

## Te Kūiti Hospital Anniversary

<b>Due to MO:</b>	29 October 2025	<b>Reference</b>	HNZ00100415
<b>To:</b>	Hon Simeon Brown, Minister of Health		
<b>From:</b>	Cath Cronin, Executive Regional Director, Te Manawa Taki region		
<b>Copy to:</b>	n/a		
<b>Security level:</b>	In Confidence	<b>Priority</b>	Routine
<b>Consulted:</b>	n/a		
<b>Proactive Release:</b>	This title is proposed by Health NZ for proactive release		

### Contact for phone discussion (if required)

Name	Position	Telephone	1st contact
Rachel Swain	Operations Director, Rural and Community Waikato, Hospital and Specialist Services	[REDACTED]	x
Liz Elliot	Operations Manager Southern Rural Hospitals and Community Waikato, Hospital and Specialist Services	[REDACTED]	
Peter Liddle	TK Hospital Celebrations Committee, and Business & Practice Manager, Te Kūiti Medical Centre	[REDACTED]	

### Attachments

<b>Appendix 1:</b>	Runsheet
<b>Appendix 2:</b>	Location Map and Carpark Information
<b>Appendix 3:</b>	Talking Points
<b>Appendix 4:</b>	Risks and Challenges

<b>Appendix 5:</b>	Biographies
<b>Appendix 6:</b>	Regional Health Targets including Mental Health & Addiction and PHO Enrolment information
<b>Appendix 7:</b>	Back Pocket Information

## About the event

<p><b>Purpose</b></p>	<p>As Minister for Health, you have been warmly invited by the host Committee for TK (Te Kūiti) Hospital Celebrations to attend the Te Kūiti Centenary Anniversary on Saturday 1 November which will include local dignitaries, the community, staff past and present and kaumatua. This event will include shared stories about the past 100 years of this rural hospital as told by those who have been actively involved with this facility, it will include current and future plans as told by senior hospital operational staff.</p> <p>You have been invited to speak, to share your vision and that of this government for rural hospitals.</p> <p>Following this event, which will include a tree planting ceremony following speeches, you have been invited by rural doctors from Te Kūiti Medical Centre to meet with them to discuss local model of care, rural training facility/Medical School, workforce challenges and an update on the Rural Unplanned and Urgent Care as a Prototype site.</p>
<p><b>Date</b></p>	<p>Saturday 1 November 2025</p>
<p><b>Time</b></p>	<ul style="list-style-type: none"> <li>• 11am to 1.00pm – Centenary Celebration Event</li> <li>• 1.00pm to 1.20pm – Meeting with local rural doctors</li> </ul>
<p><b>Venue</b></p>	<p>Te Kūiti Hospital, 24 Ailsa Street, Te Kūiti 3910</p>
<p><b>Expected attendees</b></p>	<p><b>TK Hospital Celebrations Committee:</b></p> <ul style="list-style-type: none"> <li>• Peter Liddle, Organiser, TK Hospital Celebrations Committee</li> <li>• Dr Keith Buswell, Organiser, TK Hospital Celebrations Committee</li> </ul> <p><b>Te Kūiti Medical Centre Team (Rural Doctors):</b></p> <ul style="list-style-type: none"> <li>• Peter Liddle, Business and Practice Manager, Te Kūiti Medical Centre</li> <li>• Dr Keith Buswell, Senior Medical Officer (SMO), Te Kūiti Medical Centre</li> <li>• Dr Dinesha Kumarawansa, GP and Rural Hospital Fellow</li> <li>• Dr Elly Kroef, Rural GP</li> <li>• Dr Anne Farnell, Rural GP</li> <li>• Dr Simeon Intal, Rural GP</li> </ul> <p><b>[Note, biographies are attached as Appendix 5]</b></p>
<p><b>Health New Zealand   Te Whatu Ora representatives</b></p>	<ul style="list-style-type: none"> <li>• Stephanie Doe, Group Director of Operations Waikato, Hospital and Specialist Services</li> <li>• Rachel Swain, Operations Director, Rural and Community Waikato, Hospital and Specialist Services</li> <li>• Liz Elliot, Operations Manager, Southern Rural and Community Hospitals Waikato, Hospital and Specialist Services</li> <li>• Mark Waitai, Regional Director of Tikanga, Te Manawa Taki.</li> </ul>

[Note, biographies are attached as Appendix 5]

<b>Media</b>	Local media have been invited by the organising committee to attend.
<b>Talking points</b>	

## Background

1. The purpose of the event is two-fold. Firstly, you have been invited by the TK (Te Kūiti) Hospital Celebrations Committee to attend the hospital centenary (100 years) anniversary on Saturday 1 November 2025. This community event acknowledges not only the facility which has served this community and surrounding area, but the staff and people who have been involved in its operation over the past 100 years. Going forward, the present and future plans will be acknowledged, including the government's priorities for rural hospitals.
2. The second part of this event, concluding the anniversary celebrations which will include a tour of the hospital, is a meeting requested by rural doctors who work at Te Kūiti Medical Centre to discuss challenges and opportunities of delivering healthcare services to this community.
3. Minister Doocey held a rural roadshow at the Les Munro Centre on 24 September which included a visit with Te Kūiti Medical Centre staff who head the organising committee for this event and senior hospital staff at Te Kūiti Hospital. The public meeting concluded with a meeting with senior staff from telehealth provider Ka Ora to discuss the virtual service they provide to rural communities in partnership with Health NZ.
4. Te Kūiti is part of the Waitomo District. The Waitomo District has a population of 8,907 people. The Geographical Classification of Health (GCH) has the Te Kūiti hospital catchment population at 14,210.
5. Te Kūiti has around 4,221 residents, of whom 51% are Māori and 6.7% Pacific peoples. The town has a relatively low socio-economic population.
6. In 1993, Practices in Te Kūiti joined together to form Te Kūiti Medical Centre and at the same time created an innovative new model of Primary and Secondary care integration.
7. Te Kūiti Hospital and community services support the towns of Te Kūiti, Ōtorohanga, Piopio and Tahāroa.
8. The median wage in Te Kūiti is \$31,900, lower than the national median of \$41,500.

## Hospital and Specialist Services

### Te Kūiti Hospital

9. Te Kūiti Hospital provides inpatient care, an Emergency Department (ED), and a range of outpatient clinics and specialist services.
10. The Hospital's ED has 200+ presentations monthly, with 82% triaged at Level 3 or 4. This reflects demand that is steady, but not usually at the highest acuity.
11. The Hospital has a 12-bed inpatient unit and houses a range of community and public services alongside the outpatient department.
12. Outpatient services include public health nursing, district nursing, physiotherapy, occupational therapy, social work, dietetics, speech therapy and vision hearing technicians.
13. Key challenges include meeting the needs of a high-needs, low socio-economic population, managing an ageing workforce, and working within ageing infrastructure. **(Noted in Appendix 4 - Risks and Challenges)**

### Maternity Care (including Primary)

14. Health NZ does not operate a maternity service in Te Kūiti. Women predominantly use Te Awamutu primary birthing unit, which is approximately 40 minutes' drive away.
15. Primary maternity care is provided by community-based Lead Maternity Carer (LMC) midwives (there are two active LMCs in the area).
16. There is a Hospital & Specialist Services resource hub, which hosts breastfeeding support groups and antenatal education.
17. Occasionally, women will have an unplanned birth at the hospital, but the numbers are low (four in 2025 to date).

### Rural Medical Immersion Programme Training Site

18. Te Kūiti Hospital is one of three national sites involved in the University of Auckland Rural Medical Immersion Programme, hosting two fifth-year medical students annually.
19. Te Kūiti Medical Centre and Te Kūiti Hospital share clinical resources and operate via a clinical roster. Rural GPs rotate between the two settings, enabling full-coverage and ensuring care is delivered in the most appropriate setting for patients.
20. This primary care model reduces the pressure on after-hours and acute care by addressing most community health needs early and effectively.

## Primary, Community and Public Services

### General Practice

21. Te Kūiti has two General Practices - Kokiri Trust, which has 1,049 enrolled patients, and the larger of the two, Te Kūiti Medical Centre, which has 9,153. Both practices are

accepting new patients.

22. Te Kūiti Medical Centre is part of the Pinnacle Primary Health Organisation (PHO). The practice team includes seven General Practitioners, a Practice Manager, 10 Practice Nurses, and five Receptionists.
23. Services provided by Te Kūiti Medical Centre include minor surgery, family planning, vasectomies, ACC acute trauma, PRIME (primary response in medical emergencies), and employment medicals. Nurse-led clinics cover diabetes management, B4 School checks, smoking cessation, weight management, cervical smears, immunisations, and plastering.
24. Complementary services available on-site include Bloom Hearing, podiatry, a primary mental health nurse, and psychologists. X-ray and laboratory services are available at Te Kūiti Hospital between 9am-4pm.
25. Te Kūiti Medical Centre is co-located on the same campus as Te Kūiti Hospital. They operate an integrated model of care, sharing clinical resources. The practice also runs a Saturday After Hours Clinic from 9am-12pm.
26. Te Kūiti Medical Centre offers a 24/7 After Hours service. From 5pm-8am, calls are transferred to Ka Ora, which connects patients with the on-call doctor if required.
27. Ka Ora Telecare supports part of Te Kūiti Medical Centre's after-hours service. Nurse triage is free of charge, with costs only incurred if a doctor consultation is needed. Ka Ora is the national telehealth programme designed to provide rural communities with after-hours care.
28. Te Kūiti Medical Centre also provides a 24/7 PRIME telecare service.

### **Comprehensive Primary Care Teams (CPCT)**

29. The CPCT programme has supported Te Kūiti Medical Centre's workforce for the past two years. Funding covers one FTE clinical staff member who services Pio Pio, the Coast and Kāwhia. This funding is set to end on 30 June 2026.

### **Rural Urgent Care Prototype site:**

30. Te Kūiti is one of six rural and remote prototype sites trialling innovative urgent care models. The Rural and Remote Prototype Project aims to test and refine rural-specific approaches set out in the New and Improved Urgent and After-hours Care Framework.
31. Te Kūiti and other rural communities, such as Tūrangi, will test rural-specific models that include:
  - Enhanced point-of-care diagnostics;
  - Improved access to medicines;
  - Equipment and tools to support clinical decision-making;
  - Closer coordination with ambulance service.
32. Implementation is underway in Te Kūiti and will be discussed further during your visit to Te Kūiti Medical Centre. These prototype sites were selected for their mix of geography, population and health system challenges, positioning them to inform future rural health service design. Insights will guide improvements across up to 70 rural and remote

locations over the next two years.

### **Mental Health Care**

33. The primary base for mental health services is in Te Awamutu, with satellite clinics in Tokoroa, Te Kūiti and Taumarunui.
34. All mental health services, except Child and Adolescent Mental Health Services (ICAMHS), are available in Te Kūiti. ICAMHS and drug and alcohol services for children and young people are delivered by Taumarunui Community Kokiri Trust under the Waikato South Cluster model.
35. There are 35 FTE staff across the four bases, working with around 650 people and their whānau. The service currently has four vacancies.
36. Access to tertiary mental health services is challenging for rural areas due to centralisation of specialist services in Hamilton and limited specialist resources.
37. ICAMHS services are not meeting increasing demand. Recruitment challenges in rural areas, alongside changes to contracts with Māori providers who previously delivered services but no longer do, have contributed to this gap.
38. Crisis respite options are limited locally, with only two respite providers available across Rural South to prevent hospital or inpatient admissions.

### **Access and Choice (IPMHA Workstream)**

39. Access and Choice is a national programme providing timely, culturally responsive primary mental health interventions for people experiencing mild to moderate psychological distress, including those with addictions.
40. In Te Kūiti, the Health Improvement Practitioner (HIP) role was introduced four years ago, delivered by social workers through Kokiri Trust. The service is aimed at Māori, with a holistic focus, and has been effective for patients meeting these criteria. However, many patients present with needs beyond this scope, and many require access to psychologists.
41. Tamariki Ora (Well Child) services support pēpi, tamariki and their whānau from birth to five years, including providing developmental checks, health assessments, health education and referrals to specialist care.
42. In Te Kūiti, services are delivered by one Registered Nurse and one Kaiawhina, focusing on early intervention, prevention, and culturally safe, whānau-centred care. Services are aligning with the Kahu Taurima vision, providing connected support from pre-conception through to age five.
43. Over 70% of service users are Māori. The service plays a vital role in reducing rural access barriers, addressing inequities, and supporting whānau to navigate wider social determinants of health.

### **Immunisation**

44. Immunisation rates at the 24-month milestone across Waikato, including Waitomo, have improved in the past quarter but remain concerning and below national targets.

45. A case management approach continues in 2024/25 to reach tamariki overdue for immunisations. Coordination between Health NZ, PHOs and other providers has resulted in more tamariki being immunised and a corresponding increase in recorded declines.
46. Te Manawa Taki's 2025/26 Cross-system Immunisation Plan prioritises health promotion and community engagement. This includes rolling out the Regional Immunisation Health Promotion Plan to build trust and confidence, improve understanding of immunisations, increase access, and address hesitancy. The plan also invests \$123k in Waikato through the Immunisation Community Action Fund, partnering with providers to deliver Māori and Pacific community-led initiatives.
47. National Public Health Service (NPHS) ran weekend immunisation activities in June 2025, contributing to a 4.4% increase in Te Manawa Taki's 24-month immunisation rates (from 70.7% to 75.1%). Māori immunisation rates increased by 8% (from 55.6% to 63.6%). From September 2025, Public Health Nursing will extend Saturday immunisation services through 2025/26 to reach overdue tamariki.
48. Pinnacle PHO delivers the Outreach Immunisation Service in Waitomo and is part of the cross-system Local Immunisation Operational Group, led by NPHS.

### **Te Kūiti Oral Health Services**

49. Te Kūiti has one local dental practice, one practice in nearby Pio Pio, and two practices in Ōtorohanga. Te Kūiti is a non-fluoridated area.
50. There is one high school in Te Kūiti with 357 students, and one in Pio Pio with 111 students.
51. Community Oral Health Services are delivered through a mobile dental unit currently based at Centennial Park Primary School. Recent visits included Pukenui School, Benneydale, Te Wharekura o Maniapoto, Piopio, and preschoolers.

### **Government Priorities for Rural Communities – Strengthening Primary Care Access**

52. Te Kūiti was selected as one of the six rural unplanned and urgent care prototype locations. The trial will help shape future rural health service design in New Zealand and will inform wider rural health enhancements in up to 70 rural and remote locations over the next two years.
53. The government is investing \$164 million into strengthening urgent and after-hours care across the country, with a strong focus on rural and remote areas. This investment will ensure 98% of New Zealanders are within one hour of an urgent care service.
54. These changes are about reducing waiting times, making services more consistent, and ensuring people in rural New Zealand, including Te Kūiti, can get the care they need, when they need it.
55. As Minister of Health, you have announced modernising the way general practice is funded to better support rural communities. A working group with sector partners is reviewing rural funding and will soon provide recommendations to improve consistency.
56. At the same time, the Government is updating the capitation model for the first time in

over 20 years. The new formula will reflect people's real needs – including rurality, deprivation, and complex health conditions – so funding will go where it's needed most.

### **Mental Health and Addiction Funding**

57. This Government is doubling investment in the Rural Wellbeing Fund to \$4 million over the next four years. The initial investment of \$2 million, provided by the Ministry for Primary Industries, was announced earlier this year.
58. This new funding will back Rural Support Trusts to build on the important work they do to provide support to farmers and growers facing hard times – whether they are personal, financial, or weather-related.

### **Workforce – Rural Training Hubs**

59. A Rural Health Training Hub is a dynamic network that supports rural healthcare workforce training and development. By coordinating clinical placements, education providers, and pastoral care, it builds training pathways aligned with local health service needs – fostering a connected, supportive community of learning.
60. Initially, four rural training hubs will be established across the country, one in each region. The locations will be selected based on criteria of need and readiness. Decisions for each region will be made by appropriate leaders from Health NZ, the National Rural Clinical Network (which includes members of Hauora Taiwhenua Rural Health Network), and the rural community.
61. The hubs will support training across the health workforce, including nursing, medicine, allied health, kaiāwhina and other roles. They will provide access and coordination across placements, supervision, professional development and a supported transition into rural practice.
62. Rural communities often face unique challenges in attracting and retaining health professionals. The hubs will provide a more coordinated, place-based approach to rural training, ensuring learners are supported, connected and equipped to succeed in rural roles. They will address the sense of isolation and build stronger career pathways for rural health professionals.
63. This marks a shift from education-led models to community-led, place-based models. The hubs are being designed with local needs at the centre, integrating health training with service delivery. They are not just about learning, they are about sustaining and growing rural health services by embedding training into how care is delivered.
64. The hubs are part of a broader programme to strengthen rural health. This includes new rural urgent care models, telehealth services, point-of-care testing, cadetships, nurse practitioner and prescriber training, and flexible service delivery. The hubs will help connect these initiatives and support a pipeline of rural-ready health professionals.
65. On Tuesday 23 September, Associate Minister Doocey announced the first Rural Health Training Hub as the South Taranaki Rural Training Hub. This announcement was made at the Hawera Rural Health Roadshow.
66. The remaining hubs will be established progressively, with all four expected to be in place during 2026.
67. These hubs are about growing the rural health workforce from within communities, and

by attracting others to the benefits and value of a life and career within rural communities. By creating opportunities to learn and train closer to home, the hubs can help local people into health careers, encourage others to stay in rural areas long term, and highlight the advantages of rural living and working. This helps build more resilient, community-anchored health services.

68. Community involvement is central. Each hub will be developed in collaboration with local community agencies, iwi, health providers and education organisations. The model prioritises community and health system leadership, with education partners contributing to place-based solutions rather than driving them.
69. The rural training hub model has been developed through extensive engagement with rural health sector leaders, clinical networks and education partners. It builds on all previous proposals and ideas, on recommendations from the 2024 Health NZ Workforce Plan, and reflects feedback gathered through national hui over the past year.

#### **Criteria for selecting the training hub locations**

70. Training hubs are selected through a collaborative process, with decisions for each region made by appropriate leaders from Health NZ, the National Rural Clinical Network (which includes members of Hauora Taiwhenua Rural Health Network) and the rural community.

Key considerations include:

- Community and iwi support and willingness to lead a hub;
- Alignment with local health service planning and workforce needs;
- Existing relationships across primary care, hospital and urgent care services;
- Opportunities to address rural workforce shortages and improve equity;
- Capacity to support placements and supervision;
- Potential to build on current initiatives (e.g. rural cadetships, voluntary bonding);
- Proximity to rural hospitals and integrated care centres;
- Rural geographic classification.

71. The rural training hubs will not require entirely new or separate funding streams. Instead, they are designed to connect, coordinate and leverage a range of existing funding and workforce development programmes already in place across the health system.
72. The hubs are expected to expand access to training by aligning and streamlining existing supports. By working collaboratively across existing programmes, communities can create a more robust and better-connected environments for learning and workforce development.

#### **Alignment with other health workforce initiatives for rural health workforce**

73. The rural training hubs are part of a broader programme to strengthen and grow the rural health workforce. Other key initiatives include:
  - \$37 million investment in rural urgent care announced in Budget 2025, to expand access to timely, after-hours care in rural communities;
  - Subsidised 24/7 digital GP services launched in July 2025, providing easier access to care for people in remote areas;

- Investment in telehealth and rural point-of-care testing, making it easier for rural providers to deliver diagnostics and treatment locally;
- Cadetship programmes supporting rural school leavers into health careers, with structured training and mentoring;
- Training pathways for nurse practitioners, registered nurse prescribers and pharmacist prescribers, including funded placements and supervision in rural areas;
- Voluntary bonding and employment incentives to encourage health professionals to stay in high-need rural locations;
- Medical student and trainee doctor placements in rural communities, helping to build early interest and experience in rural practice.

74. All these initiatives are designed to work together, with the rural training hubs acting as a coordination point to connect training with real-world rural service needs.

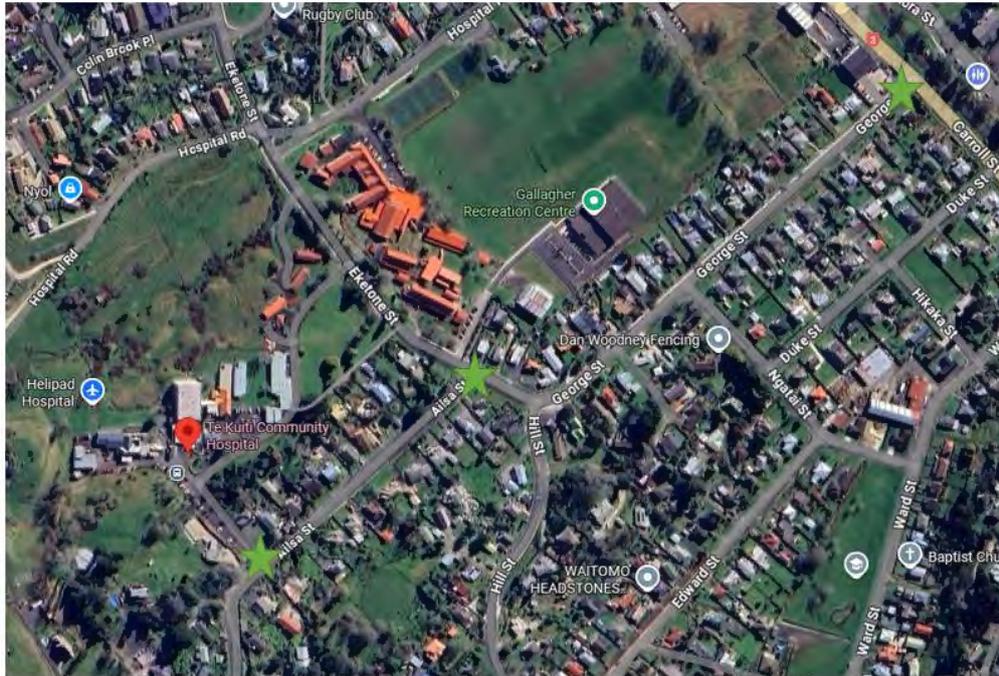
## Appendix 1: Runsheet

Time	Details	Minister's Office notes
10.45am	<p>Minister Brown arrives at the carpark at Te Kūiti Hospital) and is greeted by organisers Peter Liddle and Dr Keith Buswell.</p> <p>Guests assemble in the marquee in the Te Kūiti Hospital car park.</p>	<p>Refer to reserved parking information. The Minister will be greeted at the carpark area at around 10.45am</p>
11.00am	<p><b>Event Kicks Off with:</b></p> <p>Welcome</p> <ol style="list-style-type: none"> <li>1. Matua Kingi Turner will lead Pōwhiri/Whakataua (Kai Karanga will be provided for both sides)</li> <li>2. Following karakia, Matua Kingi Turner will give some history of the whenua/land.</li> <li>3. Hand over to MC.</li> </ol>	<p>This session starts with a powhiri organised by Matua Kingi Turner.</p> <p>He will also speak briefly and acknowledge the gifting of land for the hospital.</p> <p>Note: Mark Waitai (Regional Director of Tikanga for Health NZ Te Manawa Taki) will support the Minister with any Tikanga response.</p>
11.30am	<p><b>Formalities (speeches in order)</b></p> <ol style="list-style-type: none"> <li>1. Professor Ross Laurenson (Past and Future)</li> <li>2. Dr Clyde Wade (Past)</li> <li>3. Dr Keith Buswell (Future)</li> <li>4. Ms Thia Priestly and Mr Ron Gannaway (History of Change)</li> <li>5. Rachel Swain, Operations Director Community &amp; Rural Health (HNZ)</li> <li>6. TBC from the community</li> <li>7. The Honourable Simeon Brown, Minister of Health</li> </ol>	<p>Minister Brown is the last Speaker and will have a maximum of five minutes allocated for his speech.</p> <p>Health NZ Official Rachel Swain will speak on the present and future plans for Te Kūiti Hospital</p> <p>Topics other speakers will cover include:</p> <ul style="list-style-type: none"> <li>○ Dr Ron Ganaway will speak about the history of the hospital and his time as surgeon.</li> <li>○ Thea Priestly will speak about her time as manager.</li> <li>○ Jenni Tuck from a nursing perspective and her time associated with the hospital as a nurse and district nurse.</li> <li>○ Clyde Wade (Waikato Cardiologist) had responsibility for rural hospital and facilitated the transfer of medical services to Te Kūiti Medical Centre - will speak to this.</li> </ul>

		<ul style="list-style-type: none"> <li>○ Keith Buswell, GP Te Kūiti 40 years will with hospital services</li> <li>○ Ross Laurenson will talk about Te Kūiti's role in teaching/medical school</li> <li>○ Community member - TBC</li> </ul> <p><b>Note: As agreed, after the speeches, Minister Brown will plant a tree.</b></p>
12.30am to 1.00pm	<ul style="list-style-type: none"> <li>• Refreshments / mix and mingle</li> <li>• Escorted Tours through Te Kūiti Hospital / view photo display and show</li> </ul>	
1.00pm	Minister Brown to meet with the doctors in the Te Kūiti Hospital Conference Room.	<p>Dr Keith Buswell and Dr Dinesha Kumarawansa will lead the discussions with Minister Brown</p> <p><b>Refer to Talking Points in Appendix 3</b></p>
1.20pm	Minister Brown is escorted to the carpark by Dr Keith Buswell and Dr Dinesha Kumarawansa and departs.	Minister departs the event.

## Appendix 2: Location Map & Parking Information

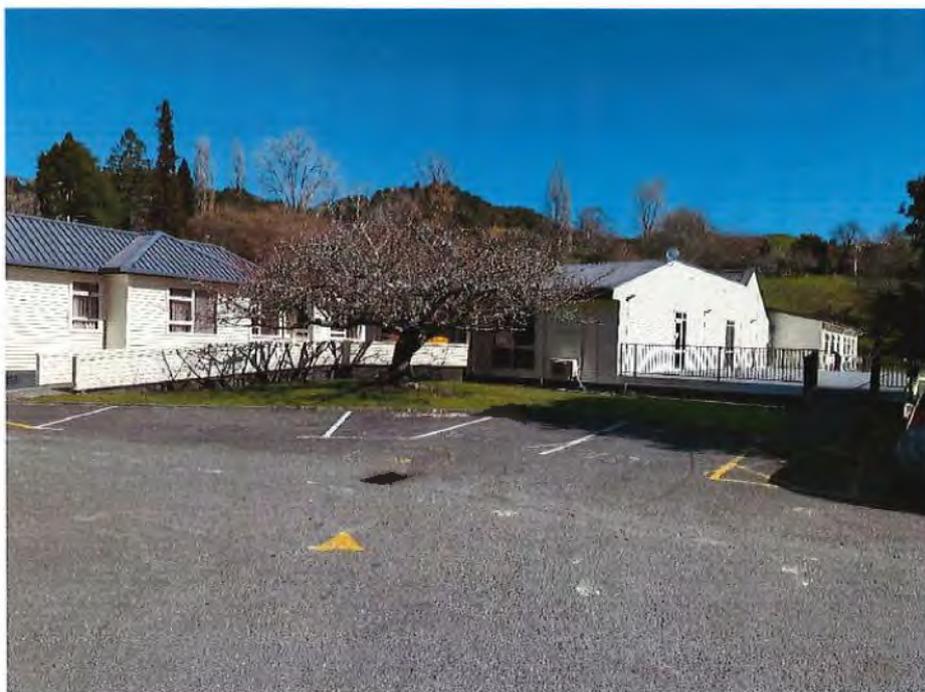
Map 1: Road access points to Te Kūiti Hospital (enter at southern access point)



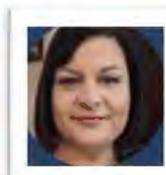
Map 2: Parking location



Photo: Reserved carparks for Minister Brown opposite main entrance.



## Appendix 5: Biographies

<p><b>Rachel Swain, Operations Director, Community and Rural Health, Waikato</b></p> 	<p>Is Operations Director, Community and Rural Health, responsible for Thames, Tokoroa, Te Kūiti and Taumarunui hospitals, Waikato district nursing service, allied health, oral health, sexual health and breast, bowel and cervical screening services across the Waikato.</p> <p>Is a registered social worker. She began her career at Health NZ in a clinical role as a medical social worker.</p> <p>Has 16 years' experience in clinical, professional and operational leadership roles in Health NZ.</p>
<p><b>Stephanie Doe, Group Director of Operations Waikato, Hospital and Specialist Services</b></p> 	<p>Stephanie is the Group Director of Operations for Hospital and Speciality Services at Waikato since January 2025.</p> <p>Stephanie originally trained as an occupational therapist and worked clinically in Mental Health and Addiction Services.</p> <p>Prior to transferring to the Waikato, she has held General Manager positions in both Mental Health and Addiction Services and Children's and Women's Services in Waitematā.</p>
<p><b>Liz Elliott, Operations Manager Southern Rural Hospitals and Community, Hospital and Specialist Services</b></p> 	<p>Liz is Operations Manager, Southern Rural Hospital &amp; Community Services, responsible for Tokoroa, Te Kūiti and Taumarunui hospitals, and associated district nursing services.</p> <p>A registered physiotherapist, Liz began her career at Waikato hospital, working across hospital and community-based services.</p> <p>She has 20 years' experience in clinical, project and operational leadership roles in Health NZ.</p>
<p><b>Mark Waitai, Regional Director Tikanga, Te Manawa Taki</b></p> 	<p>Mark is the Director of Tikanga for the region, previously the head of Tikanga for Waikato Hospital where he is based.</p>

<p><b>Peter Liddle, Organiser, TK Hospital Celebrations Committee, Business / Practice Manager, Te Kūiti Medical Centre</b></p> 	<p>Joined Te Kūiti Medical Centre in 2017 to focus on leading the team into the future.</p> <p>Has 30 years of business management and consulting to business owners on the running and profitability of their businesses.</p> <p>Is very passionate about ensuring we are doing everything we can as a business to ensure our community is well cared for which includes close relationships with all local health providers.</p>
<p><b>Dr Keith Buswell, Organiser, TK Hospital Celebrations Committee and Senior Medical Officer (SMO), Te Kūiti Medical Centre</b></p> 	<p>Has been a rural GP in Te Kūiti for more than 30 years. In 1993, the Practices in Te Kūiti joined together to form Te Kūiti Medical Centre and at the same time created an innovated new model of Primary and Secondary Care integration.</p> <p>His leadership has seen this model work well with all the challenges over the past 30 years. Overall, he has proved an innovator, a leader and a teacher whose contribution to his community has been immense. He sees rural general practice as a viable thing in the future and more challenging than its urban counterpart, which he believes has a narrower scope of practice.</p>
<p><b>Dr Dinesha Kumarawansa, Rural Generalist GP, Te Kūiti Medical Centre</b></p> 	<p>Born in Sri Lanka and raised in New Zealand, Dr Dinesha Kumarawansa is a dual fellow in General Practice and Rural Hospital Medicine. A graduate of the University of Auckland Medical School, Dinesha currently works as a Rural Generalist at Te Kūiti Medical Centre and Te Kūiti Hospital.</p> <p>In addition to clinical work, Dinesha is a Senior Professional Fellow at the University of Otago, where they convene postgraduate rural papers. Dinesha is also co-academic lead for the University of Auckland Rural Medical Immersion Programme based in Te Kūiti. Alongside her formal teaching positions, Dinesha also serves as a lead tutor for the New Zealand Rural Exit Course, supporting the next generation of rural health professionals.</p>
<p><b>Dr Elly Kroef, General Practitioner, Te Kūiti</b></p> 	<p>Registered doctor since 1978. GP in Te Kūiti since 1986. Specialises in Geriatric Care, main GP for Hillview Rest Home in Te Kūiti. Will retire at the end of 2025.</p>
<p><b>Dr Anne Farnell, Rural GP, Te Kūiti</b></p>	<p><b>No pic or bio available.</b></p>
<p><b>Dr Simeon Intal, Rural GP, Te Kūiti</b></p>	<p><b>No pic or bio available.</b></p>

## Appendix 6: Regional Health Targets including Mental Health & Addiction and Enrolment Information

### Regional Targets including Mental Health & Addiction and Primary Enrolment Information Te Manawa Taki

Health Targets Te Manawa Taki Quarterly results April to 30 June 2025	Performance Results for region in brackets are national results)	Waikato District Performance Results
1. Faster Cancer Treatment – Target 90%, Milestone 86%	92.4% (National result: 86.3%)	<b>95.9%</b>
2. Improved Immunisation for Children – Target 95%, Milestone 84%	75.1% (National result: 82.0%)	<b>74.5%</b>
3. Shorter Stays in ED – Target 95%, Milestone 74%	76.8% (National result: 73.9%)	<b>69.3%</b>
4. Shorter Wait times for first Assessment – Target 95%, Milestone 62%	59.8% (National result: 57.1%)	<b>62.0%</b>
5. Shorter Wait Times for Elective Treatment – Target 95%, Milestone 63%	69.3% (National result: 63.9%)	<b>71.0%</b>

Source: <https://www.tewhatoora.govt.nz/assets/Corporate-information/Planning-and-performance/Health-targets/Quarter-4-2024-25/Health-targets-Factsheets.pdf>

Mental Health Targets Te Manawa Taki Quarterly results April to 30 June 2025	Regions Performance in brackets are national results	Waikato District Performance Results
1. Faster Access to Specialist Mental Health and Addiction Services – Target 80%	82.0% (National result: 80.3%)	<b>85.0%</b>
2. Faster Access to Primary Mental Health and Addiction Services – Target 80%	86.3% (National result: 83.8)	<b>95.5%</b>
3. Shorter Mental Health and Addiction related stays in emergency departments – Target 95%, Milestone 74%	78.1% (National result: 69.4%)	<b>76.6%</b>
4. Increased Mental Health and Addiction Workforce Development – Target 500	349	<b>n/a</b>
5. Strengthen Focus on Prevention and Early Intervention – Target 25%	24.4%	<b>n/a</b>

<sup>1</sup> Source: <https://www.tewhatoora.govt.nz/corporate-information/planning-and-performance/health-targets/health-targets>

<sup>2</sup> Source: <https://www.tewhatoora.govt.nz/corporate-information/planning-and-performance/health-targets/mental-health-and-addiction-targets/performance#target-results>

## PHO Enrolment Profile for Te Kaiti

PHO name	Lead District	Enrolling	Restricted	Not Enrolling	Eligible Facilities
<b>Pinnacle Midlands Health Network; National Hauora Māori Services</b>	Waikato	100% (2)			2
ALL PHOs	All	55.7%	14.6%	29.5%	1,025

Source: <https://www.tewhatauora.govt.nz/for-health-professionals/data-and-statistics/primary-care/primary-health-organisation-performance>

## Immunisation (National Public Health Service)

### 24-month milestone immunisation rates – Waitomo and Waikato

Territorial Authority		Fully Immunised	Declined	Not Fully Immunised
Waitomo	Māori	82.4%	11.8%	5.9%
	<b>Total Pop</b>	77.8%	13.9%	8.3%
Waikato Region	Māori	64.8%	15.1%	20.1%
	<b>Total Pop</b>	75.9%	11.6%	12.4%

Source: [National Public Health Service data, Te Manawa Taki, immunisation rates as of 08 August 2025](#)

## Appendix 7: Back Pocket Information

### Te Kūiti Hospital and Te Kūiti Medical Centre Model of Care

Te Kūiti Medical Centre and Te Kūiti Hospital work collaboratively to provide comprehensive services across both primary and secondary care for our community.

- Partnership between Waikato DHB and Te Kūiti Medical Centre was established in 1993.
- GPs provide medical services to THK in the ward and emergency department, alongside comprehensive general practice services at Te Kūiti Medical Centre. In association with Hato Hone St John, the doctors provide emergency (PRIME) services for our community.
- The hospital and medical centre have been able to provide a wide range of teaching opportunities for students and young doctors in both general practice and rural hospital medicine.
- This model has helped to recruit and retain doctors to provide efficient, cost effective 24/7 cover for the community.
- An integrated approach to General Practice and Rural Hospital Medicine can ensure ongoing services to rural communities.

### Te Kūiti Medical Centre

The Medical Centre contracts to provide medical services to the hospital

- Inpatient care
- ED
- All after hours both general practice and hospital
- Established 1993
- Cost efficiencies that have benefited both parties.

### Workforce

- 6 partners – 4.5 FTEs
- 1 long-term locum
- 2 registrars (general practice and rural hospital medicine)
- Regular 4<sup>th</sup> and 6<sup>th</sup> year medical students
- Continuity of care for patients into the secondary arena.
- Care for patients near whānau, often by people they know. This is particularly important for older people, Māori and those at the end of their lives.
- Admissions are predominantly acute medical admissions coming from the three medical centres or brought by ambulance. Roughly 25 % are transferred from Waikato Hospital for rehabilitation and discharge planning.
  - 9,000 patients Te Kūiti Med Centre (40% Māori, other ethnic minorities > 10%)

- 1,000 - Te Kuiti Family Health
- 5 – 6,000 - Otorohanga
- Hillview rest home – 50 residents up to hospital level care (20)
- Recent figures have shown that we are able to reduce the number of triage 4 and 5 patients attending ED by using the model we have here. Our model resonates with the aspirations of the recently released Waikato Health System Plan, *Te Korowai Waioira*, by enhancing the capacity to be able to care for people in their own communities and enhancing links with whānau when people are unwell.
- The main risk to our model is attracting new doctors and nurses to work here to keep our present service sustainable. A significant number of us are in the 40% (and possibly up to 60%) who are expected to retire in the next 10 years.
- Our challenge is to keep this an attractive place to work and live. We will need to look at some alternative models of health care delivery to achieve this.