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Mr Anthony Hill
Health & Disability Commissioner
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Ref. DR20765

Tēnā koe Mr Hill

GP referrals and access to hospital services

Thank you for your letter dated 17 April to the Minister of Health, Hon Dr David Clark, regarding patient referrals and access to Planned Care services. The Minister has asked that I reply to you directly.

You noted that you have heard reports of variation across district health boards (DHBs) in the application of the National Hospital Response Framework (NHRF) and the effect this is having on the management of primary care referrals. At the commencement of the National Alert Level 4, DHBs worked to redesign work spaces and reassign workforce to ensure preparedness for a possible influx of COVID-19 patients should the virus affect the population as it has overseas.

While DHBs continued to deliver urgent non-deferable Planned Care services during National Alert Level 4, many non-urgent surgeries were deferred to enable DHBs to plan and prepare for treating COVID-19 patients. DHBs advised patients of cancellations and the appropriate steps to take should the patient's condition worsen.

The NHRF was designed to enable individual DHBs to determine where they sat within the Framework. This is in recognition that each ward and hospital situation will vary depending on the number of cases being managed within that setting. Standardising nationally consistent levels throughout the country would have the potential to further disadvantage patients in areas where COVID-19 was not present or being managed at a lower level.

The Ministry was clear with DHBs that any deferred patients (whether outpatient or inpatient) must not be removed from waiting lists. We would be keen to hear of instances where patients were removed, so that we can follow this up.

Guidance developed by the Ministry's Planned Care Sector Advisory Group has been issued to DHBs on how to increase and improve Planned Care as we enter Alert Level 3. From Level 3, DHBs will deliver more Planned Care services as soon as safe and practical, depending on the impact of COVID-19 in their community and available resources. Care will continue to be provided according to a patient's clinical priority. DHBs will actively review waiting lists and manage a patient's risk of deteriorating whilst waiting. Continued appropriate communication with patients is emphasised, as is careful consideration to ensure DHB responses to the pandemic do not contribute to poorer access or outcomes for Māori and Pacific communities.

Limiting the risk of COVID-19 infection remains a key priority. DHBs need to ensure distancing can be maintained throughout the pathway of care and have plans for the flow of patients through facilities to minimise the time spent waiting as well as the total visits made. We are seeing DHBs and clinicians continuing to build on the many innovative new processes implemented in March and April which keep patients safe and enables appropriate care to be delivered.

The Ministry of Health has commenced work on a national recovery approach for Planned Care. Recovery plans will be tailored to each specific DHB, with the implementation of long-term sustainable strategies and actions for a health service that maintains shorter wait times and ensures patient safety and equity.

Thanks again for writing. My team and I are available to discuss any of these matters further with you.

Nāku noa, nā

A handwritten signature in black ink, appearing to read 'Michelle Arrowsmith', written in a cursive style.

Michelle Arrowsmith
Deputy Director-General
DHB Performance, Support and Infrastructure