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28 May 2020

Amy Van Wey Lovatt

**By email**: fyi-request-12108-26ab0a13@requests.fyi.org.nz;

Dear Ms Van Wey Lovatt

**RE Official information request CDHB 10306 and WCDHB 9423**

We refer to your email dated 3 April 2020 to the Ministry of Health which they subsequently partially transferred to Canterbury DHB and West Coast DHB on 1 May 2020 requesting the following information with regard to consumers rights and physicians' obligations. Specifically, the Ministry has transferred to us the following:

**According to the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996, Right 6 clause 3 (c),"Every consumer has the right to honest and accurate answers to questions relating to services, including questions about...(c) how to obtain an opinion from another provider;". Further, Right 7 clause 8 states: "Every consumer has the right to express a preference as to who will provide services and have that preference met where practicable." According to the MoH Operational Policy Framework 2019/20, available through Nationwide Service Framework Library https://nsfl.health.govt.nz; section 7.5.2 "Regions should ensure that clear referral pathways are in place and known to all clinicians."**

**Background**
***I am a New Zealand citizen. Waikato DHB, my DHB of Domicile (DoD), has insisted that my GP provide a referral to services outside my DoD; however, when my GP referred me to the Southern DHB, the only DHB we could find which had a protocol consistent with the Endocrine Societies Guidelines for testing for hyper aldosteronism, the Southern DHB rejected the referral on the grounds that the referral was from my GP and not my specialist, Dr Wu, at my DoD. Clearly, Waikato DHB and Southern DHB cannot both be correct, as they contradict each other. [The statement, referrals must be from GPs AND referrals cannot be from GPs, is logically false.]***

1. **I respectfully request a copy of each referral pathway for each region in New Zealand.**

The typical referral pathway for referrals is from GP to a specialist at their local DHB. Once received at the local DHB, the specialist will triage the referral and approve, or decline, based on clinical need or the ability to provide the service within the target wait times. Should the Local DHB not have the capability to provide the service, it is usually the specialist that confers with a specialist at another DHB. From that conference, the local DHB specialist will normally provide a referral to the other DHB which can provide the service.

It is unusual for a referral to be made from a local GP to another DHB directly. In the example you provided it would be fair for the DHB receiving the referral to understand the need to provide the service, especially if the service could be provided in your own DHB. While the local DHB pays for the services provided by another DHB, having to treat patients from other DHBs may compromise the ability

of that DHB to provide services for its own population. This is usually why there is a specialist to specialist referral involved to ensure that there is both a need and capacity to provide the service.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB and West Coast DHB websites after your receipt of this response.

Yours sincerely

Carolyn Gullery
**Executive Director**
**Planning, Funding & Decision Support**