



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

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23 June 2021

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RE Official Information Act request WCDHB 9561

I refer to your email dated 31 May 2021 requesting the following information under the Official Information Act from West Coast DHB for the two calendar years 2017 and 2020. Specifically:

****Please apply these questions below to the calendar year of 2020 AND 2017:**

1. How many people were referred by the GP to the DHB for a joint replacement that year?

Caveat to Data:

West Coast DHB does not code referrals to orthopaedic services by presentation reason and does not have a separate referral and waiting list for joint surgery alone. General Practitioners refer to seek specialist advice and review of a wide range of issues relating to the musculoskeletal system; including queries relating to issues patients experience with their hips and knees.

All orthopaedic-related referrals – for whatever parts of the body for which further advice is ought (hips, knees, arms, feet, shoulders, spine, etc.) – are triaged and directed to a general orthopaedic outpatient waiting list where appropriate. It is important to note that not all referrals that are received from General Practices or other primary sources necessarily go on to require specialist. Some referrals that are received from primary care or other sources are able to be appropriately dealt with by provision of advice back to the general practice, or redirected to other interventional therapies, rather than the need for the patient to be seen in person by an orthopaedic specialist. Moreover, the determination of the need for joint replacement surgery is not made from referral, and joint replacement is not necessarily the automatic treatment outcome that is ultimately recommended or pursued. This determination of intention to treat is not concluded until after patients have been reviewed by an orthopaedic specialist and subsequently, that a course of treatment is considered and discussed and agreed with the patient.

As a consequence of the various combined factors above, the specific number of referrals for potential consideration of joint replacement alone cannot be isolated out at referral outset from the general mix of outpatient referrals received from general practice (or other sources). We therefore decline to provide additional information in this regard under Section 18 (f) of the Official Information Act i.e. “... *that the information requested cannot be made available without substantial collation or research.*”

The caveat above noted and applying in regard to limitation on such available data that can be supplied, we can confirm that overall total referrals for reviews by our orthopaedic services for all musculoskeletal system cases numbered 687 in 2017 and 741 in 2020.

2. *Of those, how many did not receive a first specialist appointment with a specialist orthopaedic surgeon?*

With the caveat on data in Question 1 above noted and applying, the overall totals of all musculoskeletal system related referrals received that did not go on to receive a first specialist appointment numbered 281 in 2017 and 433 in 2020.

These included referrals that did not meet threshold criteria, as well as others where there were incomplete details on the referral, cases where no physical patient appointment was necessary, patient medical comorbidity considerations being clinically unfit for treatment, transfer of referral to other alternative services, and other sundry reasons for return back to the referrer.

3. *Of those who had their first appointment with the specialist orthopaedic surgeon, how many were then referred/sent back to their GP?*

Of the 297 patients who received a first specialist orthopaedic outpatient consultation during the 2017 calendar year, 46 were referred back to their primary care referrer after their appointment as no further specialist intervention was found to be required.

The remainder were confirmed for ongoing care; either through further future follow-up at outpatients, elective surgery, or care through other health specialty services.

Of the 240 patients who received a first specialist orthopaedic outpatient consultation during the 2020 calendar year, 49 were referred back to their primary care referrer after their appointment as no further specialist intervention was found to be required.

The remainder were confirmed for ongoing care; either through further future follow-up at outpatients, elective surgery, or care through other health specialty services.

4. *Of those patients that were referred by GP for joint replacement surgery, how many went ahead to have surgery by the DHB?*

As noted above, patients are not accepted on our surgical waiting list for major joint replacement until after they have been assessed at by an Orthopaedic Specialist at outpatient clinics to determine clinical threshold and best course of treatment, and the patient is both accepting of the recommended treatment and is fit to undergo surgery. Once major joint surgery is thus determined as the course of treatment from Specialist clinical reviews, all patients that have been confirmed are accepted and placed onto general orthopaedic surgery lists.

In 2020, there were 87 people provided surgery locally at Grey Hospital for a major joint replacement (excluding revisions and reconstructions) - totalling 92 major joint procedures between them; some individual having more than one joint replaced in the year. West Coast DHB also funded elective major joint replacement surgeries in other hospital facilities; principally those in Canterbury DHB. In the latest available national comparison data for the twelve months to 30 September 2020, West Coast DHB funded the delivery of 136 major joint procedures. This was the highest standardised intervention rate of any DHB in the country with a rate of 28.49 procedures per 10,000 population - significantly above the national average of 21.26 cases per 10,000 population for the period.

As noted above, all patients who are referred for major joint surgery following clinical determination and patient agreement to surgery are accepted onto surgery lists. In 2017, there were 89 people provided surgery locally at Grey Hospital for a major joint replacement (excluding revisions and reconstructions) - totalling 92 major joint procedures between them; some individual having more than one joint replaced in the year. As now, West Coast DHB also funded elective major joint replacement surgeries in other hospital facilities in 2017; principally those in Canterbury DHB. In the

twelve months to 31 December 2017, West Coast DHB funded delivery of 121 major joint procedures, or 27.65 procedures per 10,000 population. This was well above the national average standardised intervention rate of 25.47 procedures per 10,000 population for the 2017 calendar year.

5. *Of those who were referred by GP and had a first specialist appointment with an orthopaedic surgeon, how many actually had their surgery with the DHB?*

In the case of those people who had major joint replacement surgery undertaken, 63 patients in 2017 and 68 patients in 2020 had been referred from a General Practice. The other patients had been referred from other sources, including senior medical officer specialists, DHB-internal healthcare professionals, or other allied health professionals.

6. *How many patients were deemed clinically necessary to go on a waiting list for joint replacement that year?*

Following specialist orthopaedic assessment at outpatients, there were 104 people in the 2017 calendar year and 113 people in the 2020 calendar year who were deemed clinically necessary to go on a waiting list for joint replacement surgery.

7. *How many referrals from the GP and specialist for joint replacements were turned down that year?*

While most patients accepted for major joint surgery were subsequently treated, a number did not proceed to surgery and were later removed again from the waiting list; including 4 people in 2017 and 13 people in 2020. Reasons for the subsequent removal of these patients after initial placement on surgical waiting lists included patients having become medically unfit for treatment, patients who declined the offer of surgery at their own request, change of circumstances with procedures no longer required, and some having gone privately for treatment in the interim.

8. *How many were turned down because of 'lack of capacity'?*

While some patients have had to wait longer than the 120 days maximum target wait time from acceptance to treatment before receiving their elective joint replacement or other orthopaedic surgery, none of those patients who have been accepted for surgical procedure has subsequently been turned down due to issues of a lack of capacity.

9. *Can you specify your DHBs criteria for joint surgery?*

Following a first specialist assessment (FSA) that determines surgery is the most appropriate management, the Orthopaedic surgeon access criteria for assessment to determine appropriate orthopaedic management.

Orthopaedic specialists use the National Clinical Priority System for assessing access to public funded hip and knee joint replacement surgery. A copy of this guideline and assessment scoring tool is publicly available at the following website address:

https://nzoa.org.nz/sites/default/files/CPAC_Prioritisation_Guidelines.pdf

Clinical assessment, radiological findings and relevant medical history are also factors that influence the criteria.

10. How many points do patients need to get onto the waiting list for joint replacement in your DHB?

Once a patient has been seen at an FSA and if surgery is determined to be the most appropriate management plan, all patients are scored as per the CPAC prioritisation score. The current score (CPAC score) to access joint replacement for West Coast DHB is 64.

11. How many 'semi urgent' referrals from the GP to DHB for ENT (ears, nose throat) were actually seen by a specialist?

In the 2017 calendar year, a total of 241 people were seen for their first specialist appointment at West Coast DHB specialist ENT outpatient clinics. Of these, 188 had been referred in as semi-urgent. 173 of these semi-urgent referrals came from general practice primary care sources; with the remaining 15 having been referred from other sources, including senior medical officer specialists or other healthcare professionals.

In the 2020 calendar year, a total of 162 people were seen for their first specialist appointment at West Coast DHB specialist ENT outpatient clinics. Of these, 113 had been referred in as semi-urgent. 105 of these semi-urgent referrals came from general practice primary care sources; with the remaining 8 having been referred from other sources, including senior medical officer specialists or other healthcare professionals.

I trust this satisfies your interest in this matter.

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

A handwritten signature in black ink, appearing to read 'Tracey Maisey', with a stylized flourish at the end.

Tracey Maisey
Executive Director
Planning, Funding & Decision Support