

# **Integrated Rural Healthcare: The Akaroa Health Experience**

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## **Abstract**

Rural communities face longstanding challenges in accessing timely, coordinated, and sustainable healthcare. The integrated health centre model offers a viable solution to address these systemic issues. Akaroa Health, a rural integrated health centre located on Banks Peninsula, New Zealand, exemplifies how this model can deliver high-quality, person-centred care through innovative service design, community engagement, and clinical collaboration. This article outlines the benefits of integration in rural health and shares the journey, achievements, and learnings from Akaroa Health since its establishment in 2019.

## **Introduction**

Rural health services across Aotearoa New Zealand grapple with geographic isolation, workforce shortages, limited-service scope, and fragmented care pathways. The result is often inequitable outcomes for rural populations, who are older, have more chronic conditions, and face longer wait times than their urban counterparts. To counter these challenges, integrated health centres are increasingly recognised as a transformative solution.

Akaroa Health, situated in a remote yet resilient community on Banks Peninsula, demonstrates how integration can work in practice. Bringing together general practice, urgent care, aged residential care, and community nursing under one roof, Akaroa Health represents a model of holistic, sustainable rural healthcare.

## **Background and Rationale for Integration**

Before Akaroa Health's establishment, the community relied on disparate services delivered across multiple sites. The closure of the town's 100-year-old hospital in 2011, after earthquake damage, left a significant gap in care. Travel to Christchurch, a 1.5-hour drive over hilly terrain, was often the only option for secondary care or after-hours services. The model was not only inefficient but unsustainable.

In response, the Akaroa community led an ambitious initiative to reimagine local care. Fundraising, partnerships, and a shared vision culminated in the opening of Akaroa Health in 2019. The model was built on the principles of:

- Integration of primary, urgent, residential, and community services;
- Collaboration between healthcare providers, the District health board, and community trusts;
- Sustainability through appropriate scale, technology, and workforce planning;
- Person-centred care that recognises the whānau as central to wellbeing.

## **The Akaroa Health Model**

Akaroa Health operates as an integrated rural health centre offering:

- General Practice services, with full enrolment and continuity of care;
- 24/7 Urgent Care, with PRIME availability supported by nursing staff;

- Aged Residential Care, including long-term, respite, and palliative beds;
- Community Services, such as PRIME, district and school nursing, allied health, and meals on wheels.
- An administrative function that works across the service.

The governance structure is community-led, with Akaroa Community Health Trust owning the company. Trustees are selected to reflect the community, including mana whenua representation through a partnership with Ōnuku Rūnanga, alongside members with strong links to health, finance, and local organisations. The Akaroa Health Board is made up of a group of appointed members who bring a mix of clinical, business, governance and community connection. The Board provides strategic oversight, ensures financial and operational sustainability, supports the management team, and safeguards the integrated model of health, in addition to contracting health services. The General Manager reports directly into the Board.

As a registered charity, Akaroa Health relies not only on government contracts but also on the generosity of our community. Donations and support from local businesses and individuals play a vital role in sustaining services, funding equipment, and ensuring we can continue to meet the needs of our rural population. The Guardians of Akaroa Health serve as our key fundraising body, providing vital support through donations and grants, the purchase of equipment and supplies, and other assistance as needed to strengthen the services delivered by Akaroa Health. This model ensures local accountability and responsiveness.

Clinical teams work collaboratively across service lines. A GP may deliver a morning and afternoon clinic, review aged care residents, admit patients, and be on call for urgent care overnight. Nurses also rotate between practice and residential roles, supported by healthcare assistants and ongoing professional development.

Akaroa Health values its close relationship with Ōnuku Marae, working in partnership to ensure services are responsive to the needs and aspirations of mana whenua. This relationship supports culturally grounded care, strengthens whānau engagement, and helps guide our commitment to equity and Te Tiriti o Waitangi in everyday practice.

Akaroa Health now services a total population base of 3300, with a permanent population base of 650 in Akaroa township, which increases by approximately 4000 during summer. We currently have 1591 enrolled patients with 10% identifying as Māori.

## **Key Benefits of Integration**

### **Improved Health Outcomes**

- Care is seamless across the model. For example, a resident discharged from hospital can receive follow-up from their GP, district nurse, and community support team - all within one facility. Shared electronic health records enable real-time updates and reduce duplication. A single phone entry point ensures calls are directed to the right place the first time – we take an average of 13,000 phone calls a year. We provided 43 days of post discharge care in our flexi beds in the last year helping free up beds in Christchurch Hospital.
- Patients experience shorter wait times with most appointments within 3-4 days meaning fewer preventable hospitalisations, and better chronic disease management. We provided 215 days of acute care in the last year, reducing bed requirements for Christchurch hospital.
- In the Māori model of care Te Whare Tapa Whā; the taha whanau dimension highlights the importance of whanau, social connections and sense of belonging in ones overall wellbeing. Our flexi-beds and residential care beds allow more people to age in place, surrounded by familiar

faces and community. We provided 58 Days of palliative care and 225 days of respite care in the last 12 month.

- Participation in the PRIME (Primary Response in Medical Emergencies) programme equips our GPs and nurses with advanced emergency skills, enhancing local capacity to respond to critical medical incidents and improving outcomes for our community.
- Our 24/7 staffing model along with support from PRIME, means we can take non-emergency afterhours calls from patients. 819 patients were provided advice or seen after hours over the last year. Most GP practices do not do this.

#### A workforce for the future

- An integrated model offers greater professional variety and collegial support, aiding recruitment and retention. GPs and nurses report higher job satisfaction due to the diverse scope and team-based environment. Akaroa has successfully recruited and retained permanent staff, including those with special interests in diabetes, mental health and women's health.
- Pooling resources means staffing and space are used more effectively. A single clinical team flexes and moves resources to meet variable demand.

#### Environmental Sustainability

Akaroa Health recognises that environmental sustainability is closely linked to community wellbeing. By reducing unnecessary travel and streamlining services locally, we contribute meaningfully to a lower-carbon future:

- **Reduced Travel Through Local Care:** In the last year, Akaroa Health completed 6,700 GP appointments. If each GP appointment had required a return trip to Christchurch, this equates to an annual saving of approximately 1 million kilometres of travel or 20,100 hours on the road, a significant reduction for both emissions and community burden. The district nurse travelled 5,400 km to provide services to 729 patients, ensuring accessible care and reducing the need for those patients to complete multiple trips to the Health Centre.
- **One-Stop Facility:** With GP, urgent care, aged residential care, and nursing services located under one roof, patients avoid multiple trips across the region, further minimising car use.
- **Shared Training and Partnerships:** Local collaboration with St John, FENZ, and Heartlands means training and meetings are often held locally, avoiding unnecessary travel to urban centres.
- **Sustainable Infrastructure:** Our modern facility incorporates energy-efficient design, and we continue to explore initiatives to reduce waste, improve recycling, and adopt environmentally conscious practices.

These measures reflect not only operational efficiency but also a commitment to protecting the environment for future generations.

#### Community Empowerment

- The community plays a key role in shaping priorities. Health initiatives, such as mental wellbeing support and outreach clinics are tailored to the unique demographics and values of Akaroa. An annual community meeting gives the opportunity for the community to receive important information and provide feedback.
- A vital aspect of Akaroa Health's success lies in its strong integration with other community services, including St John Ambulance, Fire and Emergency New Zealand (FENZ), and local support

agencies such as the Akaroa Heartlands Centre. Regular collaboration and communication with these partners ensure a coordinated approach to emergencies, welfare checks, and social support needs. For example, St John and FENZ personnel are familiar with the health centre's layout and protocols, enabling efficient joint responses during crises or medical and accident callouts. Akaroa Heartlands plays a complementary role by providing social services, transport assistance, and support for whānau navigating health or housing challenges. This cross-sector integration strengthens community resilience and ensures that no individual or family falls through the cracks.

## **Challenges and Learnings**

While integration brings many benefits, the journey has not been without challenges:

- **Funding Complexity:** Integrated models do not always align neatly with siloed funding streams. Akaroa Health has had to navigate multiple contracts and seek flexibility from funders to maintain service cohesion. The cost of delivering integrated rural healthcare often exceeds contract funding; for example, the PRIME programme costs approximately \$190,000 annually, yet funding received covers only around \$50,000, requiring the centre to subsidise the remainder from other sources.
- **Rural Cost:** Delivering an integrated health service in a rural community also incurs additional costs not typically seen in urban centres, including approximately \$12,000 per year in rental accommodation for locum staff and new employees, higher transport costs for goods due to long distances and limited provider options, higher callout fees for service people, increased cost of living for staff, and the need to provide incentives to attract and retain skilled professionals in a remote location.
- **Workforce Gaps:** Rural recruitment remains an ongoing issue. A commitment to training, mentoring, and innovative roles, such as nurse practitioners or nurse prescribers, has helped mitigate shortages.
- **Technology Infrastructure:** Reliable digital systems are vital for integration but can be difficult in rural locations. Investment and development in telehealth has been delayed due to technology access inequities within the community. At last census (2023) There are still over 400 people without access to an internet connection and over 300 without access to a mobile phone.
- **Maintaining Integration:** Over time, it can be tempting for services to revert to silos. Akaroa Health prioritises regular team meetings, cross-training, a shared vision, a single budget, a unified set of operating policies, and consistent patient management systems to maintain cohesion.

## **Achievements over the last year**

Over the past 12 months, Akaroa Health has demonstrated tangible successes across a range of services, reflecting the strength of its integrated model:

- **District Nursing:** Expanded availability from one day to three days per week, enabling contact with 729 patients.
- **Aged Residential Care:** Permanent care beds maintained an average 98% occupancy across the year. Our four flexi beds were well utilised, providing 541 total days of care - 225 for respite, 215 for urgent care, and 58 for palliative support.
- **Meals on Wheels:** Delivered over 1,400 meals to the immediate Akaroa area, nearly 500 more than two years ago, reflecting both growing need and improved service capacity.

- After-Hours Support: Provided advice or assistance to 819 people outside of regular hours, demonstrating the reliability of our local 24/7 care provided by our medical staff with PRIME support.
- Mental Health and Wellbeing: Referred 95 people for Brief Intervention Counselling, resulting in 341 sessions, offering timely support for mental health challenges within the community.
- Over the past year we triaged more than 3,700 people, ensuring that those who were acutely unwell received timely treatment while providing safe, reassuring advice and guidance to others
- 266 patients saw one of our allied health providers

These achievements sit alongside the 6,700 GP appointments and 9,600 nurse appointments delivered in the same period, highlighting the breadth and depth of services made possible through integration.

### **Future Directions**

Akaroa Health is actively exploring ways to strengthen its model, including:

- Expanding mental health support, particularly for youth and isolated elderly;
- Using data to drive quality improvement and population health planning;
- Expanding the use of telehealth to improve patient outcomes by increasing access to specialist care, virtual monitoring, and timely follow-ups;
- Investing in workforce development to recruit and retain skilled staff locally
- Advocating for policy and funding frameworks that recognise integrated rural models.

The experience at Akaroa provides valuable insights for other rural communities seeking to redesign care delivery. It highlights the power of community-led, clinically integrated, and person-centred approaches.

### **Conclusion**

Akaroa Health demonstrates that integrated health centres are far more than a theoretical concept, they provide a practical, sustainable, and community-responsive model for rural healthcare.

By combining general practice, urgent care, aged residential care, and community nursing under one roof, and by breaking down silos through a single budget, unified operating policies, and consistent patient management systems, the centre has improved access, efficiency, and outcomes for its community. Coupled with strong governance, partnerships with Ōnuku Marae, emergency services, and local support agencies, environmental sustainability initiatives, and innovative workforce strategies, Akaroa Health offers a resilient blueprint for rural healthcare.

As health systems worldwide seek to rebalance towards primary and community care, this community owned model illustrates the power of integration, collaboration, and local stewardship in achieving high-quality, equitable, and sustainable care.