

Clinical : Outsourced Capacity
Proactive Release: 08 February 2019



20 December 2018

[REDACTED]
Stuff/ Fairfax
PO Box 6341,
Wellesley St, Auckland, 1140

E-mail: [REDACTED]

Dear [REDACTED],

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 23 November 2018. You requested the following information:

A breakdown of all instances between January 1 and November 1 2018, where the DHB referred overflow patients in the following departments to private hospitals and clinics in Auckland.

- emergency department
 - surgical
 - diagnostic imaging (such as MRI, CT, PET scans)
- **Please specify which department the patient was referred from and the purpose of the referral.**
 - **Please also advise when possible which hospital/ clinic the overflow patient was referred to.**
 - **If vouchers are given to overflow patients who are referred to private hospitals and clinics, please advise the number of vouchers given out by the DHB in this calendar year, broken down by month and by department.**

The metro-Auckland DHBs sought (via Waitemata DHB Matt Rogers) to clarify what you defined 'overflow' patients, and when you defined this as those with 'exceedingly long waiting' times, you did not specify a timeframe for those waits. We have therefore interpreted your request as related to any situations where DHB patients are seen by private providers having been referred to the DHB.

We do not refer patients presenting for Emergency Care to other private providers. Counties Manukau Health (CM Health) is trialling a digital information system to help some patients arriving at Emergency Care receive the right care for them.

Emergency Q helps patients with less serious problems, (such as earache, sinuses, vomiting and colds), which could be managed in primary care or at Accident and medical centres rather than the Emergency Department. An electronic screen at Middlemore Hospital and a free smartphone app shows these patients real-time information so they can compare waiting times, and gain information on costs (if applicable) and subsidies they are entitled to. The intention is to help patients make informed choices about the most appropriate care for their condition.

Since the trial commenced in August 2018, we estimate more than 500 people have taken up the option to use alternative options to the Emergency Department to address their needs. This supports our wider campaign to encourage our community to “Choose the right care for you”, including understanding options to use funded and subsidised community providers (e.g. Pharmacy, General Practice, Healthline).

Regarding other services that we use private providers for, including diagnostic and surgical services, Appendix 1 (**attached**) provides data on the numbers of diagnostic (radiology) cases managed via outsourced services per month, and the total number of surgical and medical outsourced volumes delivered between 01 Jan and 31 Oct 2018.

We advise caution in using this data, which represents all Counties Manukau patients referred to private providers for services. This is not related to how long these individuals had been or might expect to wait to receive public health provided care. Use of an ‘outsourced’ diagnostic and surgical service is not based on length of an individual’s waiting times.

Rather, this option is used as part of a wider strategy to best match our overall CM Health facilities and capacity to the needs of referred individuals, their clinical needs and service considerations, including timeliness of necessary intervention. This helps ensure that we can also achieve the Ministry of Health required elective surgical and diagnostic access targets.

We do not give vouchers to the patients provided with outsourced specialist services. These services are provided via direct contractual arrangements with the selected providers. The contracts are actively managed, and regularly reviewed in the context of the changing clinical specialty service referral volumes, clinical requirements and available CM Health capacity.

Please contact us if there is further specific information you require.

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,



Margie Apa
Chief Executive

OIA 23112018 MARTIN
Appendix 1

Diagnostic imaging Outsourced Procedures - Information:

MRI scans	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Total outsourced
Total MRI Scans	197	175	209	224	247	221	231	152	229	261	2,146
• Of that total – subset (paediatric)	7	13	32	28	22	19	28	32	21	28	230

PET CT	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Total
	28	27	28	22	40	32	32	36	27	39	311

- **For all diagnostic imaging.**
 - We contract with three providers for adult diagnostic radiology referrals (TRG, Ascot and SRG) to provide additional MRI Scan capacity.
 - An upgrade to MRI Suite and machines at Middlemore Hospital was completed in September 2018, to respond to the increasing volume of MRI Scans occurring at CM Health.
 - We use the University of Auckland for paediatric MRI scans, which we cannot perform at CM Health facilities, due to a limited number of specialist anaesthesia sessions available.
 - We cannot do PET – CT Scans at CM Health facilities, as we do not have the equipment.
 - PET- CT is undertaken by two private community-based providers (Ascot / Mercy), and the CM Health referred volumes are shared equally.

Gastroenterology – Information:

In order to achieve the national Diagnostic Access targets, the Faster Cancer Treatment target and to support the introduction of the National Bowel Screening Programme in Counties Manukau this year, we have also used outsourced provision of Colonoscopy to give additional capacity in a timely manner.



Appendix 1

Surgical and Medical Services Outsourced Procedures – Information:

Discharge Dates: 01/01/2018 - 01/11/2018

Discharge Dept	Count of Episode Number
Anaesthesiology	1
General Surgery	231
Gynaecology	94
Hand Service	11
Otorhinolaryngology (O.R.L.)	251
Ophthalmology	585
Orthopaedic Surgery	249
Plastic Surgery	5
Respiratory	170
Urology	56
Grand Total	1,653

- **For medical and surgical elective (non-acute) services,**

NOTE:

- The Gynaecology and Respiratory referrals noted above are for medical (non-surgical) services, all other volume related to Speciality Surgical services (usually for a surgical operation).
- A decision to use a private provider is based on considerations of both individual clinical and DHB capacity, not on the length of wait.
- Cases will be triaged by CM Health clinicians, and suitable cases are then referred to a provider to be managed and treated, including in some cases both the First Specialist and follow-up appointments.
- We have a number of outsource contract arrangements in place with private providers to supplement CM Health hospital facility capacity. Current contractual arrangements to provide these services are in place with the following facilities:
 - Auckland City Surgical Services, Auckland Surgical Centre, Gillies Hospital, Ormiston Hospital, Auckland Eye, Endoscopy Auckland, Eye Doctors at Ascot Hospital, Gillies Hospital, Remuera Eye Clinic Day Surgery and Laser Centre, Ascot Integrated Hospital, Mercy Integrated Hospital, Southern Cross Hospital Brightside, NZ Respiratory & Sleep Institute.
- **Please note:** CM Health completed more than 20,800 Elective discharges in the 2017/18 financial year. These outsourced volumes reflect a very small proportion of that activity.