
PHIL BAGSHAW IN THE MAIN OPERATING THEATRE AT THE CANTERBURY CHARITY HOSPITAL TRUST HOSPITAL. PHOTO TAKEN BY ADRIAN MALLOCH AND PUBLISHED IN NORTH & SOUTH MAGAZINE; REPRINTED WITH PERMISSION.

# THE CANTERBURY CHARITY HOSPITAL TRUST AND UNMET HEALTHCARE NEED

## CHRISTCHURCH SURGEON PHIL BAGSHAW WRITES ABOUT THE WORK OF THE CANTERBURY CHARITY HOSPITAL TRUST (CCHT) IN PROVIDING HEALTH CARE TO PEOPLE WHO WOULD OTHERWISE STRUGGLE TO RECEIVE IT.

Until his retirement at the end of 2010, Phil was Associate Professor of Surgery at the Christchurch School of Medicine, University of Otago, where he practised as a specialist General Surgeon, taught undergraduate and postgraduate surgery, and did surgical research.

During his clinical career, he was President of the New Zealand Society of Gastroenterology, Chair of the New Zealand National Board of the Royal Australasian College of Surgeons, and Chair of the Council of Medical Colleges in New Zealand.

Phil initiated the CCHT project in 2003 and is Chair of the associated board of trustees. He continues to work there as a volunteer General Surgeon. In 2008 he was North & South magazine's New Zealander of the Year.

As Ian Powell described in a recent article, the New Zealand health reforms implemented in 1993 were ill-conceived and had disastrous consequences, some of which persist today.[1]

A large group of senior doctors in Christchurch attempted to mitigate these consequences through many avenues, including: (i) appealing to our hospital staff association, regional and national ethics committees, local politicians, and our medical colleges; (ii) promulgating public statements; (iii) producing documentation and issuing a legal challenge, which resulted in The Stent Report;[2] and, (iv) joining our DHB governance board.

Collectively these avenues slowed the deterioration but failed to reverse it. We were therefore left with a situation where managerialism was on the ascendancy, secondary elective healthcare was on the decline, and universal access was no longer a core principle of our public health care system.[3]

> *We try to fit in the gap between the public and private healthcare systems, through which too many people fall.*

It was at a workforce conference in Melbourne in 2003 that the possibility of a future revival for charity hospitals was raised by a visiting speaker.[4] In pondering this possibility, some of us in Christchurch were reminded of the adage of 'thinking globally but acting locally'. The Canterbury Charity Hospital Trust (CCHT) was therefore formed in 2004, with the primary objective of providing free elective health care for some of those patients who slip through the gaps in the system by being refused care in the public hospitals, not eligible for ACC, having no health insurance and being unable to pay for private care.

### THE IMPORTANCE OF THE WORD 'CHARITY'

It was determined that funding would be solely by public charitable giving and our hospital would be staffed by volunteers, with only two paid employees.[5] It was decided to include the word 'charity' in the name of the hospital to clarify how we intended it to always function. This label should make any future slide into privatisation or government ownership, as happened with other hospitals in Christchurch, impossible.

Thanks to the immense generosity of our local community, we acquired and renovated premises in Bishopdale, Christchurch, and our volunteer workforce started treating day patients there in 2007. We have since expanded into adjacent properties and now offer a wide range of elective day care services to adult patients of all ages including general surgery, gynaecology, dental surgery, counselling, colonoscopy, orthopaedic & hand surgery, podiatric surgery, sasectomy, etc.

The range of services we provide is governed by what our DHB is not offering and what resources we have at our disposal to address the unmet need. We try to fit into this gap between the public and private health care systems, through which too many people fall. The nature of the gap changes regularly and we endeavour to respond to these changes. When the DHB winds down a service, we try to provide it, and vice versa.[6]

We currently have 285 active volunteers including clinical, administrative and support staff, who do a fantastic job of helping many people who would otherwise have to live with correctable diseases and disabilities.

The patients we see are mostly referred by their GPs with often chronic, disabling conditions untreated for years. They usually have a letter from the DHB saying their condition is not currently treated by the public hospital. They often express strong feelings of resentment towards, and abandonment by, the public health system and are extremely grateful for any help we can give. It is clear to us that there are many people around Canterbury and throughout New Zealand who are in this predicament. There are good reasons for believing that the size of the problem is growing.

Although we currently perform between 1,000 and 1,500 treatments each year, regrettably we are increasingly unable to treat all the patients referred to us. Furthermore, there are now other organisations such as the Auckland Regional Charity Hospital[7] and the Taranaki Community Health Trust[8] which have emerged to deal with some of their unmet health care need.

Aside from our expanding services in Christchurch, the CCHT has, since its inception, had a concern about the level of unmet secondary health care need around the country. Last year we put in a great deal of effort, and achieved some level of success, in bringing the issue to public attention.[9 - 13] This year it is our aim to have the level of unmet need independently measured on a regular basis in order to assess the success (or otherwise) of changes to the public health system and the adequacy of its funding.

> *To those who deny the existence of a large and expanding quantum of unmet healthcare need, come to any of our outpatient clinics and discuss your views with those patients who are waiting there for treatment.*

### MEASURING UNMET NEED

To this end, we have convened an expert senior academic panel from around the country. They have constructed a pilot study to look at the most accurate and cost-effective way to measure it. This will involve community surveys and other methods to dig out the unmet need, which has been buried under accumulating barriers to treatment accessibility. In response to rising public pressure, the last Minister of Health ordered a national survey of 'referred unmet need'.[14] This will overlook a large part of the problem and will be essentially a political exercise. Interestingly, the lexicon has changed - the Ministry of Health now refers to the issue as 'referred unmet demand'.[15]

We are greatly indebted to all our supporters, and feel privileged to be in a position to help so many needful people and to fulfil some of our Hippocratic responsibilities. The atmosphere at our hospital is excellent and the rewards for working there are immense.

To those who deny the existence of a large and expanding quantum of unmet health care need we say – (i) come to any of our outpatient clinics and discuss your views with those patients who are waiting there for treatment – and, (ii) if your mind is open to the possibility that our claims might have substance, please support our call for an independent, scientifically robust process for the regular measurement of the size of the unmet need problem. Only with such meaningful data will it be possible to truly inform the public on the performance of the health system and the decision makers on the effects of their policies.[16]

If universal access to secondary health care can be restored to the people of Canterbury and New Zealand, it will be our great joy to be able to close our charity hospital and hang a sign outside saying "Closed & no longer needed – the public health care system will look after you". We wait in hope, if not expectation, that this will happen one day.

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