

25 May 2022



Dear 

Re: OIA request – Wait times for elective surgery

Thank you for your Official Information Act request received 27 April seeking information from Waitematā District Health Board (DHB) about wait times for elective surgery.

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

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing more than 8,900 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide the following information:

- 1. Please provide the length of time for patients on the waiting list who were referred by their GP to Specialist in your district (incl. count of events and average wait days) for the following:**
 - a. Hip replacement
 - b. Knee replacement
 - c. Hysterectomy (or general gynaecology)
 - d. Breast reconstruction
 - e. Gall bladder
 - f. CT/MRI/PET scan
 - g. Colonoscopy
 - (i) Covering a 12-month period from 1 March 2021 to 28 Feb 2022.
 - (ii) Covering a 12-month period from 1 March 2016 to 28 Feb 2017.

- 2. Please provide the length of time for patients on the waiting list, who are awaiting surgery in your district (incl. count of events and average wait days) for the following:**
 - a. Hip replacement
 - b. Knee replacement
 - c. Hysterectomy

- d. Breast reconstruction
- e. Gall bladder
- f. CT/MRI/PET scan.

(i) Covering a 12 month period from 1 March 2021 to 28 Feb 2022.

(ii) Covering a 12 month period from 1 March 2016 to 28 Feb 2017.

The four DHBs of the Northern Region (Auckland, Waitematā, Counties Manukau and Northland) have worked hard to maintain service-delivery during the COVID-19 Omicron outbreak over recent months. The pressure on the hospital system has resulted from a combination of increasing cases related to COVID-19 and staff pressures as people isolated at home to look after themselves and whānau.

The number of elective planned care admissions was lower in the months of January, February and March 2022 compared to previous years. This is to be expected when the hospital system was dealing with the results of the Delta outbreak, followed by the onset and surge of the Omicron outbreak.

During this time, measures to maintain services were put in place, including extended hours, weekend lists, outsourcing, increased use of telehealth and seconding healthcare professionals to take up different roles. Now the most recent outbreak peak has passed, there is a consistent focus on increasing the levels of planned care.

In response to questions 1 and 2 please refer to tables 1 and 2 below:

Table 1: 1 March 2016 to 28 February 2017

Procedure		Procedures completed	Wait times (average days) - all priority	
			Average time to first specialist appointment (FSA)	Average time to procedure following FSA
Breast reconstruction		108	81	75
Diagnostic colonoscopies*		5,183	76	147
Gall bladder		312	80	53
Hip		559	106	81
hysterectomy		74	79	106
Knee		698	110	84
Radiology	CT**	2,711	-	28
Radiology	MR**	296	-	37

Table 2: 1 March 2021 to 28 February 2022

Procedure		Procedures completed	Wait times (average days) - all priority	
			Average time to FSA	Average time to procedure following FSA
Breast Reconstruction		39	58	122
Diagnostic Colonoscopies*		5,423	99	251
Gall bladder		232	97	108
Hip		476	119	184
Hysterectomy		252	79	149
Knee		548	125	234
Radiology	CT**	2,340	-	55 ¹
Radiology	MR**	320	-	70 ¹

* Note that the average time to procedure for diagnostic colonoscopies includes staged/planned - i.e., where the patient's condition is known and there is a planned pathway of care.

** Please note for CT and MR, we have provided the total number of CT and MR scans performed over the period. Further to this, a first specialist appointment is not required for CT/MR scans. The patient is booked for a scan, then receives it.

¹Wait time increases between 2016/17 and 2021/22 occurred due to social distancing requirements as a result of COVID-19. Lockdown restrictions resulted in a six-week period when outsourcing to private providers was not possible. Waiting lists were reviewed during this time to ensure appointments continued for those patients that were clinically urgent.

Not all scans performed are related to the elective surgery as we also perform scans for urgent purposes and, without the review of individual patient files, we cannot determine whether each scan was directly related to the patient's need for planned surgery or some other event that may have occurred.

To provide the information about the number of scans related to surgery would require the review of individual clinical records of each of the nearly 2,000 patients scanned in this period.

Due to the sensitivity of this information, frontline clinical staff would need to review individual clinical files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to seek a review is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

3. Could you please provide the average wait time for patients being treated with the following cancers: (include count of events and average days)

- a. Lung
- b. Breast
- c. Cervical
- d. Bowel
- e. Prostate
- f. Skin

- (i) Covering a 12 month period from 1 March 2021 to 28 Feb 2022.
- (ii) Covering a 12 month period from 1 March 2016 to 28 Feb 2017.

Our cancer treatment data is held in our Faster Cancer Treatment programme records. Provided below is:

- the average days waiting for treatment once a treatment decision has been made and
- the total volume of patients per tumour stream for the specified time periods.

Table 3: 1 March 2016 - 28 Feb 2017

Tumour Stream	Number of patients	Average days waiting
Breast	272	12
Gynaecological (includes cervical*)	134	15
Lower intestinal (includes bowel*)	288	13
Lung	206	4
Skin	191	15
Urological (includes prostate*)	330	16

Table 4: 1 March 2021 – 28 Feb 2022

Tumour Stream	Number of Patients	Average days waiting
Breast	278	16
Gynaecological (includes cervical*)	120	12
Lower intestinal (includes bowel*)	242	14
Lung	236	8
Skin	205	11
Urological (includes prostate*)	385	28

** Note: cervical, bowel and prostate cancer average waiting day data is recorded within separate tumour stream categories for gynaecology, lower intestinal and urology respectively and, therefore, treatment for these cancers are not able to be reported separately.*

4. Please feel free to provide any explanation or clarification which will help me understand the above data.

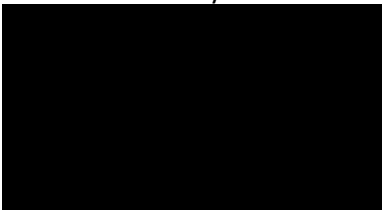
Clarifications have been provided in response to questions 1 to 3.

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



**Executive Director Hospital Services
Waitematā District Health Board**