8 July 2025

The Hon Simeon Brown
Minister of Health

CC:
Hon Matt Doocey, Associate Minister of Health, Minister for Mental Health
Hon Mark Patterson, Minister for Rural Communities
Hon Dr Ayesha Verrall, Spokesperson for Health
Miles Anderson MP
Dr Dale Bramley, Chief Executive, Health New Zealand
Martin Keogh, Regional Deputy Chief Executive, South Island | Te Waipounamu

Dear Minister

I am writing on behalf of community-led advocacy group, Health Action Wānaka, to thank you for the opportunity to meet with you on Tuesday 1 July.

At the meeting, we provided you with an overview of the many challenges our community is facing when it comes to equitable access to healthcare, challenges compounded by our geographical isolation and rapid growth.

Three 'quick wins'
At our meeting, we also briefed you on our three 'quick wins'. We believe these three quick wins are reasonable in both scope and cost. We have provided details of each of the three quick wins, including solutions and next steps, in the three fact sheets attached with this letter. The three quick wins are:

1. Introduction of psychiatric consultations via telehealth for NGO and community frontline mental health and addiction services in our region within twelve months.
2. Delivery of a publicly funded blood collection service in Wānaka within two years.
3. Increased local access to publicly funded radiology services via the government's $30m funding boost announced last June.

At our meeting, you committed to **discuss the three quick wins with Health New Zealand and come back to us with a plan**. Given that our three quick wins respond to well-documented health service inequities in the Upper Clutha community, it is our hope that steps towards implementing the three quick wins can start immediately, and should not have to wait until the end of the clinical services planning process due to complete in December this year.

We look forward to your response, including details of a plan and timeframes, outlining a pathway to implement the three quick wins.

National Travel Assistance scheme

During our meeting, you raised the National Travel Assistance scheme as a means for people to be compensated for some of the costs related to travel undertaken to access health services. We pointed out that the scheme is inequitable due to its eligibility criteria which is very difficult for most people to meet. To be eligible a person needs to be referred by a (public) specialist — not a GP — to see another (public) specialist and they also need to meet one of the following criteria:

- If a person has a community services card and travels more than 25km one way per visit for a child (e.g. Dunstan hospital) or 80km one way per visit for an adult (e.g. Dunedin hospital), they are eligible for support.
- If a person does not have a community services card and they travel more than 80km one way per visit for a child (e.g. Dunedin hospital) or 350km one way per visit for an adult (e.g. Christchurch hospital), they are eligible for support.
- If a person visits a specialist at least 6 times in 6 months and travels more than 25km one way for a child or 50km one way for an adult (e.g. Dunstan hospital), they are eligible for support.
- If a person visits a specialist more than 22 times in 2 months, they are eligible for support.

Further, the design of the scheme means it can fail to compensate patients who have travelled vast distances to access healthcare, as is outlined in the case study below:

- If a person living in Milton (55km from Dunedin hospital) did not have a Community Services card, but met specialist referral criteria and travelled to six appointments in six months at Dunedin hospital, they would travel approximately 660km and would be eligible for a contribution towards mileage costs from the NTA scheme.
- If the same person lived in Clinton (111km, 90-minute drive from Dunedin hospital) also travelled to six appointments in six months at Dunedin hospital, they would be eligible for a contribution towards mileage costs (approximately 1332km) and also six nights' accommodation.
- If the same person lived in Wānaka and was to visit Dunedin hospital five times in six months, they would travel approximately **2750km**. People often choose to stay overnight rather than drive 7 hours in a single day, but this person would not be eligible for any support towards mileage costs or accommodation from the NTA scheme.

We would like the scheme to be re-designed so people in rural communities like ours can be fairly compensated for mileage and accommodation costs incurred due to travel to access healthcare services. We suggest that a re-design of the scheme be done in consultation with people living in communities such as ours, so the updated scheme is fit for purpose.

We look forward to receiving your advice on when a review of the National Travel Assistance scheme will start.

Clinical services planning: Queenstown-Lakes and Central Otago Districts
We note that a clinical services planning process will commence this month (July) and is due to complete in December 2025. We would like to reiterate how important it is that such a process be based on meaningful community consultation. Such consultation should comply with the code of expectations required by the Pae Ora (Healthy Futures) Act 2022 which outlines how health entities must work with consumers, whānau and communities in the planning, design, delivery and evaluation of health services.

While the rapid growth of places like Wānaka and Queenstown is a clear driver of this planning process, we believe that clinical services planning must examine the healthcare needs of different demographics within population centres, including reviewing existing services and infrastructure, and what capacity exists to expand existing services and infrastructure to meet those needs.

It is our expectation that the clinical services planning process will provide a deeper understanding of the current and future healthcare needs of people living across the Otago Central Lakes region, and that any proposed infrastructure solutions will be responsive to those needs and delivered at locations which provide the most equitable access for people living in the region.

Thank you again for meeting with us and we look forward to working with you to address our community's inequitable access to healthcare.

Ngā mihi

Monique Mayze
Chair, Steering Committee
Health Action Wānaka
M: 027 956 5522
healthactionwanaka.nz

References
Upper Clutha community health needs report
Quick win fact sheet: blood collection (*attached to email*)
Quick win fact sheet: radiology (*attached to email*)
Quick win fact sheet: telehealth psychiatric consultations (*attached to email*)