

7 September 2022

[REDACTED]

c/- [REDACTED]

Via email: [REDACTED]; [REDACTED]

Tēnā koe [REDACTED]

Your Official Information Act request, reference: HN3322 - Surgical waiting lists

Thank you for your Official Information Act request received 10 August and subsequent clarification received on 12 August seeking information from Te Whatu Ora - Health New Zealand Waitematā about waiting lists, CPAC scores and GP referrals.

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 health districts 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. How many people are currently on the waiting list for all services for First Specialist Assessment (ESPI #2), what was the increase or decrease in numbers on the list for May – July 2022 inclusive, and how many in total have been waiting more than 12 months?**

The Northern Region health district (Auckland, Waitematā, Counties Manukau and Northland) has worked hard to maintain service-delivery during the various COVID-19 outbreaks over the past two years. 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.

It should be noted that services across the Waitematā district were significantly impacted in 2020 and 2021 due to COVID-19 lockdowns. Restrictions put in place to minimise the spread of COVID-19 across the Auckland region meant that face-to-face appointments were not able to proceed for lengthy periods of time; this has inevitably impacted wait times.

To assist in managing waitlists, a number of our services are increasing the number of clinics and surgeries available across specialities and actively recruiting additional staff.

In addition, we have an active program in place to ensure as many patients as possible waiting >365 days have a FSA appointment booked by the end of September. While it may take some time for all patients to be seen, it will give patients some certainty with an appointment.

Table 1: People on waiting list for all services for First Specialist Assessment (ESPI #2, and how many in total have been waiting more than 12 months

Medical or surgical specialty	Open waitlists as of 31/07/2022	# Waiting over 365 days*
Cardiology	1305	0
Dermatology	295	0
Diabetes	158	0
Endocrinology	336	0
Gastro-Enterology	927	0
General Medicine	266	1
General Surgery	1005	84
Gynaecology	1767	111
Haematology	520	0
Infectious Diseases	46	0
Neurovascular	184	0
Orthopaedic	2969	24
Otorhinolaryngology	2288	115
Renal Medicine	253	0
Respiratory Medicine	925	0
Rheumatology	442	0
Urology	413	0
Anaesthesiology	106	3
Paediatric MED	1116	0

Table 2: Increase or decrease in numbers on the list for May – July 2022 inclusive

Medical or surgical specialty	Open waitlists as of 01/05/2022	Open waitlists as of 31/07/2022	Difference*
Cardiology	1615	1305	-310
Dermatology	216	295	79
Diabetes	146	158	12
Endocrinology	253	336	83
Gastro-Enterology	802	927	125
General Medicine	270	266	-4
General Surgery	1242	1005	-237
Gynaecology	1755	1767	12
Haematology	279	520	241
Infectious Diseases	43	46	3
Neurovascular	159	184	25
Orthopaedic	2560	2969	409
Otorhinolaryngology	2017	2288	271
Renal Medicine	235	253	18
Respiratory Medicine	696	925	229
Rheumatology	415	442	27
Urology	342	413	71
Anaesthesiology	91	106	15
Paediatric MED	894	1116	222

*Any long delays indicated in the data are typically outliers and can occur for the following reasons:

- patient work commitments
- patient not fit for operating theatre
- condition resolved
- patient declined
- patient did not confirm
- patient did not stop medication

- patient intercurrent condition (the development of a new disease or illness during the progress of another disease)
- operation no longer required
- rescheduled
- seen elsewhere
- transport difficulties
- treated at another DHB
- patient unable to be contacted
- patient unwell
- theatre, staffing, equipment/utilities issues
- hospital COVID-19 protocols
- patient is COVID-19-positive
- patient has no home support
- patient did not arrive
- patient family bereavement
- patient pregnant
- procedure not required
- acute patients requiring immediate care.

2. How many people are on the waiting list for surgery (ESPI #5 – elective services patient flow indicators), what was the increase or decrease in numbers on the list for May – July 2022 inclusive, and how many in total have been waiting more than 12 months?

Patients are triaged according to level of acuity and the flow-on effect is that patients who are waitlisted with a low level of acuity will have surgery but might wait longer for surgery compared to patients with a higher level of acuity.

Please note that surgery that has been triaged at a lower level of acuity is typically not done during COVID-19 lockdowns, with the highest priority cases seen in the immediate catch-up periods.

Throughout the lockdowns, 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. As we move through the various surges in community spread of COVID-19, there is a consistent focus on increasing the levels of planned care.

A national planned care taskforce has been set-up to provide advice to the new health authorities Te Whatu Ora - Health NZ and the Māori Health Authority – on how to provide equitable, timely and sustainable planned care health services, with the expectation that health districts will start to clear their waiting lists as we return to a more business-as-usual environment.

Table 3: People on the waiting list for surgery (ESPI #5 – elective services patient flow indicators) and how many in total have been waiting more than 12 months

Elective surgical specialty*	Open waitlists as of 31/07/2022	# Waiting over 365 days
Cardiology	84	0
General Surgery	1675	26
Gynaecology	535	13
Orthopaedic	1814	253
Otorhinolaryngology	423	0
Urology	571	56

*Data includes surgical specialties only as medical specialties are not subject to ESPI #5 guidelines.

Table 4: Increase or decrease in numbers on the list for May – July 2022 inclusive

Elective surgical specialty	Open waitlists as of 01/05/2022	Open waitlists as of 31/07/2022	Difference
Cardiology	82	84	2
General Surgery	1836	1675	-161
Gynaecology	651	535	-116
Orthopaedic	1990	1811	-179
Otorhinolaryngology	388	423	35
Urology	690	571	-119

3. What are the lowest and highest CPAC scores (Clinical Priority Access Code) for those waiting less than 12 months on the surgical wait list and those waiting more than 12 months on the surgical wait list with the orthopaedic service, listed separately for the two time frames?

As previously noted, surgery can be deferred for a number of reasons, some being due to the patient's circumstances or medical condition.

Table 5: Lowest and highest CPAC scores and patients waiting more than 12 months for surgery

Specialty	Waiting more than 12 months as at 31 July 2022	Min of CPAC Score	Max of CPAC Score
Orthopaedic	253	45	90
Specialty	Waiting less than 12 months as at 31 July 2022	Min of CPAC Score	Max of CPAC Score
Orthopaedic	1561	45	100

4. How many GP referrals have been declined for all services per six months and yearly in the past five years, including the six months to June 30 2022, listed in absolute numbers and as a percentage of GP referrals per six months and per year?

Typical reasons for a GP referral being declined include:

- below access threshold
- does not require specialist review
- transfer to Auckland health district
- transfer to Counties Manukau health district
- transfer to another health district
- patient current to service
- transfer to a different service/speciality within Waitematā
- additional information required
- clinic appointment not needed, consultant letter to follow
- transfer of care
- inappropriate/incomplete referral
- duplicate referral
- service not provided by Waitematā.

Referrals are triaged and categorised based on priority from the most-urgent priority one (P1) to non-urgent priority four (P4), with P1 being the most urgent.

It should be noted that for those that are declined, the patient is referred back to the primary care clinician for ongoing care.

The table below shows some areas with higher decline rates, which can occur for a number of reasons including:

Endocrinology

The e-referral system is heavily used by primary care to seek advice from the endocrinology service. A material proportion of declines are for less-serious matters that the service assesses do not need to be seen but for the vast majority we provide written comment and advice to the primary care clinician.

Haematology

The service declined a number of P4 referrals in early 2022 to align with a small number of staff vacancies at that time. However, the acceptance of P4s has now been reinstated.

Infectious Diseases

The infectious diseases service commonly receives referrals from primary care for antibiotic advice which do not require a FSA. As mentioned above, where referrals for antibiotic advice are declined appropriate advice is provided to the primary care clinician. This is the general approach to all requests for antibiotic advice.

Dermatology

The main reason for declines are referrals which are below the access threshold and referrals that are assessed as not requiring specialist review. It should be noted that the dermatology service does not remove minor lesions. This service is provided by our General Surgery service for the district.

Otorhinolaryngology (ORL)

The main reasons for declines in this service are referrals which are assessed as below the access threshold for the service.

Respiratory

Waitematā respiratory service does not have a sleep service. The majority of declines for this service are transferred to Auckland district for review.

Table 6: GP referrals declined

GP Referrals	Jan-Jun Total Ref	Jan-Jun % Declined	Jul-Dec Total Ref	Jul-Dec % Declined	Total Referrals	Total % Declined
2022						
Cardiology	4,241	16%	3,609	16%	7,850	16%
Dermatology	951	48%	853	45%	1,804	46%
Diabetes	777	20%	706	17%	1,483	19%
Endocrinology	1,943	29%	2,043	28%	3,986	28%
Gastro-Enterology	4,941	12%	4,563	13%	9,504	13%
General Medicine	4,434	17%	4,491	12%	8,925	15%
General Surgery	8,407	26%	6,830	29%	15,237	27%
Gynaecology	4,023	14%	3,893	5%	7,916	9%
Haematology	1,305	34%	1,487	26%	2,792	30%
Infectious Diseases	124	47%	117	42%	241	44%
Neurovascular	203	28%	220	22%	423	25%
Orthopaedic	5,158	21%	4,363	21%	9,521	21%
Otorhinolaryngology	3,388	40%	3,059	48%	6,447	44%
Renal Medicine	658	6%	645	7%	1,303	7%
Respiratory Medicine	1,541	27%	1,585	17%	3,126	22%
Rheumatology	838	6%	971	8%	1,809	7%
Urology	2,257	42%	2,061	44%	4,318	43%

GP Referrals	Jan-Jun Total Ref	Jan-Jun % Declined	Jul-Dec Total Ref	Jul-Dec % Declined	Total Referrals	Total % Declined
2021						
Cardiology	3,951	17%	4,303	13%	8,254	15%
Dermatology	969	49%	929	46%	1,898	48%
Diabetes	825	15%	805	14%	1,630	14%
Endocrinology	1,964	31%	1,948	32%	3,912	32%
Gastro-Enterology	5,631	12%	5,931	13%	11,562	12%
General Medicine	4,755	11%	5,012	8%	9,767	10%
General Surgery	9,303	22%	9,045	22%	18,348	22%
Gynaecology	4,457	7%	4,335	10%	8,792	9%
Haematology	1,358	26%	1,467	24%	2,825	25%
Infectious Diseases	134	37%	124	38%	258	37%
Neurovascular	204	29%	195	23%	399	26%
Orthopaedic	5,777	25%	6,219	16%	11,996	20%
Otorhinolaryngology	4,090	46%	4,251	49%	8,341	48%
Renal Medicine	707	12%	797	3%	1,504	7%
Respiratory Medicine	1,837	21%	1,954	22%	3,791	22%
Rheumatology	897	5%	900	2%	1,797	4%
Urology	2,350	31%	2,400	26%	4,750	28%
2020						
Cardiology	3,067	15%	3,831	15%	6,898	15%
Dermatology	695	51%	828	47%	1,523	49%
Diabetes	556	10%	766	13%	1,322	12%
Endocrinology	1,476	30%	1,804	32%	3,280	31%
Gastro-Enterology	4,483	16%	5,603	13%	10,086	14%
General Medicine	4,514	8%	5,640	8%	10,154	8%
General Surgery	7,474	23%	8,547	17%	16,021	20%
Gynaecology	3,555	13%	3,864	14%	7,419	13%
Haematology	1,087	22%	1,247	12%	2,334	16%
Infectious Diseases	132	43%	140	43%	272	43%
Neurovascular	175	26%	166	23%	341	25%
Orthopaedic	4,788	16%	5,951	17%	10,739	17%
Otorhinolaryngology	3,296	42%	4,409	39%	7,705	40%
Renal Medicine	580	2%	808	4%	1,388	4%
Respiratory Medicine	1,458	31%	1,735	27%	3,193	29%
Rheumatology	687	4%	847	5%	1,534	4%
Urology	1,878	30%	2,297	27%	4,175	29%
2019						
Cardiology	3,435	17%	3,474	15%	6,909	16%
Dermatology	804	53%	786	45%	1,590	49%
Diabetes	649	13%	710	15%	1,359	14%
Endocrinology	1,667	31%	1,780	29%	3,447	30%
Gastro-Enterology	5,219	13%	4,982	13%	10,201	13%
General Medicine	5,449	7%	6,111	5%	11,560	6%
General Surgery	8,789	18%	8,764	18%	17,553	18%
Gynaecology	3,620	15%	3,636	10%	7,256	12%

GP Referrals	Jan-Jun Total Ref	Jan-Jun % Declined	Jul-Dec Total Ref	Jul-Dec % Declined	Total Referrals	Total % Declined
Haematology	1,210	11%	1,230	16%	2,440	14%
Infectious Diseases	125	34%	126	31%	251	32%
Neurovascular	155	24%	188	27%	343	26%
Orthopaedic	5,686	18%	5,528	18%	11,214	18%
Otorhinolaryngology	4,354	37%	4,907	45%	9,261	41%
Renal Medicine	741	7%	791	9%	1,532	8%
Respiratory Medicine	1,612	21%	1,637	25%	3,249	23%
Rheumatology	756	8%	773	2%	1,529	5%
Urology	2,236	26%	2,192	28%	4,428	27%
2018						
Cardiology	3,194	12%	3,227	10%	6,421	11%
Dermatology	772	52%	721	47%	1,493	50%
Diabetes	603	15%	650	15%	1,253	15%
Endocrinology	1,602	23%	1,351	20%	2,953	21%
Gastro-Enterology	4,911	12%	4,669	13%	9,580	12%
General Medicine	6,524	4%	6,612	3%	13,136	3%
General Surgery	8,674	18%	7,810	17%	16,484	18%
Gynaecology	3,619	9%	3,583	9%	7,202	9%
Haematology	1,066	14%	1,045	14%	2,111	14%
Infectious Diseases	125	34%	103	32%	228	33%
Neurovascular	140	25%	120	16%	260	21%
Orthopaedic	5,625	16%	5,342	17%	10,967	17%
Otorhinolaryngology	4,488	36%	4,643	41%	9,131	39%
Renal Medicine	652	5%	672	5%	1,324	5%
Respiratory Medicine	1,550	23%	1,618	13%	3,168	18%
Rheumatology	796	4%	778	2%	1,574	3%
Urology	2,118	29%	1,808	29%	3,926	29%

5. What are the figures every quarter totalled for all services for the past seven years for ESPI #1 – primary care referral acknowledgement?

Table 7: GP referrals ESPI1 compliance

Financial Year	Quarter	Total Referrals	ESPI1 Compliance
2016	Q1	11,103	98%
	Q2	13,831	96%
	Q3	12,837	97%
	Q4	14,497	98%
2016 Total		52,268	97%
2017	Q1	15,201	98%
	Q2	14,942	98%
	Q3	14,936	98%
	Q4	15,093	99%
2017 Total		60,172	98%
2018	Q1	15,772	99%
	Q2	15,915	98%
	Q3	16,342	98%

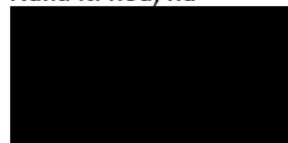
Financial Year	Quarter	Total Referrals	ESPI1 Compliance
	Q4	17,586	99%
2018 Total		65,615	99%
2019	Q1	17,801	98%
	Q2	17,942	98%
	Q3	17,435	99%
	Q4	17,921	98%
2019 Total		71,099	98%
2020	Q1	18,735	98%
	Q2	18,221	98%
	Q3	17,067	98%
	Q4	13,214	99%
2020 Total		67,237	98%
2021	Q1	20,257	99%
	Q2	19,515	99%
	Q3	18,221	98%
	Q4	20,357	97%
2021 Total		78,350	98%
2022	Q1	15,693	98%
	Q2	15,915	95%
	Q3	16,783	88%
	Q4	18,454	86%
2022 Total		66,845	91%

I trust that this information is helpful.

Waitematā 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.

Nāku iti noa, nā



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