



Office of the Prime Minister

Prime Minister

Minister for National Security and Intelligence

Minister Responsible for Ministerial Services

18 MAY 2017

Luke Chandler

Email: fyi-request-5852-c054c432@requests.fyi.org.nz

Ref: PMO 054-2017

Dear Luke Chandler

Official Information Act request relating to the opening of the new 24-hour surgery in Christchurch

I refer to your Official Information Act request of 10 May 2017 which asked for:

- *"a copy of the speech given by Prime Minister Bill English at the opening of the new 24 Hour Surgery.*
- *Why Bealey Ave was closed for the Prime Minister?*
- *Whom paid for this road closure?"*

We have interpreted your request to relate to the opening of the Pegasus Health 24-hour surgery facility on 5 May 2017 at Pegasus House on Madras Street in Christchurch.

In response to part one of your request, no speech was written for the Prime Minister for the opening ceremony. However, the speech was recorded and an uncorrected transcript is enclosed.

Parts two and three of your request appear to be more closely connected to the functions and responsibilities of NZ Police. Accordingly, I am transferring parts two and three of your request to NZ Police under section 14 of the Official Information Act.

Yours sincerely

Wayne Eagleson
Chief of Staff

Enc: uncorrected transcription of speech

**Uncorrected transcript of Prime Minister's Speech
Opening of Pegasus Health 24 Hour Surgery Facility
5 May 2017**

Can I acknowledge the Chair, Professor Les Toop, Mr John Hanson and the number of other hats that he's wearing, Vince Barry CEO, Chief Executive of the DHB David Meates, my Ministerial colleague Hon Nicky Wagner, now Minister of Christchurch Regeneration, a sign of the times moving on, and also my Parliamentary colleague Ruth Dyson.

And just acknowledge briefly the work that, alongside so many others, by now I would imagine thousands of people who have had to deal with the often complex and demanding task of their own personal recoveries and restated their own personal circumstances through the last few years.

It is a huge privilege to come along to this event. Pegasus – I have been familiar with them from their inception years ago when the original concept of IPAs came into being through different guises over that time.

Pegasus has played an absolutely critical role in primary health care in Canterbury. I am somewhat familiar with their role of GPs and after my wife who is a GP and who was also a director of Wellington after hours and the burden that goes with that, aside from the governance, of having to turn up when the other doctors who are scheduled don't turn up. It has, more often than I like, been a disruption in the English household but is part of the obligation of providing care for the public.

You are all experts in the health area here and I thought I'd just remark on a couple of general points looking ahead. Aspects of how things are changing that are going to impinge on what happens with this building. The first is what we're going to see in Christchurch with the impact of large scale renewable policy.

In so far as we think that housing conditions, state of education, the state of infrastructure as it determines aspects of public health like water quality, then there is nowhere else where there has been such a large scale and instantaneous, relatively speaking, renewal of all that. So a billion dollars on health rebuild, over a billion dollars on schools, and many billions on housing.

The government bought six thousand houses in the red zone. It then demolished a big chunk of the poor poverty housing in Christchurch and it has been replaced with brand new housing. So we would expect, according to the research over many years, that the public health impacts of this renewal will show up in this population eventually, because if it doesn't it will demonstrate that those things are not part of the causal factors that have always been asserted.

So it will be interesting to see just how that unfolds.

And on the way through I will just acknowledge the role that all of you are playing in the complexity of the health work that we hear is a very alarming task and that we are rebuilding the hospitals on the less suitable sites in Christchurch from the engineering point of view.

So the challenges are enormous and if you can provide any advice for the people of Dunedin, it would be gratefully accepted.

Opening of Pegasus Health 24 Hour Surgery Facility, 5 May 2017 (continued)

The reason being that the public of Dunedin are somewhat impatient that having announced last year that there will be a substantial hospital rebuild there, it's not finished yet.

And there are somewhat similar challenges of what's now going to be what will end up being quite a large rebuild in the same area while they run all the services and I will be able to tell them, that is exactly what they are doing and it is quite challenging, so thank you for your contribution there.

I think another aspect that is going to bring some change, but I'm not sure what yet, is the way that government is approaching its understanding, its funding, therefore eventually service delivery to parts of our population that need more timely intervention and often just more intervention.

And if I can think of a group who are health certify is a group of around 50,000 people on our welfare system who, one way or another, have a piece of paper from the health system that says you can't work or you are incapacitated for all sorts of reasons because of some sort of disability.

They then depart the health system having been certified as not being useful and many of them spend 20 or 30 years on the welfare system and we've decided that's not good enough.

While governments have focused in the past on people who lose their jobs and help them get another job, it's been pretty passive with fits and starts in dealing with what is a much larger group of people with a much bigger burden of cost on the community, of course reflecting the fact that we are not getting the potential of participation from that group. Just to give you a sense of the scale, putting the long term cost of everyone who is on benefit the unemployed represent 84%.

Other groups represent much larger potential to be realised and so there is going to have to be, as there is starting to be now, a strong focus on finding out what happens with these people in the health system so that one way or another that advice or information can be used to assist them.

Because we have separate worlds where the wealthy pays but knows nothing about them, health knows more about them but doesn't have to pay for them and neither have a particular reason to resolve the problem.

But together, of course, we have very profound reasons to want to help solve that problem. It's not a new one but we need to take a new approach to it.

That is going to have some impact on connections between what happens with health and other parts of the system.

And finally, we are just renewing performance targets for health. We've had a very successful achievement for immunisation across the board.

In particular where ten years ago we assumed Māori immunisation rates would never be the same as Pākehā, in fact they are now up and we wonder why we accepted the assumption.

Opening of Pegasus Health 24 Hour Surgery Facility, 5 May 2017 (continued)

And it makes us wonder why we accept a whole lot of other assumptions.

I have seen recently reported data in Auckland that life expectancy among Māori has for the last ten years grown twice as fast as the average which tells us that something somewhere is going on with health and other aspects of life of the community that they are working with.

But the new target is around childhood admissions in particular.

You are experts on the definitions of what those are which brings us back around the loop to this place because it will be critical in reducing the number of admissions to hospital for preventable disease.

In fact, now that I think about it, those rates of issues about how we count them because there are some places the kids will turn up to the hospital and be counted as an admission and be given the same treatment as they would turning up here and not being counted as an admission and which one is better and which one is worse.

I'm sure we could have a discussion about that as health people always do! But often I know that that discussion will be all about how to ensure the preventable diseases in childhood are acted on as we see them, as we found with the rheumatic fever target.

So, there's plenty ahead for our health system here to grow to be vigorous in its thinking, capable of its execution and as we demonstrated here today we are willing to invest in following through on the objectives that ... I congratulate everyone that's involved.