

24 July 2018

[REDACTED]
[REDACTED]
NZ Herald

E-mail: [REDACTED]

Dear [REDACTED],

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 20 June 2018. You requested the following information regarding wait times in the public health system, and we have answered each of the questions below:

For context, CM Health services provide healthcare to over 545,000 people, who reside in the Counties Manukau region, and has a workforce of more than 7,000 staff. In the 2016/17 year, nearly 180,000 unique individuals accessed a CM Health provided health service. In 2017/18, the CM Health Emergency Care Department at Middlemore Hospital saw in excess of 117,000 presentations. We complete over 15,000 elective discharges, in excess of 7,400 births, and more than 87,000 acute discharges from CM Health facilities.

In addition to delivering a range health services for our local population, we also provide the National Burns Centre, a supra-regional acute and rehabilitation Spinal Service, and specialist plastics and orthopaedic care for the Northern region at our facilities. As a consequence, caution should be applied in any comparison of this data and performance in other DHBs.

1. What are the average waiting time, as well as longest and shortest individual wait times, for an initial appointment with the following specialists – oncologists, neurologists, cardiologists and gynaecologists – over the last six months?

Counties Manukau Health (CM Health) does not provide the following services: Oncology and Neurology. These services are provided for the Counties Manukau population by other Auckland metro DHBs.

Data for Cardiology and Gynaecology wait times for initial appointments are in **Table 1** below. This data is extracted from the National Booking Reporting System (NBRS) datasets.

Period Jan - June 2018	Waiting Times for Specialist Assessment		
Service	Average	Shortest	Longest
Cardiology	69 days	1 day	141 days
Gynaecology	83 days	1 day	147 days

Table 1.

2. What percentage of patients arriving at the emergency department are admitted, discharged or transferred within six hours - over the last six months and the last six weeks?

Our monthly target results are in **Table 2** below. The results are normally reported quarterly to the Ministry of Health. The interim result for the “Emergency Care Length of Stay” national target for the quarter April - June 2018 was 90.5% (total target eligible presentations were 22,804).

National Health Target Results

Month	Total Emergency Care presentations (all)	National Health target result
January 2018	10,133	90%
February 2018	9,139	89%
March 2018	10,143	90%
April 2018	9,352	91%
May 2018	9,678	92%
June 2018	8,509	88%

Table 2.

Over the last 6 weeks, the daily average result was 91%.

3. What percentage of hospital beds were occupied for each of the last six months?

The information in **table 3** below is from our CapPlan capacity forecasting repository, and reflects total occupancy of available (resourced/ staffed) beds in the Adult Acute beds for Medical/ Surgical and Health of Older People wards. This total is an average calculated for each month of open beds to occupancy. This table does not reflect other areas such as Maternity, Paediatrics, Mental Health or Critical Care areas, which have different admission criteria and requirements.

Month	Occupancy Rate %
2017 (half year) July – December total	91.8%
2018 (half year) January – June total	91.3%
January	91.0%
February	90.6%
March	91.6%
April	91.7%
May	90.9%
June	91.4%

Table 3.

Counties Manukau Health monitors demand for beds and capacity in real time, with a focus on maintaining availability and flow through the hospital. Demand for capacity varies depending on a wide range of variable, including time, day and season. Obviously, within each month there will be daily variations, and between wards and specialties.

Caution should be used in referring to these numbers, which are based on midnight occupancy; and different results arise if using demand at 0700hrs (by counting occupied beds and those awaiting a bed) to the beds available in the Adult Acute wards. That 0700hrs census shows an average occupancy rate across 2017 of 98%.

4. What percentage of people referred to mental health services were seen within three weeks? What was the average, longest and shortest wait times?
- a. Could this be broken down into age groups 0-19 years, 19-64 years and 65+ years over the last six months?

The latest results available are derived from the Ministry of Health PRIMHD data to June 2018 using a 12 month rolling average. The waiting time is calculated as the number of days between the date the client was referred to an organisation, and the first either face-to-face or other activities of a clinical nature that the client attended at that organisation.

Targets per age band	Overall 2017	Jun-18 Cumulative
Shorter wait times for non-urgent mental health and addiction services (% less than 3 week wait)		
0-19 years	72%	71%
20-64 years	85%	86%
65+ years	89%	88%

Table 4.

All Mental Health referrals are graded by the Intake and Assessment Team on receipt for individual clinical urgency, and the wait time will vary on a case-by-case basis, from immediate contact to a short wait. Overall, more than 80% are seen with 21 days and 95% of cases are seen within 55 days.

Please note, that whilst the 0-19 years result is below target, the number of unique clients seen has exceeded the Ministry of Health target. In addition, some access to Older Person Mental Health services is delivered across other services including psychiatric, psycho-geriatric and health of older people specialities according to local service configurations. CM Health does not directly provide community Alcohol and Drug services, which are delivered via NGO services across our district, and regionally via Waitemata DHB. Wait times are detailed in Table 5.

Rather than average wait times, the Ministry of Health PRIMHD data reports on wait times for “under 3 weeks, 3-8 weeks and over 8 weeks” for individuals. Results for **Jan- Dec 2017** for Counties Manukau domiciled patients are in **table 5** below.

Mental Health Provider Arm	0-19 Years			20-64 Years			65+		
	Client seen	Percent (%)	Cumm %	Client seen	Percent (%)	Cumm %	Client seen	Percent (%)	Cumm %
<=3 weeks	1,455	72.1%	72.1%	1,908	85.2%	85.2%	534	88.9%	88.9%
3-8 weeks	451	22.4%	94.5%	222	9.9%	95.1%	55	9.2%	98.0%
>8 weeks	111	5.5%		110	4.9%		12	2.0%	
Community NGO (Alcohol and Drug)	0-19 Years			20-64 Years			65+		
	Client seen	Percent (%)	Cumm %	Client seen	Percent (%)	Cumm %	Client seen	Percent (%)	Cumm %
<=3 weeks	552	96.2%	96.2%	312	91.5%	91.5%	2	100.0%	100.0%
3-8 weeks	16	2.8%	99.0%	21	6.2%	97.7%	0	0.0%	100.0%
>8 weeks	6	1.0%		8	2.3%		0	0.0%	

Table 5.

5. What was the average wait for elective surgery over the last year? What were the shortest and longest wait times?

The data is from the Elective Service Performance Indicator (ESPI-5) measure across CM Health services – “cases should wait no more than 120 days for elective surgery (from decision to operate date)”:

- **Average wait time** = 70 days (Minimum = 0 days, Maximum = 473 days).

We work to the Ministry of Health mandated Elective Services Performance Indicators, which specify that no case should wait more than 120 days for a First Specialist Assessment, and no more than 120 days for elective surgery (from clinical decision to operate). Clinical, diagnostic and capacity considerations can impact our ability to meet this target.

First Specialist Appointment and Elective Surgical waitlists are not static, clinical grading will indicate allocation to a ‘banding’ of wait-times according to agreed guidelines. Wait times are influenced by clinical urgency, based on assessment by referrers in primary care settings, and diagnostic investigations that inform prioritisation. All referrals are screened on receipt and prioritised using national criteria. Those who wait longer are considered to have relatively lower clinical risk, but can discuss review of this with their General Practitioner if circumstances change.

Public hospital service wait-times are a complex and multi-factorial area of hospital operational management, and we are happy to further discuss interpretation of the data provided if you have any questions.

Please contact us if the intended use for this information changes or is used for other purposes, and we will liaise with the Health Intelligence and Informatics service to revise the data. We advise that information and data provided here has been specifically prepared in response to the questions asked, to be used only for its intended purpose, and is covered by the Privacy Act and CM Health policy.

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,



Gloria Johnson
Chief Executive (Acting)