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RE Official information request CDHB 9923

We refer to your email dated 16 August 2018 requesting the following information under the Official Information Act from Canterbury DHB.

1. The number of patients who waited/are waiting longer than the clinically assessed timeframe for a gastroscopy from January 1 2018 to July 31 2018, and what proportion this represents.
 - Please break this information into different priorities (such as “priority 1: more than 14 days” and “priority 2: more than 42 days” and “surveillance”).
 - Please also provide the average and longest delays, broken down into the different priorities.

Table one: Gastroscopy Performed between 1 January 2018 and 31 July 2018*

	In target	Outside target	% Outside target	Total	Average Wait time (days)	Max Wait time (days)**
Urgent (target 14 days)	115	12	9%	127	10.5	21
Non-Urgent (target 42 days)	202	606	75%	808	89.4	380
Surveillance (target 84 days)	742	300	29%	1042	58.7	401
Total	1059	918	46%	1977	68.1	401

Please note: Surveillance target is 84 days.

2. The number of patients who waited/are waiting longer than the clinically assessed timeframe for a colonoscopy from January 1 2018 to July 31 2018, and what proportion this represents.
 - Please break this information into different priorities (such as “urgent”, “non-urgent” and “surveillance”).
 - Please also provide the average and longest delays, broken down into the different priorities.

Table two: Colonoscopy Performed between 1 January 2018 and 31 July 2018.*

	In target	Outside target	% Outside target	Grand Total	Average Wait time (days)	Max Wait time (days)**
Urgent (target 14 days)	108	18	14%	126	11.8	21
Non-Urgent (target 42 days)	225	701	76%	926	81.3	175
Surveillance (target 84 days)	823	692	46%	1515	88.8	435
Total	1156	1411	55%	2567	82.3	435

Note:

*Some patients would be waitlisted for both procedures of Gastroscopy and Colonoscopy. They were counted separately in Gastroscopy and Colonoscopy tables.

**The longest wait time has been audited (excluding DNAs (Did Not Attend) and rebooked).

For colonoscopy, Canterbury DHB is experiencing an increase in demand both as a result of increased awareness of bowel cancer, increased population well in advance of any previous statistical prediction and similar increases in other SI populations that we service. In response to this increase in demand, Canterbury DHB is outsourcing over 1000 scopes in the 2018/19 year and working on plans to outplace (using our staff in private facilities).

3. The number of dermatology referrals rejected in the first six months of 2018. Please state whether the patient in question was a child or adult, and what proportion of the total number of referrals those rejected represent.

At the time of writing, the Canterbury DHB’s Dermatological Department is carrying a number of staff vacancies which is impacting its capacity to see people. Urgent recruitment is underway to rebuild capacity again. In the interim, measures have been put in place, via HealthPathways, to provide virtual advice to the referring practitioner plus urgent referral and advice through general medicine if required.

Please note in the following tables below:

Table three – All Dermatology referrals accepted/declined/returned to GP/rejected between 1 January and 30 June 2018.

Table four – is a sub-set of **Table three** and shows a breakdown of the 654 ‘declined/returned to GP/rejected’

Table three: Dermatology referrals accepted/declined/returned to GP in the first six months of 2018

	Total referrals	Accepted and pending triage	Declined/Returned (Rejected)	% Declined/Returned
Adult (>=16)	964	397	566	59%
Child (<16)	154	67	87	56%
Total	1118	464	654	58%

Table four Breakdown of the declined/returned to GP reasons (Note: all 'return – meets clinical threshold (no capacity)' are offered Virtual advice where possible with a written letter sent with declined referrals (see attached as **Appendix 1.**)

	Declined	Return to GP - Below Clinical Threshold	Return - Meets Clinical Threshold (no capacity)	Return - More Information Required	Total Declined/Returned
Adult (>=16)	43	21	361	142	567
Child (<16)	13	7	48	19	87
Total	56	28	409	161	654

Notes:

- Out of the 409 'Return – Meets clinical threshold (no capacity)', 262 received advice through a virtual clinic (patient not seen face to face but advice provided by Dermatologist specific to the patient's treatment), and a further 147, returned to their GP, were provided with general advice via letter attached, on where to seek further assistance if their patient's symptoms deteriorated. Additional information is also available on the HealthPathways website.
- HealthPathways is designed and written by clinicians for medical practitioners to use during a consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making referrals and requests to services in the local health system. (It is not accessible to the general public).

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 ten working days after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

Clinical editor's note

As of June 2018, due to severe shortages of dermatologists, phone advice is not available. We hope to remedy this situation as soon as possible when another dermatologist starts. Written advice is available with replies likely to take 1 week. Include photos, history, and previous treatments tried. Consider other GP colleague opinions or private opinions. See [letter from Dr David Smyth](#), which will be sent with declined referrals.

Dear Doctor

Thank you for your referral.

Although your patient meets our usual clinical threshold to be given a new patient appointment, there is currently no capacity to offer them one. This is due to the staffing issues in the Dermatology Department relating to the recent resignation of 3 of the 4 dermatologists and maternity leave. Urgent recruitment is underway to rebuild capacity again.

Where possible, we will provide virtual advice back to you with a written letter. The more information that is provided in the referral letter the better. Please attach photographs to ERMS referrals, as this enables us to give advice back more quickly. Patients may be asked to attend the hospital for professional photography to assist with the virtual clinic process.

For patients who are systemically unwell, please discuss with the on-call general medicine registrar, who can liaise with the dermatologists if required. If the patient is not systemically unwell, but urgent advice is sought, then please contact the Dermatology department directly. In all cases, an ERMS referral should be made and the on-call consultant will address it as soon as possible.

Patients with funds could be encouraged to seek a private dermatology appointment, but we realise this is not possible for many.

Please also check on HealthPathways for more information, and use DermNet as a management resource and consider GP to GP referral where appropriate.

The focus is to offer care for patients with severe dermatological conditions across Canterbury.

Thank you for your understanding in this difficult situation.

Please feel free to contact me with any questions about this.

Yours sincerely
David Smyth
Chief of Medicine
(Electronically checked and approved)