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RE Official Information Act request CDHB 10202

I am writing to acknowledge receipt of your email, dated 16 October 2019, requesting the following information under the Official Information Act from Canterbury DHB. This being a follow up request to our response to Official Information Act request CDHB 10171 regarding wait times for five common elective procedures: knee replacement, hip replacement, hernia surgery, colonoscopy and laparoscopic cholecystectomy. Specifically:

In response to a follow-up question about whether the DHB held data on the number of people referred for each procedure but who did not meet the clinical threshold, I was told it did.

Please provide the following information.

- 1. Any guidelines/information used to establish the clinical threshold for each of the five procedures. Hernia repair, Colonoscopy and Laparoscopic Cholecystectomy / General Surgery:**

Clinical prioritisation (clinical threshold) 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.

To better understand how prioritisation tools are developed please refer to link below:

<https://www.1000minds.com/sectors/health/nz>

General Surgery were involved in the development of a National Prioritisation Scoring tool which Canterbury DHB implemented a couple of years ago. Our Clinical Priority Criteria threshold for surgical elective procedures is 53/100.

This does not cover the South Island Bariatric Surgery service which has its own National Scoring Tool and our threshold is 70/100.

Knee replacement / Hip replacement / 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.

- 2. For each procedure, please say how many people were referred and did not meet the clinical threshold to have the procedure each year for the past five years.**

Procedure	2018/19*
Knee	427
Hip	405
Hernia	4
Cholecystectomy	5
Colonoscopy	206

Note: Due to a change in IT systems we are only able to provide a response for 2018/2019.

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



Melissa Macfarlane
Acting Executive Director
Planning, Funding & Decision Support