

Far-flung Marlborough Sounds patients lobby for rural status amid doctor shortage

By Sophie Trigger 05:00, 01 July 2019 Marlborough Express



The Pelorus Area Health Trust would like the Havelock Medical Centre reclassified as "rural". (Member Wendy Latter pictured with the petition in Havelock last year.)

A petition for a far-flung medical centre to be reclassified as "rural" could improve access to a doctor - while health bodies argue over the definition of what is rural.

People living in Havelock and the Pelorus Sound in Marlborough have been steadily losing medical services due to a regional shortage of general practitioners.

The Pelorus Area Health Trust (PAHT) has had a petition "out in the public arena" since late last year, asking residents of the Pelorus Sound area about their concerns with the local healthcare system.

PAHT Chair Roslyn Freeth, who has now collected the petition, said that it addressed two main things.

"One of the things is that the Havelock practice has lost a day a week's service, and the second thing is that new people in the area can't sign on to a practice," Freeth said.

The area had about 3000 residents, and Freeth estimated only a third were enrolled with a GP. "Somewhere out there are 2000 people and I'm not sure how they access GP services."



To be determined a "rural community" Havelock must be classified a "rural area" by statistics New Zealand, located at least 30 kilometres or 30 minutes from a main hospital, and have a population of 15,000 or less.

The Trust planned to deliver the petition to local government, the Marlborough Primary Health Organisation (PHO) and the Nelson Marlborough District Health Board, saying Havelock should be reclassified as "rural", which would allow the clinic more funding, and more doctors or clinic staff.

The Havelock clinic lost rural status in 2005.

Under the national definition, to be determined a rural community Havelock must be classified a rural area by Statistics New Zealand, located at least 30 kilometres or 30 minutes from a main hospital, and have a population of 15,000 or less.

However, a DHB also had the power to decide if a community was rural or not.

The New Zealand Rural General Practice Network said there were at least 17 different ways in which rural can be defined in New Zealand.



Pelorus Area Health Trust members Hazel Booth, left, and Roz Freeth outside the trust's charity shop in Havelock in 2018.

The Havelock Medical Centre used to run five days a week, but was bought by Springlands Health in 2006 after the resident GP moved on.

Springlands Health Clinic operated from Havelock two days a week, or less if it did not have a full appointment schedule.

Practice manager Mark McLean said about 1300 to 1400 Pelorus Area residents were enrolled as patients.

Trust administrator Jenny Garing said in Havelock's case, rural status should take into account the whole Pelorus area, not just residents of Havelock.

"Our argument is that for most of our patients Havelock itself is already two hours away, let alone the half an hour to Blenheim."

Springlands GP Dr Rod Bird works at the Havelock practice one day a week, seeing patients from the wider Pelorus area.

"Some of them come in from all over the Sounds, and that is often the issue for satellite practices - it's already been a big trip," Bird said.



Havelock has a population of around 500, but the greater Pelorus Area is estimated to have 3000.

McLean said that he believed there could be a case for Havelock to be considered rural.

"Havelock covers most of the Marlborough Sounds as well so that seems to be a rural area to me.

"The rules changed a couple of years ago and that does affect the funding that they get from the government as well, from the PHO."

He said that the issue was part of the "ongoing challenge" that was the regional shortage of GPs.

"Is the GP shortage going to be fixed in the coming future? I would say not, looking at the number of GPs retiring and what we've got coming in," McLean said.

Bird agreed that a rural status for Havelock would not solve the problem of the regional GP shortage.

"It might attract some extra funding and create some options in terms of how they get services delivered there, but I don't see it as something that's going to fix the problem."



Dr Rod Bird said that a rural status for Havelock would not solve the problem of the GP shortage.

Freeth said that the Trust was waiting on census figures to come out in September, to give the 458 signatures some context.

"If you've got a figure of 458, you can't say what that's relevant to unless you can say your population number," Freeth said.

PHO chief executive Beth Tester said she was aware of discussions between Springlands Health and the community for "potential options" for healthcare in Havelock.

"It could be classed as rural, not in the full rural sense, but for the ability to actually gain rurality for the medical staffing and getting medications and other things," Tester said.

Tester also questioned the reliability of using census figures for health purposes.

"As we know the census data didn't have full participation, so it probably won't be as accurate as they were hoping," Tester said.

The Trust wanted to deliver the petition following the release of census figures in September, but as Freeth would step down as chair in August, she would pass the petition to her successor.

"We've got the census out there ahead of us, we've got the petition, we've got the signatures and it's just a case of making the best use of that information, while taking into account the practical difficulties of the situation.

"You can't magic doctors up from nowhere."

The Marlborough Express