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The Canterbury Charity Hospital: facing the challenge of unmet need in healthcare

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In 2004 the Canterbury Charitable Hospital Trust (CCHT) was founded by Mr Philip Bagshaw, a Christchurch general surgeon, and a small group of like-minded supporters who were cognisant of the high level of unmet healthcare need in the Canterbury community. The goal of this group was to establish a charity hospital which would provide healthcare services for those who did not qualify for public hospital care and who were unable to afford private care. The condition had to be affecting quality of life and/or employment prospects.

In 2004 CCHT was founded. By 2007 sufficient money had been raised by grants and donations to enable the Trust to purchase a suitable property in Harewood Road and undertake an extensive conversion to create a 'state of the art' day surgery hospital. Staff were employed, volunteers recruited, and the Canterbury Charity Hospital (CCH) opened its doors to the public.

A report on the first 2½ years of operation of the new hospital is found in a previous edition of the *Journal*.[1] This edition contains a report on activity over the next 3 years 2010–2012.[2] This report documents the incredible progress which CCH has made since the first report. It outlines how the Hospital has changed and adapted to meet needs of the public of Christchurch, particularly in the wake of the earthquakes. It also undertakes an examination of the issue of unmet need in healthcare in the community which, after all, is the raison d'etre of the Charity Hospital.

The provision of healthcare in New Zealand is improving, or so we are lead to believe. There are indicators to suggest that this indeed is true. The rate of growth of spending on healthcare in this country is, year upon year, far outstripping the growth in GDP. Elective surgeries have increased from 117,863 in 2007/2008 to 158,482 in 2012/2013. Waiting times for both specialist assessment and surgery have been reducing as a result of Ministry initiatives. Those who have little or no chance of receiving care in our resource constrained public system now have greater transparency regarding their situation and no longer sit indefinitely on waiting lists. There has also been work put in to ensure better equity of access across specialties and across the country. The improvements which we have seen occur in access, timeliness, and quality of care have been measured, quantified and are palpable. What has not been measured and is therefore unknown is the level of unmet need in our community.

It is important to measure our services, know what we are doing well, and where we are making improvements. It is important to celebrate the progress which we have made. It is even more important to measure the aspects of our service were we have fallen short, failed to achieve. It is only then that we will improve. It is only then that we will start to close the gap between what is provided and what is needed. In this

report a call is made for the collection of information on unmet need. I believe that we all strongly support this call.

The data contained within this report relating to workload at CCH is impressive. Over the space of 3 years there were 4434 episodes made up of consultations, surgeries and counselling. By necessity the range of services provided was relatively narrow and capacity was sometimes limited by availability of volunteers. However the reported workload is impressive but must surely represent only the tip of the iceberg of unmet need.

In the report there are two areas of unmet need discussed which are concerning. The first is groin hernia surgery where demand at CCH has escalated to the point where there is now a waiting time of 12 months for surgery. It is reasonable to assume that the numbers presenting to CCH for this condition represents only a small proportion of the total unmet need in this area.

Groin hernia is not the cause celebre that some other conditions have become and the volume of unmet need for this condition has, by and large, been unrecognised. It is however the cause of significant morbidity in the community resulting in pain and suffering, depriving individuals and families of income, and depriving the community of productivity.

The second is colonoscopy. This is a newly established service at CCH and numbers are small. However in the 17 patients scoped, polyps were detected in six and one cancer was found. In this country, guidelines for open access colonoscopy are tight and the resource is highly constrained. Patients who have symptoms due to significant underlying disease will not always have access to the diagnostic service, cancers are missed, and premalignant lesions go undiagnosed and thus not treated in a timely way. The volume of pathology found in this small cohort of patients scoped at CCH (and therefore denied access elsewhere) is very concerning.

So is there a significant, indeed an unacceptable level of unmet need in this country? Unfortunately there is no answer for this question as there has never been an assessment of unmet need in the secondary healthcare sector. However the very existence of this hospital within the Canterbury community is confirmation of that need.

The donation of large sums of money from the community to this hospital and the legion of volunteers who enthusiastically donate their time suggests that there is need. Finally there are the patients who, unable to gain access to the elective services in the public sector, are so heavily utilising the services on offer at the Charity Hospital.

In 2004 a group of concerned people came together to form the CCHT. They perceived that a number of people in their community were in need of basic elective services to which there was no access. There was a vision to establish a charity hospital to provide the services which would help to satisfy that need. They are to be congratulated that through much hard work and having the courage of their convictions they succeeded. This report is testament to their success.

The issue of unmet need in healthcare is of course not peculiar to Canterbury. It is an issue in every community up and down the country. The CCH provides a splendid example of the way in which a community has come together to make a positive change. I wonder how the rest of us may face the challenge of unmet need in healthcare.

Competing interests: Nil

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