

Event Briefing

Middlemore AMRAC Visit

Due to MO:	23 October 2025	Reference	HNZ00100613
To:	Hon Simeon Brown, Minister of Health		
From:	Vanessa Thornton, Group Director of Operations, Counties Manukau		
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Proactive Release:	This title is not proposed by Health NZ for proactive release		

Contact for phone discussion (if required)

Name	Position	Telephone	1st contact
Chris Hopkins	Clinical Lead for AMRAC; Consultant in General Medicine		x
Vanessa Thornton	GDO, Counties Manukau		

Attachments

Appendix 1: Talking Points

Appendix 2: Attendee list and biographies

Appendix 1 has been withheld in full.

About the event

Purpose	Minister of Health visit to Acute Medicine Rapid Access Clinic
Date	Thursday, 30 October 2025
Time	10:45am to 11:30am
Venue	Medical Assessment Unit, Middlemore Hospital, Auckland
Expected attendees / Health NZ representatives	<ul style="list-style-type: none"> • Dr Chris Hopkins, AMRAC Clinical Lead & Consultant Physician • Vanessa Thornton, Group Director of Operations, Counties Manukau Health NZ • Sophia Climaco, Clinical Nurse Specialist • Cate Paras, Nursing Lead, Hospital In The Home • Ruwan Wijayarathna, Head of Department, General Medicine • Miranda Wassenaar, Service Manager, General Medicine
Media	Media have been invited – awaiting reply
Talking points	See Appendix 1

Background

1. This event briefing describes the 'Acute Medicine Rapid Access Clinic' ('AMRAC') at Middlemore Hospital. This is for patients with a concerning medical need that is too urgent to wait for a hospital outpatient clinic, but which does not require acute admission. They are given an urgent appointment within 1 week where they have a senior-led assessment, tests and decision-making. Most patients are discharged on the same-day, thereby avoiding unnecessary admission. This is better and more convenient care for the patient.
2. Middlemore Hospital is one of the largest public hospitals in NZ. It serves the South and East Auckland population which has high levels of socioeconomic deprivation, ethnic diversity, population growth, ageing, and other markers of high health need. This results in Middlemore Hospital delivering highly complex care to large numbers of patients and experiencing significant increasing demand for inpatient care.
3. There have been no previous ministerial visits.

AMRAC at Middlemore Hospital in 2025

4. AMRAC has existed at Middlemore Hospital for over eight years, along with similar services at other hospitals. However, the system was not optimised so that the number of patients was too low to have much impact on acute hospital admissions. Efforts had been made to revive and expand AMRAC but these were unsuccessful.
5. In 2024 the Clinical Lead of AMRAC visited some centres in the UK where a similar concept has been well-established for over a decade. In some UK hospitals ~30% of acute hospital presentations now go via Ambulatory Emergency Care instead of ED.

This is now considered routine and in fact is mandatory at large hospitals in England.

6. In early 2025 AMRAC merged with Hospital in the Home (HiTH) due to the shared philosophy of delivering hospital care without admission. This provided much needed infrastructure and a team with expertise. In addition, several team members repurposed or volunteered additional hours to running the AMRAC service. Key changes to clinical pathways were also made. As a result, AMRAC has taken off to a new level.
7. AMRAC is now seeing on average ~25-30 patients per week, during the mornings, spread over the 5-day working week. We take referrals from GPs and ED after either discussion with the General Medicine on-call service, or via an established pathway. Clinicians from across services see great benefits, and patient feedback has been excellent.

Discussion

8. The Counties Manukau expansion of AMRAC has been a highly successful pilot driven by a dedicated team. Relying on the good-will of nursing and medical team members it has become a vital component of care and has reduced the need for diversion of patients to other metro centres.
9. AMRAC relieves demand on acute inpatient bed capacity which in turn aids flow and improves performance of the admission stream of the 6-hour target national KPI. Additional FTE will only improve the 6-hour discharge stream. Improving the admission stream requires new capacity. Projects such as AMRAC and Hospital in the Home are the best way to take pressure off inpatient capacity.
10. Establishing and growing AMRAC requires transfer of resources from services that are already under pressure. That requires convincing those services of the potential benefits, without having an existing NZ example or data to point to. It requires multiple healthcare professionals, a robust admin system, adequate physical space, and extensive support from across multiple hospital specialties. Those resources must be above a threshold in order for the service to visibly thrive. This is a major challenge that requires leadership and setting of expectations.

Appendix 2: Attendee list and biographies

Vanessa Thornton, Group Director of Operations, Health NZ Counties Manukau

Vanessa is the GDO for Counties Manukau. She is also an emergency physician.

Dr Chris Hopkins – AMRAC Clinical Lead & Consultant Physician

Chris has been a Consultant Physician at Middlemore Hospital since 2017 working clinically in both Acute Medicine and Infectious Diseases. He is the Clinical Lead for AMRAC as well as a clinician seeing patients in it.

Sophia Climaco, Specialty Clinical Nurse

Sophie is a senior nurse with over 13 years of clinical experience. She has been with Middlemore (General Medicine) for over 6 years and has joined the AMRAC team, providing clinical expertise and service coordination for day-to-day operations.

Cate Paras, Nursing Lead, Hospital In The Home

Charge Nurse Manager for HITH Counties since 2022, facilitating the service expansion during the COVID pandemic to deliver more acute, hospital-level care in patients' homes. Now managing acute-on-chronic disease care at a regional level. Prior to HITH, worked in the Emergency Department at Middlemore for 10 years, including 4 years as Associate Charge Nurse Manager

Ruwan Wijayaratna, Head of Department, General Medicine

Ruwan is a Gen Med SMO. Current head of department of General Medicine and clinical lead HiTH at Counties Manukau.

Miranda Wassenaar, Service Manager, General Medicine

Miranda has been a Service Manager for the Medicine Division from February 2020. Currently responsible for the General Medicine portfolio and a huge focus on creating as much patient flow as possible within the inpatient General Medicine wards.