

*West Coast District Health Board*  
*Te Poari Hauora a Rohe o Tai Poutini*

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**COMMUNITY AND PUBLIC  
HEALTH ADVISORY  
COMMITTEE MEETING**

**15 JUNE 2005**

**AGENDA  
AND  
MEETING PAPERS**

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## COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
<b>CHAIR</b> Julie Kilkelly <i>WCDHB Member</i>	<ul style="list-style-type: none"> <li>• Member - NZ College of Pharmacists</li> <li>• Member - Pharmacy Defence Association</li> <li>• Director - Kilkelly Kartage Ltd</li> <li>• Director - Olsen's Pharmacy 2002 Limited</li> </ul>
<b>DEPUTY CHAIR</b> Dr Carol Atmore <i>WCDHB Member</i>	<ul style="list-style-type: none"> <li>• Contracted by WCDHB and South Link Health as GP Liaison Officer</li> <li>• Member, South Link Health</li> <li>• General Practitioner - Employed by WCDHB at Grey Medical Centre and GP Liaison Officer</li> </ul>
Professor Gregor Coster <b>Chairman WCDHB</b>  <i>Appointed February 2003</i>	<ul style="list-style-type: none"> <li>• Director - PHARMAC</li> <li>• Director - Cornwall Management Limited</li> <li>• Director - Cornwall Nominees Limited</li> <li>• Trustee - The University of Auckland Primary Health Care Trust</li> <li>• Chairman - Institute of Rural Health</li> <li>• Trustee - Goodfellow Foundation</li> </ul>
Robyne Bryant <b>WCDHB Member</b>	<ul style="list-style-type: none"> <li>• Member - New Zealand Nurses Organisation</li> <li>• Member - New Zealand College of Midwives</li> <li>• Member - Mawhera Maori Women's Welfare League</li> <li>• Employed by Westland R.E.A.P – team leader of Early Childhood Education</li> <li>• Trustee - Board of Coast Care Trust</li> </ul>
Cheryl Brunton	<ul style="list-style-type: none"> <li>• Medical Officer of Health for West Coast - employed by Community and Public</li> <li>• Health - Canterbury District Health Board</li> <li>• Senior Lecturer in Public Health - Christchurch School of Medicine and Health</li> <li>• Sciences (University of Otago)</li> <li>• Fellow - Australasian Faculty of Public Health Medicine</li> <li>• Member - Public Health Association of NZ</li> <li>• Member - Association of Salaried Medical Specialists</li> </ul>
Greville Wood	<ul style="list-style-type: none"> <li>• General Practitioner – West Coast DHB</li> <li>• Fellow – Royal New Zealand College of General Practitioners</li> <li>• Regional coordinator for University of Otago Under Graduate Medical Student Training Programme</li> <li>• Executive Committee of South Link Health</li> <li>• WCPHO Board</li> </ul>
Barbara Greer	<ul style="list-style-type: none"> <li>• Member - Rata Branch Maori Women's Welfare</li> </ul>

	<p>League</p> <ul style="list-style-type: none"> <li>• Member - Runanga O Makaawhio</li> <li>• Shareholder - Mawhera Corporation</li> <li>• Tumuaki Rata Te Awhina Trust</li> <li>• Member – NHO Consumer Advisory Group</li> <li>• National Health Epidemiology and Quality Assurance Advisory Committee (EpiQual)</li> <li>• Colorectal Cancer Advisory Group</li> </ul>
Sharon Ransom	<ul style="list-style-type: none"> <li>• Member – New Zealand Nurses' Organisation</li> <li>• Member – West Coast Primary Health Nurses Network</li> <li>• Member – Child and Youth Advisory Committee</li> <li>• Clinical Leader – Nelson Marlborough West Coast Royal New Zealand Plunket Society</li> <li>• Member - Well Child Network</li> <li>• Aunt employed by WCDHB</li> </ul>
Barbara Beckford	<ul style="list-style-type: none"> <li>• Member - Medical Radiation Technologists Board (Responsibility for registration and disciplinary matters)</li> <li>• Member - NZ Medical Council Professional Standards Competence Review Committee</li> <li>• Co-Convenor - Federation of Women's Health Councils Aotearoa (Consumer advocacy interests)</li> <li>• Co-Chair - National Screening Unit Consumer Reference Group</li> <li>• Member - Breastscreen Aotearoa Advisory Group</li> <li>• Member – Public Health Association of NZ</li> <li>• Member – Well Women's Centre</li> <li>• Member – National Ethics Advisory Committee</li> <li>• Member – NZ Guidelines Development Team (reviewing the management of women with abnormal smears)</li> </ul>

## **3 DRAFT AGENDA**

### **FOR THE WEST COAST DHB COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, GREYMOUTH ON WEDNESDAY 15 JUNE 2005 COMMENCING 10.30 AM**

1. Welcome / Introductions/Apologies
2. Standing Orders / Disclosure of Advisory Committee Members' Interests
3. Agenda Check
4. Minutes of the Last Meeting – 4 May 2005
5. Action / Responsibility List, Matters Arising & Updates
  - 5.1 Rural GP Training Programme
  - 5.2 Scholarships
  - 5.3 Primary Healthcare Plan
  - 5.4 Cervical Screening – Tina Fox
  - 5.5 DAP 05/06 - DSP
  - 5.6 West Coast Public Health Plan reports
6. Correspondence
7. General Business
  - 7.1 Mental Health Plan – General Manager Mental Health
  - 7.2 Primary Care Referral Data
8. **IN COMMITTEE**
  - 8.1 Minutes of Last Meeting  
OIA 1982 5.9(2)(i) Commercial NZPHDA Sch 3 cl 32(a)
  - 8.2 Matters arising – Oral Health
9. **NEXT MEETING – as per WCDHB new revised six weekly timetable**  
Items referred from WCDHB meeting 3 June for next meeting
  - 1) Progress of PHO
  - 2) Referred Services (Lab & Pharmacy)

**There will be morning tea provided prior to the meeting**

**4 DRAFT MINUTES OF THE COMMUNITY & PUBLIC  
HEALTH ADVISORY COMMITTEE MEETING HELD 4  
MAY AT 10:40 AM IN THE BOARDROOM,  
CORPORATE OFFICE, GREY MOUTH**

**PRESENT:** Carol Atmore, Acting Chair  
Greville Wood  
Cheryl Brunton  
Robyne Bryant  
Barbara Beckford  
Barbara Greer

**IN ATTENDANCE:** Kevin Hague – General Manager Planning & Funding  
Hecta Williams – General Manager Mental Health  
Gary Coghlan – General Manager Maori Health  
Melanie Penny – Planning & Funding Analyst  
Bianca Kramer – Minute Secretary

**APOLOGIES:** Julie Kilkelly, CHPAC Chair  
Gregor Coster, Chairman, WCDHB  
Christine Robertson, Deputy Chair, WCDHB  
Lindy Mason  
Sharon Ransom

**1. WELCOME, APOLOGIES**

The Acting Chair welcomed everyone to the meeting.

Gary Coghlan said a Karakia.

The Acting Chairman waved standing orders.

**2. DISCLOSURES OF INTEREST**

The following changes were made to the disclosures of interest.

**Barbara Beckford**

- Add, “Member – NZ Guidelines Development Team (reviewing the management of women with abnormal smears)”

### **Barbara Greer**

- Add, "National Health Epidemiology and Quality Assurance Advisory Committee (EpiQual)"
- Add, "Colorectal Cancer Advisory Group"

### **Carol Atmore**

- Remove, "General Practitioner, employed by Dr Mark McLaughlin"
- Add, "Employed by WCDHB at Grey Medical Centre"

### **Greville Wood**

- Add, "Regional coordinator for University of Otago Under Graduate Medical Student Training Programme"
- Add, "Executive Committee of South Link Health"
- Add, "WCPHO Board Member"

**Robyne Bryant and Greville Wood joined the meeting at 10.44**

### **3. AGENDA CHECK**

Cervical screening update to be added to agenda.

### **4. MINUTES OF LAST MEETING HELD 13 OCTOBER 2004**

**page 11** Section 7.2 should read as "lowest regional coverage rate of eligible woman".

***Moved: Robyne Bryant, Seconded: Barbara Beckford***

**It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held were a true and correct record.**

### **5. ACTION & RESPONSIBILITY LIST, MATTERS ARISING AND UPDATES**

#### **5.1 Under Grad Training Programme**

The second intake of students arrived last week. On Monday Professor Jim Reid of the University of Otago Medical School, Damien O'Connor, MP West Coast/Tasman, unveiled a plaque to mark the West Coast becoming the 6<sup>th</sup> Rural Under Graduate GP Regional Training Centre. Feedback from the first group of students was very positive. One student has already expressed interest in coming

back as an RMO. There were some IT problems noted eg no broadband in Reefton.

Discussion was held noting that the intake of students were very appreciative of the welcome they received. Discussion followed on the possibility of expanding the welcome to include a full Powhiri. It was mentioned that the University of Otago have staff who could provide this service at future openings. Those involved in the Under Graduate Training Programme could discuss this idea further in the future.

Two more sets of students are planned to come over this academic year. Greville Wood is to report back on this to the CPHAC in February after the evaluation of the training programme. Action: Greville Wood.

## **5.2 Rural GP training programme**

The Board passed a resolution supporting the Rural GP Programme starting November 2005 – funding needed to be in place so advertising could take place in April.

Hecta Williams, Acting General Manager Primary Care, reported that the training programme will start November 2005 with two Paediatric House Surgeon posts at Christchurch Public Hospital. Details are yet to be finalised.

The Clinical Training Agency is finalising its position on future rural training in New Zealand, but this is unlikely to be in place before November 2005 – Greville Wood is on the CTA reference group.

This item is to become a regular agenda item for updates.

## **5.3 Scholarships**

The original letter to Robyn Steel, CEO Institute of Rural Health from the CEO, along with the reply was handed out to those present. Scholarships in the region of \$5,000-\$10,000 are administrated by the Institute. Different types of scholarships were discussed, ranging from undergraduate scholarships to West Coast students, postgraduate scholarships for both West Coast students and others, and debt forgiveness scholarships (student loan repayment) for qualified people coming to the coast to work. The John Flynn is an example of an Australian scholarship system where the doctor is bonded to provide 5 years in a rural area but they have no commitment to complete this until they are vocationally registered. It was discussed whether scholarships are the best way to retain staff.

The scholarship issue is broader than just providing for medical and health students and it could also involve a wider group of professions. The West Coast DHB & West Coast Development Trust may be able to cooperate to facilitate such a programme, which could look at the broader question on how the West Coast can recruit professionals.

**Recommendation to West Coast DHB: CPHAC recommends that the West Coast DHB seeks to engage with key stakeholders to plan and implement intersectional initiatives to facilitate training recruitment and retention of professionals, including health professionals, to the West Coast**

**CPHAC recommends that the West Coast DHB instructs management to investigate the most efficient use of direct financial incentives and scholarships to train, recruit and retain health professionals**

**Moved by Robyne Bryant    Seconded by Cheryl Brunton**

#### **5.8 Maori Health Plan**

The Acting Chair asked if there were any particular issues where CPHAC could help in advancing the Maori Health Plan – General Manager Maori Health mentioned a number of issues would be more appropriate for HAC. Those that were relevant to CHPAC were:

- PHO Maori health plan
- Health Needs Analysis - Maori health needs

Discussion was had around what information was wanted in Maori Health Needs Analysis. The Maori Health Needs Analysis has yet to be performed but is planned to be undertaken in the near future.

It was noted that Maori Health had been was an area identified as an area of focus when CHPAC was established. CPHAC will receive regular reports on the implementation of the Maori Health Plan. Action: General Manager, Maori Health.

#### **5.4 Sexual Health/Buller**

The Acting Chair read out the 20<sup>th</sup> of April press release for the commencement of the Buller Sexual Health Services.

Janet Hogan, Manager Cervical Screening/Sexual Health is to give feedback to the CPHAC after the six month review – this will be in February 2006. Action: Janet Hogan.

South Westland – a paper is going to the West Coast DHB re sexual health services in the glacier towns, Reefton and Hokitika, and ways to enhance services in those areas.

#### **5.5 Child & Youth Strategy**

General Manager Planning & Funding gave a verbal report – it is not moving as fast as we would like to see due to manpower issues relating to the MeNZB Campaign. A meeting was to be held that today to see if strategy can be moved forward with input from CPH.

## **5.6 Provider KPI/Monitoring**

Melanie Penny, Planning & Funding Analyst, provided a series of reports, **Healthline** information on usage from the West Coast was approved. The information provided was not specific enough to be of significant use. GM P & F was going to take the issue up with DHBNZ & the Ministry. Action: GM P & F.

**Green Prescription** – information provided by Sport Canterbury, which cover the Westland & Grey districts only. Sport Nelson indicated they could provide the information for Buller.

The low uptake of the Green Prescription was noted. It was noted that the PHO was funded to promote green prescriptions to practices. The Green Prescription Administrator only works 12 hours /week at present.

### **NRT Cards**

Limited information was available in card usage.

### **West Coast PHO**

A copy of the West Coast PHO Quarterly Report to WCDHB was distributed and discussed. It was noted that the PHO was going through a review at present. The quality of the report was not of a standard that the DHB would like to see in the future. This report would be used as a bench mark for the improvement of future reports.

Quarterly PHO reports come to CHPAC as they are available.

## **5.7 Primary Health Care Plan**

The plan was not able to be presented as yet. The draft will be circulated in the near future to members and feedback would be requested prior to next meeting.

## **5.8 Cervical Screening**

Janet Hogan (full title) is currently on annual leave, and her report regarding cervical smears uptake on the West Coast will be carried over until the next meeting. Action: Janet Hogan.

## **7. GENERAL BUSINESS**

### **7.1 Health Needs Analysis/District Strategic Plan/DAP 05-06**

The DSP consultation is virtually complete. Feedback has been pretty positive about the draft vision statement. People would like to see Problem Gambling incorporated. Some things were more important in some areas as opposed to others. Transport came up. The Board had already instructed management to work on this

Ministry of Health planning guidelines could be circulated regarding what we need to include. The next stage is preparing the draft. Once prepared the draft will come to committee for comment.

DAP – we have received feedback from the Ministry of Health and they highlighted a small number of areas for attention. Once amended the deadline to resubmit was the 20<sup>th</sup> of May. We hope to be on target to have a DAP ready to be signed by Minister of Health in the near future.

### **7.2 West Coast Public Health Plan**

West Coast Public Health Plan was distributed. As no feedback was received the draft plan had been adopted unamended. The quarterly report from the 1/01/05 to 31/02/05 was circulated. Feedback was requested from CPHAC as to the appropriateness of the information provided in the report. C&PH report to the Ministry on a six monthly basis and suggested this would be an appropriate reporting cycle for CPHAC. Feedback to be supplied to Gerrie Vanderzanden via the Acting Chair by 30 May 2005. Action: Acting Chair.

### **7.3 Healthy Eating Healthy Action Plan (HEHA)**

Healthy Eating Healthy Action Plan was presented at the last board meeting. The plan was developed with C&PH and KPI's to be reported back quarterly to CPHAC from August 2005. Action: GM P & F.

## **IN COMMITTEE**

**Pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health & Disability Act 2000 members of the public are to be excluded from the portion of Friday 28 January 2005 meeting of the West Coast District Health Board that relates to the following items on the grounds that the public conduct and discussion of the following items would enable the WCDHB to carry out, without prejudice or disadvantage, commercial activities granted by Section 9(2)i of the Official Information Act 1982.**

***Moved: Carol Atmore, Seconded: Robyne Bryant***

**It was RESOLVED to move into In Committee at 1:15pm**

**8.1 Oral Health Update**

**MOVING OUT OF IN COMMITTEE**

*Moved: Carol Atmore, Seconded: Robyne Bryant*

It was RESOLVED to move out of In Committee at 1.43pm

**10. NEXT MEETING**

15 June 10.30

**There being no further business to discuss the meeting concluded at 1.47pm**

## 5. CORRESPONDENCE

DATE	SENDER	DETAILS
17 May 2005	Carol Atmore to Janet Hogan	Sexual Health Service in Westport.
9 June 2005	Carol Atmore to Cheryl Brunton and Gerri van der Zanden	Summary of feedback regarding West Coast Public Health Plan

17 May 2005

Janet Hogan  
Manager Cervical Screening / Sexual Health  
West Coast District Health Board

Dear Janet

The Community and Public Health Advisory Committee of the West Coast District Health Board extends its congratulations to you and your team for establishing a Sexual Health Service in Westport.

We are pleased that you will be providing an emergency contraception service as well. We hope that you will also be advertising where people can obtain emergency contraception for the times when your service is not open in the Buller area.

We note that you will be reviewing the service at the end of the first six months of operation. We would like to invite you to the February 2006 CPHAC meeting to report on the outcome of this evaluation.

On another note, you will recall that your address to the February CPHAC meeting on Cervical Screening on the West Coast raised a lot of interest from the Committee. We invite you to attend the next CPHAC meeting to report back on those items for which we requested further information. These include the regional feedback from the breast and cervical screening focus groups if available, as well as a report including perceived and real reasons why women are not having smears taken, the estimated number of smears that need to be taken to reach benchmark rates, the number of West Coast general practices without smear takers, and suggested new initiatives to increase cervical screening rates (which may include improving recall processes).

The next CPHAC meeting will be from 10.30 am – 1.30 pm, on 15 June 05. We look forward to receiving your report then.

Regards

Dr Carol Atmore  
Deputy Chair  
Community and Public Health Advisory Committee  
West Coast District Health Board

9 June 2005

Cheryl Brunton and Gerri van der Zanden  
Community and Public Health West Coast  
3 Ttarapuhi Street  
GREYMOUTH

Dear Cheryl and Gerri,

Here is a summary of feedback received from Community and Public Health Advisory Committee members. Julie Kilkelly and Glenys Baldick will send their feedback directly.

**West Coast Public Health Plan.**

It was good to see that the national strategies accommodate alignment with the WCDHB's needs and priorities. The structure of the plan is clear and easy to follow. The lack of timeframes for the majority of the outcomes makes it difficult to measure performance against the plan. Adding timeframes for those areas where this is possible would be an advantage.

The following additions were suggested for the Plan.

3. Communicable Diseases Strategies. Insert:
  - (a) Liaise with relevant/identified priority risk industry sectors (farming; freezing works). Outcomes would be also linked to identification of notifiable risks.
  - (b) Liaise with PHO as required. Outcome would be linked to improved accuracy of immunisation registers
4. Out of interest, the Health Promoting Health Service Committee, and the Public Health Small Grants Fund were unknown to some committee members. It would be useful to receive a brief update on these.
7. Prevention of Alcohol Related Harm. 7.1.5 Insert ....to identify and reduce harm.
10. Sexual Health. Insert Support National Screening Unit strategies & promotional activities to encourage participation in national screening programmes. Outcome would be increased enrolment & coverage in the National Cervical Screening Program & Breast Screen Aotearoa.

- 11 Mental Health. 11.1 The term 'post-vention' was used. This term was not known to committee members, and a term more commonly used would be helpful.

**Quarterly Report to CPHAC on the West Coast Public Health Plan**

Regarding the report style and content, it was suggested that the report benefit from some benchmarking against expected outcomes, in addition to the narrative style of reporting received. One way of achieving this would be to use the 'traffic-lights' style of report used by the WCDHB in some reporting. The lack of timeframes in the Plan would make this difficult. Another way would be to take the original Plan, use a landscape layout across the page, and have a fourth column for 'Progress this quarter'. This way progress against each element of the Plan is clearly seen, and areas needing further work are easily identified. An example of this is below, for clarity.

Environmental Health

West Coast Priority	Strategies	Expected Outcomes	Progress this quarter
1.1 Emergency Management	1.1.1 Participate in ongoing training and exercises	1.1 Emergency response preparedness	As member of CDEM provided input into etc.

Regarding the frequency of reporting, six monthly reports will be meet our monitoring needs, as well as fitting in with CPH's existing reporting processes.

Thank you for the opportunity to have input into these reports,

Kind regards

Dr Carol Atmore  
 Deputy Chair  
 Community and Public Health Advisory Committee  
 West Coast District Health Board

## **6 GENERAL BUSINESS**

7.2 Primary Care Referral Data attached

## **OUTPATIENT WAITING LISTS - LENGTH OF WAIT AND STATUS OF PATIENTS REFERRED REPORT.**

Canterbury DHB have kindly produced a report that shows the number of West Coast DHB residents referred and currently waiting for First Specialist Assessment (FSA) on the Canterbury outpatient waiting lists. This report gives the status of all such patients waiting as at the time when the report was run on 30 May 2005. This report is presented to the Board Community and Public Health Advisory Committee to see if this addresses their interests, as well as to seek clarification of the frequency that the Committee would wish to review this particular report. This report does not show the split between those referred direct from primary sources against those referred on from secondary referral sources (or other tertiary referral) as requested by the Board. Canterbury DHB has advised that they are unable to provide such a split, as they do not have referral source recorded in their waiting list database.

The report outlines the number of West Coast people waiting for each specialty medical and surgical service provided by Canterbury DHB. Within each specialty, patients are listed in cohort category periods, showing the number of patients who have been waiting 0-2 months, 3-6 months, 7-12 months, and those waiting greater than 12 months for their FSA. For each of these cohorts, an indication of the patient relative triage status is also provided, listing the referrals into the following priority status categories:

- Unnamed field – No data entered about triage of the patient status in regard to the referral (blank data fields).
- Insufficient Info - Insufficient information in respect of the data that has been entered onto the waiting list database to allow for triage status to be determined for the patient(s) concerned at the time the report was run.
- Rcvd-not yet triaged – Referral has been received and entered into the waiting list database, but the referral has not yet been given a triage priority score as at the time when the report was run.
- Routine – non-urgent referral
- Semi Urgent
- Urgent
- Grand Total – all referrals for the service by waiting time cohort

In the last HAC papers, it was advised that the outpatient waiting list report existed in two formats; one showing the length of wait and the other showing the status of patients referred. As part of the modification amendments requested so the report output could be more readily interpreted, the reports have been merged to show all of the data in one spreadsheet.

Length of wait (months) for West Coast Patients referred to Canterbury DHB Outpatients who are still waiting an NP visit

Sum of Waiting End				priority_nm						
Unit	Clinic	opatnt_actv_area_nm	Wait Group2	Insufficient Info	Rcvd-not yet triaged	Routine	Semi Urgent	Urgent	Grand Total	
CARDIOLOGY	CCDCO	CCD CARDIOLOGY CONSULTANT	0-2 months					2	2	4
			3-6 months			1				1
DERMATOLOGY	CGNDE	CGN DERMATOLOGY	0-2 months					2		2
EKG	CEGHM	CEG HOLTER MONITOR	0-2 months				1			1
ENDOCRINOLOGY	CENCO	CEN CONSULTANT	0-2 months				1			1
			3-6 months				2			2
			7-12 months				1			1
			>12 months				1			1
GASTROENTEROLOGY	CGSEN	CGS ENDOSCOPY	0-2 months						1	1
			>12 months					1		1
	CGSER	CGS ERCP	0-2 months						1	1
	CGSMO	CGS MOTILITY	3-6 months					1		1
GENERAL SURGERY	CGNPV	CGN PERIPHERAL VASCULAR	0-2 months			1		2		3
			3-6 months					2		2
			7-12 months					2		2
			>12 months				2	2		4
	CGNSU	CGN SURGICAL	0-2 months			1			5	6
GYNAECOLOGY	CGYCC	CGY COLOPSCOPY CONSULTANT	0-2 months					1		1
			3-6 months					1		1
	CGYGC	CGY GYNAECOLOGY CONSULTANT	0-2 months					1	1	2
HAEMATOLOGY	CHANP	CHA HAEMATOLOGY NEW PATIENTS	0-2 months				1			1
HYPERBARIC	CHUTX	HYPERBARIC UNIT	>12 months	1						1
IMMUNOLOGY	CIMIM	CIM IMMUNOLOGY	0-2 months						1	1
			>12 months						2	2
MUSCULOSKELETAL	BPMAN	BPM ANAESTHETIST CONSULTATIONS	0-2 months	1					1	2

Length of wait (months) for West Coast Patients referred to Canterbury DHB Outpatients who are still waiting an NP visit

Sum of Waiting End				priority_nm					
Unit	Clinic	opatnt_actv_area_nm	Wait Group2	Insufficient Info	Rcvd-not yet triaged	Routine	Semi Urgent	Urgent	Grand Total
	BPMCO	BPM CONSULTANT	0-2 months		1			2	5
			3-6 months		1	3		4	8
NEUROLOGY	CGNNE	CGN NEUROLOGY	0-2 months					4	4
			7-12 months				1	1	
	CNHEM	CNH - ELECTROMYOGRAPHY	0-2 months		8	3			11
			3-6 months			2		2	
	CNHNT	CNH - TECHNICIANS	0-2 months			4		1	5
>12 months					1		1		
CNOPD	NEUROLOGY PARKINSONS/MOVEMENT	0-2 months					1	1	
NEUROSURGERY	CGNNU	CGN NEUROSURGICAL	0-2 months			2			2
			3-6 months			1		1	
NUCLEAR MEDICINE	CNMTH	CNM THYROID	0-2 months					1	1
OBSTETRICS	COBFM	FETAL MATERNAL ASSESSMENT	0-2 months				1		1
	COBMD	COB MATERNITY DOCTOR	0-2 months			2			2
	COBMW	COB CLINIC MIDWIFE	0-2 months			1			1
OCCUPATIONAL THERAPY BWD	BOTDA	BOT DRIVING ASSESSMENT	0-2 months				1		1
ONCOLOGY	CONMO	MEDICAL ONCOLOGY	0-2 months					3	3
	CONPL	CON PLANNING	0-2 months					2	2
	CONRO	RADIATION ONCOLOGY	0-2 months					3	3
OPHTHALMOLOGY	BLVGN	BLV GENERAL	0-2 months			1			1
	CEYDB	CEY DIABETIC	>12 months					1	1
	CEYDS	CEY DIABETIC SCREENING	0-2 months			1	2		3
	CEYGN	CEY GENERAL	0-2 months	1		1		3	6
ORTHOPAEDIC	BORCO	BOR CONSULTANT	0-2 months					1	1
			3-6 months				1	1	
	CORCO	COR CONSULTANT	0-2 months				1		1

Length of wait (months) for West Coast Patients referred to Canterbury DHB Outpatients who are still waiting an NP visit

Sum of Waiting End				priority_nm					
Unit	Clinic	opatnt_actv_area_nm	Wait Group2	Insufficient Info	Rcvd-not yet triaged	Routine	Semi Urgent	Urgent	Grand Total
			7-12 months				2	1	3
			>12 months				1		1
	CORSC	COR SCOLIOSIS	0-2 months					1	1
	UORSP	ORTHOPAEDIC CLINIC PRIVATE RMS	7-12 months			2			2
OTOLARYNGOLOGY	CAUAB	CAU AUDIO BRAIN STEM RESPONSE	0-2 months					2	2
	CAUCO	CAU COR	0-2 months					1	1
			7-12 months					1	1
	CAUCT	CAU AUDIOLOGY CENTRAL TEST	3-6 months			1			1
	CAUEC	CAU ELECTROCOCHLEOGRAPHY	3-6 months				1	1	2
			>12 months					2	2
	CAUGN	CAU GENERAL AUDIOLOGY	0-2 months			1			1
	CETGN	CET GENERAL	0-2 months					2	2
			>12 months			1			1
PAEDIATRIC - MEDICAL	CCSRP	CCS RESPIRATORY	3-6 months					1	1
	CCSSE	CCS SEIZURE	0-2 months					1	1
	CCSUR	CCS UROLOGY	0-2 months					1	1
PHY DIS A & R	BBIPT	BBI PHYSIOTHERAPY	0-2 months					1	1
PLASTIC SURGERY	CPLPL	CPL PSU OPD GENERAL CLINIC	0-2 months	2					2
RESPIRATORY	CRPGN	CRP GENERAL	0-2 months	2			1	1	4
			3-6 months					1	1
			7-12 months					2	2
	CRPSF	CRP RESP SLEEP CLINIC	0-2 months					2	3
			3-6 months			1		4	5
			7-12 months					2	2
			>12 months			1		1	2
	CRPSU	CRP SDS - SLEEP UNIT	0-2 months						2
			7-12 months					1	1

**Length of wait (months) for West Coast Patients referred to Canterbury DHB Outpatients who are still waiting an NP visit**

Sum of Waiting End				priority_nm						
Unit	Clinic	opatnt_actv_area_nm	Wait Group2	Insufficient Info	Rcvd-not yet triaged	Routine	Semi Urgent	Urgent	Grand Total	
SPINAL UNIT	BSUOR	BSU ORTHOPAEDIC ROUND	>12 months				1		1	
UROLOGY	CUDVC	CUD VIDEO CYSTOGRAM	0-2 months						5	5
			3-6 months						6	6
			7-12 months						8	8
<b>Grand Total</b>				<b>7</b>	<b>1</b>	<b>18</b>	<b>40</b>	<b>59</b>	<b>57</b>	<b>182</b>