

Porirua and Kapiti Healthlinks

Health and Disability Services Integration Project

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A Guide to this Document

The Kapiti Health and Disability Plan brings together information about health status, and the views of communities, and health and disability providers in the Kapiti District.

The Plan is a draft at this stage to give you the opportunity to make any corrections or improvements. The final Plan will go to the Minister of Health at the end of August with recommendations for improving health and disability outcomes for people in the Kapiti District.

The Plan begins with some background to the Healthlinks Project, the health sector context and a description of the Kapiti community. The Plan is then divided into health status and major service sections with detailed information in the appendices. The recommendations follow the services section.

Recommendations are in two parts:

Actions Recommended: These are recommendations to the Ministry of Health, the Funder (Health Funding Authority and the District Health Boards when formed), various providers, and to other agencies such as the Wellington Regional Council or the Kapiti Coast District Council. Agreement will be needed from these agencies before these recommendations can be implemented. They are the sorts of recommendations that you are probably familiar with seeing in plans of this kind.

Actions Planned: These are proposals developed during this project in discussion with the community and providers on the Kapiti Coast, and they **have** already been agreed to by the organisations they involve. Each of these proposals will include a performance measure saying what action is planned, and by when. These proposals can be seen as some measure of the impact that the Healthlinks Project has already had in bringing together information about health needs, community priorities and provider proposals, and in achieving agreement to implement important health decisions.

This document is in draft and we welcome your input. Please send your written comments, corrections and improvements to:

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We need to receive changes by 28th July 2000.

There will be three meetings to discuss the draft:

Thursday 27 July at 1pm at Paraparaumu
Thursday 27 July at 7.30 pm in Waikanae
Friday 28 July at 10am in Otaki

If you have any questions, or would like to come to one of these meetings, please RSVP by ringing

Sarah Maclean, Kiri Parata or Jayne McCullum on (04) 298 6917

Child health

The waiting lists are long for children needing to see ear specialists. The child will often wait a long period after the initial visit to the specialist to have grommets put in. There is a need for more Māori public health nurses in schools, to offer choice.

Hora Te Pai offer an excellent service and check our children's ears, however parents are frustrated if the child then needs specialist intervention – they have to wait sometimes up to 12 months.

The Hearing Clinic Service that provided community clinics no longer exists. Health workers now travel around schools and early childhood centres. Not all children are gaining access.

Maternity care

Currently a supply of disposable nappies or home-help is available to new mothers who stay in hospital for 48 hours or less. If mother or baby need to stay longer, neither is offered. If there are multiple births the entitlement is only for one lot of nappies.

The High-Risk Maternity Clinic for expectant mothers is situated in Wellington. This is a long way for women to travel given the condition of those needing to access this service.

Transport

Many Māori do not have access to a private vehicle and are dependent on public transport to get to and from healthcare appointments. Public transport from Otaki to Horowhenua Hospital is difficult. There is no bus service between the bus stop and the hospital, so it is two kilometres to walk, or pay a taxi fare. Appointments at Wellington Hospital or Outpatients at Kenepuru Hospital mean a long day of travel and waiting for transport connections on top of a wait at the hospitals. Car parking at Wellington Hospital is expensive and difficult.

I don't have a car and my whānau all work so I'm reliant on public transport. I can walk the 2 km distance from Levin Mall to Horowhenua Hospital, I'm lucky. Not everyone is as fit as I am.

Heart disease

Prevalent among Māori. The medication is expensive when the doctor prescribes a medicine that is not fully subsidised by Pharmac, the drug funding agency of the Health Funding Authority.

Diabetes

The diabetes nurse, who covers the Otaki and Te Horo area for MidCentral Health, is in high demand, and additional time would help. People with diabetes feel that they are left to cope with their condition without appropriate services. When attending specialist appointments, clients feel they are not getting a more specialist service. The service offered is comparable to what local doctors, nurses and the diabetic nurse offer.

Outpatients services²⁸

Outpatient services available to Kapiti residents

These are for conditions that require specialist diagnosis and treatment, but without requiring an overnight stay.

Outpatient services are provided for Kapiti residents, south of the Peka Peka Road, Waikanae boundary line, at Wellington, Kenepuru, and Paraparaumu Hospitals.

Hospital services south of the border

At Paraparaumu, which is a small community hospital, the outpatient services offered include endocrinology, respiratory, orthopaedics, gynaecology, and paediatrics. At Kenepuru Hospital, the services available include otolaryngology (ear, nose and throat), general surgery, gynaecology, ophthalmology, orthopaedics, paediatric surgery, cardiology, gastroenterology, general medicine, oncology and radiotherapy, respiratory medicine, pregnancy and childbirth, paediatric medicine, and emergency services.”

From 2000 to 2001, additional outpatient services to be delivered from Kenepuru Hospital include asthma, genetics, diabetes, oncology, infectious disease, neurology, and child sexual abuse clinics. This is being achieved by shifting some of the outpatient clinics offered by Capital Coast Health at Wellington to Kenepuru Hospital.

Hospital services north of the border

North of the Peka Peka Road boundary, residents go to Horowhenua Hospital and Palmerston North for their outpatient services. The services offered at Horowhenua include colposcopy, diabetes, dietetics, psychogeriatric, orthopaedic, paediatrics, rheumatology, surgical, podiatry, audiology, gynaecology, speech therapy, oncology, palliative care, medical for the elderly and general medicine, ear, nose and throat, radiotherapy, rehabilitation, and neurology.

Views of the community and providers consulted

Some issues

Transport and access

Transport³⁰ and access to hospital service are issues for people in Kapiti because the district is situated furthest away from the major hospital centres (Wellington and Palmerston North). People with private vehicles are concerned about accessing appointments and emergency services due to the distance and the things which happen to slow traffic ie, accidents, congestion (peak hours, holidays and weekends), and road works.

²⁸ See Appendix 13 for further information about outpatient services as they relate to Kapiti residents.

²⁹ See Appendix 13 for the frequency of outpatient clinics at Paraparaumu Hospital.

³⁰ See Appendix 13 for the times and availability of public transport and taxis for Otaki and for journeying from Paraparaumu by train and bus to Kenepum Hospital.

There is not enough parking at Wellington Hospital so patients are dropped off to find their own way to appointments while the driver searches for a park, or the patient must walk back some distance from a park in the surrounding area. Parking is also difficult for those attending appointments at Hutt Hospital.

I took an elderly friend to Wellington hospital for an endoscopy and I had severe parking problems. My friend had not been given clear instructions on how to get to the right place and there was no-one to help us once we got to the hospital. I had to leave her at the clinic and go and find a park and this took so long that I wasn't able to be with her during the appointment.

Those without private vehicles face other issues. Many of the outpatient clinics for the southern part of the district are provided at Kenepuru Hospital and Wellington. For the northern part of the district, most are provided from Horowhenua Hospital in Levin. For the southern part of the district, access to Wellington Hospital is by Paraparaumu bus to the railway station, train to the city, and then bus to Newtown. The service is adequate but the many changes are time-consuming and expensive and difficult for people who are frail or sick.

The bus available to take people from Porirua City up to Kenepuru Hospital does not co-ordinate effectively with the train coming from Paraparaumu so people must walk or wait for up to an hour.

The railway line is not electrified between Paraparaumu and Otaki. Regular passenger trains come as far north as Paraparaumu only. There is a diesel commuter train which passes south early in the morning and back again about 6.30 pm at night. For the rest of the day people from Waikanae, for instance, must get themselves to the station at Paraparaumu.

Going north, the train service is virtually non-existent and the bus to Levin stops 2 km away from the hospital. The bus to Palmerston North stops about 5 km away from the hospital. Again, the service is intermittent as is the service around Otaki locally. Taxis are few.

The public transport system, therefore, cannot meet the needs of people accessing regular hospital appointments and while some consideration for commuter needs has been actioned, a similar focus needs to be given to providing a service to meet the health needs of residents.

When I travel to Wellington Hospital for outpatient treatment, if the travel is exhausting for me it can mean my blood pressure is dangerously high and they will not treat me. Then I have to return home untreated and make a return trip.

Clinic organisation and responsiveness

There are long waits for appointments at Palmerston North hospital. For certain conditions, there are also long waits at the Wellington Hospital (eg, 18 months to see a rheumatologist). There are administrative problems which are resulting in people attending for appointments which have not been booked or specialists not advised.

I went to Wellington Hospital outpatients clinic only to be told to come back tomorrow even though I had an appointment. This can happen more than once.

As specialists only come to the Paraparaumu Hospital at certain times, there is a tendency for people to believe that they should go to Wellington Hospital to receive assistance earlier.

If Kapiti people are given appointments for early in the morning or late in the afternoon, this causes problems for them battling with peak hour traffic.

People often feel forced into the private sector because of the long wait or difficulties getting to see a specialist. Many specialists are already providing private services in the area so it is not clear why Capital Coast Health cannot arrange for them to see public patients as well.

I had macular degeneration and was told there is an 18-month to two-year wait to see a specialist, which is disgusting and unreasonable. I was forced to go privately.

Waiting times

At Kenepuru, people reported having to wait for several hours and might then be sent home if there was an emergency in the interim.

Services

GPs south of Peka Peka Road, Waikanae, advised that the following outpatient services, which are not currently being provided should be provided locally:

- . general medicine
- general surgery
- . ear, nose and throat
- . rheumatology
- . diabetes
- . eyes
- endoscopy
- . neurological outpatients.

They supported the continued provision of the currently available services being:

- . paediatrics
- gynaecology
- respiratory
- . endocrinology
- . orthopaedics.

To avoid having to attend a variety of appointments in different parts of the region, people favoured some consideration of how diagnostic services could be co-ordinated with outpatient clinics.

What's needed?

- . Better information about services.
- . Having as many services as possibly available on the Kapiti Coast.
- . Shorter waiting times at Capital Coast Health and MidCentral Health services and appointments offered between 10 am and 2 pm.
- . Better integration between general practice and specialist services.
- . More frequent public transport from Waikanae to Kenepuru Hospital and to Wellington Hospital.
- . More frequent public transport from Otaki to Paraparaumu Hospital.
- . To make parking at Wellington, Kenepuru and Hutt Hospitals, easier for people from the Kapiti Coast.

For the recommendations and plans on this issue, see section 6 under 'Specialist Outpatient and Inpatient Services'.

Inpatient and day patient services³¹

Inpatient and day patient services available to Kapiti residents

These are services provided in a hospital following an accident or emergency or after referral from a GP, specialist or midwife. Emergency and acute services are available immediately to deal with life-threatening situations. Access to non-acute (elective) services is based on an assessment of the individual's needs and the benefit that is likely to result from the treatment.

South of Peka Peka Road, Waikanae³²

In the main, hospital services south of the boundary are provided by Capital Coast Health (though some specialist tertiary services are provided from Hutt Hospital in Lower Hutt, burns for instance).

Capital Coast Health operates two large hospitals, Wellington and Kenepuru, a small hospital at Paraparaumu, and a number of community bases.

³¹ See Appendix 14 for further information on inpatient and day patient services as they relate to Kapiti residents.

³² For a list of the services provided at the three Capital Coast Health hospitals and the Horowhenua hospital, run by MidCentral Health, see Appendix 13 -Outpatients.

What's needed?

- Better information.
- Having as many services as possibly available on the Kapiti Coast,
- Shorter waiting times at Capital Coast Health and MidCentral Health services and appointments offered between 10 am and 2 pm.
- Better integration between general practice and specialist services.
- A one-stop shop for information about services.
- An integrated community services centre at the Paraparaumu Hospital site.
- Better integration of services **from** a patient's perspective, especially services for older people and those with chronic conditions.
- Health promotion co-ordinated with treatment.
- Ongoing Kapiti partnership to improve health and disability services, and facilitate integration.

For the recommendations and plans on this issue, see section 6 under 'Specialist Outpatient and Inpatient Services' and 'Integration'.

Disability support services and services for older people³⁵

Disability support services and services for older people

Disability support services support people who have a physical, psychiatric, intellectual, sensory (from example, sight or hearing) or age-related disability, or a combination of these, where the disability is likely to continue for a minimum of six months and make the person in need of ongoing support. For Kapiti, older people are a significant percentage of the population and the provision of services for this group is an issue for effective health service provision in this district.

Disability support services generally

Hospitals

Some outpatient services are available at the Paraparaumu Hospital but a number of important ones, including neurology, rheumatology, and orthopaedic services are not available. People requiring these services must go in to appointments at Wellington or Kenepuru. North of Peka Peka Road, Waikanae, more outpatient services are available to Kapiti residents at the Horowhenua Hospital in Levin.

³⁵ See Appendix 15 for further information on disability support services and services for older people as they relate to Kapiti residents.

Rehabilitation services for people recovering from strokes is currently located at Kenepuru. A limited physiotherapy service for people with chronic breathing problems is available at the Paraparaumu Hospital.

People with chronic conditions such as intellectual disability, who used to see the physiotherapist, occupational and speech therapists at Paraparaumu now have to go to Porirua as the services are only available there.

The specialist geriatrician has a clinic once a week at Paraparaumu Hospital. These services have been cut in half over the last few years.

There are no age-specific residential services or respite care for youth so they have to travel to Porirua or the Hutt Valley.

Non-hospital services

There are a number of government departments which provide or fund services for disabilities patients including ACC, Special Education Services, and Work and Income New Zealand. Again, the Peka Peka Road boundary means that most of these services are available from the north for Otaki and Te Horo, and from the south for the southern part of Kapiti.

There are many community-based services but the people who need them are not always advised of their existence. These include groups for diabetes, epilepsy, asthma, hearing loss, and so forth. There are some gaps reported – for instance, there are no services to support children diagnosed with attention deficit hyperactivity disorder or transition assistance for intellectually disabled young people when they leave school.

Te Runanga o Raukawa are providers of a disability support service in Otaki.

In Paraparaumu, the Disability Information and Resource Centre, located with the Kapiti Community Centre in Ngarara Road, Paraparaumu, has a wide range of items for hire or sale. People in Paekakariki can borrow disability equipment from the Red Cross. In Otaki, the previous local equipment store has shifted so equipment must be ordered from a distance. Local pharmacists no longer handle equipment for the disabled.

In Paraparaumu, there are four mobility taxis for the Paraparaumu and Waikanae area that are often all booked at the same time. In Otaki the taxi service is very limited with only two vans and two cars available. None has ramps for wheelchair access.

Kapiti Carers,³⁶ a voluntary group will provide transport for people to and from hospitals. The group has very few drivers, most of whom are older people themselves and find the difficulties of managing the trip to Wellington, especially at peak times, arduous. They take people to Wellington, Kenepuru, and the Hutt hospitals and Palmerston North on occasion and around the local facilities. The RSA also provides **transport services** in a voluntary capacity for its members.

Meals on Wheels and churches also provide a voluntary service by predominantly elderly volunteers.

³⁶ See Appendix 15 for an indication of the trips made by Kapiti Carers and the RSA each year.

Transport to hospital services

The goals of these recommendations are:

- to have more frequent public transport from Waikanae to Kenepuru Hospital, and to Wellington Hospital
- to have more frequent public transport from Otaki to Paraparaumu Hospital
- to make parking at Wellington and Kenepuru Hospitals easier for people from the Kapiti Coast.

(These issues are discussed in Section 5 under 'Outpatient Services'.)

Action planned	Performance measure (what by when)
<p>Otaki to Paraparaumu</p> <ul style="list-style-type: none"> • Wellington Regional Council agrees to consider the need for additional bus services between Otaki and Paraparaumu based on the level of need expressed by the community. 	<ul style="list-style-type: none"> • Review when they receive submission.

Action recommended	Benefits	Magnitude of estimated costs	Suggested priority
<p>More frequent public transport to hospitals</p> <ul style="list-style-type: none"> • Wellington Regional Council to improve the frequency of public transport from the Kapiti Coast, in particular by extending the electrified rail service to Waikanae by 2004. • Kapiti Community Health Trust to survey Otaki residents about expected use of a bus to Horowhenua and Paraparaumu Hospitals, noting that appointments will need to be coordinated with the bus timetable to be effective. • Wellington Regional Council to consider increased provision of more frequent bus services from Porirua railway station and town centre to Kenepuru Hospital. • Capital Coast Health and Wellington Regional Council to discuss options for improving public transport from the Kapiti Coast and Porirua, to Kenepuru and Wellington Hospitals. The options discussed to include a trial of a hospital bus service from Otaki, Waikanae, Paraparaumu, Paekakariki, Porirua Town Centre to Kenepuru Hospital and Wellington Hospital. 	<p>Improved ease of access to specialist services for many people</p>	<p>Transport budget</p>	<p>High</p> <p>High</p> <p>High</p> <p>High</p>

Action recommended	Benefits	Magnitude of estimated costs	Suggested priority
<p>More frequent public transport to hospitals (continued)</p> <ul style="list-style-type: none"> • Capita/ Coast Health to offer Kapiti residents, outpatients appointments between 10 am and 2 pm. As well as avoiding delays due to peak traffic, this arrangement would enable the Wellington Regional Council to avoid the cost of a service at peak times for any bus service to and from Kenepuru and Wellington Hospitals. • Otaki Community Health Trust to survey the need for a mobility vehicle in Otaki, to discuss this with the local taxi company, and then to make a proposal to Wellington Regional Council (taxi companies submit applications in July each year). 			<p>High</p> <p>Medium</p>
<p>Easier parking at Wellington Hospital</p> <ul style="list-style-type: none"> • Capita/ Coast Health to investigate options for providing designated parks for people from the Kapiti Coast attending outpatient appointments at Wellington Hospital (eg, short term disability stickers) 	<ul style="list-style-type: none"> • Improved ease of access to specialist services for many people 	<p>Minimal cost</p>	<p>High</p>

Integration

The goals of better integration are for:

- a one-stop shop for information about services
- an integrated community hospital at the Paraparaumu Hospital site
- better integration of services from a patient perspective, especially services for older people and those with chronic conditions
- health promotion co-ordinated with treatment
- ongoing Kapiti partnership to improve health and disability services, and facilitate integration.

(These issues are discussed in Section 5 under ‘Inpatient and Day Patient Services’.)

- Areas with the highest proportion of sole parent families are Paekakariki and Paraparaumu Central (20.5%), Otaki (20.3%), and Raumati South (19%).
- The proportion of preschool children living in a sole parent family (23%) doubled from 1986-96. This compares with 21% for the Wellington region and 23% for New Zealand in 1996.
- 25.2% of Kapiti residents lived alone in 1996 compared with 20.6% for New Zealand as a whole and 22% for the Wellington region.
- The majority of new dwellings constructed in the district during the 1990s are located in the Paraparaumu and Waikanae areas.

Table 6: Various household characteristics, 1996

	% of households with one or more superannuitant	% of households with at least one sole parent family	% of non-family households	% of households with children aged under 5 years	% of households with one family plus others or two or more families
Kapiti	36	15	27	12	5
Total New Zealand	23	17	25	16	9

Transport and communications

- A smaller percentage (10.3%) of Kapiti households do not have a private vehicle compared to the Wellington region (14.5%) and New Zealand overall (11.5%). Accessing health services often requires patients to travel and, without household transport, access to services can be very difficult.
- In 1996 about 4800 Kapiti residents worked outside the district (32% of its working population).
- In 1996 about 3200 (21% of the district's working population) commuted to work in Wellington city. Most (70%) of these commuters travelled by car.
- Areas with the highest proportions of their working populations working outside the Kapiti district are those in the south, especially Paekakariki, Raumati and Paraparaumu Beach South. These areas may therefore include a larger proportion of residents who have some of their health needs met outside the district.
- A lower percentage (3.0%) of Kapiti residents do not have access to a phone in their dwelling in 1996 than in the Wellington region (4.2%) and in New Zealand (5.1%).
- Among households with an income of less than \$15,000, 6.8% of those households were without a phone in Kapiti compared to 12.2% of households in New Zealand with the same income.

Outpatient clinic services at Horowhenua Hospital

Clinics	Frequency
Coloscopy	1st and 2nd Thursday of the month
Cervical screening	Twice monthly (one evening, one day)
Diabetic	1st Thursday of the month
Diabetes nurse	Levin: Monday, Tuesday, Friday; PN: Wednesday, Thursday
Dietician	Weekly: Tuesday all day, Thursday morning and Friday afternoon
Ear nose and throat	1 st Friday monthly
Gynaecology	Thursday, fortnightly, morning
Psychogeriatric	Weekly: Monday; clinic morning, home visits afternoon
Medical (for elderly)	Weekly: Friday afternoon
Medical	Fortnightly: Friday morning
Oncology	Monthly: 4th Monday morning
Orthopaedic	Rotate weekly: Wednesday afternoon
Orthotic	Weekly: Thursday afternoon
Ostomy	Tuesday morning/afternoon
Paediatrics	Each consultant once a month
Podiatrist	Monday 1–4 pm except 2nd Monday of each month
Palliative care	Weekly: 2nd and 4th Monday afternoon, 1st and 3rd Friday morning
Rehabilitation	Weekly: Thursday afternoon
- Relationship services	Weekly: Monday and Friday
Rheumatology	Weekly: Thursday morning
Radiotherapy	Monthly: 2nd Tuesday afternoon only
surgical	Rotate weekly
STD	Weekly: Tuesday
Speech therapy	Weekly: Monday
U r o l o g y	Weekly: Monday
Wound clinic	Fortnightly: Thursday morning

Transport

Transport from Otaki to Palmerston North

The following bus services stop at Otaki Information Centre on the Main Highway and all stop in Levin at the Shopping Mall, then on to Palmerston North. The bus depot in Palmerston North is on Main Street (about 5 km at least to hospital).

There is a taxi service available at the Levin Mall, otherwise a 2 km walk the Horowhenua Hospital is required.

Pick-up times Otaki'

Newmans	11.15 am	5.05 pm	(Friday and Saturday only)	
Whitestar	9.55 am	5.55 pm		
Intercity	8.50 am	1.30 pm	4.40 pm	8.50 pm

Transmetro trains between Otaki and Palmerston North

These services all stop in Levin.

Bay Express	9.14 am
Commuter train	6.35 pm
Transcenic train	9.06 pm

Local services: Otaki to Levin

Otaki bus service

This service stops at Levin Mall.

Daily Monday-Friday		Returns daily
Otaki beach	7.15 am	5.10 pm
otaki township	7.25 am	
Otaki info centre	7.25 am	

Tuesday and Thursday (extra service)		Returns
Otaki beach	9.15 am	Midday
Otaki township	9.20 am	
Otaki info centre	9.25 am	

Local taxi services

Silver Shuttle has:

- . one van
- . one car available
- . two drivers.
- . operating hours 8 am-6 pm
- will operate outside these hours if pre-booked
- . does not have a ramp for wheelchair access on the van
- . advises that the cost of a ramp cannot be justified as there are not enough wheelchair-bound clients.

Blue Penguin Service has:

- one van
- one car.
- does not operate after 10.30 pm
- will operate outside these hours if pre-booked
- no ramp access for wheelchairs.

Those living at Otaki Beach and needing the train have either to walk (about seven minutes by car) or get a taxi. Taxis are not always available as that the two services have set bookings to the Hutt and for children with disabilities to Levin each day.

Transport co-ordination between Paraparaumu Unit and buses at Kenepuru/Porirua

Transmetro Units leave Paraparaumu at the following times:

Leave Paraparaumu:	Arrive Porirua:	Arrive Kenepuru:
5.52 am	6.28 am	6.31 am
6.35 am	7.08 am	(only goes to Porirua)*
7.00 am	7.33 am	(only goes to Porirua)*
7.16 am	7.49 am	(only goes to Porirua)*
8 am–4 pm	8.34 am, 9.34 am, etc	8.36 am, 9.36 , etc

on the hour

* These are express commuter trains.

Transmetro units leave Kenepuru station three minutes before the time stated for Porirua. They leave Porirua for Paraparaumu at the following times:

Leave Porirua:	Arrive Paraparaumu:
10.21 am	10.55 am
11.21 am	11.55 am
12.21 pm	12.55 pm, etc

Mana Coach Services provide bus transport in Porirua. The Number 59 bus leaves from Porirua Shopping Centre for Kenepuru Hospital on the half hour, every hour.

Commuters need to cross the road at Porirua Railway Station to the shopping centre to catch the bus. Missing the bus by a few minutes means a wait of nearly an hour. The other option is to catch the train right to Kenepuru stop but there is no bus connection so commuters need to walk up the hill.

Appendix 15: Disability Support Services and Services for Older People

Support groups

Kapiti Carers

Kapiti Carers is a voluntary community group offering transport services for Kapiti residents who cannot get to hospital and doctor appointments. The number of trips made to different hospitals in a typical year are:

- . 422 trips to Wellington Hospital and back
- 334 trips to Kenepuru Hospital
- 44 trips to the Hutt Hospital
- . 200-300 trips to local appointments.

Otaki RSA

The RSA van made 107 trips to take members to hospitals in the **12 months to May 2000**. These included Wellington (18), Horowhenua (42), Palmerston North (40), Kenepuru (3), Bowen Street (1), Ozanem House (2), Mercy (1). The van does not have a hoist.

Paraparaumu RSA

In the last financial year 86 hospital trips were made. These included Wellington Hospital (49), Kenepuru (22), other, including Hutt and private hospitals (22). Driver hours numbered 214.

Waikanae RSA

The Waikanae RSA averages 30 trips a month to Wellington and Kenepuru Hospital for their members.

Levels of disability

Specific information about levels of disability is not available for Wellington region or the Kapiti area. However, a survey of disability in New Zealand carried out in 1996/97 provides findings which might equally apply to Kapiti. At a national level:

- one out of five people in New Zealand live with one or more disability (702 000 people)
- . just over 400,000 people in New Zealand reported needing some assistance for their disability, the balance (42%) reported no need for assistance
- one out of nine are dependent (need assistance to live independently)