

## CORPORATE OFFICE

Level 1  
32 Oxford Terrace  
Christchurch Central  
**CHRISTCHURCH 8011**

Telephone: 0064 3 364 4134  
[Kathleen.Smithram@cdhb.health.nz](mailto:Kathleen.Smithram@cdhb.health.nz)

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9(2)(a)



### RE Official Information Act request CDHB 10716

I refer to your email dated 13 September 2021 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

- **Please provide the full breakdown of the CPAC scoring system (100 points) for 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.

We implement the National Elective Medical Services Prioritisation Tool – Orthopaedics. (Please refer to **Appendix 1 attached**).

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



Tracey Maisey  
**Executive Director**  
**Planning, Funding & Decision Support**

## Appendix 1: National Elective Medical Services Prioritisation Tool (Orthopaedics)

Criteria	Weighting
<b>1. Patient-derived impact on life*</b>	
(Determined by a patient self-reported questionnaire)	
• No significant impact	0
• Minor impact	4.9
• Compromised	9.1
• Major impact	14.6
• Avoids or prevents important activities	17.5
<b>2. Frequency</b>	
(Number of episodes per year that the condition has an impact)	
• Nil	0
• Less than monthly	7.1
• Monthly	8.3
• Weekly	9.4
• Daily	10
• Constant	12
<b>3. Episode duration</b>	
(Time per episode that the condition has an impact)	
• nil (has no impact on important activities)	0
• minutes	7.1
• hours	8.6
• days	9.8
• constant	11.2
<b>4. Overall duration on impact on life</b>	
• no significant impact	0
• < 1 year	0.8
• ≥ 1 year	1.4
<b>5. Risk of deterioration (natural history of disease and condition)</b>	
<b>5a. Significance of deterioration</b>	
• low	0
• medium	2.2
• high	12.1
<b>5b. Likelihood of deterioration</b>	
• low (stable condition unlikely to progress)	0
• medium (gradual and predictable course)	1.9
• high (catastrophic, substantial or unpredictable course)	11.1
<b>6. Benefit</b>	
<b>6a. Degree or quantum (expected or most likely for the proposed treatment)</b>	
• small improvement in symptoms, low impact on risk of deterioration	0
• moderate improvement in symptoms, moderate impact on risk of deterioration	9.1
• large improvement in symptoms, large impact on risk of deterioration	17.3
<b>6b. Likelihood of achieving maximum benefit for this patient</b>	
(Considering frailty, comorbidity, procedural complexity, diagnosis and risk of complications)	
• low (unlikely to achieve maximum benefit <25%)	0
• medium (possibility to achieve maximum benefit 25-75%)	16
• high (likely to achieve maximum benefit > 75%)	17.4