

**+NEWS** | In print

## Whatever the weather: Lessons for primary care in the aftermath of Gabrielle



Patrice Dougan

pdougan@nzdoctor.co.nz



Monday 15 January 2024, 03:08 PM

6 minutes to Read



Damage to SH2 between Napier and Wairoa caused by Cyclone Gabrielle [Image: NZDF]

In a year of multiple weather events, including two cyclones, primary care successfully scrambled to serve its communities despite power blackouts and flooding. Deputy editor **Patrice Dougan** looks at the lessons to be learned ahead of the next disaster

---



Michelle Te Kira [Image: Supplied]

---

“I think people forget that we’re actually still not recovered from the main event”

---

“We’re looking forward to the drought they’ve promised us for summer,” laughs Michelle Te Kira, only partly joking. It sums up a year that’s been particularly tough for the East Coast, ravaged by Cyclone Gabrielle and a series of weather events and heavy rain.

Speaking to *New Zealand Doctor Rata Aotearoa* two days after a weekend storm felled a large tree onto her driveway and brought more timber slash down the river, Ms Te Kira, general manager of Three Rivers Medical in Gisborne, says people are tired, and the community feels on edge in the lead-up to Christmas.

Sidenotes

**Te Ika-a-Māui Weather Events 2023 Post Incident Review Report - Te Whatu Ora**

**Download**

**328.71 KB**

---

“We’re praying for good weather. If you get good weather here, you just feel the difference,” she says.

It has been a tumultuous year. In the first two months of 2023, Cyclone Hale, Cyclone Gabrielle and the Auckland Anniversary weekend floods battered the country. Five regions – Whangārei, Auckland, Coromandel, Napier and Gisborne – all recorded more than a year’s rain in the first six months.

Cyclone Gabrielle hit Tairāwhiti and Hawke’s Bay hard – homes were flooded, rivers burst their banks, bridges and roads were washed out, power and communications were down, 11 people died, and a state of emergency was declared.

“I think people forget that we’re actually still not recovered from the main event, and I think people assume we’re just back to normal,” says Ms Te Kira. “I know that frustrates a lot of the staff.

“At the national level, whenever I’m around a table, I’m reminding them that we still have bad power, we still have brown water – it’s those basics.”

In the storm's immediate aftermath, the health sector scrambled into action, with primary care using backup generators and telehealth to get back on its feet. But some simple issues stood out as problems that practices hadn't considered, says Ms Te Kira, including needing cash on site when EFTPOS machines went down because of power, communication and internet blackouts.

Other operational considerations, like where to store diesel for generators and updating continuity plans with staff phone numbers and the addresses of vulnerable patients who might need emergency checks, were also identified as areas to update. The clinic now has a "code black" plan and invested in a four-wheel drive vehicle "because we realised our little Toyotas and electric cars...were not fit-for-purpose" in an emergency, she says.





Mark Peterson [Image: Supplied]

---

“If communications go down, how do you actually empower the local people to make the appropriate decisions?”

---

In Napier, specialist GP Mark Peterson from Taradale Medical Centre says setting up a mini-hospital in the after-hours clinic, staffed by all available doctors – a lot of them specialists who couldn't get to Hawke's Bay Fallen Soldiers' Memorial Hospital in Hastings because of road closures – worked reasonably well.

However, he was disappointed with an apparent lack of clear leadership at a local level because of confusion caused by the reforms.

“That's not a criticism of the people who actually did that [role], because I think they did a pretty good job,” says Dr Peterson. “But it was really hard for them to know what level of ability they had to make decisions.

“They were making them, but whether they had the authority to make them was actually not clear, and I think that was one of the issues that needs to be addressed long term with a nationalised health system as we now have. If communications go down, how do you actually empower the local people to make the appropriate decisions?”



Jo Scott-Jones [Image: Supplied]



---

“Involving primary care in emergency planning is something I raise frequently in the networks, whenever I’m asked”

---

Pinnacle Midlands Health Network medical director and specialist GP Jo Scott-Jones says he saw a massive difference in how the emergency response unfolded in the Coromandel region, where primary care had been consulted and involved in the planning process, compared to Tairāwhiti, where it had not.

lanning, we were able to raise questions, so that resulted in those supplies [such as birthing kits, extra medication and equipment, point-of-care testing, satellite phones] being made and those services being set up,” Dr Scott-Jones says. “We didn’t get that opportunity in Tairāwhiti.”

What did work well, however, was GP liaison Sarah Callaghan, who – during four days with no communications – “made it a personal mission to go around all of the services two or three times a day communicating what the systems were doing to provide services, to ensure all of the practices were up and running as best they could be, that the pharmacies were up and running”.

Her extensive connections between Te Whatu Ora and primary care meant she could recognise what needed to happen at primary and secondary levels and identify the right people to tap into and pull together, says Dr Scott-Jones.

Pinnacle has since established resource kits in its Tairāwhiti office, which can be deployed to set up pop-up clinics in community halls or marae in an emergency, as well as satellite phones in its practices. Involving primary care in emergency planning is “something I raise frequently in the networks, whenever I’m asked”, he says.

“We’ve highlighted it through [General Practice NZ] as a key learning, but at this stage, all we can do is to advocate and lobby. I haven’t seen any action on that, not on a national scale.”

Under the Coalition Government, the cyclone recovery minister position has been scrapped in favour of a combined emergency management and response minister portfolio held by Mark Mitchell. In December, he was scheduled to visit mayors and other leaders in Gisborne, Hawke’s Bay, Auckland and Northland to plan how best to support the cyclone-affected regions.

Everyone *New Zealand Doctor* spoke to for this story said they wanted to see action from the Government, including funding to allow practices to prepare for emergencies, such as acquiring generators or solar power and satellite phones.

“The key thing is having somebody who speaks to the people on the ground and listens to what they have to say and is able to provide them with resources,” says Dr Scott-Jones.

Health minister Shane Reti declined an interview request for this story, but in an emailed statement from his press secretary, said: “It’s hugely important New Zealanders can rely on vital health services to continue during emergencies, whether that’s at district, regional or national level.

“Health agencies will collaborate with the leads in emergency management during these times of challenge.”

After Cyclone Gabrielle, Te Whatu Ora reviewed its performance. The Post Incident Report was released to *Pharmacy Today* under the Official Information Act on 30 November.

It says that while the overall response was successful, the emergencies fell when the agency was at a transitional stage, with relatively new organisational settings, creating uncertainties and confusion. Some internal and external relationships “were not as strong or as organised as they would have been otherwise. In some cases, relationships were formed during the emergency response itself”.

It also acknowledges the importance of primary care in an emergency, particularly in rural or isolated communities. It recommends building a resilient primary and community sector, using liaisons to improve situational awareness, increasing engagement with the sector and ensuring primary care can be quickly linked to the emergency response.

Sue Gordon, interim head of health, safety, wellbeing and organisation resilience at Te Whatu Ora, in an emailed response to *New Zealand Doctor*, says the review identified improvements could be made.

The agency has already completed some recommendations, including clarifying chains of command between the district, regional and national levels and having a plan to move people and resources to key areas before forecast events, Ms Gordon says.

Asked whether primary care would be consulted in future disaster planning, she says: “Health system relationships are continuously improving and expanding to create a more resilient and prepared network.

“One of the actions from the review is to increase engagement with health partners, including primary care, to ensure they are brought into a response early, at every level [district, regional, and national].”

## **What to expect in 2024**



- New Zealand has not seen its last natural disaster or damaging weather event. NIWA predicts an atypical El Niño summer with above average temperatures and the odd subtropical rainmaker.
- Many people are still out of their homes; staff wellbeing and re-engaging with communities will be prioritised.
- Government announcements on how it plans to support cyclone and flood-affected regions.

Mary, capture your time to Read, Watch, Listen or Delve by clicking **CAPTURE**.

**CAPTURE**

You can view your **CAPTURE RECORD** [here](#).