



Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

16 April 2020

Hon David Clark
Minister of Health
Parliament Buildings
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By email: d.clark@ministers.govt.nz

Dear Minister

GP REFERRALS AND ACCESS TO HOSPITAL SERVICES

I applaud the high quality work the Ministry, and the wider health and disability sector, has undertaken in a short space of time to respond to the Covid-19 pandemic. The leadership displayed has been decisive and I have been impressed by the way in which the sector has responded to this situation. I appreciate that these are extraordinary times and extraordinary measures are required.

I write to raise some areas of concern. These are:

1. Inconsistencies across the country in the ways in which DHBs are applying the National Hospital Response Framework, particularly in respect of acceptance of GP referrals.
2. The current level of unmet need in the population and planning for the inevitable surge in demand.

While I know that there is currently work underway to address this, I am concerned that these issues have serious repercussions for equity and patient safety. Clear, consistent and integrated whole-of-system solutions are needed. This needs to be accompanied by thoughtful communication with consumers, including safety-netting advice.

It is my expectation that there is consistent nationally mandated behaviour among DHBs.

Inconsistent applications of National Hospital Response Framework

Hospitals across New Zealand are appropriately operating at different alert levels, with some freeing up hospital resources and deferring non-urgent care. However I have received reports which point to a lack of consistency in how DHBs are interpreting and applying the National Hospital Response Framework. This is evidenced by the following:

1. **Unwarranted inconsistencies between DHBs in the degree to which services are accepting GP referrals:** I am concerned by reports of unwarranted rejections of referrals and a lack of clarity and consistency across the country in regards to what is accepted and what is not. There is a consequent lack of consistency as to how the impact of those decisions made will be managed.

2. **Variable service withdrawals:** I am aware that hospital and specialist services across the country have been variably reduced or withdrawn.
3. **Elective surgery cancellations:** The treatment of patients who have had elective surgery cancelled is also inconsistent across services.

The system needs to operate in a nationally consistent and coherent way. Geographical inequities in services is already an issue I see across complaints to my Office, and I am concerned that this will be exacerbated by current sector behaviour. While I recognise that each DHB will need to respond to its particular service pressures and the complexities and risk profile of its local population, it is my expectation that there is consistent nationally mandated behaviour among DHBs within each alert level. Clear, consistent and collaborative decision-making is required nationally across the primary-secondary care interface to ensure that all New Zealanders can access services to the maximum degree allowed under current circumstances.

Deferring or declining patient referrals which would be accepted under normal circumstances and have followed appropriate Health Pathways carries potentially serious consequences for patient safety. A solution to this issue is required so that resulting health risk in the community stays visible to the system.

Referring patients back to primary care, who were accepted for surgery that has subsequently been cancelled, is not appropriate. Some DHB services have been doing this. Some have not. These patients should be retained on DHB waiting lists/booking systems and be re-prioritised as elective surgery comes increasingly back on line.

Inadequate prioritisation systems, where patients are not prioritised according to clinical risk, and poor communication with consumers, are a common feature of investigations by my Office into treatment delays. It is vital that all services, and particularly those that are deferring non-urgent procedures and referrals, are regularly reviewing their waiting lists to ensure that patients are being appropriately prioritised according to shifting acuity.

It is likely that with increasing demand as the system moves forward, thresholds for access and ESPI compliance will need to be reviewed. Nonetheless those decisions need to be made on a nationally consistent and fully informed basis – GP referrals are a necessary dimension of that process.

Confusion between the National Alert Level Framework and the National Hospital Response Framework

Elements of overlap, and a lack of clarity as to the interaction of these two frameworks, have led to some confusion in service decisions. This should be resolved. DHBs should have a consistent approach to receiving and managing GP referrals, and the provision of (including reduced access to) services. Such decisions should be mandated nationally.

Reduced health sector activity and planning for demand

I am thoughtful about the implications of much reduced primary care and ED presentations, reduced elective volumes and significantly reduced hospital capacity during the time Alert Level 4 restrictions have been in place.

These reductions in health care service activity signal a building unmet need in the community and raise clear equity issues. The consequences will be particularly serious for those for whom early diagnosis and treatment is the key to success, including cancer and coronary disease.

Recent public messaging that those with health issues should contact Healthline or their GP is positive.

Action needs to happen now to plan for the surge in activity that will occur as restrictions ease. Primary, secondary and private providers all have important roles to play, and mechanisms must be in place to ensure that seamless coordination between these providers gives effect to maximum availability of and access to services. Nationally consistent decision making will be important in this context also.

As I have noted above, I recognise that there is currently work underway by the Ministry and DHBs to address these issues. I would appreciate being kept updated of developments in these areas.

I congratulate all those working so effectively across the health and disability sectors on the work to date.

I look forward to hearing from you.

Yours sincerely

Anthony Hill
Health & Disability Commissioner

cc: Dr Ashley Bloomfield – Director-General of Health