

15 May 2019

B Williams Via FYI.org.nz <u>fyi-request-10009-ed2aff60@requests.fyi.org.nz</u>

Dear Sir/ Madam,

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 05 April 2019. You requested the following information:

1. Please provide the criteria that are used to prioritize patients needing to be placed on a waiting list for elective Endometriosis laparoscopic investigation.

Counties Manukau Health currently uses the Clinical Priority Assessment Criteria (CPAC) national tools. These tools are developed by national clinical working parties, and include three dimensions: clinical, patient-experienced, and social. These dimensions generated a total score, to score referrals from 0 to 100 (least to most urgent).

For Gynaecology procedures, we use the following scoring.

- a. **CPAC 100 known cancer** Highest priority (should be operated on as soon as possible, to fit the national 31-day Faster Cancer Treatment guidelines).
- b. **CPAC 90 possible cancer** Medium priority (*should be operated on within 4 months*).
- c. **CPAC 65 all other cases** Low priority (*may wait 6 -12 months for procedures*).

CPAC scores allocated via the National CPAC Tool of 90 and above are over-ridden, to allow these individuals to receive more timely treatment. This is intended to reduce the wait-times for cases of potential cancer malignancies, so that they are investigated in clinically acceptable lengths of time.

2. Please provide the range of possible scores used for prioritisation for the above procedure. As outlined above.

To support the CPAC scoring system, the Senior Clinician completing the priority grading/ score takes into consideration the overall clinical picture. This process includes considering any additional information provided in the referral, for example on pain levels/ control, previous Ultrasound Scan (USS) or similar diagnostic findings, any current/ past treatments - and the impact of that on symptoms, patient age, and wider impact on life (e.g. impacts on ability to work/ responsibilities etc.).

3. Please provide CMDHB's current threshold scores for the above procedure, this may include, but is not limited to scores that would represent no help offered, medium and high priorities.

As outlined above.

The current system, including use of the national CPAC Tool scores has been utilised since mid-2018. Prior to mid-2018, referrals were booked chronologically, and if new clinical information was subsequently provided, then a new earlier appointment date was expedited.

4. Please provide information as to how a patient would be informed about their current waiting/ priority status, both initially after first assessment, and also during the course of waiting for treatment.

A referral acknowledgement letter is used, including information indicating that a waitlist is in place. This is sent to the referrer, and is also provided to the patient. It will include case specific detail, stating the graded priority score, and the approximate waiting time.

If a case reaches a 5-6 month wait (from Anaesthetic clearance for procedure), then the CM Health Gynaecology Surgical Coordinator will contact the patient via phone, and have a conversation with them on their current circumstances. The outcome of that conversation is dictated on the patient record via Clinical Portal – a clinical information system.

If the patient contacts the service at any time while on the waitlist, they are advised to go to their General Practice or if urgent to the hospital. If communication is received from a GP/private physician/hospital clinician, the patient's priority to be seen is reviewed, in light of any new information provided.

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,

Fepulea'i Margie Apa Chief Executive