

Clinical - Surgical & Diagnostic Procedures
Proactive Release : 05 March 2020

24 February 2020

9(2)(a)

Email: 9(2)(a)

Dear 9(2)(a)

Official Information Act (1982) Request

I write in regard to your various Official Information Act requests, received by us on 14 January 2020. You requested information related to elective surgical procedures, (**listed at the end of this letter**).

We note that the six requests submitted by you (at 3.05pm) are substantially seeking the same data on seven different surgical procedures, (*Grommets, Hip replacement, Knee replacement, Coronary Artery Bypass, Cataracts, Colonoscopy and Colposcopy*). Consequently, we are managing our response to all six sets of questions in a single response.

We wrote to you on 22 January 2020, seeking clarification on the scope of the request, and outlining an alternative approach, which is consistent with how we hold information in our data repository systems. Refer to a copy of that letter (**attached**) for full explanations.

We noted in our initial letter to you that, having considered the scope of your entire request, and our capacity and ability to provide the data for a response; we could only provide some information. The information that is able to be extracted from our data system within reasonable operational capacity provides a partial response to your request. We noted this option, as an alternative to your initial request, provided a response, free of charge. This approach would avoid us requiring extended time, asking for prioritising of elements of the request, seeking a payment for response, or declining the request due to the large scope and research it required.

We asked you to confirm acceptance of the alternative offered, or provide further details to us by 24 January, and having not heard back, followed up with you by email on 11 and 14 February 2020.

On 17 February 2020, you contacted us noting:

- *Yes, I would still like a response to the OIA, and look forward to knowing how you propose to re-scope to assist with how you keep data.*

On this basis, please refer to the data (**attached**) for CM Health services, covering available information on Grommets, Hip replacement, Knee replacement, Cataracts, Colonoscopy and Colposcopy procedures in 2018/19. As previously, advised all Coronary Artery Bypass procedures occur regionally. We hope this goes some way to addressing your interest.

As previously outlined, the data provides a summary of:

The total numbers of each of the specified procedures **completed** in 2018/19, and for those cases completed:

- The data by **referral source** (GP, DHB health professional),
- The data by **priority allocation** by clinician for time to FSA on acceptance (groups to 1&2 for urgent and 3-5 for others),
- The **time to attend an FSA** (average days waiting) – from referral receipt to appointment, noting data on cases exceeding 120 days wait per speciality are in ESPI data.
- The **time to the procedure completed** (average days waiting) - from being added to a procedure waitlist, after an FSA. This is the 'decision to treat' time period in ESPI data.

We reiterate that the data provided is only for completed procedures, as details of referral acceptance/ declines are managed at Specialty level (e.g. Orthopaedics, Ophthalmology), not at a procedure level.

We have added brief notes as to the data limitations and scope. Please consider the notes as our response to the scope of your original information request, and our capacity to respond further.

While this data has been extracted and collated in an attempt to best match your initial request, there may be significant differences in the inclusions and assumptions used to derive it by different DHB analysts. We counsel significant caution in using any data provided in one-off extracts for benchmarking between DHBs in isolation of other factors, such as specialist services, DHB demographics, and service capacity variables (workforce, theatres etc.).

In addition, we note that the Ministry of Health does manage nationally consistent data on elective services performance, and this is publicly available (most recent publicly available is for Oct 2018-Sept 2019, which is close to your specified timeframes)

- <https://www.health.govt.nz/system/files/documents/pages/september-2019-counties-manukau-espi-trend-and-services-summary.pdf>

These report against the required Ministry of Health targets for DHBs (by speciality rather than procedure), and gives each DHB referral numbers per month, and percentage of total referrals that wait greater than 120 days for FSA, and longer than target times for a procedure. This information enables a consistent comparison of DHB performance over time and between DHBs.

Should you have questions or seek further information on this topic, please submit those to OIA.Request@middlemore.co.nz and we will consider that as a new request.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of our proposed approach 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 'M. Apa', with a light blue shadow effect underneath.

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health

LIST OF INFORMATION REQUESTED: (Original request)
OIA 14012020 McCALLUM – Surgical procedures:

- **Cervical colposcopy - for the time period from 1 July 2018 - 30 June 2019.**
 1. Breakdown in terms of **numbers for each type of GP referral that were declined and accepted?**
 - 1.1. 1A. Non urgent referrals
 - 1.2. 1B. Urgent referrals
 2. Breakdown in terms of **numbers for each type of specialist referral that were declined and accepted?**
 - 2.1. 2A. Non urgent referrals
 - 2.2. 2B. Urgent referrals
 - 2.3. 2C. Emergency department referrals
 3. Once the following referral has been accepted, **how long before seeing a specialist?**
 - 3.1. 3A. Non urgent referrals
 - 3.2. 3B. Urgent referrals
 - 3.3. 3C. Emergency department referrals
 4. **How long from the patient first presenting to receiving a cervical colposcopy, and if cancer detected, at what stage?**
 - 4.1. 4A. Non urgent referrals
 - 4.2. 4B. Urgent referrals
 - 4.3. 4C. Emergency department referrals
 - 4.4. 4D. Specialist referral
 - 4.5. 4E. GP referral
 5. **How many cervical colposcopy was your DHB funded for the time period from 1 July 2018 - 30 June 2019, and how many were carried out?**
- **Colonoscopies - for the time period from 1 July 2018 - 30 June 2019.**
 6. Breakdown in terms of **numbers for each type of GP referral that were declined and accepted?**
 - 6.1. 1A. Non urgent referrals
 - 6.2. 1B. Urgent referrals
 7. Breakdown in terms of **numbers for each type of specialist referral that were declined and accepted?**
 - 7.1. 2A. Non urgent referrals
 - 7.2. 2B. Urgent referrals
 - 7.3. 2C. Emergency department referrals
 8. Once the following referral has been accepted, **how long before seeing a specialist?**
 - 8.1. 3A. Non urgent referrals
 - 8.2. 3B. Urgent referrals
 - 8.3. 3C. Emergency department referrals

- 9. How long from the patient first presenting to receiving a colonoscopy, and if cancer detected, at what stage?**
- 9.1. 4A. Non urgent referrals
 - 9.2. 4B. Urgent referrals
 - 9.3. 4C. Emergency department referrals
 - 9.4. 4D. Specialist referral
 - 9.5. 4E. GP referral
- 10. How many colonoscopies was your DHB funded for the time period from 1 July 2018 - 30 June 2019, and how many were carried out?**
- **Cataracts surgery/ intera-ocular lens replacement - for the time period from 1 July 2018 - 30 June 2019.**
- 11. Breakdown in terms of numbers for each type of GP referral that were declined and accepted?**
- 11.1. 1A. Non urgent referrals
 - 11.2. 1B. Urgent referrals
- 12. Breakdown in terms of numbers for each type of specialist referral that were declined and accepted?**
- 12.1. 2A. Non urgent referrals
 - 12.2. 2B. Urgent referrals
 - 12.3. 2C. Emergency department referrals
- 13. Once the following referral has been accepted, how long before seeing a specialist?**
- 13.1. 3A. Non urgent referrals
 - 13.2. 3B. Urgent referrals
 - 13.3. 3C. Emergency department referrals
- 14. How long from each of the types of referrals being accepted to the cataracts being removed?**
- 14.1. 4A. Non urgent referrals
 - 14.2. 4B. Urgent referrals
 - 14.3. 4C. Emergency department referrals
- 15. How many cataracts surgery/ intera-ocular lens replacement was your DHB funded for the time period from 1 July 2018 - 30 June 2019.**
- **Coronary artery bypass graft - for the time period from 1 July 2018 - 30 June 2019.**
- 16. Breakdown in terms of numbers for each type of GP referral that were declined and accepted?**
- 16.1. 1A. Non urgent referrals
 - 16.2. 1B. Urgent referrals
- 17. Breakdown in terms of numbers for each type of specialist referral that were declined and accepted?**
- 17.1. 2A. Non urgent referrals
 - 17.2. 2B. Urgent referrals

- 17.3. 2C. Emergency department referrals
- 18. Once the following referral has been accepted, how long before seeing a specialist?**
 - 18.1. 3A. Non urgent referrals
 - 18.2. 3B. Urgent referrals
 - 18.3. 3C. Emergency department referrals
- 19. How long from the patient first presenting to receiving a coronary artery bypass graft?**
 - 19.1. 4A. Non urgent referrals
 - 19.2. 4B. Urgent referrals
 - 19.3. 4C. Emergency department referrals
 - 19.4. 4D. Specialist referral
 - 19.5. 4E. GP referral
- 20. How many coronary artery bypass grafts was your DHB funded for the time period from 1 July 2018 - 30 June 2019, and how many were carried out?**
- 21. How many patients have died waiting to have coronary artery bypass graft?**
- **Total hip replacements and Total knee replacements - for the time period from 1 July 2018 - 30 June 2019.**
 - **Information seeking for hip replacements**
- 22. Breakdown in terms of numbers of hip replacements for each type of GP referral that were declined and accepted?**
 - 22.1. 1A. Non urgent referrals
 - 22.2. 1B. Urgent referrals
- 23. Breakdown in terms of numbers of hip replacements for each type of specialist referral that were declined and accepted?**
 - 23.1. 2A. Non urgent referrals
 - 23.2. 2B. Urgent referrals
 - 23.3. 2C. Emergency department referrals
- 24. Once the following hip replacement referral has been accepted, how long before seeing a specialist?**
 - 24.1. 3A. Non urgent referrals
 - 24.2. 3B. Urgent referrals
 - 24.3. 3C. Emergency department referrals
- 25. How long for each of the following types of hip replacement referrals to have a scan?**
 - 25.1. 4A. Non urgent referrals
 - 25.2. 4B. Urgent referrals
 - 25.3. 4C. Emergency department referrals
 - 25.4. 4D. GP referrals
 - 25.5. 4E. Specialist referrals
- 26. How long for each of the types of hip replacement referrals being accepted for surgery?**

- 26.1. 5A. Non urgent referrals
- 26.2. 5B. Urgent referrals
- 26.3. 5C. Emergency department referrals
- 26.4. 5D. GP referral
- 26.5. 5E. Specialist referral

27. How many hip replacement operations did you have funding for in the financial year 1 July 2018 - 30 June 2019, and how many were carried out?

- **Information for knee replacement operations**

28. Breakdown in terms of numbers of knee replacements for each type of GP referral that were declined and accepted?

- 28.1. 1A. Non urgent referrals
- 28.2. 1B. Urgent referrals

29. Breakdown in terms of numbers of knee replacements for each type of specialist referral that were declined and accepted?

- 29.1. 2A. Non urgent referrals
- 29.2. 2B. Urgent referrals
- 29.3. 2C. Emergency department referrals

30. Once the following knee replacement referral has been accepted, how long before seeing a specialist?

- 30.1. 3A. Non urgent referrals
- 30.2. 3B. Urgent referrals
- 30.3. 3C. Emergency department referrals

31. How long for each of the following types of knee replacement referrals to have a scan?

- 31.1. 4A. Non urgent referrals
- 31.2. 4B. Urgent referrals
- 31.3. 4C. Emergency department referrals
- 31.4. 4D. GP referrals
- 31.5. 4E. Specialist referrals

32. How long for each of the types of knee replacement referrals being accepted for surgery?

- 32.1. 5A. Non urgent referrals
- 32.2. 5B. Urgent referrals
- 32.3. 5C. Emergency department referrals
- 32.4. 5D. GP referral
- 32.5. 5E. Specialist referral

33. How many knee replacement operations did you have funding for in the financial year 1 July 2018 - 30 June 2019, and how many were carried out?

- **Grommet insertions - for the time period from 1 July 2018 - 30 June 2019.**

34. Breakdown in terms of numbers for each type of GP referral that were declined and accepted?

34.1. 1A. Non urgent referrals

34.2. 1B. Urgent referrals

35. Breakdown in terms of numbers for each type of specialist referral that were declined and accepted?

35.1. 2A. Non urgent referrals

35.2. 2B. Urgent referrals

35.3. 2C. Emergency department referrals

36. Once the following referral has been accepted, how long before seeing a specialist?

36.1. 3A. Non urgent referrals

36.2. 3B. Urgent referrals

36.3. 3C. Emergency department referrals

37. How long from each of the types of referrals being accepted to have grommet insertions?

37.1. 4A. Non urgent referrals

37.2. 4B. Urgent referrals

37.3. 4C. Emergency department referrals

38. How many grommet insertions was your DHB funded for the time period from 1 July 2018 - 30 June 2019, and many did you carry out?

39. What is the criteria for being eligible for a grommet insertion?

CM HEALTH - volume and waiting profile - specified procedures

FY 2018/19

| Procedure | Procedures completed | Accepted referrals by source/ priority | | | | Wait times (average days) - all priority | | |
|--------------------------|----------------------|--|------------|-----------------------------------|--------------|--|----------------------------------|---------------------------|
| | | Referral source (decision for procedure) | | Urgency (refer over for grouping) | | Average time to FSA | Average time to FSA (inc 0 days) | Average time to Procedure |
| | | SMO / internal | Other / GP | Urgent | Other (P3-5) | | | |
| Grommet / Myringotomy | 371 | 371 | 0 | 227 | 144 | 160.7 | 39 | 67.6 |
| Hip Replacement | 356 | 351 | 5 | 179 | 177 | 91.3 | 62 | 110.5 |
| Knee Replacement | 527 | 525 | 2 | 178 | 349 | 97.2 | 77 | 116.5 |
| Cataract | 2,311 | 2,286 | 25 | 1,556 | 755 | 95.0 | 55 | 98.2 |
| Diagnostic - Colonoscopy | 4,023 | 1,949 | 2,074 | 3,018 | 1,005 | 234 | N/A | 36 |
| Diagnostic - Colposcopy | 1,342 | 123 | 1,219 | 578 | 764 | 104 | N/A | 92 |
| Coronary Artery Bypass | | <i>Procedure provided regionally via ADHB for CMDHB population</i> | | | | | | |

notes;

Funding for DHBs is not provided on the basis of specific elective procedures.

Each year, we agree with the Ministry of Health a volume *by specialty* of 'planned/ elective' cases expected to be completed.

Data is for DHB resourced procedures, attended appointments for CMDHB domicile patients at CMDHB facilities - July 2018 to June 2019

1 Declined referral statistics are not collated at Procedure level - all referrals are triaged by Specialty for an FSA, decline is for FSA not a specific procedure

2 Surgical interventions / decision-to-treat made at FSA

3 All referrals (external/ internal source) are graded via same parameters for urgency. Referral source for a Procedure decision to treat is primarily by SMOs following FSA

4 Wait times data days include all levels of priority (including diagnostic surveillance) - and excludes cases with no FSA m, wait time not recorded, or wait time 0 or shorter. ☒

~ Average days with 0-day FSA cases included in the calculations are also provided for surgical procedures only

~ Diagnostic Procedures wait time calculations exclude some 282 records with a wait to FSA of 0 or less than 0 days

5 Only the first Colonoscopy and/or the first Colposcopy in the 12 months was counted

6 The point in time that diagnostic imaging occurs in an orthopaedic pathway is not held in extractable form in clinical coded data

7 The point in time / method that a confirmed cancer diagnosis is made/ and extent of any cancer would require significant clinical interpretation of data

8 In some circumstances, additional procedures may occur via outsourced providers

There are agreed DHB comparative national targets for Elective Services access (ESPI targets), These set max wait timeframes for FSA and treatment at 4months each

• <https://www.health.govt.nz/system/files/documents/pages/september-2019-counties-manukau-espi-trend-and-services-summary.pdf>

Diagnostic procedures

| Priority | Priority Grouping |
|-------------------------------|-------------------|
| FU - On Time | Urgent |
| P1 - HSC | Urgent |
| P1 - Urgent | Urgent |
| P2 - HSC | Urgent |
| P2 - Semi Urgent | Urgent |
| <i>Not Specified</i> | <i>Other</i> |
| <i>P3 - Routine</i> | <i>Other</i> |
| <i>P4 - Low Priority</i> | <i>Other</i> |
| <i>P5 - Virtual Clinic</i> | <i>Other</i> |
| <i>Repeat</i> | <i>Other</i> |
| <i>Scheduled</i> | <i>Other</i> |
| <i>Surveillance</i> | <i>Other</i> |
| <i>Suspend Awaiting Tests</i> | <i>Other</i> |

Surgical procedures

| Priority | Priority Grouping |
|----------------------------|-------------------|
| FU - On Time | Urgent |
| Immediate | Urgent |
| P1 - HSC | Urgent |
| P1 - Urgent | Urgent |
| P2 - HSC | Urgent |
| P2 - Semi Urgent | Urgent |
| <i>P3 - Routine</i> | <i>Other</i> |
| <i>P4 - Low Priority</i> | <i>Other</i> |
| <i>P5 - Virtual Clinic</i> | <i>Other</i> |

22 January 2020

Kate McCallum
Producer
Mediaworks

Email: katemccallum@mediaworks.co.nz

Dear Ms McCallum,

Official Information Act (1982) Request

I write in regard to your various Official Information Act requests, received by us on 14 January 2020. You requested information related to elective surgical procedures, (listed at the end of this letter).

We note that the six requests submitted by you (at 3.05pm) are substantially seeking the same data on seven different surgical procedures, (*Grommets, Hip replacement, Knee replacement, Coronary Artery Bypass, Cataracts, Colonoscopy and Colposcopy*). Consequently, we will be managing our response of these together, as a single request.

We have considered the scope of your entire request, and our capacity and ability to provide the data for a response. Currently, this is a very substantial request, and there are a number of elements that do not readily align with the way that our patient record/ coding systems capture data. The impact of completing this work alongside the work of hospital operational priorities means we may also need additional time to extract and prepare the data, and this will take longer than the usual OIA timeframes to completely respond to this request.

The extent of work to fulfil your request could mean CMDHB has to refuse the request under section 18(f) of the Official Information Act. This section applies when information can't be made available without substantial collation. Please consider this letter as seeking clarification of your request, under section 18B of the Act.

CMDHB would like to suggest an alternative approach for your consideration, and provide some context as to the reasons for this (outlined below).

Counties Manukau Health (CM Health) provides health and support services to people living in the Counties Manukau region (approx. 569,400 people). Our services are delivered via hospital, outpatient/ ambulatory and community-based models of care. We employ more than 7,500 staff, and see more than 118,000 people in our Emergency Department each year. On average per month across all our services, we see more than 3,400 new outpatients for a First Specialist Appointment (FSA) and more than 8,400 in follow-up outpatient appointments.

There are data system and capacity limitations to extracting the data required to adequately respond to your request. The way that our referral data is captured and held means that:

- A referral (irrespective of origin) is for a First Specialist Appointment (FSA) consultation/ opinion with a Specialist, rather than specifying a particular procedure. Coded data on the referral outcomes is not related to a specific procedure level.
- There are standard procedures for all referrals received to be triaged/ graded by a DHB SMOs. That grading process will determine the scheduling time until a FSA occurs. Referrals are all processed via this mechanism, irrespective of source, and are graded on receipt by a Specialist for priority to be seen (into a scale 1-5).
- Referrers do not determine the urgency for most cases, nor the decision on a procedure required, although any referral information they provide will inform the triage/ grading.
- Reasons for declined referrals may be advised to the referrer, but not electronically captured, and declines can occur for a range of reasons, including changed patient circumstances, further primary care management, current capacity and prioritisation etc.
- A decision to proceed/ treat by a procedure is made at the FSA appointment, although the timeframes to complete a procedure may be affected by individual clinical considerations/ health status etc.

This means that your questions related to referral acceptance/ declines and wait times cannot be easily collated at a *procedure* level. Our data systems are intended to inform/ report the metrics required for Ministry of Health targets and performance. Creating a one-off dataset for your request on only specific services/ procedures has potential to misrepresent this information.

In addition to this, the qualified clinical analysts able to complete this data extraction and interpretation within our Health Informatics services are a small team, heavily committed to performance reporting to the Ministry of Health, and to DHB services to enable them to maximise service provision to our communities. We need to consider the impact of this request on other workloads.

Alternative Approach

We have considered the intent of your request, and are able to provide (free of charge), the following data for each of the listed procedures. We hope this goes some way to addressing your interest.

Total numbers of each of the listed procedures completed in 2018/19, and for those cases completed:

- The data broken down to **referral source** (GP, other health professional),
- The **priority allocation** by clinician for time to FSA on acceptance (groups to 1&2 for urgent and 3-5 for others),
- The **time to attend an FSA** (average days waiting) – noting data on cases exceeding 120 days per speciality are in ESPI data.
- The **time to the procedure completed** (average days waiting) - from being added to a procedure waitlist after an FSA. This is the 'decision to treat' ESPI data.

If this is acceptable to you, **please confirm as soon as possible** (and before end of this week) to OIA.Request@middlemore.co.nz, your acceptance, so that our clinical analyst can prepare the reports required.

In addition, the Ministry of Health does manage nationally consistent data on elective services performance, and this is publicly available (most recent publicly available is for Oct 2018-Sept 2019, which is close to your specified timeframes)

- <https://www.health.govt.nz/system/files/documents/pages/september-2019-counties-manukau-espi-trend-and-services-summary.pdf>

These report against the required Ministry of Health targets for DHBs (by speciality), and gives each DHB referral numbers per month and percentage of total referrals that wait greater than 120 days for FSA and longer than target for procedure. This information enables consistent comparison of DHB performance, although we urge caution in benchmarking DHBs in isolation of other factors, such as specialist services, DHB demographics and capacity variables (workforce, theatres etc.)

If this alternative is not acceptable to you, we suggest you consider re-framing (narrowing) the scope of your request. In terms of any narrowing, naturally, this is your request, as is any re-consideration of it, but we suggest considering a focus on speciality volumes, rather than procedures, or advising us of the priority for receiving data on each element of the information.

For clarity at this time, we also note:

- That funding for DHBs is not provided on the basis of specific elective procedures (that is, we don't receive a set amount of monies from government funding for hip replacements each year for example). Each year, we agree with the Ministry of Health a volume of 'planned/ elective' cases expected to be completed.
- All *Coronary Artery Bypass Graft* procedures are done by Auckland DHB for the northern region.
- We cannot reliably extract data on an individual's diagnostic results from coding data (e.g. for colposcopy/ colonoscopy results), in terms of the stage at which a cancer detected. This detection may occur prior to a scope/ or by other diagnostics, and the detail is generally held in individual medical files, and would take substantial research.
- There is publicly available information on the Faster Cancer Treatment targets, that do address 'the integrated journey by cancer streams', and we report our DHB performance against these targets via regular reporting the CMDHB Board:
 - <https://www.health.govt.nz/our-work/diseases-and-conditions/national-cancer-programme/cancer-initiatives/faster-cancer-treatment>
- We cannot extract and readily match data on a procedure with the date people waiting for hip/ knee replacement have a scan (X-ray, CT or MRI), as this may occur prior to referral, at other facilities, or not be required or be repeated related to other health needs.

If you are not satisfied with this response you are entitled to seek a review of our proposed approach by the Ombudsman under section 28(3) of the Official Information Act.

Yours sincerely,



Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health

**LIST OF INFORMATION REQUESTED:
OIA 14012020 McCALLUM – Surgical procedures:**

- **Cervical colposcopy - for the time period from 1 July 2018 - 30 June 2019.**
 - 1. Breakdown in terms of numbers for each type of GP referral that were declined and accepted?**
 - 1.1. 1A. Non urgent referrals
 - 1.2. 1B. Urgent referrals
 - 2. Breakdown in terms of numbers for each type of specialist referral that were declined and accepted?**
 - 2.1. 2A. Non urgent referrals
 - 2.2. 2B. Urgent referrals
 - 2.3. 2C. Emergency department referrals
 - 3. Once the following referral has been accepted, how long before seeing a specialist?**
 - 3.1. 3A. Non urgent referrals
 - 3.2. 3B. Urgent referrals
 - 3.3. 3C. Emergency department referrals
 - 4. How long from the patient first presenting to receiving a cervical colposcopy, and if cancer detected, at what stage?**
 - 4.1. 4A. Non urgent referrals
 - 4.2. 4B. Urgent referrals
 - 4.3. 4C. Emergency department referrals
 - 4.4. 4D. Specialist referral
 - 4.5. 4E. GP referral
 - 5. How many cervical colposcopy was your DHB funded for the time period from 1 July 2018 - 30 June 2019, and how many were carried out?**
- **Colonoscopies - for the time period from 1 July 2018 - 30 June 2019.**
 - 6. Breakdown in terms of numbers for each type of GP referral that were declined and accepted?**
 - 6.1. 1A. Non urgent referrals
 - 6.2. 1B. Urgent referrals
 - 7. Breakdown in terms of numbers for each type of specialist referral that were declined and accepted?**
 - 7.1. 2A. Non urgent referrals
 - 7.2. 2B. Urgent referrals
 - 7.3. 2C. Emergency department referrals
 - 8. Once the following referral has been accepted, how long before seeing a specialist?**
 - 8.1. 3A. Non urgent referrals
 - 8.2. 3B. Urgent referrals
 - 8.3. 3C. Emergency department referrals
 - 9. How long from the patient first presenting to receiving a colonoscopy, and if cancer detected, at what stage?**
 - 9.1. 4A. Non urgent referrals
 - 9.2. 4B. Urgent referrals
 - 9.3. 4C. Emergency department referrals

- 9.4. 4D. Specialist referral
- 9.5. 4E. GP referral

10. How many colonoscopies was your DHB funded for the time period from 1 July 2018 - 30 June 2019, and how many were carried out?

- **Cataracts surgery/ intera-ocular lens replacement - for the time period from 1 July 2018 - 30 June 2019.**

11. Breakdown in terms of numbers for each type of GP referral that were declined and accepted?

- 11.1. 1A. Non urgent referrals
- 11.2. 1B. Urgent referrals

12. Breakdown in terms of numbers for each type of specialist referral that were declined and accepted?

- 12.1. 2A. Non urgent referrals
- 12.2. 2B. Urgent referrals
- 12.3. 2C. Emergency department referrals

13. Once the following referral has been accepted, how long before seeing a specialist?

- 13.1. 3A. Non urgent referrals
- 13.2. 3B. Urgent referrals
- 13.3. 3C. Emergency department referrals

14. How long from each of the types of referrals being accepted to the cataracts being removed?

- 14.1. 4A. Non urgent referrals
- 14.2. 4B. Urgent referrals
- 14.3. 4C. Emergency department referrals

15. How many cataracts surgery/ intera-ocular lens replacement was your DHB funded for the time period from 1 July 2018 - 30 June 2019.

- **Coronary artery bypass graft - for the time period from 1 July 2018 - 30 June 2019.**

16. Breakdown in terms of numbers for each type of GP referral that were declined and accepted?

- 16.1. 1A. Non urgent referrals
- 16.2. 1B. Urgent referrals

17. Breakdown in terms of numbers for each type of specialist referral that were declined and accepted?

- 17.1. 2A. Non urgent referrals
- 17.2. 2B. Urgent referrals
- 17.3. 2C. Emergency department referrals

18. Once the following referral has been accepted, how long before seeing a specialist?

- 18.1. 3A. Non urgent referrals
- 18.2. 3B. Urgent referrals
- 18.3. 3C. Emergency department referrals

19. How long from the patient first presenting to receiving a coronary artery bypass graft?

- 19.1. 4A. Non urgent referrals
- 19.2. 4B. Urgent referrals
- 19.3. 4C. Emergency department referrals
- 19.4. 4D. Specialist referral

19.5. 4E. GP referral

- 20. How many coronary artery bypass grafts was your DHB funded for the time period from 1 July 2018 - 30 June 2019, and how many were carried out?**
- 21. How many patients have died waiting to have coronary artery bypass graft?**
- **Total hip replacements and Total knee replacements - for the time period from 1 July 2018 - 30 June 2019.**
 - **Information seeking for hip replacements**
- 22. Breakdown in terms of numbers of hip replacements for each type of GP referral that were declined and accepted?**
- 22.1. 1A. Non urgent referrals
 - 22.2. 1B. Urgent referrals
- 23. Breakdown in terms of numbers of hip replacements for each type of specialist referral that were declined and accepted?**
- 23.1. 2A. Non urgent referrals
 - 23.2. 2B. Urgent referrals
 - 23.3. 2C. Emergency department referrals
- 24. Once the following hip replacement referral has been accepted, how long before seeing a specialist?**
- 24.1. 3A. Non urgent referrals
 - 24.2. 3B. Urgent referrals
 - 24.3. 3C. Emergency department referrals
- 25. How long for each of the following types of hip replacement referrals to have a scan?**
- 25.1. 4A. Non urgent referrals
 - 25.2. 4B. Urgent referrals
 - 25.3. 4C. Emergency department referrals
 - 25.4. 4D. GP referrals
 - 25.5. 4E. Specialist referrals
- 26. How long for each of the types of hip replacement referrals being accepted for surgery?**
- 26.1. 5A. Non urgent referrals
 - 26.2. 5B. Urgent referrals
 - 26.3. 5C. Emergency department referrals
 - 26.4. 5D. GP referral
 - 26.5. 5E. Specialist referral
- 27. How many hip replacement operations did you have funding for in the financial year 1 July 2018 - 30 June 2019, and how many were carried out?**
- **Information for knee replacement operations**
- 28. Breakdown in terms of numbers of knee replacements for each type of GP referral that were declined and accepted?**
- 28.1. 1A. Non urgent referrals
 - 28.2. 1B. Urgent referrals
- 29. Breakdown in terms of numbers of knee replacements for each type of specialist referral that were declined and accepted?**

- 29.1. 2A. Non urgent referrals
- 29.2. 2B. Urgent referrals
- 29.3. 2C. Emergency department referrals

30. Once the following knee replacement referral has been accepted, how long before seeing a specialist?

- 30.1. 3A. Non urgent referrals
- 30.2. 3B. Urgent referrals
- 30.3. 3C. Emergency department referrals

31. How long for each of the following types of knee replacement referrals to have a scan?

- 31.1. 4A. Non urgent referrals
- 31.2. 4B. Urgent referrals
- 31.3. 4C. Emergency department referrals
- 31.4. 4D. GP referrals
- 31.5. 4E. Specialist referrals

32. How long for each of the types of knee replacement referrals being accepted for surgery?

- 32.1. 5A. Non urgent referrals
- 32.2. 5B. Urgent referrals
- 32.3. 5C. Emergency department referrals
- 32.4. 5D. GP referral
- 32.5. 5E. Specialist referral

33. How many knee replacement operations did you have funding for in the financial year 1 July 2018 - 30 June 2019, and how many were carried out?

○ **Grommet insertions - for the time period from 1 July 2018 - 30 June 2019.**

34. Breakdown in terms of numbers for each type of GP referral that were declined and accepted?

- 34.1. 1A. Non urgent referrals
- 34.2. 1B. Urgent referrals

35. Breakdown in terms of numbers for each type of specialist referral that were declined and accepted?

- 35.1. 2A. Non urgent referrals
- 35.2. 2B. Urgent referrals
- 35.3. 2C. Emergency department referrals

36. Once the following referral has been accepted, how long before seeing a specialist?

- 36.1. 3A. Non urgent referrals
- 36.2. 3B. Urgent referrals
- 36.3. 3C. Emergency department referrals

37. How long from each of the types of referrals being accepted to have grommet insertions?

- 37.1. 4A. Non urgent referrals
- 37.2. 4B. Urgent referrals
- 37.3. 4C. Emergency department referrals

38. How many grommet insertions was your DHB funded for the time period from 1 July 2018 - 30 June 2019, and many did you carry out?

39. What is the criteria for being eligible for a grommet insertion?