

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

## CORPORATE OFFICE

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9(2)(a)

### RE Official information request CDHB 10377

I refer to your email dated 4 August 2020 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

1. Does the Board have a policy to prioritise Maori and/or Pasifka patients on elective surgery waiting lists?
2. If so, how long has this policy been in force and when is it scheduled to end?
3. If so, what is the rationale for this policy?
4. If so, is the policy based on the pressures of deferred surgery due to COVID-19?
5. If there is no such policy, why has the Board not followed the lead of the Capital and Coast District Health Board?
6. What is the current number of deferred elective surgeries due to the pressures of COVID-19?

### Background

The New Zealand Health and Disability System Review released its report in June 2020 (<https://systemreview.health.govt.nz/final-report/download-the-final-report>). It was the most comprehensive review of our health system undertaken and it drew on a vast amount of data and input from the system. Some key findings in this review regarding Māori were as follows:

- Māori experience of hospital services is characterised by poorer access, poorer outcomes and being exposed to institutional racism
- Hospital appointments are less accessible for Māori adults compared to non-Māori adults
- 16% of Māori adults DNA specialist appointments between 2011 and 2014 compared with 6% of non-Māori
- Specialist appointments happen less frequently for Māori

- Māori have twice the number of hospital bed-days following an acute admission than non-Māori
- The percentage of Māori having surgery for hip fracture on the same or next day of admission following a fall has decreased steadily since 2016, whereas the percentage for non-Māori has consistently improved (best practice is to treat as soon as possible).
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In addition to this multiple studies over many decades have found that Māori people in NZ receive lower levels of access to health services:

- Decades of Disparity I,II and III ([https://www.moh.govt.nz/notebook/nbbooks.nsf/0/37A7ABB191191FB9CC256DDA00064211/\\$file/EthnicMortalityTrends.pdf](https://www.moh.govt.nz/notebook/nbbooks.nsf/0/37A7ABB191191FB9CC256DDA00064211/$file/EthnicMortalityTrends.pdf))
- Hauora I, II, III and IV ( <https://www.otago.ac.nz/wellington/otago067759.pdf>)
  - Hauora I published in 1980, profiled 1955 to 1975; evidence showed the incidence and mortality from the most common amenable diseases in NZ were still appreciably higher among Māori compared with non-Māori
  - Hauora II published in 1988, included analysis for the years 1970 to 1984, and found that morbidity and mortality continued to be higher for Māori than for non-Māori
  - Hauora III published in 1995, assessed Māori health trends for the years 1970 to 1991. Highlighted continuing disparities between Māori and non-Māori in both disease incidence and mortality
  - Hauora IV published in 2005, profiles data from 2000 to 2005 and again evidence of unequal treatment and lack of access contributing to health inequalities
- Health Care Inequalities (Bacal, Jansen & Smith, NZ Family Physician, 2006). Māori receive:
  - fewer referrals
  - fewer diagnostic tests
  - less effective treatment plans than non-Māori
  - are offered treatments at substantially decreased rates
  - interviewed for less time
  - prescribed fewer secondary services
- WAI 2575 – Waitangi Tribunal Health Services and Outcomes Inquiry June 2019:
  - The NZ health framework fails to consistently state a commitment to achieving equity of health outcomes for Māori
  - The funding arrangements for primary health disadvantage Māori primary health organisations and providers
  - The Crown has been aware of these failures for well over a decade but has failed to adequately amend or replace the current funding arrangements

These are all examples of research and reviews that add to the vast volume of evidence that tells us our health and disability does not treat everyone equally as we believe but has treated Māori unequally and unfairly for many decades.

Although Canterbury DHB does not currently have mechanisms that prioritise Māori or Pacific for surgery, we are constantly examining our data to ensure we are not giving non-Māori New Zealanders advantages that the system affords and therefore exacerbating an already extant systemic bias. This means we will examine our entire system and where bias exists, we will find robust and sensible solutions to address biases that disadvantage Māori and Pacific access to health services.

**In answer to questions 1 to 5 above:** While acutely aware and mindful of the fact that issues of access to health care and delays that may occur between primary and secondary care create considerable difficulties and inequities that impact on health status, the Canterbury DHB does not have a policy to prioritise Maori and/or Pasifika patients on elective surgery waiting lists. Prioritisation for elective surgery and placement on the waiting lists is determined by Consultant Specialists through their professional clinical review and assessment of each individual patient, with consideration given to relative clinical need and urgency.

Canterbury DHB has a focus in endeavouring to improve access to health care and equity for our populations through early engagement and linking with primary health care and social support agencies. This work is closely supported by our Primary Health Organisations (PHOs) and our Maori health service providers.

#### **In answer to Question 6**

As at 17 August 2020, there were 60 individual patients who had surgery deferred at Canterbury DHB's surgical services directly due to the Covid 19 pandemic response Alert Level 4 to 3 lock-downs, who have still to have their elective surgery undertaken. Refer to **Table one** (below). No urgent surgery cases were cancelled or delayed due to the Covid 19 lockdown at Canterbury DHB. Provision was made to allow urgent procedures to continue during the lock down period.

**Note:** Delays to patients with current waiting times over 120 days for surgery on our surgical waiting lists are due to circumstances other than Covid 19.

**Table one:**

<b>Cardiology</b>	<b>2</b>
<b>Gastroenterology</b>	<b>1</b>
<b>Paediatric Medicine</b>	<b>3</b>
<b>General Surgery</b>	<b>5</b>
<b>Dental Surgery</b>	<b>8</b>
<b>Otorhinolaryngology (ENT)</b>	<b>2</b>
<b>Gynaecology</b>	<b>3</b>
<b>Neurosurgery</b>	<b>1</b>
<b>Ophthalmology</b>	<b>12</b>
<b>Orthopaedic Surgery</b>	<b>6</b>
<b>Spinal Surgery</b>	<b>4</b>
<b>Specialist Paediatric Surgery [Others]</b>	<b>1</b>
<b>Plastic Surgery [excluding burns]</b>	<b>9</b>
<b>Urology</b>	<b>3</b>
<b>Grand Total</b>	<b>60</b>

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

A handwritten signature in black ink, appearing to read 'Carolyn Gullery', with a long, sweeping horizontal stroke extending to the right.

Carolyn Gullery  
**Executive Director**  
**Planning, Funding & Decision Support**