

9 May 2016

Colleen Morgan
Via email: fyi-request-3804-650ed032@requests.fyi.org.nz

Dear Ms Morgan

Official Information Act request

Thank you for your email dated 23 March 2016. An extension of time to 9 May 2016 was notified to you on 20 April 2016.

Your request

You asked for the following information under the Official Information Act 1982 (OIA):

Could you please provide the total number of claims (standard and treatment claims combined) submitted per ACC category/context for the period 1 July 2005 to 30 June 2015.

In addition, could you please provide a breakdown of which professional disciplines are listed under each single treatment context.

Our response to Question One

Terminology and context applicable to your request

A *standard* claim arises when an individual lodges a claim with ACC after sustaining an injury. The decision to accept or decline the application for cover is made by ACC.

The term '*treatment injury*' involves claims where:

- the injury is a result of treatment by a registered health professional, and the treatment has caused the injury (refer sections 32 and 33, Accident Compensation Act 2001 (AC Act))
- consequential injury claims that result from treatment for an already covered injury (refer section 20(d) or (h), AC Act).

A *treatment injury context* is the specialty or healthcare area under which treatment was provided. It is a way of categorising treatment injury claims only and is not used to 'categorise' other types of injury claims dealt with by ACC. Consequently, ACC is not in a position to provide the type of breakdown you have requested as it seeks to combine 'standard' and treatment injury claim data into categories that do not apply to 'standard' claims. It also does not fall within the way ACC typically records its data to meet its statutory functions.

Categorisation of claims

Claims are categorised in a number of ways.

We note though that the treatment injury context is a way of categorising treatment injury claims only. This is not used to 'categorise' other types of claims dealt with by ACC.

For all claims, one way to categorise is by account for funding purposes. Under the Accident Compensation Act 2001, ACC must maintain and operate separate accounts for funding purposes – namely, Work, Motor Vehicle, Earners', Non-Earners' and Treatment Injury.

The table below shows the number of claims per fund account and cover decisions lodged between 2005/06 and 2014/15.

Fund Account	Accepted Claims	Declined Claims
Earners Account	6,193,881	94,027
Motor Vehicle Account	370,246	5,005
Non-Earners Account	8,583,329	166,460
Treatment Injury Account	50,802	30,253
Work Account	1,943,708	109,111
Total	17,141,966	404,856

With regard to the above table, important points to note are as follows:

- The information provided includes all claims lodged between 2005/06 and 2014/15 financial years per fund code and cover decision.
- A financial year (for ACC) runs from 1 July to 30 June.
- The claim account details for the Treatment Injury Fund Account will differ from the treatment injury claims information set out below because the information is drawn from two different datasets. The first looked at the fund account against which the claim was lodged; whilst the second reviews what treatment injury claims were accepted or declined.
- Accredited employer claims are excluded from this information.

Treatment injury claims

Between 1 July 2005 and 30 June 2015, ACC made cover decisions for 84,124 treatment injury (TI) claims. Of those treatment injury claims 51,908 (61.7%) were accepted and 32,216 (38.3%) were declined.

In a recent response, the total cover decisions number advised was 84,116. The total number of TI claims has increased by eight, compared with that response. This is because the TI claims data undergoes regular review and some decisions are challenged which can lead to small changes in the overall statistics.

The following table shows the breakdown of TI claims by cover decision within each treatment context under which the injury occurred for the period between 1 July 2005 and 30 June 2015.

Treatment context	Claim cover decision		
	Accept	Decline	Total
Orthopaedics	9,065	3,097	12,162
General Practice	8,176	3,946	12,122
General Surgery	7,120	3,810	10,930
Not A Treatment Injury	0	4,962	4,962
Maternity	2,431	1,785	4,216
Dental	2,224	1,817	4,041
Gynaecology	2,802	1,176	3,978
General Medicine	2,235	1,377	3,612
Nursing	2,224	1,174	3,398
Anaesthesia	1,547	873	2,420
Urology	1,882	523	2,405
Plastic And Burns	1,348	536	1,884
Emergency Medicine	1,038	516	1,554

Treatment context	Claim cover decision		
	Accept	Decline	Total
Radiology	1,036	513	1,549
Ophthalmology	959	466	1,425
Cardiothoracic	1,043	381	1,424
Ear, Nose And Throat (Ent)	756	582	1,338
Cardiology	930	271	1,201
Physiotherapy	659	496	1,155
Oncology	559	439	998
Vascular Surgery	647	237	884
Chiropractor	283	414	697
Laboratory	499	147	646
Neurosurgery	391	238	629
Not Identified	0	533	533
Paediatric Medicine	279	142	421
Dermatology	252	159	411
Radiotherapy	224	176	400
Other	33	358	391
Podiatry	229	136	365
Phlebotomy	231	96	327
Psychiatry	82	213	295
Haematology	156	61	217
Neurology	92	92	184
Paediatric Surgical	104	67	171
Pharmacy	53	116	169
Rheumatology	88	30	118
Screening	55	27	82
Appearance Medicine	47	34	81
Osteopathy	<4	65	withheld
Ambulance	5	39	44
Pathology	27	14	41
Rehabilitation	25	15	40
Transplant Surgery	21	14	35
Acupuncture	<4	28	31
Dialysis	18	6	24
Equipment	15	6	21
Occupational Therapy	9	8	17
Arterial Surgery	4	<4	withheld
Psychology	0	<4	withheld
Totals	51,908	32,216	84,124

As a matter of practice, ACC does not disclose data below a certain value. This limits the potential for particular individuals, or matters specific to certain individuals, to be identified. Accordingly, some entries in the table only indicate that the relevant number is less than four. For this reason also some of the total number values have not been provided on the grounds that withholding is necessary to protect the privacy of specific individuals under section 9(2)(a) of the OIA. In doing so, we have considered the public interest in making the information available and have determined that it does not outweigh the need to protect the privacy of natural persons.

General comments regarding claim lodgement rates

Treatment injury claim lodgement rates are dependent on several factors. These include: where patients reside, the health status of the population, the types of available facilities and the claiming culture (that is, familiarity of health service providers or clients in recognising and/or lodging treatment injury claims). This means that the number of claims accepted cannot be taken as an accurate indication of the occurrence of treatment injuries or the quality of care.

Since 1 July 2005, ACC has seen a steady rise in the number of treatment injury claims lodged generally. This reflects a greater awareness and knowledge of how to seek support in relation to this type of injury from ACC. ACC regularly presents to the wider health sector about treatment injury claims and how to lodge them for clients. This can result in increases in claim lodgement in particular areas.

Our response to Question Two

As noted in our letter to you dated 18 March 2016, we are not able to provide specific data about the 'professional disciplines' under each single treatment context because the treatment injury data is not collected to this level of detail.

As outlined above, the treatment injury context is the specialty or healthcare area within which treatment was provided.

There are often multiple professional disciplines working within a single treatment context. For example, within the maternity context, it is possible to have obstetricians and gynaecologists, midwives and nurses. The same can be said for most other treatment contexts.

Likewise, a single professional discipline can work across multiple contexts. For example, nurses work across a range of contexts, including but not limited to nursing, maternity, general surgery, emergency medicine and general practice.

Further, treatment facilities (which are the facility/location where treatment is provided) will have multiple professionals working across multiple contexts, which may be unique to that facility.

Queries or concerns

If you have any questions about the information provided, ACC will be happy to work with you to answer these. You can contact us at GovernmentServices@acc.co.nz or in writing to *Government Services, PO Box 242, Wellington 6140*.

You have the right to complain to the Office of the Ombudsman about our response to your request. You can call them on 0800 802 602 between 9am and 5pm on weekdays, or write to *The Office of the Ombudsman, PO Box 10152, Wellington 6143*.

Yours sincerely

Government Services