

## CORPORATE OFFICE

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25 February 2021

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### RE Official information request CDHB 10524(a)

I refer to your email dated 13 February 2021 and received in our office on 15 February 2021, requesting the following information under the Official Information Act from the Canterbury DHB. Being a follow up to our response to OIA CDHB 10524. Specifically:

#### 1. Is the cost of DNA's calculated across services, and is this reported to the Board?

No, the cost of DNAs is not calculated across services and is not reported to the Canterbury DHB Board.

2. *I presume that the DNA Rate as a percentage is the rate of patients in that service that DNA e.g. S75 Vascular Surgery DNA Volume = 274, but DNA Rate = 7.3%. **Please confirm if my understanding is correct.** If I am, the figures are indeed interesting - e.g. nearly 2,000 DNA's for ENT at a rate of 8.4%. I would have thought that if you had an ENT issue that you would want that addressed.*

Yes, your understanding is correct regarding the calculation.

We have a Canterbury DHB working group focussed on improving outpatient attendance (reducing Did Not Attends), working with departments to consider and try to improve their systems and approaches. This has led to a gradual improvement in attendance over time and this work is ongoing, as we try to improve the service we provide to patients and whanau.

There are a number of enablers and barriers to patients attending appointments, which can be separated into the availability, accessibility and the acceptability of the offered health service. Some patients face more barriers than others due to the circumstances in their lives. As a result, there is not a single solution which will apply to all patients or departments. It is, and should remain, a clinical decision as to whether to offer an outpatient appointment to a patient. ENT, for example, frequently overbooks clinics in anticipation of DNAs, therefore clinics and clinicians' time can be fully utilised even at high rates of DNA. **Please note** Canterbury DHB do not require departments to meet a specific

attendance target as that might lead to patients who require an appointment, not being offered one at all, which may increase health inequities.

I trust 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



Ralph La Salle  
**Acting Executive Director**  
**Planning, Funding & Decision Support**