



# *West Coast District Health Board*

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## *Te Poari Hauora a Rohe o Tai Poutini*

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### **RE Official information request WCDHB 9259**

We refer to your email dated 11 December 2018 requesting the following information under the Official Information Act from West Coast DHB regarding the West Coast DHB Orthopaedic service. Specifically:

**1. Has the WCDHB's Orthopaedic service deteriorated markedly this year? If so, why?-**

There has been a drop in the number of orthopaedic surgeons available to undertake clinics and surgery over the past year. As a consequence, wait times have increased – however, changes to how we roster the time of surgeons on the West Coast, coupled with ongoing recruitment, will see wait times reduced to the Ministry of Health wait times of four months over the coming year.

**2. Are Canterbury surgeons still visiting the Coast with the same frequency as this time last year and when the new service started in 2012? If not, why not, and how often are they coming?**

A Canterbury DHB Orthopaedic Surgeon travels to provide clinics and surgery on the West Coast two weeks in every four. There is now one less Canterbury DHB surgeon on the roster compared with 2012 when the service began.

**3. Does the DHB still have its own surgeon doing ACC work and, if so, is the surgeon working as many hours as this time last year?**

No, the local West Coast DHB employed surgeon gradually reduced clinical work over 2018 with a retirement from clinical work in August 2018.

**4. How many days a week does Grey Hospital have an Orthopaedic surgeon on site?**

This varies according to the rosters; 54 days of orthopaedic activity (clinics and operating) are planned in the next six months of 2019. Activity ranges from two days per fortnight to periods of continual work across two weeks. Unanticipated leave and other factors such as cancelled flights may impact on this total number.

**5. Does Grey Hospital have any on-site orthopaedic service at weekends?**

Orthopaedic cover is provided by the Rural Hospital Medicine (RHM) specialists in partnership with the Orthopaedic Service at Canterbury DHB. Imaging of any orthopaedic patient that requires specialist Orthopaedic consultation is provided virtually by telehealth.

Non operative cases are managed locally and those requiring an operation are transferred to Canterbury DHB or if appropriate are admitted to Greymouth Hospital under the RHM team for management by a visiting orthopaedic surgeon.

**6. How often are Orthopaedic clinics held at Greymouth and Buller hospitals?**

Twenty-eight clinics are planned to be held in the first six months of 2019 and 61 in total for the calendar year. This is provisional as leave may affect some of these dates. All clinics are located in Greymouth.

**7. How often were Orthopaedic clinics being held at each hospital this time last year?**

No clinics were held in Buller last year. There were 44 clinics held during 2017 at Greymouth Hospital.

**8. How many patients are on the Orthopaedic waiting list for a first specialist appointment?**

21 patients currently have appointments.  
150 are waiting for an appointment.

**9. How many of those patients have been waiting more than four months?**

There are 139 patients who have been waiting more than four months.

**10. What is the average waiting time for an Orthopaedic first specialist appointment?**

The current average waiting time for a FSA is 204 days which we expect to improve.

**11. How many patients are on the waiting list for Orthopaedic surgery?**

**12. What is the average waiting time for surgery?**

There are 67 patients on the waiting list for orthopaedic surgery. The average waiting time on this list is 43.55 days, with a range of wait times from one to 181 days.

**13. How many patients were on the waiting list for a first specialist appointment, and how many of those had been waiting more than four months, this time last year, in 2016, 2015 and 2011?**

We don't hold this information for 2011. (Declined under section 18(g) of the Official Information Act). To provide the information for 2015 and 2016 would require substantial collation and research. (Declined under section 18(f) of the Official Information Act).

**14. How many patients were on the waiting list for orthopaedic surgery this time last year and in 2016, 2015 and 2011?**

We don't hold this information for 2011. (Declined under section 18(g) of the Official Information Act). However we can provide you with the following information on patients on the waiting list for Orthopaedic surgery 'as at January' of the Calendar year in question:

January 2015	-	61
January 2016	-	137
January 2017	-	95
January 2018	-	76
January 2019	-	54

15. **When the DHB set up the new orthopaedic service in 2012 it said services on the West Coast, including outpatient clinics and orthopaedic operations, such as hip replacements, would be provided by both West Coast and Canterbury orthopaedic surgeons. Is this happening to the same level as then? If not why not and what are the current arrangements?**

The same level of surgical intervention for hip and knee replacement surgery is happening on the West Coast as in the period when the service was set up. Fewer non-joint surgical interventions are occurring due to the sub specialty needs of patients and access to surgeons that are currently delivering services to the West Coast DHB. We currently have five Canterbury DHB employed surgeons delivering clinics and surgery to the West Coast DHB and continue to look for future recruitment opportunities.

16. **In 2012 the DHB said unplanned acute orthopaedic services would be coordinated by the CDHB Acute Admitting Service as the first point of contact. If the person's injury required immediate treatment, an orthopaedic surgeon would be available in Greymouth for emergencies. Is this still happening? If not why not and what are the current arrangements?**

Acute orthopaedic presentations are managed by the Rural Hospital Medicine (RHM) specialists in partnership with the Canterbury DHB orthopedic service. Non operative cases are managed locally; those requiring operative intervention are transferred to Christchurch or may be admitted to Greymouth Hospital for management if an orthopedic surgeon is on site. Patients requiring admission are admitted under the RHM team and discussed as required with the duty registrar in Christchurch. Some patients may be taken directly to Canterbury DHB by the ambulance service to receive definitive care early e.g. spinal injury patients.

17. **The DHB said in 2012 that acute orthopaedic cases would be discussed daily at the Christchurch Public Hospital trauma meeting, involving West Coast orthopaedic staff through telehealth videoconferencing. Is this still happening? If not why not and what are the current arrangements?**

The daily virtual conversations from the Orthopaedic Nurse Coordinator with the daily trauma meeting have been replaced due to low volumes. With the low volumes a revised process that was focused on direct patient care was introduced with a direct conversation between medical and surgical clinicians to discuss and review the patient care needs. With the West Coast DHB employing a full complement of RMH specialists this has strengthened local orthopaedic care.

18. **The DHB said in 2012 there would be short periods in any week when senior generalist doctors, rather than orthopaedic surgeons, would be providing the on-site backup in Greymouth. Is this still happening to the same extent? If not why not and what are the current arrangements?**

Please refer to response to question 16.

19. **How many West Coast patients were transferred to Christchurch for orthopaedic surgery in the 2011/12, 2012/13 and 2017/18 financial years?**

Our data does not identify 'transfers', we are therefore providing the numbers of West Coast patients who received surgery in the Canterbury DHB Orthopaedic Service.

Please refer to **Table one** (below) for the number of West Coast patients who were admitted to Canterbury DHB Orthopaedic Service and received surgery.

**Table one: West Coast patients who were admitted to Canterbury DHB Orthopaedic Service and received surgery – Financial Years 2011/2012 – 2017/2018**

	Acute	ACC*	Planned (Elective & Arranged)	Total
2011/12	24	5	43	72
2012/13	46	16	108	170
2013/14	67	19	127	213
2014/15	81	23	92	196
2015/16	72	25	94	191
2016/17	80	35	102	217
2017/18	100	17	96	213

**Notes: \*ACC** – This number only includes surgeries done by Canterbury DHB theatres.

**20. Why can't Coast GPs refer their orthopaedic patients directly to Christchurch?**

West Coast GPs, like Canterbury GPs, are expected to follow the relevant Health Pathways referral process for acute and non-acute orthopaedic presentations. This ensures appropriate assessment, diagnosis and treatment. Patients requiring acute orthopaedic assessment are seen by the Grey Base Hospital Emergency Department in consultation with Christchurch Hospital Orthopaedic Department, and transferred if required.

**21. What changes does the DHB propose to improve the orthopaedic service and when will this happen?**

The Canterbury Orthopaedic Service is currently recruiting nationally and internationally to increase the Orthopaedic Consultant workforce. This will enable adequate resources to provide cover for the transalpine orthopaedic services.

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz); or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery  
**Executive Director**  
**Planning, Funding & Decision Support**