

**CONTROLLING THE
ORTHOPAEDIC
WAITING LIST
(RATIONING)**

POPULATION 500,000

- REGIONAL FUNDING
- ZONING

396

**GENERAL
PRACTITIONERS**

PRINCIPLES AND PENALTIES

MINISTRY OF HEALTH

- There is acknowledgement that resources are insufficient to meet all needs.
- All patients have the right to know whether or not they are likely to receive treatment; and
- all patients assessed by hospital specialists are prioritised and then given a status that reflects both the capacity of a DHB service to treat patients and that patient's priority relative to others that are assessed.

CPAC SCORING

ESPI'S

THERE ARE 8 ESPI'S INCLUDING:

- DHB services that appropriately acknowledge and process all patient referrals within 10 working days.
- Patients waiting longer than 6 months for their FSA.
- Clarity of treatment status.
- Patients given a commitment to treatment but not treated within 6 months.

**HEALTH &
DISABILITY
COMMISSIONER**

- “Dr D did not fulfill his responsibilities in relation to prioritisation. He simply added Mr C to the ever growing list of patients waiting FSA. Dr D’s high level of assigning patients to “urgent” meant that he was not adequately differentiating between patients in this group. This resulted in Mr C not being given the real priority for FSA that his condition warranted. Had Dr D given Mr C an FSA based on his priority relative to others, he would not have been left in limbo waiting over 22 months for an FSA. In these circumstances, Dr D breached Right 4 (1) of the code.”

FUNDING

ORTHOPAEDIC REVENUE 08/09

From Funder	WIES – acute	4759	\$18,966,135
	WIES – elective	1968	\$7,843,109
	FSA	2099	\$589,986
	FU	8476	\$73,946
	Fracture Clinic FSA	365	\$110,903
	Fracture Clinic FUP	548	<u>\$110,903</u>
			\$27,694,982
Orthopaedic Initiative	Joints	505	\$7,574,147
Additional Elective	Joints	89	\$1,464,936
Hand Tfr from CMDHB 20%			\$720,000
ACC			\$2,135,190
Stryker Funded Fellow			\$60,000
TOTAL REVENUE			<u>\$39,649,255</u>

REQUIREMENTS FROM G.P.

- 1. BASIC INFORMATION**
- 2. REASON FOR REFERRAL**
- 3. HEALTHPOINT**

COMMUNICATION

- **EDUCATION - INJECTIONS**
- **ASSISTANCE - MRI, CT, SCINTOGRAM**
- **CONCERTO**

SPINES

- **RED FLAGS**
- **MRI**
- **FUSIONS**

CARPAL TUNNELS

- **NUMBER OF VISITS**
- **NERVE CONDUCTION STUDIES (PVT. OPTION)**
- **PATIENT / GP INFORMATION**

DUPUYTRENS

- **PHOTOGRAPHS**
- **ASSESSING PRIORITY / SEVERITY**





SHOULDERS

- **X-RAYS**
- **ULTRASOUND**
- **STEROID (INTACT ROTATOR CUFF)**

ORTHOPAEDIC ONCOLOGY

- MRI (staging)
- DIRECT REFERRAL TO REGIONAL SERVICE

SNAPSHOT 4 WEEKS

- TOTAL - 411
- REJECTS - 106
(106 letters/phone calls)
- MRI, CT, SCINTOGRAM - 39
- REJECT AFTER MRI, CT, - 20 (6 DNA's)
- CT DIRECT ACCESS - 14

CONCERNS

- **Ethics**
- **Potential errors**
- **Failure to improve standard of referrals**
- **Unmet need “with regard to patients who are referred for a FSA and cannot be offered an appointment, it is suggested that DHB’s retain a record of numbers and clinical details e.g. provisional diagnosis”.**

MESSAGES

- **MUST BE ACCEPTED AND RECOGNISED AS AN IMPORTANT PART OF THE DEPARTMENT'S WORKLOAD.**
- **DO NOT THROW OUT YOUR OLD SURGEONS.**