



Clinical: Medicine  
Proactive Release 31 October 2018

31 July 2018

██████████  
Investigations  
NZ Herald

E-mail: ██████████

Dear ██████████,

**Official Information Act (1982) Request**

I write in response to your Official Information Act request, dated 02 July 2018. You requested the following information in reference to the letter sent to David Clark on March 13 (link below), [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12058630](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12058630)

Our responses are outlined below each question. For context, CM Health provides a range of health and support services to the Counties Manukau community of over 540,000 people. In the 2016/17 year, nearly 180,000 unique individuals accessed a CM Health provided health service.

**1. The letter highlights multiple occasions when a room has not been available for chemotherapy patients, leading to delays in treatment. Please provide data on how many patients have had chemotherapy delayed since January 1 2018, and what proportion this represents.**

- *Please provide the average and longest delay.*
- *Please provide copies of any related reports or correspondence about the health outcomes of these delays, including from patients.*

Most patients will receive Chemotherapy at CM Health (Middlemore) as a day-stay patient. However, some patients do require an admission, and these are scheduled ahead. In the last 6 months, 1,189 Chemotherapy day ward sessions have occurred for 137 patients.

Since January 2018, we are not aware of any incidents of delayed chemotherapy sessions being reported. However during 2017, there were 4 clinical incidents reported by service staff of patients who waited for a ward single-room to become available. We do not have data on exactly how long these patients waited for a ward bed, but in one case a patient admission was delayed by one day.

We acknowledge that waiting for a bed can increase anxiety levels for patients however; we do not believe that waiting for a room has impacted on the treatment outcomes for these patients.

**2. Please provide the number of patients who waited/ are waiting longer than the clinically assessed timeframe for a gastroscopy since January 1 2018, and what proportion this number represents.**

- Please provide the average and longest delay.
- Please provide copies of any related reports or correspondence about the health outcomes of these delays, including from patients.

Details are in **table 1** below.

Details of patients who waited / are waiting for Gastroscopy - 1 January 2018 to 16 July 2018 (number and days) are below.

**Table 1:**

Priority	P1	P2	Surveillance
Seen within the clinically assessed timeframe	561	1,304	155
Longer than the clinically assessed* timeframes	59	2,179	84
<b>Total seen during timeframe (full 6 months)</b>	<b>620</b>	<b>3,483</b>	<b>239</b>
% of waiting longer than the clinically assessed timeframe	10%	63%	35%
Average waiting time (days)	11	79	34
Longest waiting time (days)	41	209	179

\*Longer than the clinically assessed timeframes are:

- Priority 1: more than 14 days,
- Priority 2: more than 42 days,
- Surveillance: more than 84 days

Collated reports on the outcomes of patients waiting for Gastroscopy appointments longer than the target dates are not available. These details are only in individual patient specific reports. A significant audit of multiple patient clinical records would be required, and a clinician would need to be diverted from patient care in order to gather this information.

**3. Please provide the number of dermatology referrals rejected since January 1 2018.**

- What condition these related to (i.e. cellulitis),
- Whether the patient in question was a child or adult, and what proportion this number represents.
- Please provide copies of any related reports or correspondence about the health outcomes of these delays, including from patients.

Details on number of declined referrals for the last 6 months, for adults and children are in table 2 below.

**Table 2:**

	Total Referrals	Referrals Declined	% Referrals Declined
<b>Child (ages 0-14 years)</b>	258	132	51%
<b>Adult (15 years &amp; over)</b>	1,622	679	42%

All referrals are reviewed by a medical specialist on receipt against referral guidelines. These guidelines are based on the "National Access Criteria for First Assessment". Each month the department receives more new referrals than can be seen at clinic. Guidance and discussion is available to referrers. Referrals can be declined for a variety of reasons. The national guidelines including use of a "virtual review", with advice and return to General Practice (GP) care. Routine cases are often returned to the GP with some management advice. Information on reasons for a referral being declined, and what the referrals are related to (i.e. cellulitis) is not available, as it is not recorded in the booking system.

Collated reports on the outcomes for declined dermatology referrals are not available. These details would only be in individual patient notes. Collating this would require a significant audit of multiple patient clinical records cross-checked to referrals, and a clinician would need to be diverted from patient care in order to gather this information.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'G. Johnson', with a long, sweeping horizontal flourish extending to the right.

Gloria Johnson  
**Chief Executive (Acting)**