



This is a public hospital being built with public money.

People who don't live in the South are about to make a decision that will impact our communities for the next 50 years.

Yet we are not being consulted.

They need to hear our point of view.

We need to make a statement...

**SAVE OUR
SOUTHERN
HOSPITAL**
FUNDING CUTS HURT



The people of the South say:

The Southern Regional Hospital project has been delayed long enough.

Hundreds of consultants and clinicians have so far devoted seven years to refining services and costs.

If there are easy savings to be made, that don't affect clinical services, then we should make them. **We are all tax payers too.**

Our Statement:

Message one:

Cuts to clinical services are totally unacceptable.

Message two:

The option to retrofit the existing Ward Block as a future inpatient facility should be abandoned immediately.

Message three:

The biggest cost to the project is now delay. A major redesign at this stage is a false economy.

MESSAGE ONE:

Cuts to clinical services are totally unacceptable.

From the outset our new hospital was planned to be highly efficient:

- More day surgery
- More efficient ED
- More digitally enabled
- **Better resourced primary and community health.** So far, the resourcing for primary and community health is not to hand.

MESSAGE ONE:

Cuts to clinical services are totally unacceptable.

These efficiency assumptions mean that fewer in patient beds are planned, than would otherwise be the case: Some numbers*

- Current Dunedin Public Hospital beds: **364***
- Beds projected as necessary without efficiencies: **513*** by 2043
- Beds planned for new hospital [with efficiencies]: **421***
- This reduces if sixth floor removed to – about – **397.**

*Final Detailed Business Case 22 March 2021

MESSAGE ONE CONCLUSIONS:

Cuts to clinical services are totally unacceptable.

- The new hospital [421] will work only if assumed efficiencies can be secured.
- If its clinical capacity is trimmed any further, even just to 397, **it will be too small, before 2043.**

MESSAGE TWO:

The option to retrofit the existing Ward Block as a future inpatient facility should be abandoned immediately.

Retrofitting the Ward Block was closely studied for 10 months nearly eight years ago, by architects, engineers, economists and project managers.

Their conclusion – DON'T

Prime Minister Bill English's Cabinet accepted that advice in July 2017, because: **The long-term costs would be higher, and the project would take longer.**

MESSAGE TWO:

The option to retrofit the existing Ward Block as a future inpatient facility should be abandoned immediately.

But the option is back on the table, with all of yesteryear's problems AND many extra things now counting against it:

- The seismic rating will now have to be higher - IL4 not IL3. That's expensive.
- Cabinet will have to choose between the almost fully designed new hospital, and retrofitting the Ward Block - where design hasn't yet started.
- That means comparing a project with refined costings and low risk of cost overrun, with a project where the costs are unknown and the risk is high.

MESSAGE TWO:

The option to retrofit the existing Ward Block as a future inpatient facility should be abandoned immediately.

- The sunk costs on the Cadbury's site – design, engineering, legal, land, piling - will by now exceed \$200M. **Money down the drain**
- There seems to be no plan to relocate patients, during the retrofit
- Remaining patients would suffer construction noise above or below them.
- The timeline for completion would stretch towards **2040**.

BUT WAIT, THERE'S MORE.....

MESSAGE TWO:

The option to retrofit the existing Ward Block as a future inpatient facility should be abandoned immediately.

- **Worst of all** - clinicians would be working in a construction zone for the best part of a decade. The effect on morale, mental health, recruitment and retention is **beyond words**
- At the end of it all we would have a **brand new 60 year-old hospital**
- It is reckless to persist with this option. It ties up valuable consultant time and expertise, **and it is a waste of money.**

IT SHOULD STOP, NOW.

MESSAGE THREE:

**The biggest cost to the project is now delay.
A major redesign at this stage is a false economy.**

The costs of delay:

- Ordinary inflation - calculated at **\$110,000 per day*** or **\$6m since the protest**
- Extraordinary inflation - construction costs inflation. The construction price index has **risen by approx 38%** between 2019 and 2024 – almost 7% pa**
- All **architectural and engineering redesign costs**, minor or major
- Cost of addressing any hurried redesign error – eg pathology 2022
- Cost of **‘keeping the lights on’** in existing hospital
- **Social cost** of delay.

Our Statement:

Message one:

Cuts to clinical services are totally unacceptable.

Message two:

The option to retrofit the existing Ward Block as a future inpatient facility should be abandoned immediately.

Message three:

The biggest cost to the project is now delay. A major redesign at this stage is a false economy.



**Build it once
Build it right
Build it now.**

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