fulfil the original aims of universal access to comprehensive healthcare services.

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Kathleen Smitheram

From: Ralph La salle
Sent: Monday, 20 March 2017 4:30 PM
To: 9(2)(a) Kathy Davenport
Cc: 9(2)(a)
Subject: RE: Charity Hospital hernia patients

Hi 9(2)(a)

Thanks for the email.

I note the frustration in the email regarding you getting surgery information back – that was something we agreed on and should have happened in reasonable time – my apologies for that. Kathy and I will discuss and see how we can improve in the future.

Can I suggest that you and Kathy meet with each other's lists and compare? It is not feasible for us to share our total list of who is having surgery in CDHB with you. We can however advise at a face to face meeting if a person on your list is on ours and then work through any details.

I'm happy to attend as well if that will facilitate the two way sharing.

Cheers,
Ralph

Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 **| f** (03) 364 4165 **| m** 9(2)(a)
Planning & Funding - Canterbury & West Coast District Health Boards
PO Box 1600, Christchurch 8140

Did you know that for four out of the last five years Canterbury DHB has delivered significantly above the national intervention rate for all Surgical DRGs? Well Done everyone!

Trend over Time - Specialties

DHB or Region: Canterbury

Specialty	Year End	Raw Intervention Rate per 10,000	National Intervention Rate per 10,000	Standardised Intervention Rate per 10,000	Change in SIR	Ranking	Actual Discharges	Expected Discharges	Variance from National Average
All Surgical DRGs	30 Sep 2012	265.00	293.82	295.57		15	13,253	13,185	Not Significantly Different
All Surgical DRGs	30 Sep 2013	270.78	294.73	303.96	8.40	15	13,795	13,376	Significantly above
All Surgical DRGs	30 Sep 2014	275.58	300.45	307.49	3.53	17	14,349	14,021	Significantly above
All Surgical DRGs	30 Sep 2015	279.17	305.80	312.98	5.48	15	14,857	14,288	Significantly above
All Surgical DRGs	30 Sep 2016	286.63	295.22	322.43	9.44	11	15,581	14,411	Significantly above

From: 9(2)(a) @charityhospital.org.nz]
Sent: Monday, 20 March 2017 4:21 p.m.
To: Kathy Davenport
Cc: 9(2)(a)
9(2)(a)
Subject: RE: Charity Hospital hernia patients

Hello Kathy,

Thanks for your email and bringing these matters to our attention.

Since the opening of the new oral surgery block last month it has been quite busy.
Gynae, orthopaedic, and vascular too have been steadily increasing.
We don't have a significant numbers of general cases outstanding.

I have checked 9(2)(a) notes and I see that he was turned down just prior to the DHB policy change. Both he and his GP had declared in writing that he met our criteria.
Neither he nor the GP had alerted us to the contrary.

Whilst the current situation exists, presumably to the end of the financial year, 9(2)(a) case does highlight the need to share information when appropriate.

I have spoken to Mr Bagshaw about your request.
Historically what should have been a 2 way process of information sharing has not been.

Most recently, you will recall that as part of the agreement with last years transferred patients it was agreed that we would receive the operation records/notification of treatment post-surgery , so we could close their files. This took several attempts and a significant time before it occurred.

We definitely do not wish to operate on any patients who qualify for the public service.
To this end and in order to stop any referrals slipping through can we suggest that periodically the department of surgery forward the names and/or NHI's of hernia/Haemorrhoid patients, so we can red flag them immediately and return them to the correct course of public treatment.

Regards,

9(2)(a)

CANTERBURY CHARITY HOSPITAL TRUST
"By the Community - For the Community"

T 03 360 2266
F 03 360 2616
E info@charityhospital.org.nz

349 Harewood Road
PO Box 20409
Christchurch
New Zealand

www.charityhospital.org.nz

From: Kathy Davenport [mailto:Kathy.Davenport@cdhb.health.nz]
Sent: Monday, 20 March 2017 12:20 PM
To: 9(2)(a) @charityhospital.org.nz>
9(2)(a)
Subject: Charity Hospital hernia patients

Hi 9(2)(a)

Trust all is well at the Charity hospital and your new Dental service is running smoothly.
From a CDHB General Surgery perspective I'm pleased to report that we have no unmet demand for hernias or haemorrhoids currently.

However, the following haemorrhoidectomy patient has just been contacted about a date for surgery and he advises that he received his surgery at the Charity Hospital on the 13th March.

9(2)(a) [redacted]

We were unaware that 9(2)(a) [redacted] was also on your waiting list, and I'm concerned there may potentially be other patients sitting on both waitlists.

We've been accepting haemorrhoidectomy and hernia patients all this financial year in the hope of achieving our elective surgery target, and I didn't think there was much Charity Hospital general surgery work outstanding.
Do you have much general surgery currently outstanding?
I'd love the opportunity to reconcile our waitlist, to save you operating on patients who would get publically funded surgery.

Look forward to hearing from you.

Kind regards

Kathy Davenport
Service Manager Department of General Surgery and Hagley Outpatients
Christchurch Public Hospital

9(2)(a) [redacted]

Kathleen Smitheram

From: 9(2)(a) [redacted]@charityhospital.org.nz>
Sent: Monday, 27 March 2017 3:34 PM
To: Kathy Davenport
Cc: Ralph La salle
Subject: Meeting

Hello Kathy,
I am following up on Ralph's email and suggestion of last week.
This coming week is quieter and I wondered if perhaps just you and I could meet for a chat?
Regards,

9(2)(a) [redacted]

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Christchurch
New Zealand

www.charityhospital.org.nz

Kathleen Smitheram

From: Gregory Robertson
Sent: Thursday, 4 May 2017 11:31 AM
To: Gregory Robertson
Subject: FW: Offer of Outsourcing Some Elective Surgery to Canterbury Charity Hospital Trust (CCHT)

Talked with Phil thanking him for offer , but indicated constraint not facility but people to do therefore the kind offer of no real use to us at this stage therefore declined.

GR

From: Philip and Susan Bagshaw [redacted]
Sent: Wednesday, 3 May 2017 1:53 p.m.
To: Gregory Robertson <Gregory.Robertson@cdhb.health.nz>
Cc: [redacted]@charityhospital.org.nz>
Subject: Offer of Outsourcing Some Elective Surgery to Canterbury Charity Hospital Trust (CCHT)

Hi Greg,

I hope you are keeping well?

As you know, the CCHT has previously offered to help alleviate the stress on the elective surgery volumes for the CDHB.

The Press, in an article on the 1st of May, outlined the difficulties that you again have in meeting your elective volumes. I therefore write to confirm that the CCHT continues to offer the use of some of our elective surgery resources to help reduce the stress on your systems. This could take the form of allowing your staff the use of our main operating theatre for elective day surgery, for one day a week, for a fixed term, at no change to you.

Please let me know if you have any interest in taking up our continued offer.

Best wishes,

Phil

From: Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>
Sent: Friday, November 10, 2017 3:38 PM
To: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; Greg Hamilton <Greg.Hamilton@cdhb.health.nz>
Cc: 9(2)(a) [redacted]
Subject: RE: Letter from Phil Bagshaw re National Population Survey of Unmet adult secondary elective healthcare need

Just checking re response to this letter.....
Thanks
Susan

From: Carolyn Gullery
Sent: Tuesday, 31 October 2017 6:09 a.m.
To: Greg Hamilton <Greg.Hamilton@cdhb.health.nz>
Cc: 9(2)(a) [redacted]
Subject: Re: Letter from Phil Bagshaw re National Population Survey of Unmet adult secondary elective healthcare need

9(2)(g)(i) [redacted]

Carolyn

Sent from my iPhone

On 30/10/2017, at 10:34 PM, Greg Hamilton <Greg.Hamilton@cdhb.health.nz> wrote:

9(2)(g)(i) [redacted]

-----Original Message-----
From: Susan Fitzmaurice
Sent: Monday, 30 October 2017 4:46 p.m.

To: Carolyn Gullery; David Meates; Greg Hamilton
Subject: FW: Letter from Phil Bagshaw re National Population Survey of Unmet adult secondary elective healthcare need

Can you advise re response
Thanks
Susan

-----Original Message-----
From: 9(2)(a)
Sent: Monday, 30 October 2017 10:24 a.m.
To: Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>
Subject: Letter from Otago Uni - National Population Survey of Unmet adult secondary elective healthcare need

Hi Susan,
See attached letter that came in the mail on Friday.

Cheers,
9(2)(a)

UNIVERSITY of OTAGO
Te Whare Wānanga o Otāgo
NEW ZEALAND

David Meates
Chief Executive Officer
Canterbury DHB & West Coast DHB
Canterbury District Health Board
PO Box 1600
Christchurch 8140

Reply to: 9(2)(a) [redacted]

21st October 2017

Dear David Meates,

Re: National Population Survey of Unmet Adult Secondary Elective Healthcare Need

You will be aware there is no widely accepted global assessment of unmet need for secondary elective healthcare in New Zealand, and that this deficiency is a growing concern. We have, therefore, put together an expert group of clinicians, epidemiologists, biomedical statisticians, and health economists from around New Zealand in order to assess it.

We have performed a pilot study in Auckland and Christchurch, comparing four assessment methods, which was published this year.[ref] This showed that face-to-face and telephone sampling of individuals, using a validated questionnaire, is the best assessment method.

It is now our intention to use our proven methodology to take representative population samples from all DHB regions, to assess the size and nature of the unmet need. This will involve approximately 12,000 interviews. We have applied to the current HRC funding round, have passed the first assessment level and are now entering the second level.

We would be grateful if you could please let us know how useful the results of our study will be to your organization. Could we please meet with you as soon as it is convenient to discuss our work?

Yours sincerely,

9(2)(a) [redacted]

Philip Bagshaw
Clin Assoc Prof Surgery

Reference: Bagshaw P, Bagshaw S, Frampton C, Gauld R, Green T, Harris C, Hornblow A, Hudson B, Raymont A, Richardson A, Shaw C, Toop L. Pilot study of methods for assessing unmet secondary health care need in New Zealand. NZ Med J. 2017;130(1452):23-38.

Department of Surgery
University of Otago, Christchurch
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From: Kieran Holland [redacted]
Sent: Monday, February 19, 2018 5:52 PM
To: Brett Shand [redacted]
[redacted]
Subject: Re: Response to letter from Phil Bagshaw

Thanks Brett - some suggestions attached

Kieran

On Mon, Feb 19, 2018 at 10:14 AM, Brett Shand [redacted] wrote:

> Hi all
> I have attached a letter from Phil Bagshaw et al. re our unmet need paper and a draft of our response. Could you please review/change and send back to me by this Thursday 22 Feb.
> Please do not share either document to anyone other than the coauthors.
> Regards
> Brett

Dear Editor,

We share Bagshaw and Hudson's concerns that access to affordable general practice may hide unmet need. Unmet need can occur for several reasons around accessability, availability, or acceptability of services. Our survey described in the journal[1] used a novel method to measure unmet need for referred services in patients attending their general practice, to improve our understanding of service gaps affecting care currently provided in a general practice setting. Our survey was not intended to measure total population unmet need and did not include patients who do not attend a general practice, most likely for reasons of cost or logistical difficulties. In contrast, the paper of Bagshaw et al.[2] was based mainly on the findings of a postal survey in a sample of the total population that measured unmet need for secondary care. Direct comparison of the rate of unmet need measured by our survey and that of Bagshaw et al. is therefore not valid, nor is the conclusion that our method underestimated what we were seeking to measure. Our study was carried out mainly in response to concern that active referral maanagement might be hiding unmet need in the community, and to inform service planning for those patients who do attend general practice.

We also agree with Bagshaw and Hudson that it is important to choose a survey method that will provide an accurate answer to the study question. A strength of our survey method was that the joint discussion of the health need between patient and general practitioner minimised the tendency for patients to over estimate their needs and to include things that either could not be fixed or did not need intervention. Another strength of our survey method was the use of electronic referral to collect survey data, a system used routinely by all general practices, backed up by support from a liason person who worked with the practices to ensure successful completion of the survey. This approach led to active participation by general practices in Canterbury and succesful data collection of over 2000 patients in a relatively short period of time. In contrast, the general practitioner arm of the Bagshaw et al. survey a low participation rate of general practices and limited patient data, leading the authors to conclude that such a survey method was not worthwhile. We

Commented [KH1]: Not sure we should state this as we found some hidden need.

Commented [KH2]: I think quotes are unnecessary and add a tone of combativeness as in their original letter.

Commented [KH3]: This is an odd phrase, perhaps best for us not to defend it – it wasn't ours.

believe the practicality of the methodology is important and consider the method we used in our survey, with emphasis on conversation and agreement between a patient and their general practitioner, provides an efficient and balanced method for measuring unmet need for referred services in a primary care setting. It does not address the issue of unmet need in those not attending general practice.

References

1 McGeoch, G, Holland K, Kerdemelidis M, Elliot N, Fink C, Dixon A, Shand B, Gullery C. Unmet need for referred services as measured by general practice. J Prim Health Care. 2017, doi:10.1071/HC17044.

2 Bagshaw P, Bagshaw S, Frampton C, et al. Pilot study of methods for assessing unmet secondary health care need in New Zealand. N Z Med J. 2017;130(1452):23–38.

Kathleen Smitheram

From: Philip & Susan Bagshaw [redacted]
Sent: Tuesday, 27 February 2018 5:13 AM
To: Ralph La salle
Cc: Gregory Robertson; [redacted]
Subject: Re: Planning for Surgical Services for Canterbury Charity Hospital Trust

Hi Greg and Ralph,
In the circumstances, we'd like to invite you both to the meeting at the Charity Hospital at 3:00pm on 7th March. That way we can not only discuss areas for future collaboration, we can also take the opportunity to show you the recent developments in our hospital facilities.
Regards,
Phil

Sent from my iPhone

On 26/02/2018, at 10:58 PM, Ralph La salle <Ralph.Lasalle@cdhb.health.nz> wrote:

> Hi
> Time good for me – I can do either location
> Cheers
> Ralph
>
> **From:** Gregory Robertson
> **Sent:** Monday, 26 February 2018 10:48 p.m.
> **To:** Philip & Susan Bagshaw [redacted] Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
> **Cc:** [redacted]@charityhospital.org.nz>
> **Subject:** Re: Planning for Surgical Services for Canterbury Charity Hospital Trust
> Hi Ralph
> Does this time still suit?? - where would be best for you - I can do either CPH or Charity hosp
> Greg
>
> Sent from my iPhone
>
> On 23/02/2018, at 6:28 PM, Philip & Susan Bagshaw [redacted] wrote:
>
> > Hi Greg,
> > Thanks. We will be happy to meet you at 3pm on 7th March. Do you want to visit the Charity Hospital or shall we come to you?
> > Regards,
> > Phil
> >
> > Sent from my iPhone
> >
> > On 23/02/2018, at 4:22 PM, Gregory Robertson <Gregory.Robertson@cdhb.health.nz> wrote:
> >
> > > Hi Phil
> > > Congratulations on the award for the Charity hospital.- well deserved!
> > > I think it would be useful for Ralph to attend, and wonder therefore if we can arrange another time.

I cant do morning 7 march – but could do 3-4 pm when Ralph and I usually meet. Alternatively 11.30-12.30 Thursday 28 March. Do either of these times/dates suit.
Regards Greg

From: Ralph La salle
Sent: Thursday, 22 February 2018 10:42 p.m.
To: Gregory Robertson
Subject: Re: Planning for Surgical Services for Canterbury Charity Hospital Trust
Hi
Sorry Greg 9(2)(g)(i) [redacted]
Can do all morning on 28 Feb or all morning on 7 March when I get back. It would be good for me to be there

Cheers
Ralph

On 22/02/2018, at 10:33 PM, Gregory Robertson <Gregory.Robertson@cdhb.health.nz> wrote:

> Hi Ralph
> Phil has come thru with this and I have offered some times to meet.
> He has accepted Friday March 2 in the Am - any time you can make - as would be good to have you there.
> Greg
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** Philip and Susan Bagshaw 9(2)(a) [redacted]
> **Date:** 19 February 2018 at 12:08:41 PM NZDT
> **To:** 'Gregory Robertson' <Gregory.Robertson@cdhb.health.nz>
> 9(2)(a) [redacted]
> **Subject: Planning for Surgical Services for Canterbury Charity Hospital Trust**
>
> Hi Greg,
> I hope you are keeping well. We are planning our surgical services at the Charity Hospital for the next year, and wondered if we could please meet you in the near future to discuss what we intend to do and how we might cooperate with CDHB. This would be around all surgical services, but particularly relating to General Surgery.

Regards,
Phil

From: Carolyn Gullery
Sent: Tuesday, March 19, 2019 4:42 PM
To: Sandy Mclean <Sandy.Mclean@cdhb.health.nz>; Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>
Subject: Charity Hospital Counselling release 18 March 2019

FYI

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Embargoed until 5am Monday March 18th

Charity Hospital Steps Up Again with Free Counselling for Cantabrians in Need

The Canterbury Charity Hospital will open its doors from this week to provide free counselling sessions for locals in need of support following Friday's devastating terrorist attack.

Charity Hospital co-founder Professor Phil Bagshaw says Friday's catastrophic tragedy may sadly "re-trigger" negative and difficult emotions for some residents in the local Christchurch community, many of whom are still dealing with - or have worked hard to recover from - the emotional toll of the earthquakes eight years ago.

"For some, Friday's events may cause negative feelings from the past to re-surface or perhaps result in others feeling anxiety and stress who may have coped admirably eight years ago" says Professor Bagshaw. "These feelings are both common and normal".

"Sticking to normal routines and activities and reaching out to friends and family for support may be enough for most people to get by" he says. "But for others, negative feelings can build and feel overwhelming, resulting in anxiety, dislocation, distress and sleep disruption. We saw this eight years ago after the quakes which is why we stepped up then to offer free professional counselling support. We found then that that the earlier support was delivered, the more effective it was in helping people deal with their anxieties. We recognise that that same support is again needed now".

Canterbury Charity Hospital staff have reached out to members of the counselling community over the weekend. **Thirty professionally-trained counsellors and psychologists have already stepped forward and generously volunteered their services to help those in need. Free counselling will be on offer at the Canterbury Charity Hospital in Harewood Road from this week. Patients can call the hospital directly to book an appointment. There will be no need for a doctor's referral. ***

"This response from the professional counselling community is absolutely magnificent and mirrors their outstanding response eight years ago when we put out a similar call for help" says Professor Bagshaw.

Fifty-six counsellors and psychologists gave generously of their time from late February 2012 onwards, assisting more than 3587 Cantabrians in need over a period of six months. The service was up and running just three days after the February 22nd quake. Counsellors flew in from the North island to assist, with some coming from as far afield as Australia and the United states. This level of community response and support resulted in the Canterbury Charity Hospital receiving a special award from the New Zealand Psychological Society in 2012.

The Charity Hospital says it already has sufficient volunteer counselling support in place to cope with acute demand. However, it says it may need to seek more professional volunteer assistance in the weeks and months to come.

***Patients seeking free counselling from the Canterbury Charity Hospital can request an appointment by either phone, text or email.**

Canterbury Charity Hospital 03 360 2266 (week-days) 020 4098 0750 (out of hours) or email info@charityhospital.org.nz

ENDS

For interviews please contact:

Professor Phil Bagshaw

9(2)(a) [redacted]

9(2)(a) [redacted]

From: Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Sent: Monday, July 1, 2019 2:08 PM
To: Alex Taylor (Communications) <Alex.Taylor2@cdhb.health.nz>; Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>
Cc: Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>
Subject: RE: MEDIA ENQUIRY FW: Me Again...

Hi

More over this has to do with things like ICU support, sub specialist support, equipment available at the Charity hospital as well

Ralph

From: Ralph La salle
Sent: Monday, 1 July 2019 2:05 p.m.
To: Alex Taylor (Communications) <Alex.Taylor2@cdhb.health.nz>; Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>
Cc: Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>
Subject: RE: MEDIA ENQUIRY FW: Me Again...

Hi

9(2)(g)(i)

[redacted]

Cheers
Ralph

From: Alex Taylor (Communications)
Sent: Monday, 1 July 2019 12:45 p.m.
To: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; Ralph La salle <Ralph.Lasalle@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>

Cc: Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>
Subject: MEDIA ENQUIRY FW: Me Again...

Hi Carolyn, David and Ralph,

Pls see below media enquiry from 9(2)(a) who are possibly interviewing Greg this afternoon re impact on mosque attacks and electives shortfall.

Do you have any comments re this that we can provide as a statement to them?

Cheers
Alex

Alex Taylor
Senior Media Advisor
Canterbury and West Coast District Health Boards
T: 03 364 4122 or ext: 62122 | M: 027 567 5343
Level 1, Corporate Office. 32 Oxford Terrace, Christchurch

From: 9(2)(a)
Sent: Monday, 1 July 2019 12:42 p.m.
To: Alex Taylor (Communications) <Alex.Taylor2@cdhb.health.nz>
Subject: Me Again...

Hello again,

I've just been talking to Phil Bagshaw at the Charity Hospital who says the organisation is happy to help with the backlog of elective procedures. He says this offer has been made several times in the past too and declined, although it would be absolutely free. Just wanted a response to this offer too please and the reason why the DHB is not taking it up.

Thanks again,
9(2)(a)

From: Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Sent: Saturday, February 1, 2020 3:06 PM
To: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>
Subject: RE: Sterile services- Charity Hospital

9(2)(g)(i) [redacted]

From: Carolyn Gullery
Sent: Saturday, 1 February 2020 3:01 p.m.
To: Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Subject: Re: Sterile services- Charity Hospital

How much are we contributing then in free goods

Sent from my iPhone
Carolyn.gullery@cdhb.health.nz

On 1/02/2020, at 2:57 PM, Ralph La salle <Ralph.Lasalle@cdhb.health.nz> wrote:

9(2)(g)(i) [redacted] – I think 9(2)(a) [redacted] is thinking about their participation in the under 50 rectal bleeding work

From: Carolyn Gullery
Sent: Saturday, 1 February 2020 2:56 p.m.
To: Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Subject: Re: Sterile services- Charity Hospital

What do they do for us

Sent from my iPhone
Carolyn.gullery@cdhb.health.nz

On 1/02/2020, at 1:39 PM, Ralph La salle <Ralph.Lasalle@cdhb.health.nz> wrote:

For the back of your mind

Cheers
Ralph

From: Dan Coward
Sent: Tuesday, 28 January 2020 12:47 p.m.
To: Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Subject: FW: Sterile services- Charity Hospital

Hey Ralph

Knowing you do some work with Charity Hospital regarding volumes etc, just wanted to share. I am waiting on what info has been discussed with 9(2)(a) about Burwood just picking up the charity volumes and where this resource is supposed to come from as we have taken on board maternity without any additional resource and just phasing some other kits which means we have had to change flow in theatres for available kit (repetitive surgery)

Just curious as there is no cost to DHB for them to do the work....but Ill be picking up a cost with additional resource somewhere and somehow.

Cheers

Dan

From 9(2)(a) @charityhospital.org.nz>
Sent: Tuesday, 28 January 2020 12:03 p.m.
To: Dan Coward <Dan.Coward@cdhb.health.nz>
Subject: Sterile services

Subject: Sterile services

Dear Dan,
Prior to Christmas I had discussions with 9(2)(a) re extending the Charity Hospital's access to sterile services and technical services.
We reached an amicable short term compromise which we appreciate given that the Charity Hospital covers the same demographic as the DHB and now undertakes collaborative DHB work at no cost to the DHB. There are also future 2020 DHB collaborative planned .
With this in mind we would be very keen to continue to utilise sterile services, but at Burwood instead. It would be detrimental to our community services to use private providers.
Please can arrange for us to meet to discuss this either on site at Burwood or the Charity Hospital in Harewood Road?

Kind regards,
9(2)(a)
Canterbury Charity Hospital Trust

Kathleen Smitheram

From: Ralph La salle
Sent: Monday, 9 March 2020 1:16 PM
To: Megan Gibbs
Cc: 9(2)(a) [redacted]
Subject: FW: Covid 19

Hi

Just to inform, the Charity Hospital has offered its facilities if required to handle any COVID -19 response if appropriate. I have thanked them for their kind offer and said I would advise the people coordinating the response of it.

Cheers
Ralph

From: 9(2)(a) [redacted]@charityhospital.org.nz>
Sent: Monday, 9 March 2020 12:16 p.m.
To: Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Cc: 9(2)(a) [redacted]
Subject: Covid 19

Hi Ralph,
A few years ago before our further extensions a DHB disaster planning team visited us to check the place out should there be another SARS type outbreak.

My understanding from them was that if such an event occurred the DHB would use its main hospital to deal with large numbers of sick respiratory compromised patients and utilise outlying facilities, public or private to deal with surgical emergencies.

If the Covid 19 takes hold in the South Island the Charity Hospital will close to all elective cases.
If the DHB wished to utilise the site in its entirety for the duration of what would be a national emergency it could be made available.

Please can you make this known to the current DHB disaster planning team.

Kind regards,

9(2)(a) [redacted]
Canterbury Charity Hospital
9(2)(a) [redacted]

Kathleen Smitheram

From: Ralph La salle
Sent: Monday, 6 April 2020 1:21 PM
To: 9(2)(a)
Subject: RE: thank you

Hi 9(2)(a)

Thanks for this. Why don't we just leave it as the door is always open if you want to come round to ours and there will be a place setting set up for you at the table. I'll send you a copy of the framework so you have it.

Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 | m 9(2)(a)
Planning & Funding - Canterbury & West Coast District Health Boards

From: 9(2)(a)
Sent: Monday, 6 April 2020 12:56 p.m.
To: Ralph La salle
Subject: thank you

Hi Ralph,
Thank you for your earlier call, much appreciated.
I have consulted with our Chair on the issue of Government assistance / compensation and have been advised not to seek it on this occasion.
9(2)(g)(i) [redacted]

If there is anything we can do coming out of the lockdown that can be of any assistance we are still keen to help if we can.
Kind regards,

9(2)(a) [redacted]

Canterbury Charity Hospital

9(2)(a) [redacted]

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New Zealand
www.charityhospital.org.nz

Kathleen Smitheram

From: 9(2)(a) @charityhospital.org.nz>
Sent: Tuesday, 14 April 2020 8:38 PM
To: Ralph La salle
Subject: RE: Government assistance

Hi Ralph,
Thanks for getting back to me on this.
Yes I'm free either at 10 or later , whichever suits you best and yes please Zoom is great. Its proving to be an invaluable tool.
Kind regards,

9(2)(a) [redacted]

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From: Ralph La salle [mailto:Ralph.Lasalle@cdhb.health.nz]
Sent: Tuesday, 14 April 2020 8:19 pm
To: 9(2)(a) [redacted]
Subject: RE: Government assistance

Hi 9(2)(a) [redacted]

Thanks for the email. Yes very happy to set up a call with you. If you are available tomorrow I'll be able to walk you through the framework on screen. I could do 10am for about 30 minutes or anytime between noon and 3 if that works for you. Let me know and I can arrange a zoom conference

Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 | m 9(2)(a) [redacted]
Planning & Funding - Canterbury & West Coast Boards
District Health

From: 9(2)(a) @charityhospital.org.nz>
Sent: Tuesday, 14 April 2020 3:39 p.m.
To: Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Subject: Government assistance

Hello Ralph,
Thanks for "leaving the door open".
I didn't get a copy of the framework and would like to see this.
Initially I discussed this with senior board members and was advised not to proceed. However certain further information has come to light re post lockdown and I have had further discussions with board members.
Following this, we would like to be considered if still possible?
Can you get back to me on this by email or I'm fairly flexible to take a call.
Kind regards,

9(2)(a)

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From: Ralph La salle [mailto:Ralph.Lasalle@cdhb.health.nz]
Sent: Monday, 6 April 2020 1:21 pm
To: 9(2)(a) @charityhospital.org.nz>
Subject: RE: thank you

Hi 9(2)(a)

Thanks for this. Why don't we just leave it as the door is always open if you want to come round to ours and there will be a place setting set up for you at the table. I'll send you a copy of the framework so you have it.

Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 **| m** 9(2)(a)

From: 9(2)(a) @charityhospital.org.nz>
Sent: Monday, 6 April 2020 12:56 p.m.
To: Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Subject: thank you

Hi Ralph,
Thank you for your earlier call, much appreciated.
I have consulted with our Chair on the issue of Government assistance / compensation and have been advised not to seek it on this occasion.
9(2)(g)(i) [redacted]

If there is anything we can do coming out of the lockdown that can be of any assistance we are still keen to help if we can.
Kind regards,

9(2)(a) [redacted]

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Kathleen Smitheram

Subject: FW: Excerpts

From: Ralph La salle
Sent: Wednesday, 15 April 2020 10:36 AM
To: 9(2)(a) [redacted]@charityhospital.org.nz>
Subject: Excerpts

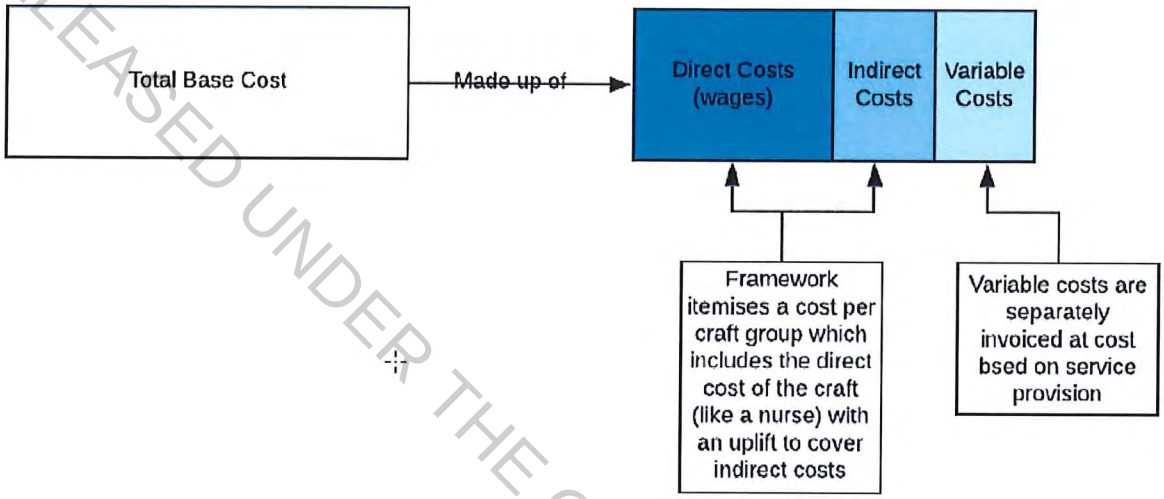

Figure 3 - How Indirect and Variable Costs are Included

Special Cases

The framework will adjust to special cases. In the Canterbury Health System, the Charity Hospital provides a needed service which augments DHB service provision. It is intended to consider the Charity hospital in this framework as the Canterbury Health System needs the Charity Hospital during the post-COVID phase as well as the Charity Hospital has offered its facilities to the response effort. The shortfall of fundraising effort during this period may present some unique challenges which this framework can accommodate by support for its small staff as well as maintenance on its facilities.

Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 | m 9(2)(a) [redacted]
Planning & Funding - Canterbury & West Coast Boards
District Health

Kathleen Smitheram

From: Ralph La salle
Sent: Monday, 20 April 2020 11:10 PM
To: 9(2)(a)
Subject: RE: costings per month

Hi 9(2)(a)

Thanks for providing this – we will add to the mix. As yet, cabinet has not made any decisions on it

Cheers
Ralph

From: 9(2)(a)
Sent: Sunday, 19 April 2020 9:30 p.m.
To: Ralph La salle
Subject: costings per month

Hi Ralph,
I have been over our basic costs again, direct and indirect.
No indirect costs are included or claimed within this calculation.
I know you don't want it at this time, but a full breakdown is available on request.
The figure per month to keep things ticking over, meeting our contractual obligations is 9(2)(b)(ii)
Kind regards,

9(2)(a)

CANTERBURY
CHARITY HOSPITAL
TRUST
By the Community - For the Community
Nā te hapori, mā te hapori

T 03 360 2266
F 03 360 2616
E reception@charityhospital.org.nz
349 - 353 Harewood Road
PO Box 20409
Christchurch 8543
New Zealand
www.charityhospital.org.nz

Double Up

From: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>
Sent: Saturday, June 6, 2020 4:02 PM
To: Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Cc: Regan Nolan <Regan.Nolan@cdhb.health.nz>
Subject: Re: FAR - Proposal to fund one time contribution to cost for Charity Hospital

Happy to support - important for the team leaders to see

Carolyn

Sent from my iPhone
Carolyn.gullery@cdhb.health.nz

On 6/06/2020, at 2:36 PM, Ralph La salle <Ralph.Lasalle@cdhb.health.nz> wrote:

Hi

Are you happy to approve this with the additional recommendation that charity hospital supports us with potential long wait patients on patient pool list – requires change of practice from current decline process? Or do you want me to take through team leaders? 9(2)(b)(ii) can be handled in the current year electives forecast.

Cheers
Ralph

<image002.jpg>
<image004.jpg>
Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 | m 9(2)(a)
Planning & Funding - Canterbury & West Coast District Health Boards

<20200606 - FAR - Proposal to fund time contribution to cost of Charity Hospital.pdf>

From: Ralph La salle <Ralph.Lasalle@cdhb.health.nz>
Sent: Monday, June 8, 2020 9:09 AM
To: P&F Team Leaders <P&FTeamLeaders@cdhb.health.nz>
9(2)(a) [redacted]
Subject: Charity Hospital

Hi everyone

Sorry a late paper for today which I finished over the weekend. Carolyn indicates she is happy to support this but wanted me to run by everyone.

Thanks
Ralph

Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 **| m** 9(2)(a) [redacted]
Planning & Funding - Canterbury & West Coast District Health Boards

FUNDING APPROVAL REQUEST

Canterbury District Health Board
Te Poari Hauora ō Waitaha

1. Provider Name: Canterbury Charity Hospital

2. Service Name: One off – Contribution to costs - Sustainability

3. Service Description: Funding for contribution to costs for sustainability during COVID Period, preparedness for COVID recovery and for change of acceptance criteria to work with DHB on long wait patients in patient pool

Provider Number:		**Contract Number:**	

Prepared by: Ralph La Salle **Date:** 6/06/2020

Attachments: Proposal to support the Charity Hospital – COVID 19

Sign-off & Comments	**Action**	**Date**
Service Development Manager	**Service Performance Review:** YES ☒ NO ☐ **Comments**	
Team Leader 9(2)(a) [redacted]	Approved/~~Declined~~	06/06/20
Financial Manager	**Checked Sections 1, and 4** **YES** ☐ **NO** ☐	
Leadership Team Recommendations	Approved/Declined/Deferred	
P & F General Manager	Approved/Declined	
CEO Canterbury DHB	Approved/Declined	

Proposed Contract			
Start Date	**End Date**	**Duration (months)**	**Contract Total**
One off payment 9(2)(b)(ii) **- contribution to costs**			

4. Recommendations: Approve the one-off contribution to costs as described in the proposal to support the Charity Hospital 11 May 20

Contract Spend							
					19/20		
Current Contract	**Proposed Contract**	**Variation Amount**		**Cost**	9(2)(b)(ii)		
				Budget	0		
				Variation	9(2)(b)(ii)		

Intended Payment Mechanism (Please select one)

- ☐ **Sector Services (invoice to MoH)**
- ☒ **Accounts Payable (invoice to P&F)**
- ☐ **Journal (for Provider Arm)**
- ☐ **Other – Please explain**

NOTE: You will require approval from the Finance Team if you choose a payment mechanism that is <u>not Sector Services.</u>

9(2)(b)(ii) variance will be paid from current forecast for elective services in 19/20

Purpose:

This proposal seeks 9(2)(b)(ii) to fund the Christchurch Charity Hospital as a contribution to costs for a three-month period from 27 March 2020 through 26 June 2020 to ensure sustainability of the hospital and its service provision to the population of Canterbury throughout the COVID lockdown period and its subsequent restart.

Rationale for this Request:

In the Private Hospital Readiness, Stability and Recovery Framework, The Charity Hospital was listed as a special case for funding from MOH. It was noted that:

In the Canterbury Health System, the Charity Hospital provides a needed service which augments DHB service provision. It is intended to consider the Charity hospital in this framework as the Canterbury Health System needs the Charity Hospital during the post-COVID phase as well as the Charity Hospital has offered its facilities to the response effort. The shortfall of fundraising effort during this period may present some unique challenges which this framework can accommodate by support for its small staff as well as maintenance on its facilities.

The Charity Hospital participated in the development and agreement of both frameworks[1] during the COVID response.

The Charity Hospital chose to not provide services during the lockdown period because it did not wish to pull health work force from its goal of being prepared for the COVID response. In addition, the Charity Hospital also noted it stands to lose a significant portion of fundraising during the COVID period. The Charity Hospital provided its estimate of base costs for the COVID period as being 9(2)(b)(ii) per month.

This proposal seeks to fund the Charity hospital for a three-month period to assist with its readiness to restart after the COVID Alert Levels decrease for the following reasons:

1. The Charity Hospital provides significant health and economic benefits to the Canterbury Health System
2. A MOH directive to maintain health services in readiness was applicable to all health providers with contracts
3. New ways of working

Health and Economic Benefits to the Community

At its 10-year anniversary, the Charity Hospital published that it logged the following services during its first ten years (2017).

- 14,337 free patient visits,
- 4950 outpatient visits,
- 2045 oral surgery and dental treatments,
- 1375 general surgery procedures,
- 829 gynaecological procedures,
- 424 orthopaedic operations,

[1] Framework for Elective Services – COVID – 19 and Private Hospital Readiness, Stability and Recovery Framework

- 331 audio or ear procedures,
- 178 endoscopy procedures,
- 119 eye operations,
- 63 vascular procedures, and
- 3587 free post-quake counselling sessions

Using the current year CDHB planned care schedule using average case weights and national pricing against this ten-year service delivery, the Charity Hospital provides approximately $3.4m worth of health care benefits to the community each year to those people who are not accepted for public surgery and have no private insurance.

Currently on its website, the Charity Hospital indicates it takes $15k per week to run the hospital. Assuming a 44-week running year, there operating costs would be $660k per annum. This high-level examination indicate the Charity Hospital returns about $5 worth of benefits for each $1 donation it receives.

MOH Guidelines on Readiness for COVID - 19 and Recovery

MOH issued guidelines for various community service providers. These included guidelines that the DHB should:

- Ensure every effort is made to deliver services, using different approach if necessary, taking into account the national alert level and workforce health and safety
- Keep the workforce employed
- Ensure flexibility of approach to allow resources to be redirected to supporting the COVID 19 response where appropriate

The Charity Hospital, while not being directly funded by the DHB, fits into this criterion. The Charity Hospital stood down because it realised it could not detract health personnel from the need at the major DHB hospitals. They offered the DHB full use and full access to any of their facilities and staff during this period. They chose to maintain their staff in employment and they participated and agreed with our frameworks, our case designations and our restart planning.

In other areas, we had other agreements or ways of meeting private hospital needs but with the Charity Hospital, we have no way to provide financial support to them at a time when most needed which corresponds to a time when their fundraising capability is severely reduced.

New Ways of Working

Throughout the COVID lockdown period, we, as a DHB, have found many new ways of working. One of them is to integrate a new referral system into secondary care. In doing it is envisioned that in the medium to longer term, the public hospital system will be able to do more. While this is good it also means that the DHB will need to work with Charity Hospital to amend its vision and some operating policies of who they will accept for service. It is likely to need to upskill or retrain to do this especially if the types of surgeries or procedures it offers changes if more are being done in the public system. It will be proposed that the Charity Hospital alter its current service provision to allow for assistance to the DHB for any long wait patients who may be lower category priority in our patient pool when the DHB may have unmet referred need within our patient pool.

Supporting the Charity Hospital during this time is a solid indication of the DHB's belief that the Charity Hospital has and will continue to have a way to support the Canterbury Health System into the future.

Kathleen Smitheram

From: Ralph La salle
Sent: Thursday, 9 July 2020 9:12 AM
To: 9(2)(a) [redacted]
Cc: Provider Invoices
Subject: Charity Hospital

Hi 9(2)(a) [redacted]

Nice to speak with you yesterday. For invoicing can you please use the following and send to providerinvoices@cdhb.health.nz

Invoice to CDHB, 32 Oxford Tce, Christchurch - Attn: Ralph La Salle with the following description

30/06/20
Description Quantity Price
Contribution to costs of maintenance of charity hospital capacity, capability, resources and staff to support the COVID -19 response 9(2)(b)(ii) [redacted]
GST 9(2)(b)(ii) [redacted]
Total NZD 9(2)(b)(ii) [redacted]

Thanks again for all your help and support during the COVID lockdown period. If you'd like me to come over there and further explain the pool process just let me know

Cheers
Ralph

Ralph La Salle
Team Leader - Secondary Care
| t (03) 364 4193 | m 9(2)(a) [redacted]
Planning & Funding - Canterbury & West Coast District Health Boards