



Hospital Services

North Shore Hospital Campus
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Dear

Re: OIA request – Emergency Department

Thank you for your Official Information Act request received 8 February 2022 seeking information from Waitematā District Health Board (DHB) about patients who present at our Emergency Department who are issued a voucher for treatments at a nearby urgent medical centre.

On 7 March, we contacted you to advise that as our clinicians, managers and staff were concentrating on measures to manage the current COVID-19 outbreak in the region, we had limited capacity to respond to some OIA requests and needed to extend the timeframe for providing a response to your request until 15 March.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing around 8,900 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide the following information:

1. Is this policy at North Shore and also at the hospital in West Auckland and is it anywhere else?

Yes, we have a voucher system in place for low-acuity (non-urgent) patients who present at either North Shore or Waitākere hospital emergency departments (EDs). We do not hold information on whether other DHBs offer this option.

2. I am wondering when this policy came in and what the reason for it is?

The voucher system first started at Waitākere Hospital ED in 2008 and North Shore Hospital ED in 2010. The primary aim is to ensure care is provided within an appropriate timeframe, with ED priority given to patients who present with clinical urgency. Patients with lower-acuity health concerns are encouraged to consider other options, such as visiting their GP, pharmacy or nearest accident and medical clinic, which preserves our ability to quickly assist those who do need emergency care.

3. How much has the DHB spent on this over the past two years?
4. Also, how much was spent each month over the past two years?

We are providing a combined response to questions 3 and 4.

Waitematā DHB has two agreements in place with urgent care clinics near to our EDs. These are Westcare White Cross Henderson in Waitākere and Shorecare Takapuna on the North Shore. These agreements fund each of these clinics to treat patients who present with a voucher from our EDs.

The combined total cost of these two agreements by month for the past two financial years (1 July to 30 June):

2019/2020											
Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
\$76,595	\$76,697	\$75,792	\$77,603	\$75,792	\$78,713	\$79,619	\$75,894	\$76,697	\$78,713	\$76,799	\$76,697
2020/2021											
Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21*
\$77,135	\$77,135	\$77,135	\$79,573	\$79,043	\$87,234	\$87,629	\$79,573	\$81,269	\$86,463	\$85,191	\$93,165

*During the 2021 winter months, there were higher-than-usual presentations at all metro Auckland DHBs' EDs, including North Shore and Waitakere hospitals. This was, in part, due to an increase in Respiratory Syncytial Virus (RSV)-type conditions.

5. How many patients who've turned up at the Emergency Department were given vouchers to go to a nearby medical centre? What percentage is that?

Since 2016, there have been 772,980 presentations at North Shore and Waitākere Emergency Department and 52,412 were discharged with a voucher (or 6.8%).

6. Does the voucher have a monetary value on it and how much money is each voucher for?

The voucher entitles the patient to free treatment at one of our partner urgent care clinics – Westcare White Cross Henderson or Shorecare Takapuna. The patient fees for each clinic vary dependent on the clinic, age of the presenting patient, enrolment status, presenting time, where they live and whether or not they have a Community Services Card or High-Use Health Card. Fees for each of the providers can be found on the following websites:

Shorecare: <https://www.shorecare.co.nz/fees>

Westcare White Cross Henderson: <https://www.whitecross.co.nz/fees>

7. Does Waitematā DHB pay the entire cost of the visits to the medical centre? If not, what percentage do they pay?

Yes, the voucher covers the entire fee that the patient would normally have to pay when accessing one of our partner urgent care clinics.

8. Does Waitematā DHB think it has saved or lost money overall by sending some patients to a medical centre instead of treating them?

The operational benefits of the voucher system include freeing-up some capacity in our EDs to manage the cohort of patients that are higher acuity, reduction in wait times and better utilisation staffing resource for admitted patients with greater efficiency.

Measuring the financial impact of this initiative is not something that the DHB can easily isolate, particularly given the pressures on our EDs since the community outbreak of COVID-19 (i.e. COVID-19 screening, staff vacancies and increasing demand).

9. Does it mean they have to employ fewer staff or that people's wait times at the hospital to see a doctor have improved?

The voucher system was established to give individuals with minor medical concerns the option to receive care (and follow-up care) from a local provider at no additional cost to the patient. There is not a direct link between the voucher system and employing fewer staff. EDs are experiencing increasing demand due to the district's growing population and additional resources are also required for pre-screening patients for COVID-19.

10. What is the difference in wait times to see a doctor at Waitematā DHB hospitals since the policy came in?

We are interpreting this as being wait times to see a doctor in our emergency departments. Wait times can vary greatly due to the highly fluid nature of presentations to the EDs and, more recently, the impacts of COVID-19 screening measures. Some lower acuity patients are not seen by a doctor but by a charge nurse practitioner or charge nurse specialist who are specially trained in emergency medicine (under the direction and supervision of the lead Senior Medical Officer on duty). While we do not hold information on the difference in wait times since the voucher system was introduced, DHBs routinely report on ED wait times to the Ministry of Health (MoH), which is published online with other performance measures at:

<https://www.health.govt.nz/new-zealand-health-system/health-targets/how-my-dhb-performing>

11. Has it caused fewer people to turn up at hospitals with minor complaints?

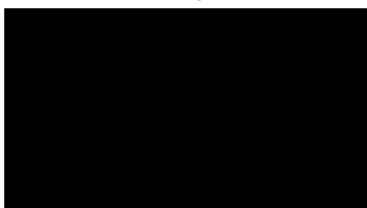
While the voucher system eases waiting times and pressures in our EDs, there has been no indication that the number or type of presentations to our emergency departments has changed as a result of the voucher system.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Executive Director Hospital Services
Waitematā District Health Board**