



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

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RE Official information request WCDHB 9205

We refer to your email dated 31 August 2018 requesting the following information under the Official Information Act from West Coast DHB regarding missed specialist appointments. Specifically:

1. The total number of specialist appointments funded by the DHB in the 2017/18 financial year.

During the 2017/18 financial year, there were 13,835 Specialist medical, surgical and obstetric service first and follow-up assessment outpatient attendances provided at West Coast DHB facilities on the West Coast, excluding outpatient minor operation attendances (such as general surgery minor operations, gastroscopies, colonoscopies, mirena, cystoscopies, and similar procedures undertaken on an outpatient basis).

In addition, West Coast DHB funded a further 1,107 medical and surgical First Specialist Assessment outpatient attendances for West Coast people at other DHBs, along with follow-up outpatient attendances and other minor operations undertaken on an outpatient basis. We do not hold specific data on the number of follow-up and minor operations in this category.

2. The number of missed (i.e. the patient failed to attend) specialist appointments in the 2017/18 financial year.

There were 936 people who did not attend their scheduled medical and surgical service Specialist Outpatient clinics at West Coast DHB facilities during the 2017/18 financial year.

These figures above do not include DNAs to diagnostic and allied health services (such radiology, physiotherapy, occupational therapy, dietetics, and audiology), lead maternity care services, mental health services, and other non-Specialist services provided by the West Coast DHB.

A range of activities are being used to help improve access and patient flow into appropriate services, as well as reduce DNA rates. West Coast DHB has an active policy of contacting patients by telephone to check that they have received their appointments, as confirming both that they will attend and are able to do so (in terms of appointment time being workable, transport, supporters, and other considerations).

Transport options have also been put in place in Westport, Greymouth and Hokitika to assist people with limited mobility, limited finances, or lack of access to transport of their own to get help to get to appointments in Greymouth if they need.

Where possible, clinics are booked as far in advance as we can to give patients time to organise their attendance. Additionally, where patients contact the DHB to cancel ahead of clinics, endeavours are made to replace their appointment from other people off the waiting list (providing the prior notification from patients is made in a sufficiently timely fashion to allow this to be arranged with a replacement patient).

Healthpathways, an electronic on-line resource for General Practices on a huge range of clinical conditions, are also in place to help referring general practitioners to help decision making process within primary care, to help in reducing inappropriate referrals.

Telehealth is also being progressively expanded over the last few years to help deliver access to Specialist outpatient review closer to patient's home locations where clinically appropriate, and thus reduce the burden on travel for patients who might otherwise DNA (in terms of travel time, having to have someone take time off work to bring them in where they may be unable to drive themselves, cost of travel, etc.). This has proved especially useful in providing follow-up appointments to patients. Telehealth has the added bonus of being undertaken remotely by some visiting clinicians working from their usual place of work, physically away from the West Coast.

3. The total cost (or an estimate of such) of missed specialist appointments missed in the 2017/18 financial year.

West Coast DHB does not have a costing system that allows us to determine the financial cost of missed appointments in financial terms; although there is obviously the cost of the Specialist and nursing staff time which could otherwise be better utilised; the administrative cost of having booked and then rebooking patients; and the cost of having outpatient facilities, diagnostics and other resources under-utilised.

As well as the fiscal element, there is significant clinical and non-financial lost opportunity cost to DNA cases. Most importantly among these is the cost to the patients themselves of not receiving the care that they might need (and potentially making their personal situation worse over time), as well as the potential for other people in need of Specialist appointment - who could have benefitted, valued and filled the spot - having missed out on an opportunity to attend and come off waiting lists. This is especially problematic for the large number of visiting Specialist clinics which are conducted by Specialists who fly in to the West Coast from other areas to provide assessment and treatment, and only hold clinics periodically (some specialties once a month; others in some tertiary-level sub-specialties only once every two or three months). This reduces access to patient care and adds to the backlog of waiting time and effectively adding to the number of patients having to wait to be seen (with those who did not attend still having to be re-booked to next available clinics).

Missed appointments also require significant double-administration in having to rebook, re-contact, and reconfirm appointments for patients.

4. An indication of the total cost of providing specialist appointment services (including salaries, overheads, and administration).

As above, West Coast DHB does not have a costing system that allows us to determine the financial cost of providing Specialist outpatient appointment services alone. Specialists engaged by our DHB undertake a range of functions additional to outpatient appointment services. This includes their direct provision of acute and elective surgery; minor operations; inpatient care in our surgery, medical, critical care, rehabilitation, and obstetric wards; educational training and supervision to junior doctors; and other such activities, as part of their overall weekly workload. As such, it is not possible for us to apportion costs down to the relative cost of Specialists in providing appointment services.

I trust that 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 'Carolyn Gullery', with a long, sweeping underline.

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support