



MidCentral District Health Board | Te Pae Hauora o Ruahine o Taranua

1. Improved Access to Elective Surgery

MidCentral Health District Health Board reports against the Ministry of Health Elective Health Target and the Elective Initiative. This is the basis on which MCH receives elective funding.

Elective Health Target

The Elective Health Target reports on discharge targets only (this excludes Cost Weighted Discharges). The definition for inclusion in the Health target is:

- Elective and arranged discharges from a surgical purchase unit, elective and arranged discharges with a surgical diagnosis-related group (DRG) from a non-surgical purchase unit (excluding maternity) and skin lesions or intraocular injections where these are reported to the National Minimum Dataset.

This target excludes cardiology and dental services and estimates for Inter District Flows (IDFs) discharges.

The Health Target to be achieved for 2016/17 year is 7,877 discharges.

Electives Initiative

The Electives Initiative reports on CWDs and discharge targets for the month and year-to-date, showing the overall performance of MidCentral Health (MCH).

2. MCH Elective Services Patient Flow Indicators (ESPIs)

This section relates to ESPI 2 and 5 only.

2.1 ESPI 2 – Patients Waiting Greater than Four Months for a First Specialist Assessment (FSA)

The measurement criterion for ESPI 2 remains as:

ESPI 2	Green	- zero patients waiting greater than four months
	Yellow	- 0.39 per cent or less waiting greater than four months
	Red	- 0.40 per cent or more waiting greater than four months

Table 1: ESPI 2

Service	Total New Patients April 2017	New Patients waiting greater than 4 months April 2017	New Patients waiting greater than 3 months April 2017
Cardiology	53	0	3
Dermatology	167	0	24
Diabetes/Endocrinology	68	3	19
Endoscopy	160	0	4
Gastroenterology	190	0	8
General Medicine	158	0	4
Haematology	97	0	1
Infectious Diseases	9	0	0
Neurology	154	0	3
Medical Oncology	160	0	0
Paediatric Medicine	282	1	11
Renal Medicine	18	0	1
Respiratory	177	5	2
Rheumatology	66	0	4
ENT	535	0	69
General Surgery	629	0	26
Gynaecology	411	0	34
Ophthalmology	456	1	54
Oral Maxillo Facial	8	0	0
Dental	155	0	3
Orthopaedics	519	2	20
Urology	348	5	26
TOTAL	4,820	17	316

NB: For the purpose of the ESPI 2 Dental is excluded from the total waiting list calculation but is included in our reporting.

ESPI 5 – Patients Waiting Greater than Four Months with Certainty of Treatment

The measurement criterion for ESPI 5 remains as:

ESPI 5	Green	- zero patients waiting greater than four months
	Yellow	- 0.99 percent or less waiting greater than four months
	Red	- 1 percent or more waiting greater than four months

Table 1 ESPI 5

Service	Total Patients with certainty waiting April 2017	Patients with certainty waiting greater than 4 months April 2017	Patients with certainty waiting greater than 3 months April 2017
Cardiology	10	0	0
Dental	33	14	10
ENT	224	10	22
General Surgery	283	22	40
Gynaecology	189	8	19
Ophthalmology	323	8	20
Orthopaedic	204	11	13
OMF	33	10	7
Urology	84	7	7
Total	1,383	90	138

Focus continues on getting those patients waiting under 3 and 4 months treated by the end of May.

3. Non-ESPI Waiting Lists for Services

- Please note the non ESPI waiting time has been reduced to four months in line with the ESPI 2 wait times.
- New patients waiting greater than four months are a sub-set of Total New Patients.
- The figures in brackets are the numbers of patients waiting greater than four months in February 2017.

Table 2 Non-ESPI Waiting Lists for Services as at April 2017

Service	Total New Patients April 2017	New Patients waiting greater than 4 months April 2017	New Patients booked
Surgical Services			
Audiology	311	82(84)	103
Continence	44	0(2)	29
Continence Dannevirke	2	1(1)	2
Continence Horowhenua	4	2(1)	3
Dietician Clinic	68	4(6)	47
Podiatry Dannevirke	6	4(3)	0
Eye Diabetic Photo Screening	7	5(0)	0
Eye Orthoptist	63	1(0)	41
Dietician Clinic Horowhenua	13	4(3)	12
Orthopaedic Muscular Skeletal Clinic	104	70(67)	20
Urodynamics	3	0(1)	2
Podiatry	67	21(18)	18
Medical Services			
Respiratory Dannevirke	3	0(0)	3
Respiratory Nurse Assessment	1	1(1)	1
Respiratory Laboratory Clinic	207	15(13)	124
Sleep Apnoea Service	19	14(13)	1
Sleep Apnoea Screening	63	2(1)	0
ECG (Electrocardiograph)	77	0(1)	73
EEG (Electro Encephalograph)	49	2(1)	19
ERCP (Endoscopic Retrograde Cholangio Pancreatography)	0	0 (0)	0
Neurology Tests	161	4(2)	46
Radiology Transoesophageal Echocardiography (TOE)	0	0 (0)	0
Holter Monitor	37	0(0)	21
Exercise Test	39	0(0)	28
Echo	122	6 (6)	91
Pace Maker	0	0 (0)	0

Service	Total New Patients April 2017	New Patients waiting greater than 4 months April 2017	New Patients booked
Diabetes Nurse Clinic	4	0(1)	4
Women's Health			
Colposcopy	152	45(30)	48
Fertility	21	1(6)	11
Gynaecology Urodynamics	11	1(1)	8
Colposcopy Horowhenua	0	0 (0)	0
ElderHealth			
ElderHealth Clinic Horowhenua	20	2(5)	13
Elderly Psychogeriatric Horowhenua	16	11(11)	0
Radiology Services *			
Ultrasound	2,007	599 (984)	206
Computed Tomography (CT)	321	0 (0)	237
Gastrointestinal	75	5(4)	22
Mammogram	243	4(6)	120
Angioplasty (non cardiac)	7	0(0)	5
Cardiac Rest/Stress test	121	8(4)	20
Bone Scans	47	1 (1)	40

These services are now being reported against the same criteria as the ESPI 2 with the goal to have no patients waiting greater than four months.

Overall the number of patients waiting greater than four months for a non-ministry reported assessment or diagnostic has increased by 20 over the last month since the end of March 2017. As at the end of April, 768 of the 1,694 (45 percent) new patients waiting had a date to be seen (excluding the Medical Imaging statistics).

Diagnostic Service Waiting Times

Medical Imaging

Recruitment to vacancies continues but as to date has not been successful. As previously reported there remains a national and international shortage of Sonographers. Utilisation of casual staff available is being maximised.

The numbers remain high however the initiatives are having a positive impact on the overall number waiting. Temporary additional administration support is in place to assist with contacting General Practitioners for referrals waiting in excess of four months. Without this initiative the number waiting would be significantly higher.

The Computed Tomography (CT) waiting time indicator increased this month to 88.3 percent. From July there is a change to the MRT roster with extension of hours in CT which will have a positive impact on the wait time indicator.

4. First Specialist Assessment (FSA) - Declines

Definition of “decline” for the purpose of this table is decline due to reasons of service capacity and ability to see the patient within four months.

Table 3 First Specialist Assessment (FSA) – Referral Declines

Services	Referral Declines January 2017	Referral Declines February 2017	Referral Declines March 2017	Referral Declines April 2017
Medical				
Cardiology	21	66	80	74
Dermatology	8	9	11	11
Diabetes/Endocrinology	0	6	3	0
Endoscopy	0	0	0	0
Gastroenterology	25	21	17	1
General Medicine	7	16	17	6
Haematology	0	1	0	0
Infectious Diseases	0	0	0	1
Neurology	16	23	26	19
Oncology	1	0	0	0
Paediatric Medicine	0	3	1	2
Renal Medicine	11	8	7	10
Respiratory	8	6	4	4
Rheumatology	1	2	6	4

Services	Referral Declines January 2017	Referral Declines February 2017	Referral Declines March 2017	Referral Declines April 2017
ENT	12	44	54	27
General Surgery	19	25	105	77
Gynaecology	11	3	0	1
Ophthalmology	27	29	24	22
Oral Maxillo Facial	0	0	1	0
Dental	5	12	9	8
Orthopaedics	1	0	16	27
Urology	50	36	71	39
TOTAL	223	310	452	333

Over the last four months 11,800 referrals have been received into the organisation. Of these 9,931 referrals were accepted with a total of 1,302 being declined and returned to their GP for ongoing management as they did not meet the access threshold at the time. The decline rate for referrals over the last four months has increased from 6.8 percent in the last reporting period to 11 percent for the period January – April 2017. All patients accepted are required to be seen within four months.

On top of the 1,302 referrals that have been declined over the last four months due to not meeting the threshold for assessment, another 707 referrals were removed from the waiting list for reasons such as correspondence returned to the GP, moved out of the region, or appointment no longer required. The number of referrals being declined or having virtual assessments completed is increasing as services manage their capacity and demand, with the focus being on treating new patients within four months whilst also ensuring that follow up patients are being seen within the timeframes required.

The data for January, February and March has been updated. The data for April is a snap shot as at the end of April 2017 and is subject to change for both referrals received and referrals declined.