

30th May 2022



Official Information Act Request for – Wait Times

I write in response to your Official Information Act request received by us 27th April 2022, you requested the following information:

1. **Please provide the length of time for patients on the waiting list who were referred by their GP to Specialist in your district (incl. count of events and average wait days) for the following:**
 - a. Hip replacement
 - b. Knee replacement
 - c. Hysterectomy (or general gynae)
 - d. Breast reconstruction
 - e. Gall bladder
 - f. CT/MRI/PET scan
 - g. colonoscopy
 - (i) Covering a 12 month period from 1 March 2021 to 28 Feb 2022.
 - (ii) Covering a 12 month period from 1 March 2016 to 28 Feb 2017.

2. **Please provide the length of time for patients on the waiting list, who are awaiting surgery in your district (incl. count of events and average wait days) for the following:**
 - a. Hip replacement
 - b. Knee replacement
 - c. Hysterectomy
 - d. Breast reconstruction
 - e. Gall bladder
 - f. CT/MRI/PET scan.
 - (i) Covering a 12 month period from 1 March 2021 to 28 Feb 2022.
 - (ii) Covering a 12 month period from 1 March 2016 to 28 Feb 2017.

3. **Could you please provide the average wait time for patients being treated with the following cancers: (include count of events and avg days)**
 - a. Lung
 - b. Breast
 - c. Cervical
 - d. Bowel
 - e. Prostate

f. Skin

- (i) Covering a 12 month period from 1 March 2021 to 28 Feb 2022.
- (ii) Covering a 12 month period from 1 March 2016 to 28 Feb 2017.

4. Please feel free to provide any explanation or clarification which will help me understand the above data.

Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, over 490,000 outpatient appointments each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide national, regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

The four DHBs of the Northern Region (Auckland, Waitematā, Counties Manukau and Northland) have worked hard to maintain service-delivery during the COVID-19 Omicron outbreak over recent months. The pressure on the hospital system has resulted from a combination of increasing cases related to COVID-19 and staff pressures as people isolated at home to look after themselves and whaanau.

The number of elective planned care admissions was lower in the months of January, February and March 2022 compared to previous years. This is to be expected when the hospital system was dealing with the results of the Delta outbreak, followed by the onset and surge of the Omicron outbreak.

The focus of planned care was ensuring those patients most in need received care in a timely manner. During this time, measures to maintain services were put in place, including extended hours, weekend lists, outsourcing (where capacity and staffing allowed), increased use of telehealth and seconding healthcare professionals to take up different roles. Now the most recent outbreak peak has passed, there is a consistent focus on increasing the levels of planned care.

1. Please provide the length of time for patients on the waiting list who were referred by their GP to Specialist in your district (incl. count of events and average wait days) for the following
 2. Please provide the length of time for patients on the waiting list, who are awaiting surgery in your district (incl. count of events and average wait days) for the following
- Please refer Tables 1 (1 March 2016 – 28 February 2017) & 2 (1 March 2021 - 28 February 2022) below in response to 1. Time to FSA and 2. Time to Procedure:

Table 1: Time to FSA 1 March 2016 to 28 February 2017

Type of Procedure	Wait Times (in Average days) Across all Priority Types		
	Cases	Average waiting days to First Specialist Appointment (FSA)	Average waiting days to procedure
a. Breast Reduction / Reconstruction / Augmentation	121	75	91
b. Diagnostic Colonoscopy	6,090	---	52
c. Gall bladder removal - Cholecystectomy (Open/Laparoscopic)	146	46	79

d. Joint replacement - hip (total/bilateral/revision)	278	32	68
e. Hysterectomy - (Total abdominal/subtotal abdominal/vaginal/laparoscopic assisted)	246	52	62
f. Knee (Joint replacement/repair/Arthroscopy)	467	39	73
g. (i) Radiology (CT)	11,131	---	30
(ii) Radiology (MR)	4,537	---	62

Table 2: 1 Time to Procedure March 2021 to 28 February 2022

Type of Procedure	Wait Times (in Average days) Across all Priority Types		
	Cases	Average waiting days to First Specialist Appointment (FSA)	Average waiting days to procedure
a. Breast Reduction / Reconstruction / Augmentation	45	85	112
b. Diagnostic Colonoscopy	7,594	---	48
c. Gall bladder removal - Cholecystectomy (Open/Laparoscopic)	145	93	82
d. Joint replacement - hip (total/bilateral/revision)	239	135	107
e. Hysterectomy - (Total abdominal/subtotal abdominal/vaginal/laparoscopic assisted)	258	121	97
f. Knee (Joint replacement/repair/Arthroscopy)	445	157	114
g. (i) Radiology (CT)	14,660	---	45
(ii) Radiology (MR)	5,235	---	84

NOTE:

- The information provided covers all procedures completed for the specified time periods, including multiple clinical priorities.
- Referrals for Colonoscopy and Radiology are triaged for the procedure and do not require any FSA (First Specialist Assessment).
- The average wait time for the Diagnostic Colonoscopy includes all surveillance types.
- The Diagnostic Colonoscopy volumes reported exclude any Top & Tail referrals/procedures and any referrals/procedures under the National Bowel Screening Programme.
- The methodology for recording FSA's changed between the 2 time periods and there may be some minor comparative differences in the values reported.

For CT and MR - without individually searching all of these, we are not be able to link whether it is related to surgery or not. Due to the volume, it would not be achievable to do this. Due to the sensitivity of this information, frontline clinical staff would need to review individual clinical files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

3. Could you please provide the average wait time for patients being treated with the following cancers: (include count of events and avg days)

- a. Lung
- b. Breast
- c. Cervical
- d. Bowel
- e. Prostate
- f. Skin

(i) Covering a 12 month period from 1 March 2021 to 28 Feb 2022.

(ii) Covering a 12 month period from 1 March 2016 to 28 Feb 2017.

CM Health Cancer treatment data is held in our Faster Cancer Treatment programme records. Provided below is:

- the total volume of patients per tumour stream for the specified time periods and
- the average days waiting for treatment once a treatment decision has been made.

Table 3: 1 March 2016 through 28 February 2017, and 1 March 2021 through 28 February 2022

Tumour Stream	March 2016 – Feb 2017		March 2021 – Feb 2022	
	Number of patients	Average days waiting	Number of patients	Average days waiting
Lung	134	10	237	6
Breast	217	19	285	15
Gynaecological (includes cervical*)	111	17	133	24
Lower intestinal (includes bowel*)	155	18	186	14
Urological (includes prostate*)	312	20	206	25
Skin	56	14	139	10

NOTE:

- * Cervical, Bowel and Prostate cancer average waiting day data is recorded within separate tumour stream categories for Gynaecology, Lower Intestinal and Urology respectively and, therefore, treatment for these cancers are not able to be reported separately.

4. Please feel free to provide any explanation or clarification which will help me understand the above data.

Explanation provided in responses.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely



Dr Peter Watson
Acting Chief Executive Officer
Counties Manukau Health