



Waitemata
District Health Board
Te Wai Awhina

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Karen Poutasi
Director General of Health
Ministry of Health
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WELLINGTON

Dear Karen

Re : Elective Services Patient Flow Indicators

We accept that we are currently not meeting some of the expectations of the national policy around elective services policy.

Without wishing to excuse what has occurred, there have been two important contributing reasons for the situation we face. The introduction of acute orthopaedics into North Shore last year has had a profound effect on the availability of theatre time with acute cases spilling into normal theatre time. The growth in volume in that first year was certainly more than predicted or expected.

We had also hoped to open the third theatre at Waitakere Hospital to take some of the pressure but because of the need to manage within our fiscal constraints this has not been achievable. Opening this third theatre is still a possibility but would add just under a million dollars per annum to our operating costs.

Under the policy, we need to respond by raising thresholds so that we can continue to give people certainty within the six month period. We are currently going through each of our services and working with clinical staff to achieve this objective. I enclose some detailed worksheets on work in progress. I would also mention that colposcopy in particular is receiving considerable attention to sort out unacceptable waiting times.

Inevitably we are meeting some resistance because the clinical threshold is substantially below the financial threshold. This naturally leads to a discussion on volumes of elective surgery available for our population and the impact of population based funding on access of our healthy and wealthy population compared to the NZ average.

We will continue to work on this issue and report progress and expect to work with your staff to achieve satisfactory progress.

Yours sincerely

Dwayne Crombie
Chief Executive

Waitemata DHB Elective Services Listing

Cardiology		
Completed activity	Work in progress	issues
<p>Priority 4s returned to GP Care No longer accepting P4ss Priority 3s are being put into gen med registrar clinics</p>	<p>Approval to appoint additional cardiologists to improve capacity</p> <p>Plan to be completed within 3/12 that looks at the impact of additional cardiologists on the work within the wider cardiology team and to detail how the cardiology service could be improved by changing current processes and systems</p> <p>Annette Becker currently completing an overview of the service in conjunction with the service manager</p>	<p>Cardiologists concerned about the threshold and the safety of not accepting patients who are P3</p>
Gastro enterology		
<p>Surveillance patients have been extracted from the FSA waiting list</p> <p>Gastro and colo p3s for NSH have been re prioritised, this work will now be completed with WTK pts</p> <p>Agreement has been reached to book from the electronic waiting list, not from paper referrals. (yet to be implanted)</p> <p>Agreement to send back referrals older than 12 months to the GP regardless of priority or location</p> <p>Agreement to have one point of access for the service</p>	<p>Agreement has been reached to streamline the NSH and WTK systems and processes to ensure that patients have equity of access</p> <p>Cholorectal project will develop referral guidelines that will then be used to develop guidelines for gastro and colo</p> <p>Dyspepsia guidelines to be tracked down and reviewed for application at WDHB</p>	<p>Agreement has yet to be reached to determine how surveillance patients should be prioritised against new patients for appointments</p>

<p>General Surgery</p> <p>Not accepting P4s</p> <p>Audit of prioritisation tool for inpatients was completed in December 2005</p> <p>Several hundred new referrals were returned to GPs for ongoing management at the end of 2005</p>	<p>Use of a relevant Prioritisation tool needs to be agreed by the service</p> <p>Developing a report which will identify elective patients treated acutely for the same specialty</p> <p>The IPWL is currently being reviewed</p> <p>Profiles for clinics are to be reviewed to ensure that they match our contractual obligations</p> <p>Agreement has been reached with our Morbid obesity specialist to return referrals older than 6 months back to GP care. This will happen in April</p>	<p>Booking clerks have not been booking from the electronic waiting list as they have been trying to book patients in for FSAs who can be treated at WTK, rather than in order of priority and time waiting.</p>
<p>Gynaecology</p>		
<p>Priority 4 patients sent back to GPs March 2005. no longer accepting p4s</p>	<p>Agreement to commence a dedicated TL clinic and surgical list was achieved in Dec 05 but has been difficult to get up and running due to nursing shortages at WTK</p> <p>There have been a significant number of cancelled clinics in the last six months with many at short notice which impacts on patients, booking and scheduling and clinical records.</p>	<p>Historical mismatch between FSAs and access to theatres</p> <p>IPWL has not been reviewed</p>
<p>ORL</p>		
<p>P2 patients waiting longer than 6 months have been reviewed and given appointments (or removed from WL if already seen)</p>		
<p>Orthopaedics</p>		
<p>Monthly meetings to discuss performance /</p>	<p>CQI facilitator role has been approved and</p>	<p>Reporting information on consultant activity</p>

<p>issues</p> <p>GPL appointed and trained by the CD to assist with referral management</p>	<p>will be advertised shortly. This position has been vacant for 1 year.</p> <p>WOMAC self assessment to be sent to all hip and knee patients on the IPWL within next month. Results to be collated by the CQI</p> <p>Letter to spinal patients waiting greater than six months written and to be sent out in the next few weeks.</p>	<p>is not being completed monthly due to lack of resources.</p>
<p>Urology</p> <p>Priority 2 patients waiting greater than six months have been reviewed and appropriate action taken.</p> <p>Additional urologist commenced in the new year which will improve performance to contract</p>		
<p>General elective services issues</p> <ul style="list-style-type: none"> • The Elective services analyst (.5) and CQI role (.5) have been vacant since March 2005 impacting on the availability of information and reports at a service / clinician level. • Service Manager General Medicine / ECC was vacant for most of 2005 • Reluctance in some services to return referrals to GP • Elective Services meeting commenced in December 2005 • Actual treatment thresholds have been re-calculated and changed in PIMs in January 2006 • Booking and scheduling relief staff are being used to assist with the data cleanup when they are not booked to cover leave • Meetings are underway with cardiology, general surgery, gynaecology and gastro-enterology and the CEO and service managers • The expectation (and hope) that the second operating theatre at WTK will open has resulted in a reluctance to decline patients on the IPWL who would benefit from surgery 		