



Waitematā

District Health Board

Best Care for Everyone

Hospital Services

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10 March 2020



Dear 

Re: OIA request – Referral information on various services

Thank you for your Official Information Act request received 16 January seeking information from Waitematā District Health Board (DHB) about referrals from general practitioners (GPs) for various surgical procedures.

We note that six requests (**Attachment 1**) were submitted by you to other DHBs on 14 January, however these were not received by Waitematā DHB on that date. We contacted you on 16 January to ask if you wished to submit them to us, which you did.

Your six OIA requests sought the same data on seven different surgical procedures, (*grommets, hip replacement and knee replacement, coronary artery bypass, cataracts, colonoscopy and colposcopy*).

We considered the scope of your requests and our capacity and ability to provide the data for a response. There were a number of elements that did not readily align with the way that our patient record/ coding systems capture data.

Because of that, we contacted you on 23 January suggesting a different approach to these OIAs. On the same day, you contacted us to query this and we then responded by email with further advice about how we would be able to provide responses.

As we did not receive a reply from you, we followed up with an email on 5 February advising that your OIA requests had been on hold since 23 January while we awaited your clarification. We noted the OIAs would remain on hold for another 10 working days and would be closed on 20 February unless we heard further from you.

On 13 February, we sent you another reminder that the OIAs were on hold while we awaited your clarification and would be closed on 20 February.

On 17 February, Counties Manukau Health advised us that you had contacted them to clarify your requests. We then contacted you on 19 February to notify you that we would proceed with your OIAs based on our previous advice about re-scoping the request.

On 20 February, you contacted us to ask why we had not yet provided a response to your OIAs. You were advised that we had not received direct clarification from you but were making the assumption that we should provide responses based on your phone call to Counties Manukau Health.

Waitematā DHB does not provide the following services so the OIA requests relating to them were transferred to Auckland DHB on 20 February:

- Coronary Artery Bypass
- Cataracts.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā DHB serves a population of more than 630,000 across North Shore, Waitakere and Rodney areas, the largest and one of the most rapidly growing DHBs in the country. We are the largest employer in the district, employing around 7,500 people across more than 80 different locations.

In addition to providing services to our own population, we are also the metropolitan Auckland provider of forensic psychiatry, child disability services, child community dental services and community alcohol and drug services.

We have provided responses based on our previous suggestion of an alternative approach which was:

***Total numbers** of each of the listed procedures completed in 2018/19, and for those cases completed:*

- *The data broken down to **referral source** (GP, other health professional) – NB, this is ascertained AFTER FSA (if referral is declined there is no FSA)*
- *The **priority allocation** by clinician for time to FSA on acceptance (groups to 1&2 for urgent and 3-5 for others),*
- *The **time to attend an FSA** (average days waiting) – noting data on cases exceeding 120 days per speciality are in ESPI (patient flow indicator) data.*
- *The **time to the procedure completed** (average days waiting) - from being added to a procedure waitlist after an FSA. This is the 'decision to treat' ESPI data.*

Please refer to **Attachment 2**.

In addition, the Ministry of Health (MoH) manages nationally consistent data on elective services performance which is publicly available on the MoH website, most recently for October 2018-September 2019, which is close to your specified timeframes:

<https://www.health.govt.nz/system/files/documents/pages/september-2019-waitemata-espi-trend-and-services-summary.pdf>

These reports show how DHBs are performing, broken down by speciality, against the required MoH targets. They also give each DHB's referral numbers per month and the percentage of total referrals where the wait is greater than 120 days for the first specialist appointment (FSA) and is longer than the target for the procedure.

This information enables consistent comparison of DHB performance, although we urge caution in benchmarking DHBs in isolation of other factors, such as specialist services, DHB demographics and capacity variables (workforce, theatres etc).

A national comparison of DHBs is available on the MoH website at: <https://www.health.govt.nz/our-work/hospitals-and-specialist-care/elective-services/elective-services-and-how-dhbs-are-performing/latest-summary-elective-services-patient-flow-indicators-epis>

For clarity at this time, we also note that:

- funding for DHBs is not provided on the basis of specific elective procedures. For example, we do not receive a set amount of funding for hip replacements each year. Rather, we agree a volume with MoH of all 'planned/ elective' cases expected to be completed
- we cannot reliably extract data on an individual's diagnostic results from coding data (e.g. for colposcopy/ colonoscopy results), in terms of the stage at which a cancer detected. This detection may occur prior to a scope or by other diagnostics and the detail is generally held in individual medical files. Extracting this information would require substantial collation and research
- there is publicly available information on the Faster Cancer Treatment targets that do address 'the integrated journey by cancer streams' and we regularly report our DHB performance against these targets via the Waitematā DHB Board:
<https://www.health.govt.nz/our-work/diseases-and-conditions/national-cancer-programme/cancer-initiatives/faster-cancer-treatment>
- we cannot extract and readily match data on a procedure with the length of time people waiting for hip/ knee replacement have a scan (X-ray, CT or MRI), as these procedures may occur prior to referral, take place at other facilities, or may not be required or may be repeated related to other health needs.

You have the right to seek an independent review of any of the decisions taken in providing this response by contacting the Office of the Ombudsman via www.ombudsman.parliament.nz.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Debbie Holdsworth', written in a cursive style.

Dr Debbie Holdsworth
Acting Director Hospital Services
Waitematā District Health Board

List of Information requested in original request:

Grommet Insertions for the time period from 1 July 2018 – 30 June 2019

1. Breakdown in terms of numbers for each type of GP referral that were declined and accepted?
 - a. Non urgent referrals
 - b. Urgent referrals
2. Breakdown in terms of numbers for each type of specialist referral that were declined and accepted?
 - a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
3. Once the following referral has been accepted how long before seeing a specialist?
 - a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
4. How long from each of the types of referrals being accepted to have grommet insertions?
 - a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
5. How many grommet insertions was your DHB funded for the time period from 1 July 2018 - 30 June 2019 and many did you carry out?
6. What is the criteria for being eligible for a grommet insertion?

Colonoscopies for the time period from 1 July 2018 – 30 June 2019

1. Breakdown in terms of numbers for each type of GP referral that were declined and accepted?
 - a. Non urgent referrals
 - b. Urgent referrals
2. Breakdown in terms of numbers for each type of specialist referral that were declined and accepted?
 - a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
3. Once the following referral has been accepted how long before seeing a specialist?
 - a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
4. How long from the patient first presenting to receiving a colonoscopy and if cancer detected at what stage?
 - a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
 - d. Specialist referral
 - e. GP referral

5. How many colonoscopies was your DHB funded for the time period from 1 July 2018 - 30 June 2019 and many did you carry out?

Cervical Colposcopy for the time period from 1 July 2018 – 30 June 2019

1. Breakdown in terms of numbers for each type of GP referral that were declined and accepted?
 - a. Non urgent referrals
 - b. Urgent referrals
2. Breakdown in terms of numbers for each type of specialist referral that were declined and accepted?
 - a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
3. Once the following referral has been accepted how long before seeing a specialist?
 - a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
4. How long from the patient first presenting to receiving a cervical colposcopy and if cancer detected at what stage?
 - a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
 - d. Specialist referral
 - e. GP referral
5. How many cervical colposcopy was your DHB funded for the time period from 1 July 2018 - 30 June 2019 and many did you carry out?

Total Hip Replacements and total Knee Replacements for the time period from 1 July 2018 – 30 June 2019

Information seeking for hip replacements

1. Breakdown in terms of numbers of hip replacements for each type of GP referral that were declined and accepted?
 - a. Non urgent referrals
 - b. Urgent referrals
2. Breakdown in terms of numbers of hip replacements for each type of specialist referral that were declined and accepted?
 - a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
3. Once the following hip replacement referral has been accepted how long before seeing a specialist?
 - a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
4. How long for each of the following types of hip replacement referrals to have a scan?
 - a. Non urgent referrals

- b. Urgent referrals
 - c. Emergency department referrals
 - d. GP referrals
 - e. Specialist referral
5. How long for each of the types of hip replacement referrals being accepted for surgery?
- a. Non urgent referrals
 - b. Urgent referrals
 - c. Emergency department referrals
 - d. GP referrals
 - e. Specialist referral
6. How many hip replacement operations did you have funding for in the financial year 1 July 2018 - 30 June 2019 and how many were carried out?

Information for knee replacements

1. Breakdown in terms of numbers of knee replacements for each type of GP referral that were declined and accepted?
- c. Non urgent referrals
 - d. Urgent referrals
2. Breakdown in terms of numbers of knee replacements for each type of specialist referral that were declined and accepted?
- d. Non urgent referrals
 - e. Urgent referrals
 - f. Emergency department referrals
3. Once the following knee replacement referral has been accepted how long before seeing a specialist?
- d. Non urgent referrals
 - e. Urgent referrals
 - f. Emergency department referrals
4. How long for each of the following types of knee replacement referrals to have a scan?
- f. Non urgent referrals
 - g. Urgent referrals
 - h. Emergency department referrals
 - i. GP referrals
 - j. Specialist referral
5. How long for each of the types of knee replacement referrals being accepted for surgery?
- f. Non urgent referrals
 - g. Urgent referrals
 - h. Emergency department referrals
 - i. GP referrals
 - j. Specialist referral
6. How many knee replacement operations did you have funding for in the financial year 1 July 2018 - 30 June 2019 and how many were carried out?

Transferred to Auckland DHB

- Coronary Artery Bypass
- Cataracts

Attachment 2:

This information relates to the data set agreed, as below:

Total numbers of each of the listed procedures completed in 2018/19 FY, and for those cases completed:

- The data broken down to referral source (GP, other health professional) – NB, this is ascertained after a first specialist appointment (FSA) (note, if a referral is declined there is no FSA)
- The priority allocation by a Senior Medical Officer (SMO) or Waitematā DHB clinician for the time from acceptance of a referral to FSA (groups 1&2 for urgent and 3-5 for others),
- The time to attend an FSA (average days waiting) – data on cases exceeding 120 days per speciality is available on the MoH website – link previously provided.
- The time to the procedure completed (average days waiting) - from being added to a procedure waitlist after an FSA. This is the 'decision to treat' ESPI data, available on the MoH website.

Please note the following:

- Funding for DHBs is not provided on the basis of specific elective procedures. As previously outlined, each year we agree a volume with the MoH by speciality of 'planned/ elective' cases expected to be completed.
- The data provided is for procedures carried out at a Waitematā DHB facility for Waitematā DHB-domiciled patients and for attended appointments for Waitematā DHB-domiciled patients at Waitematā DHB facilities from July 2018 to June 2019 (2018/19 FY).
- As previously mentioned, there are agreed DHB-comparative national targets for Elective Services access (ESPI targets – see MoH website). These set maximum-wait timeframes for an FSA and the expectation that treatment should occur within 4 months of each FSA.

Procedure	Procedures completed 2018/19 FY	Accepted referrals by source/ priority					Wait times (average days) - all priorities		
		Referral source (decision for procedure)		Urgency			Average time to FSA	Average time to procedure (following FSA)	Average time to FSA (incl 0)
		SMO / internal	Other / GP	Urgent (1 & 2)	Other (P3-5)				
Grommet / Myringotomy	391	124	267	286	105	54.8	49.5	54.8	
Hip Replacement	485	21	464	122	363	101.5	91.5	101.5	
Knee Replacement	730	33	697	113	617	107.1	96.7	107.1	
Cataract		<i>Procedure provided regionally via Auckland DHB for Waitematā DHB population</i>							
Diagnostic - Colonoscopy ¹	7,106	2,445	4,661	4,959	2,147	85.3	246.3	85.3	
Diagnostic - Colposcopy (theatre)	72	4	68	51	21	85.3	49.5	85.3	
Diagnostic - Colposcopy (performed in outpatient procedure room)	1,930	93	1,837	687	1243	86.0	n/a ²	86.0	
Coronary Artery Bypass		<i>Procedure provided regionally via Auckland DHB for Waitematā DHB population</i>							

¹Note that the average time to procedure for diagnostic colonoscopies includes staged/planned procedures one or two years out.

²No wait as procedure is performed at time of FSA.

Notes:

1. Declined referral statistics are not collated at procedure level - all referrals are triaged by speciality for an FSA, decline is for FSA not a specific procedure.
2. Surgical intervention/ decision-to-treat is made at the FSA
3. All referrals (external/ internal source) are graded via same parameters for urgency. Referral source for a procedure/ decision to treat is primarily by SMOs following the FSA
4. Wait times data include all levels of priority (including diagnostic surveillance) and excludes cases with no FSA, wait time not recorded, or wait time 0-(zero) days or shorter. ~ Average days with 0-days FSA cases included in the calculations are also provided for surgical procedures only
- ~ Diagnostic procedures wait time calculations exclude some 282 records with a wait to FSA of 0 or less than 0 days
5. Only the first colonoscopy and/ or the first colposcopy undertaken for each patient in the 2018/19 FY was counted
6. The point in time that diagnostic imaging occurs in an orthopaedic pathway is not held in extractable form in clinical coded data
7. The point in time/ method that a confirmed cancer diagnosis is made/ and extent of any cancer would require significant clinical interpretation of data
8. In some circumstances, additional procedures may occur via outsourced providers.