

CORPORATE OFFICE

Level 1 32 Oxford Terrace Christchurch Central CHRISTCHURCH 8011

Telephone: 0064 3 364 4160 Fax: 0064 3 364 4165 carolyn.gullery@cdhb.health.nz;

18 March 2020



RE Official Information Act requests CDHB 10249 - 10254

I refer to your email dated 14 January 2020 requesting the following information under the Official Information Act from Canterbury DHB specifically:

Please note: Data is for period 1/11/2018 to 31/10/2019. (We transferred patient management system in October 2018).

1. CDHB 10249 - Grommet insertions

a. What is the criteria for being eligible for a grommet insertion?

There are no specific criteria for eligibility for a grommet insertion. Patients are referred to a Specialist with the following symptoms or known issues:

- Anyone with Glue Ear
- Six or more recurrent episodes of Otitis media in a calendar year and
- Impending damage to Tympanic membrane.
- 2. CDHB 10250 Total hip replacements and total knee replacements.
- 3. CDHB 10251 Cervical Colposcopy
 - a. How many cervical colposcopies was your DHB funded for:
- 4. CDHB 10252 Colonoscopies
- 5. CDHB 10253 Cataracts surgery/intra ocular lens replacement
- 6. CDHB 10254 Coronary Artery Bypass Graft
 - a. How many patients have died waiting to have a coronary artery bypass graft?

We have not had a death on our CABG waiting list within the time frame requested.

Please find attached as **Appendix 1** data in response to your other questions in these Official Information Act requests.

Please note: for grommets, hips, knees, colonoscopy, cataract and CABG Canterbury DHB is funded through population-based funding.

For colposcopy, the National Screening Unit funds Canterbury to perform an estimated 2533 colposcopies each year (this includes complex and non-complex colposcopies). Canterbury DHB typically delivers more than the estimated numbers.

I trust that this satisfies your interest in this matter.

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

Carolyn Gullery

Executive Director

Planning, Funding & Decision Support

OIAs 10249 - 10254 SUMMARY TABLE ⁷																
		Accepted Referrals by Source & Priority *				Declined Referrals by Source & Priority*&5		Average Wait Time to Specialist Assessment (Days)				Average Wait Time to Procedure (Days)				
		GP/Other		Specialist		GP/Other	Specialist									Procedures
		Urgent	Non- Urgent	Urgent	Non- Urgent	Urgent & Non- Urgent	Urgent & Non- Urgent	Urgent	Non- Urgent	GP Referral	Specialist Referral	Urgent	Non- Urgent	GP Referral	Specialist Referral	Completed
10249	Grommet	Patients are not referred for a Grommet ¹									n/a	94.5	Not requested		139	
10250	Hips ²	0	476 (473)	0	59 (59)	652 (513)	97 (87)	n/a	70.1	Not requested		n/a	104.6	106.0	97.2	661
10250	Knees ²	0	506 (503)	0	94 (94)	686 (586)	101 (95)	n/a	74.6	Not requested		n/a	117.1	116.5	118.2	577
10251	Colposcopy ³	1040	582	6	2	77	1	n/a	n/a	n/a	n/a	35.0	116.2	59.0	72.1	3936
10252	Colonoscopy ³	249	2599	3	54	224	2	n/a	n/a	n/a	n/a	24.5	101.6	91.9	70.3	6281
10253	Cataract⁴	5	57	1	962	27	50	33.0	106.0	Not requested		116.7		Not requested		1211
10254	CABG	Patients are not referred for a Coronary Artery Bypass Graft ⁶										30.0	56.0	Not requested		181

Notes:

^{*(}distinct patients in (parentheses)

¹ Patients are referred for a specific set of symptoms, not for a Grommet. However, working backwards, we have been able to state how long a patient waits for a Grommet once given certainty.

² For Hips & Knees we have added the distinct patients in parentheses as the same patient can be referred multiple times. Also, for Hips & Knees having a scan is a pre-requisite to having a First Specialist Assessment (FSA) therefore there is no wait time between FSA and scan.

³ For Colposcopy & Colonoscopy we cannot identify what stage the cancer, if any, was at then the procedure was done. Also, these are procedures therefore there is no wait time for specialist assessment as that is not carried out.

⁴ Average Wait Time to Procedure has been grouped for urgent & non-urgent as often referrals are re-classified as non-urgent after Specialist review.

⁵ Urgent & Non-Urgent declines have been grouped together as not all declines have a Specialist prioritisation assigned.

⁶ Patients are referred for a specific set of symptoms, not for a CABG. However, working backwards we have been able to state how long a patient waits for a CABG once given certainty.

⁷ Data is for period 1/11/18 to 31/10/19 (we transferred patient management system in October 2018).