

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4134
Kathleen.Smithram@cdhb.health.nz

4 November 2021

9(2)(a)



RE Official Information Act request CDHB 10712

I refer to your email dated 14 September 2021 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

- 1. How many intensive care unit (ICU) beds are available at Canterbury DHB that meet the staffing requirements outlined in the College of Intensive Care Medicine (CICM) minimum standards for Level I, II, III and Paediatric ICUs?**

See: https://www.cicm.org.au/CICM_Media/CICMSite/Files/Professional/IC-1-Minimum-Standards-for-Intensive-Care-Units.pdf

Canterbury DHB has 21 resourced ICU beds used for adults and children that meet the College of Intensive Care Medicine (CICM) minimum standards for Level I, II and III and Paediatric ICUs.

- 2. What is the DHB's current Clinical Priority Assessment Criteria (CPAC) threshold for each speciality?**

Clinical prioritisation is the process by which doctors decide, from all the patients accepted for treatment, which individual should have priority for the available capacity of publicly funded services. The goals of the prioritisation process is to determine the order of treatment and deliver treatment equitably which provides fairness in the decision making

Prioritisation is also a predictor of future delivery of treatment and enables clarity to be given to patients as to whether and when they might receive treatment.

Differences between services are due to the number of patients going through the system, number of available resources in the system to be able to provide the service.

Cardiology / Cardiothoracic

All cardiac inpatients and outpatients are discussed at the "Cath" meeting with cardiothoracic surgeons and cardiologists where patients are accepted for surgery or another treatment is decided. Scoring is done via Cardiac CPS system to calculate urgency for both inpatients and outpatients, but sometimes

clinical urgency is initiated at the meeting. There are seven bands within 0-100 <120 days. This scoring links to the Informs data base which is agreed at a national level by the cardiothoracic surgeons' clinical network.

All lung cancer thoracic patients are discussed at MDM and decision is made to investigate surgical option, timeframe is measured by cancer pathways.

All other thoracic procedures are currently not scored and are dealt with by clinical priority.

Child health surgery / Paediatric

The Clinical Priority Assessment Criteria threshold for Paediatric Surgery is 70/100 (No change)

Dental

Acceptance into the service is based on eligibility criteria not CPAC scores

ENT (Ears, nose and throat)

The Clinical Priority Assessment Criteria threshold for Ear, nose and throat is 65/100. (This has not changed in the last five years.)

General surgery

General Surgery were involved in the development of a National Prioritisation Scoring tool which Canterbury DHB implemented in October 2018. Our Clinical Priority Criteria threshold for surgical elective procedures is 53/100. (This has not changed since its implementation in 2018).

Gynaecology

The Clinical Priority Assessment Criteria threshold for Gynaecology is 60/100. (No change)

Neurosurgery

Neurosurgery uses the CPAC tool for elective spinal surgery which is a Ministry of Health tool and is available on the Ministry's website. The threshold is 85/100.

Ophthalmology

The Canterbury DHB Ophthalmology service has a set of local guidelines on what severity of disease is appropriate for various eye conditions and the triages accept or decline on this basis.

There is a national assessment tool for cataracts (CPAC) from which each DHB sets their own threshold – Canterbury DHB is currently 55/100.

Orthopaedics

The CPAC score for orthopaedics is 50/100. Triaging undertaken in Orthopaedics is carried out for each sub speciality by an orthopaedic surgeon from that subspecialty. The triaging is supported by either a nurse, a physio or a podiatrist alongside the surgeon of the subspecialty.

Urology

There is no National Clinical Priority Assessment Criteria threshold for Urology. All eligible patients receive treatment. There is a tool that determines urgency.

Vascular surgery

Eligible patients are triaged and receive treatment according to acuity. All eligible patients receive treatment. Patients are assessed by the surgeons, a CPAC score between 80 – 100 is attributed.

Plastics and Burns

The Clinical Priority Assessment Criteria threshold level for hands is 50/100 and for all other Plastic conditions, including skin cancer, the threshold is 40/100. **NOTE** the threshold for hands increased to 50/100 from 45/100 in May 2021.

3. What were the CPAC thresholds over the previous 5 years

- Neurosurgery** – The CPAC score has increased from 70/100
Ophthalmology – CPAC was changed from 48 to 55 in May of this year due to the SMO foot print within Ophthalmology reducing. It had been 48 for many years before this.
Plastics and Burns - The threshold for hands increased to 50/100 from 45/100 in May 2021.

a. and how many patients were declined treatment (FSA or surgery) due to capacity of the service to deliver?

We changed to a new patient management system in late 2018. Prior to that, declines for capacity reason were not recorded in a consistent manner. We are therefore providing data from 1 January 2019 to 10 October 2021. We are declining to look for information prior to 2019 pursuant to section 18(f) i.e. it would take a considerable amount of time and resource to identify and collate the information.

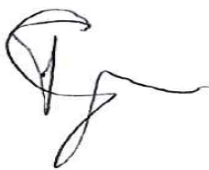
Please refer to **Appendix 1 Table one** for FSA declines due to insufficient capacity and **Table two** for surgery declines due to insufficient capacity, between 1 January 2019 and 10 October 2021.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Tracey Maisey
Executive Director
Planning, Funding & Decision Support

Appendix 1 10712

Table one: FSA declines due to insufficient capacity 1 January 2019 to 10 October 2021

	2019	2020	2021
Older Persons Health (active rehabilitation)	4	3	8
Older Persons Mental Health (active rehabilitation)	1		3
Physical disability A,T & R sub-series			1
General Medicine	90	63	63
Cardiology	40	48	285
Dermatology	133	76	70
Gastroenterology	14	23	24
Haematology		2	8
Immunology	41	20	31
Infectious Diseases		1	
Neurology	285	326	238
Paediatric Medicine	17	207	83
Renal Medicine	16	12	7
Respiratory Medicine	223	115	75
Rheumatology	102	47	52
Specialist medical genetics	16	77	205
Endocrinology	1	26	18
Diabetology	1	11	15
Maternal Fetal Medicine	2		
Maternity services - mother [with community LMC]	4		1
General Surgery	331	271	822
Otorhinolaryngology (ENT)	1433	984	824
Gynaecology	674	632	374
Neurosurgery	251	363	255
Ophthalmology	64	79	217
Orthopaedic Surgery	3065	2318	2026
Specialist Paediatric Surgery [Others]	1	1	2
Plastic Surgery [excluding burns]	226	173	291
Urology	250	251	333
Vascular Surgery	146	272	218
Grand Total	7431	6401	6549

Table two: Surgery declines due to insufficient capacity 1 January 2019 to 10 October 2021

	2019	2020	2021
Neurosurgery	10	15	3