

# Assessing the demand for Elective Surgery amongst New Zealanders

March 2016



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**The findings of this report are based on a representative survey of the New Zealand population aged 18 and over regarding their need for Elective Surgery, their experience(s) while waiting for Elective Surgery and their perceptions of access to Elective Surgery**

**1,800 people were interviewed from 14th to 29th January 2016**

**All findings are based on New Zealanders' perceptions of these topics, which will be informed by actual experiences, and have been compared to 2013 results where applicable**

# 1

## Executive summary



# Executive Summary

## **There remains a significant level of unmet need for elective surgery, with numbers waiting similar to those recorded in 2013**

- ❑ There are more than 350,000 New Zealanders aged over 18 who have some form of Elective Surgery each year
- ❑ There are an additional 280,000 who have been told they require some form of Elective Surgery, however of these, only 110,000 have been formally placed on a waiting list
- ❑ The remaining 170,000 are not on a waiting list because the issue isn't perceived to be so significant as requiring them to be immediately placed on a waiting list, however they still suffer quality of life reductions and require assistance
- ❑ Those aged over 70 and from low income households contribute disproportionately to these figures

## **Overall waiting times have increased since 2013**

- ❑ Among those waiting for surgery, waiting times are up by 80 days to 304 days.
- ❑ For those who have had surgery, waiting times were indicatively up 30 days to 144 days.

## **The unmet demand for Elective Surgery has a reasonably large negative impact on the quality of life of a large proportion of the New Zealand population**

- ❑ More than half of the 280,000 who require Elective Surgery but haven't had it say that their quality of life is worse than it was five years ago, with almost a quarter stating that their quality of life is a lot worse driven by a lack of mobility not allowing them to do what they used to and higher levels of pain
- ❑ In addition, almost one third of those who require Elective Surgery have had to make significant changes to their lifestyle

# Executive Summary (continued)

## **There is also a financial impact of this unmet demand**

- ❑ 15 percent of the 280,000 who require Elective Surgery but haven't had it have had to take time off work due to the issue
- ❑ 30 percent have received unpaid care or assistance, generally from family members or friends
- ❑ 19 percent have received publicly funded care or assistance

## **The Private health care system has a positive impact on reducing wait times and therefore making it quicker for New Zealanders to improve the quality of their lives**

- ❑ On average, those who have their surgery through the private healthcare system have approximately 100 days reduced off their waiting list time, even when normalising for the different types of procedures that occur in the public and private systems
- ❑ This is positive as half of those who had been through Elective Surgery said it had a large positive impact upon the quality of their lives

## **New Zealanders still expect public waiting lists to worsen in future**

- ❑ More than half of New Zealanders think that public waiting lists will lengthen in the next ten years
- ❑ The majority of those without health insurance would struggle to pay for a \$10,000 surgery

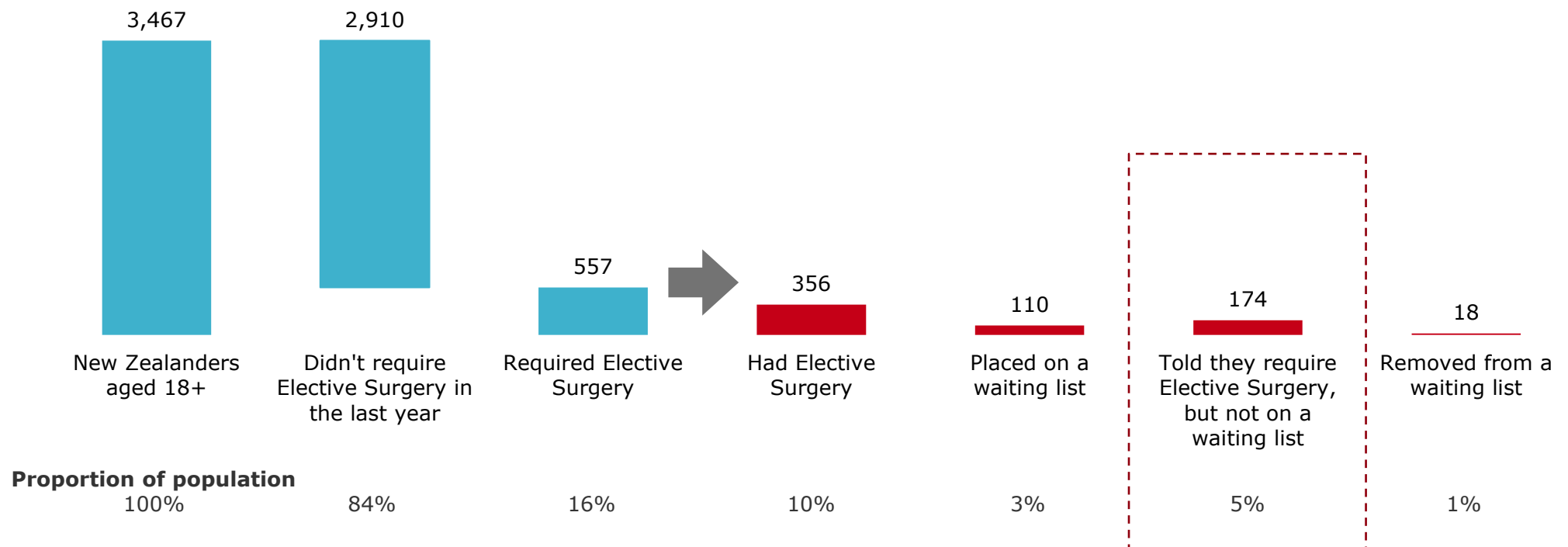
# 2

## Identifying the levels of demand for Elective Surgery



The unmet demand for Elective Surgery is large, with more than 170,000 who aren't yet on a waiting list...

**Annual demand for Elective Surgery amongst the New Zealand population (000s aged 18 plus, Jan 16)<sup>(1)</sup>**

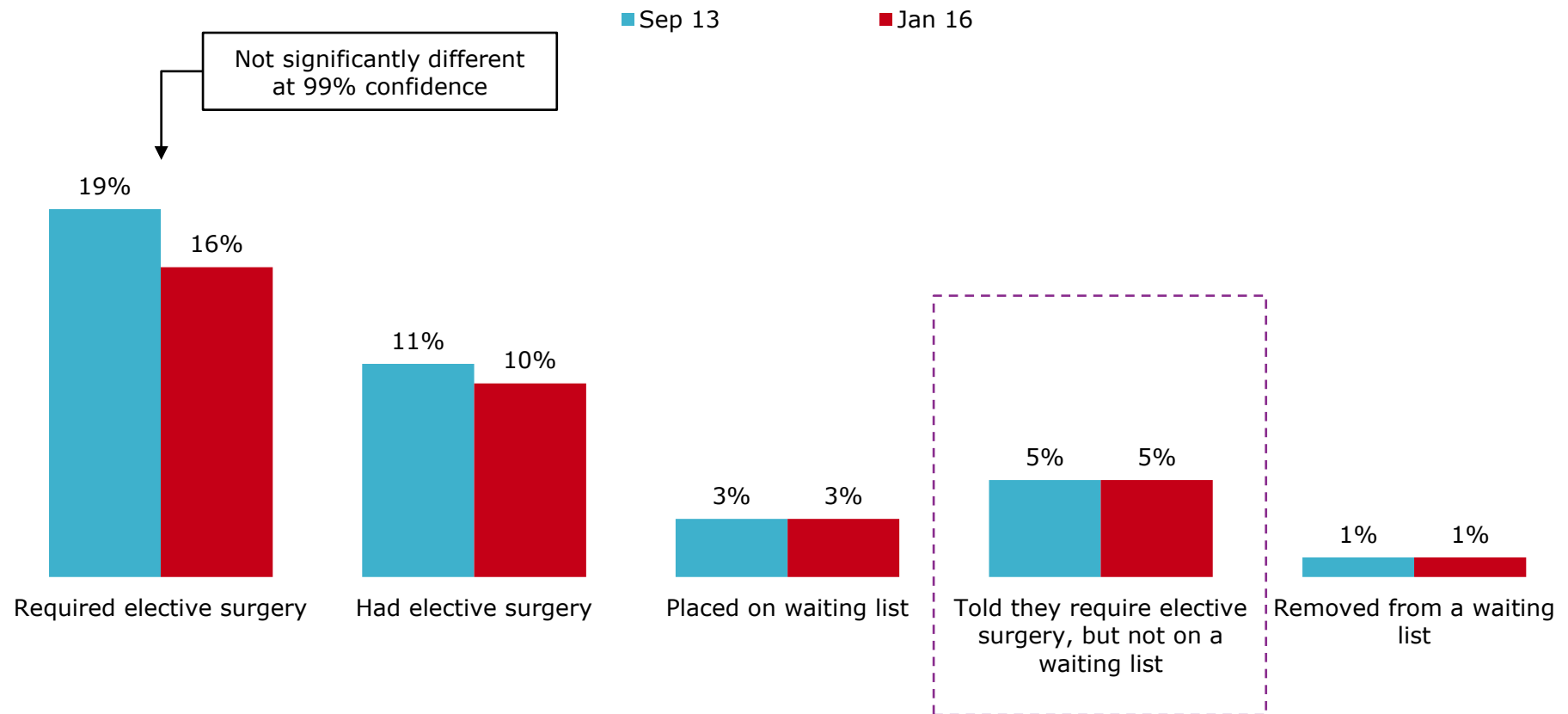


NOTES:  
1. Sample size n = 1,800



... however compared to 2013, the level of unmet demand for Elective Surgery is relatively unchanged

### Comparison of demand for elective surgery – 2013 vs. 2016 (New Zealanders aged 18 plus)<sup>(1)</sup>

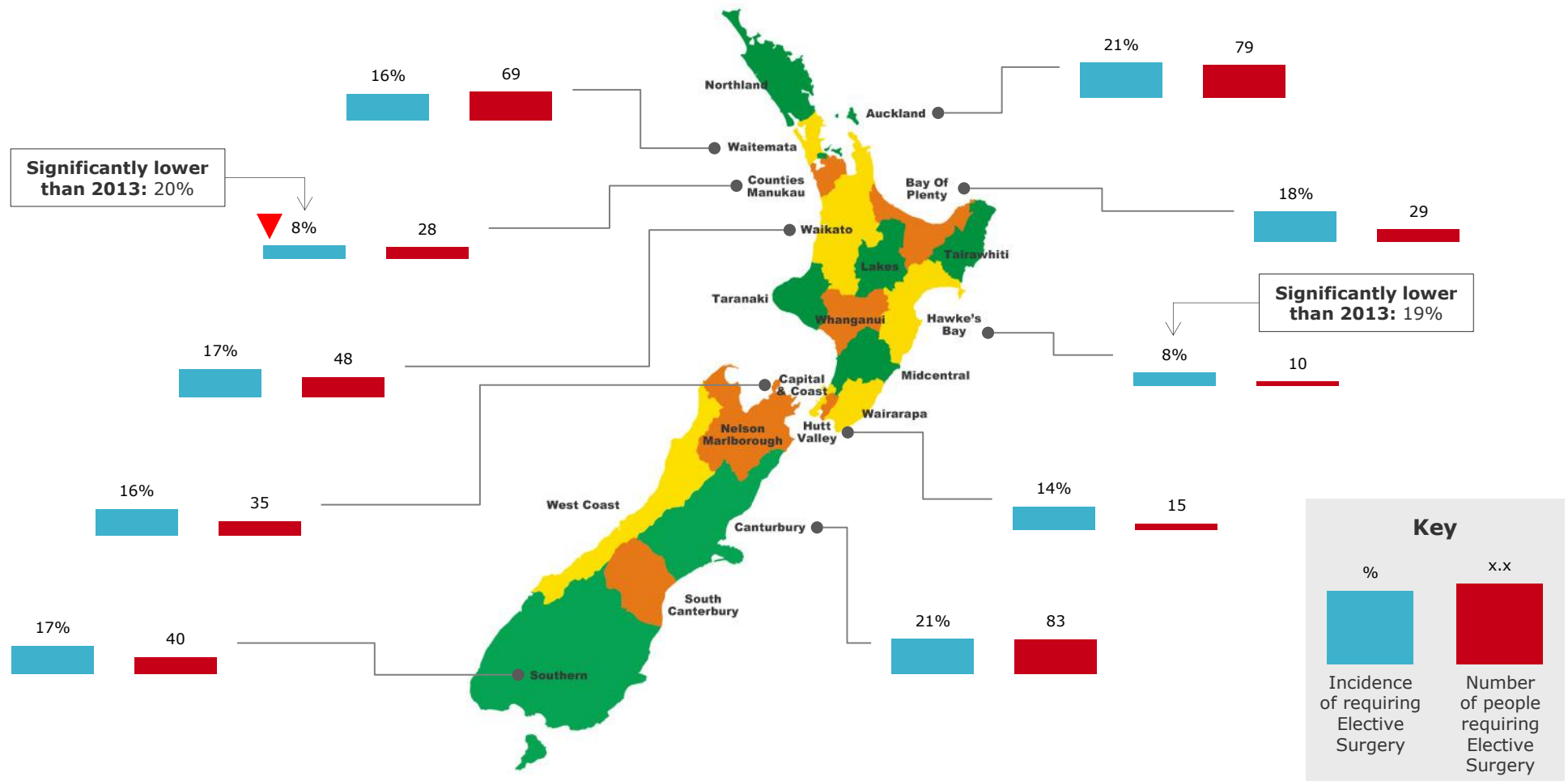


NOTES:

1. Sample sizes: Sep 13 n = 1,830, Jan 16 n = 1,800

# Auckland and Christchurch have the highest demand for Elective Surgery

## Annual demand for Elective Surgery by DHB (largest DHBs, Jan 16)<sup>(1)(2)</sup>



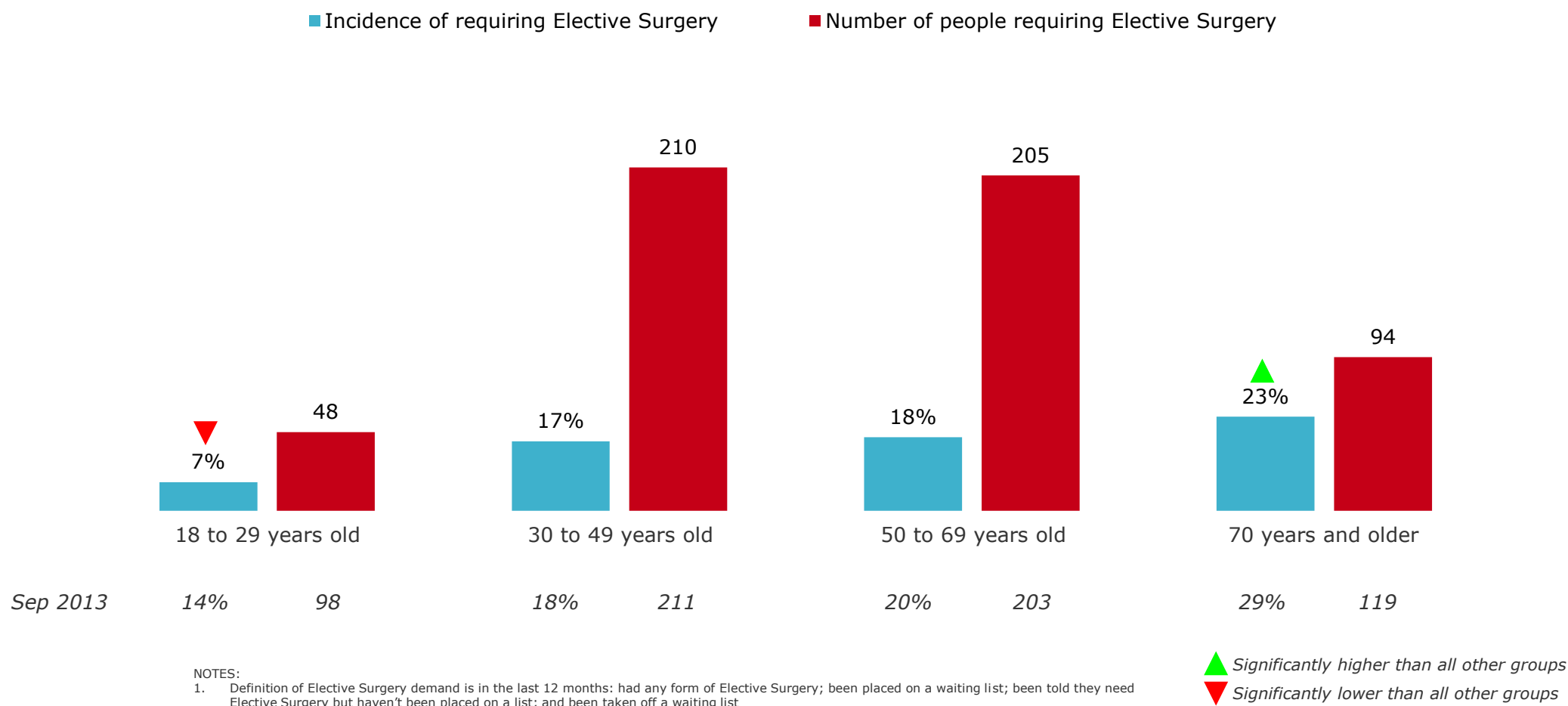
### NOTES:

1. Sample size per DHB approx. n = 125
2. Definition of Elective Surgery demand is in the last 12 months: had any form of Elective Surgery; been placed on a waiting list; been told they need Elective Surgery but haven't been placed on a list; and been taken off a waiting list

▲ Significantly higher than all other groups  
▼ Significantly lower than all other groups

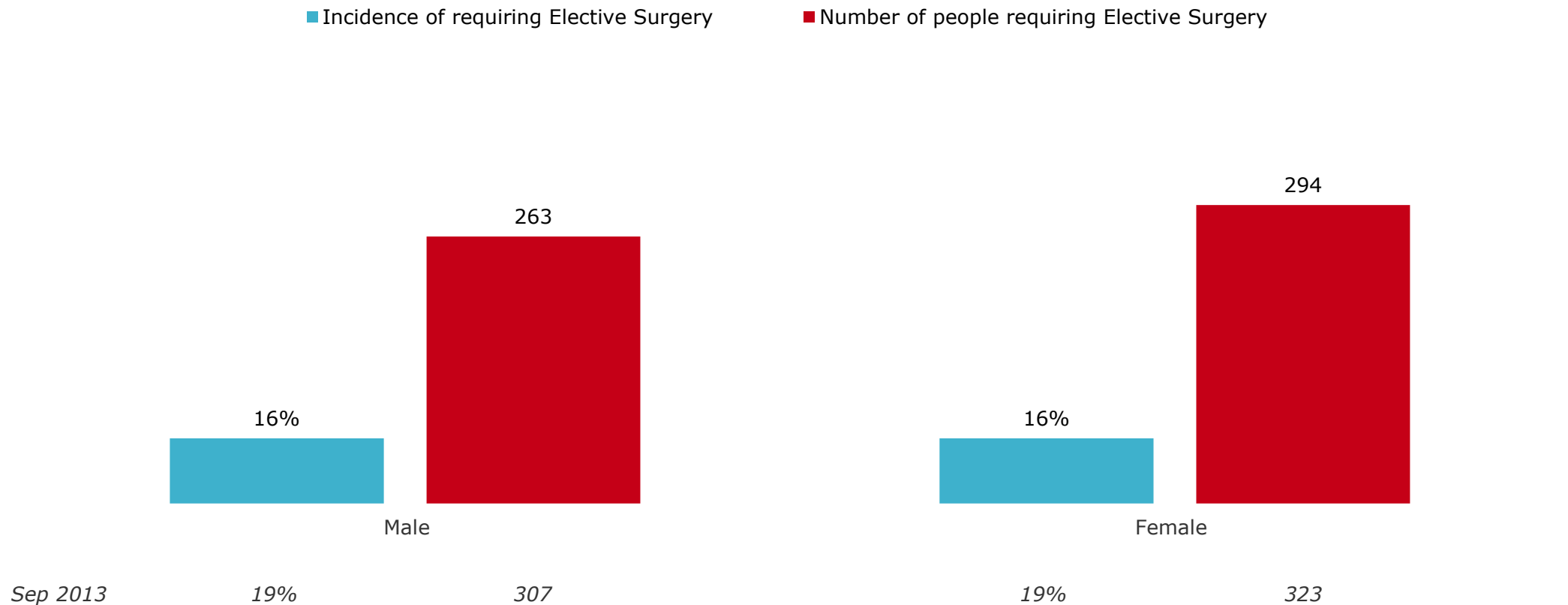
# Incidence of requiring Elective Surgery increases significantly among those aged 70 plus

## Annual demand for Elective Surgery by age (New Zealanders aged 18 plus, Jan 16)<sup>(1)</sup>



# There is no gender difference in the incidence of requiring Elective Surgery

## Annual demand for Elective Surgery by gender (New Zealanders aged 18 plus, Jan 16)<sup>(1)</sup>



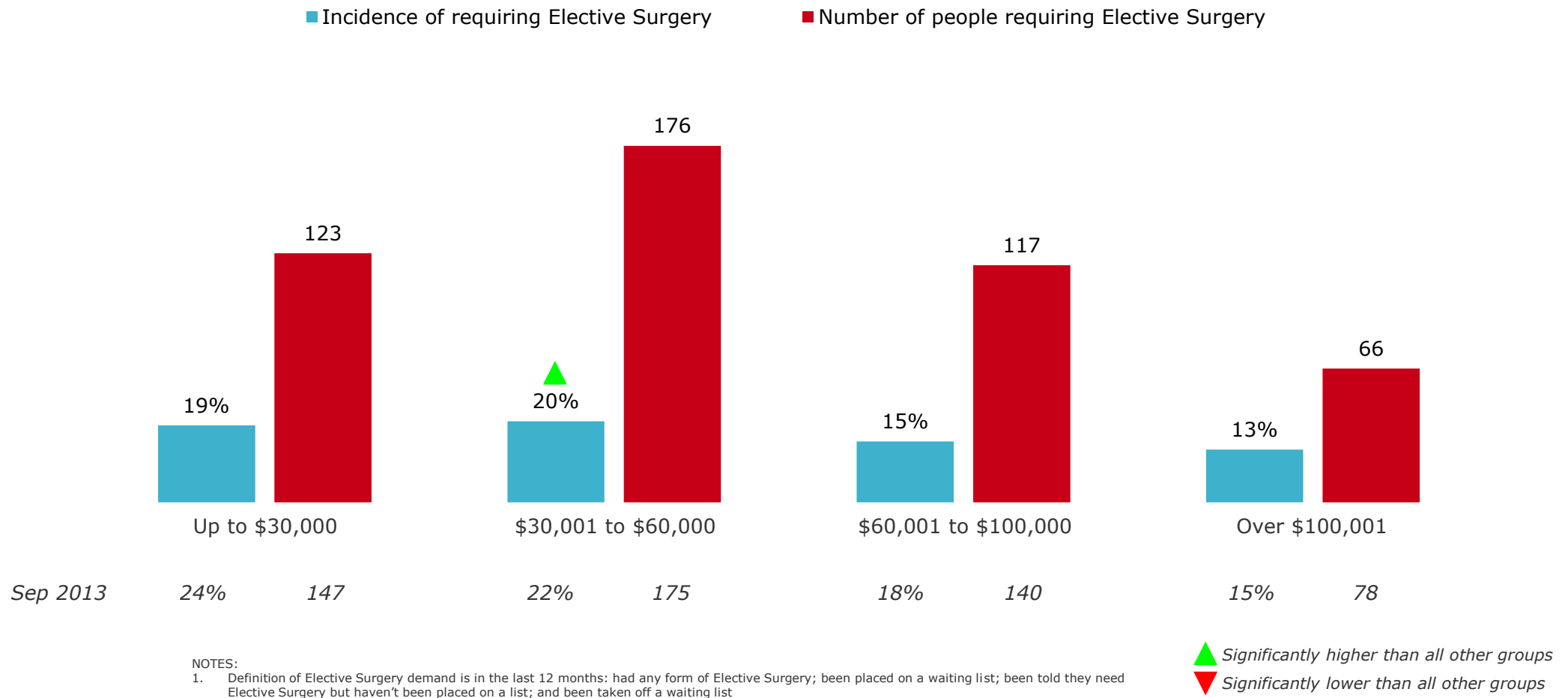
NOTES:

1. Definition of Elective Surgery demand is in the last 12 months: had any form of Elective Surgery; been placed on a waiting list; been told they need Elective Surgery but haven't been placed on a list; and been taken off a waiting list

▲ Significantly higher than all other groups  
▼ Significantly lower than all other groups

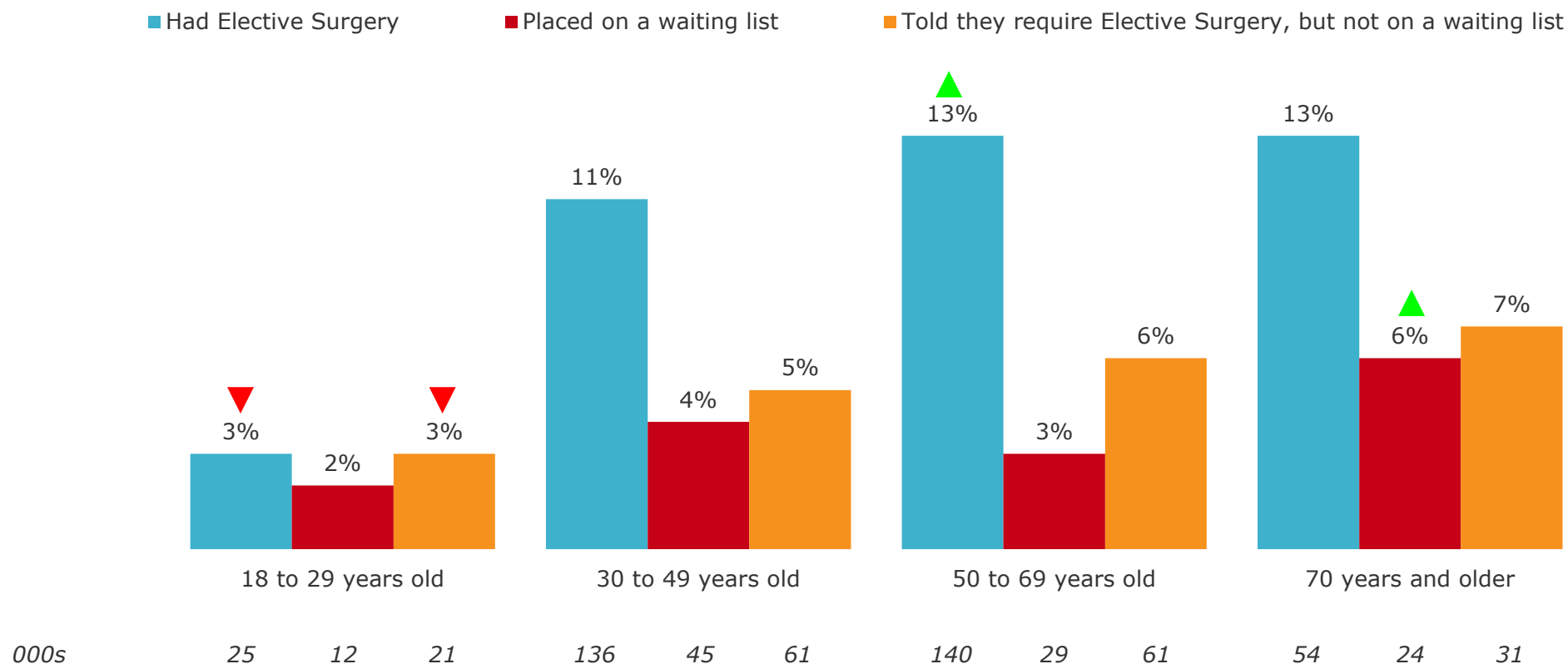
# Those living on lower household incomes are more likely to require Elective Surgery

## Annual demand for Elective Surgery by household income (New Zealanders aged 18 plus, Jan 16)<sup>(1)</sup>



# Unmet demand for Elective Surgery increases with age

## Annual demand for Elective Surgery by age (New Zealanders aged over 18 plus, Jan 16)<sup>(1)</sup>



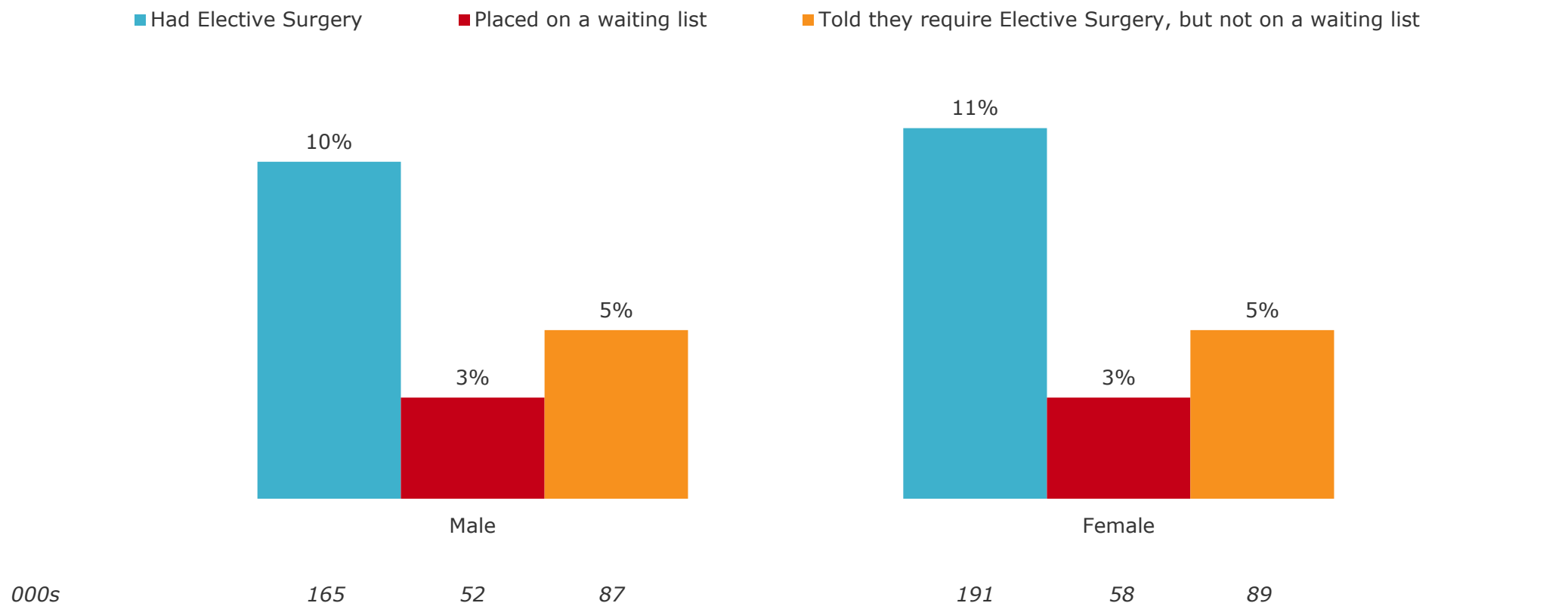
### NOTES:

1. Definition of Elective Surgery demand is in the last 12 months: had any form of Elective Surgery; been placed on a waiting list; been told they need Elective Surgery but haven't been placed on a list; and been taken off a waiting list

▲ Significantly higher than all other groups  
▼ Significantly lower than all other groups

# Demand for Elective Surgery is consistent by gender

## Annual demand for Elective Surgery by gender (New Zealanders aged over 18 plus, Jan 16)<sup>(1)</sup>



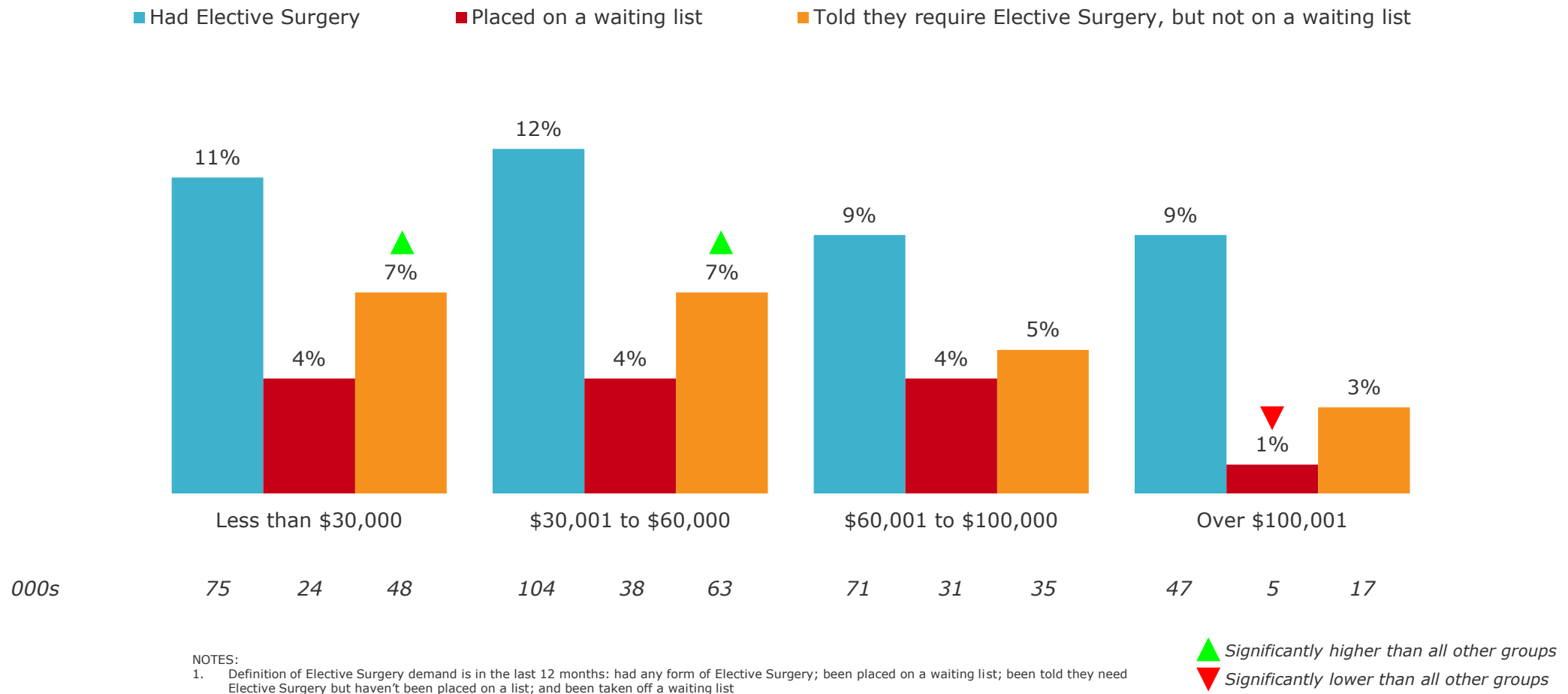
### NOTES:

1. Definition of Elective Surgery demand is in the last 12 months: had any form of Elective Surgery; been placed on a waiting list; been told they need Elective Surgery but haven't been placed on a list; and been taken off a waiting list

▲ Significantly higher than all other groups  
▼ Significantly lower than all other groups

# Unmet Elective Surgery demand is highest amongst those in lower income households

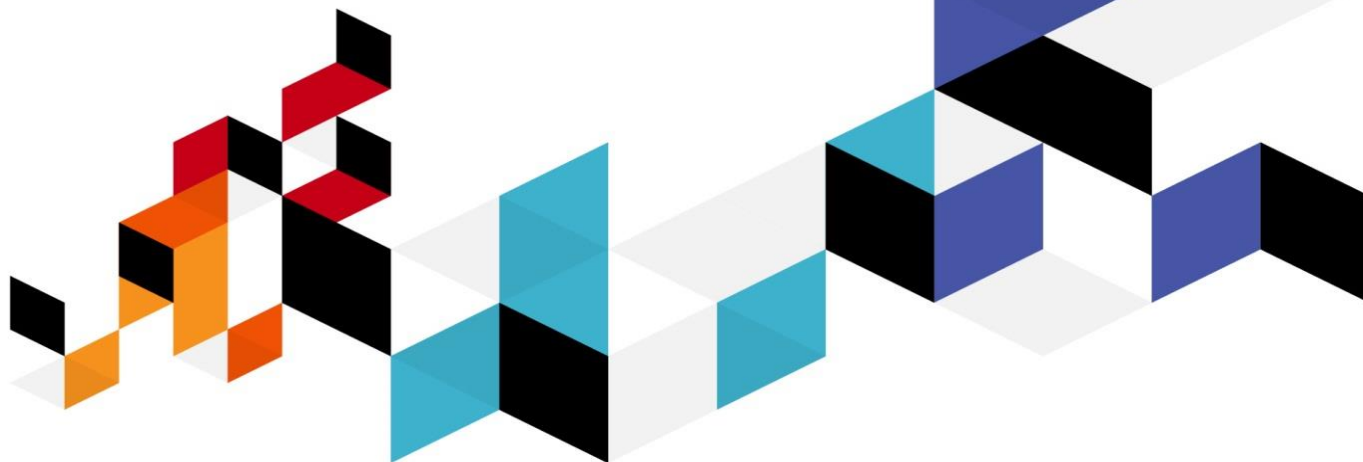
## Annual demand for Elective Surgery by household income (New Zealanders aged 18 plus, Jan 16)<sup>(1)</sup>





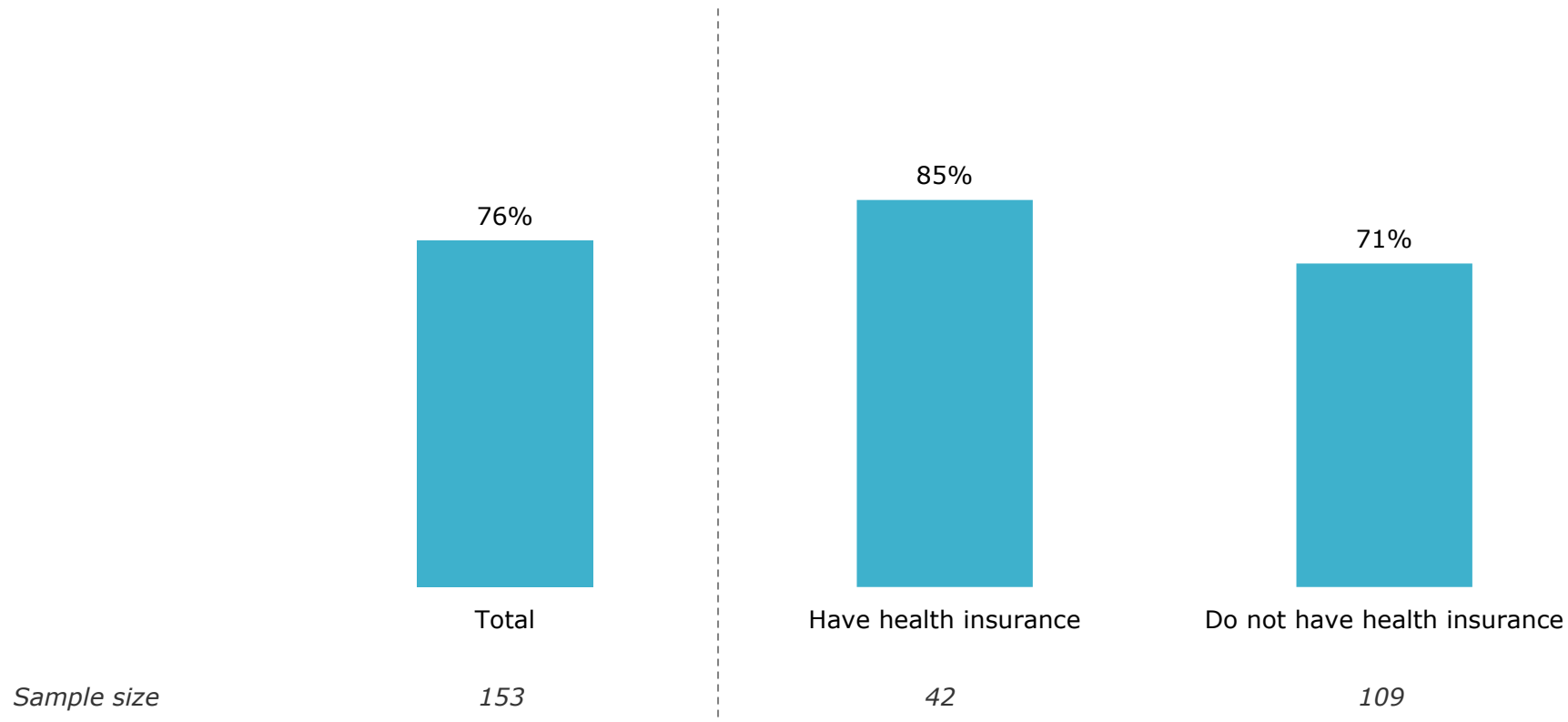
# 3

## Elective Surgery waiting times and impacts



# Specialist referral is high, and indicatively skewed towards those with health insurance

**Proportion referred to a specialist for condition (% aged 18 plus requiring elective surgery, Jan 16)<sup>(1)</sup>**



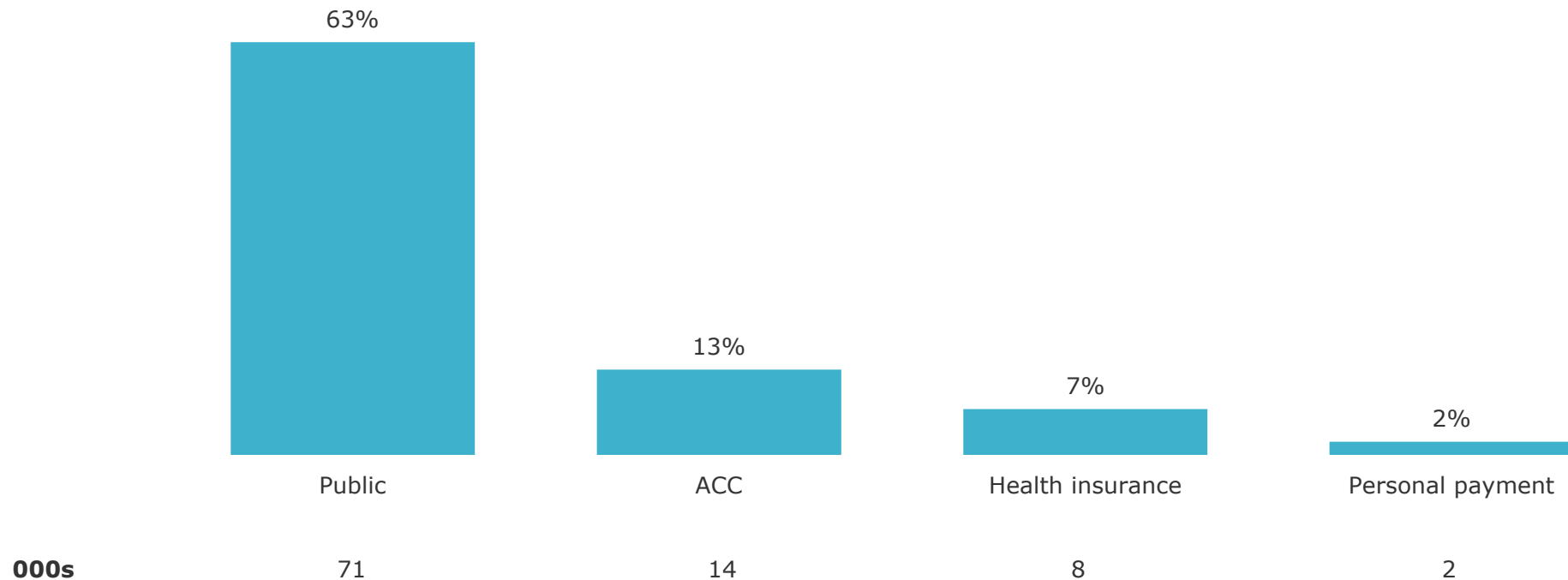
**NOTES:**

1. Added for 2016. Q. At any time were you referred to a specialist for your condition?

▲ Significantly higher/lower than those without health insurance

# Most of the 110,000 on a waiting list are awaiting publicly funded surgery

## Elective Surgeries by probable funding method (% aged 18 plus and on waiting list, Jan 16)<sup>(1)(2)</sup>

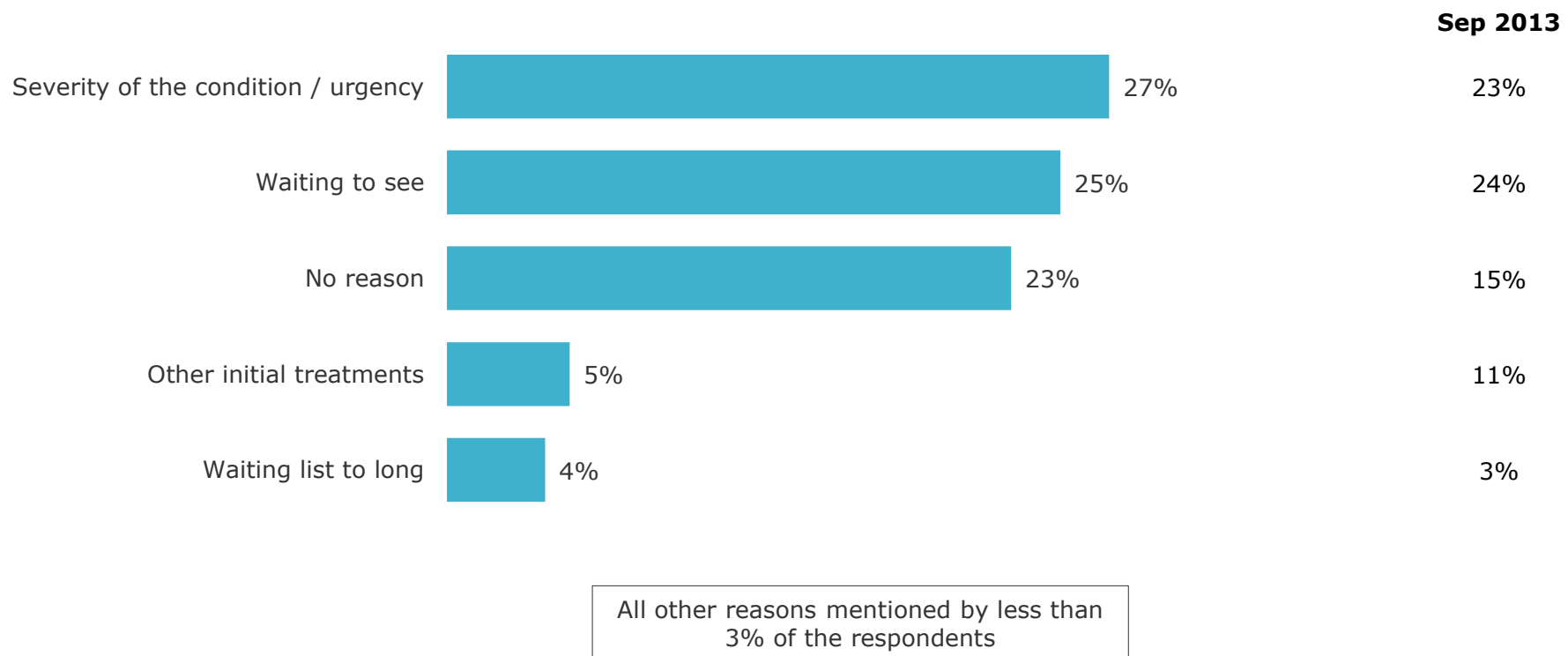


### NOTES:

1. Sample size n = 59 [too low for comparison to 2013]
2. Question asked of those on a waiting list
3. Q. Who will be paying for the surgery?

For the other 174,000, lack of urgency / severity or applying a 'wait and see' approach are the key reasons for not being placed on a waiting list

**Reasons for not being placed on a waiting list**  
 (% aged 18 plus and not on waiting list for Elective Surgery, Jan 16)<sup>(1)(2)</sup>



NOTES:

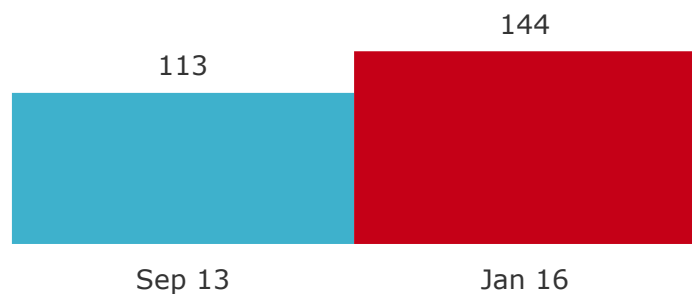
1. Sample size n = 98
2. Q. What reasons have been given for you not being placed on a waiting list? [CODED RESPONSES]

▲ Significantly higher than Sep 13  
 ▼ Significantly lower than Sep 13

# Average wait times have increased for those still waiting for surgery

## Average length of time from first GP referral (days, those aged 18 plus, Jan 16)

Amongst those who have had the surgery<sup>(1)</sup>

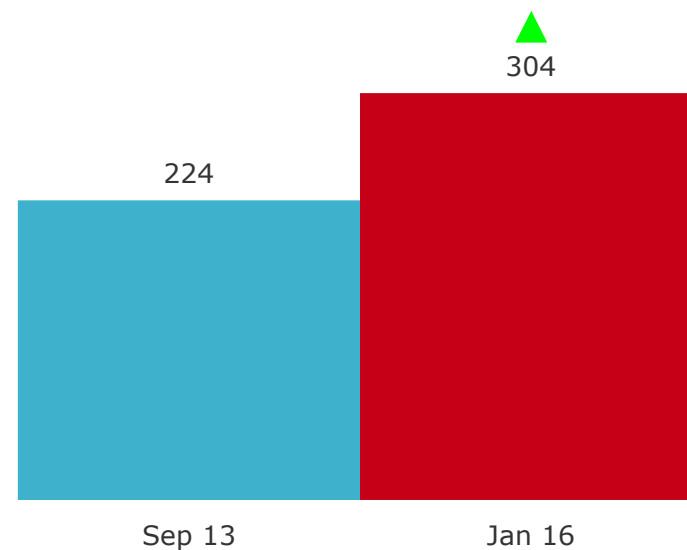


Sample size

252

191

Amongst those waiting for surgery<sup>(2)</sup>



64

104

NOTES:

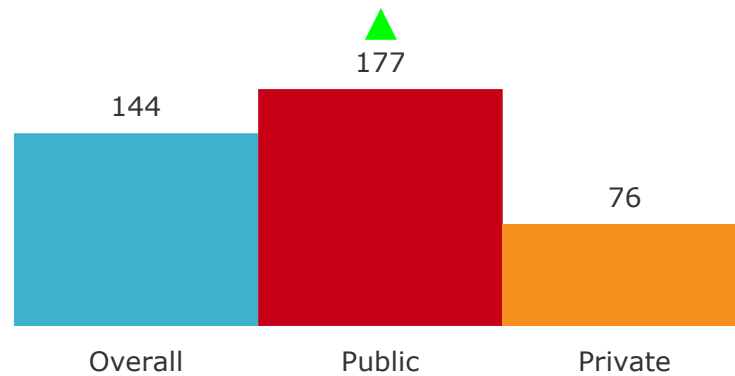
1. Q. How long did you wait from your first GP referral to the surgery?
2. Q. How long has it been since you were told you require the surgery?
3. The figures here have been normalised to account for the different types of procedures that occur in the public and private systems allowing a direct comparison

▲ Significantly higher than Sep 13  
▼ Significantly lower than Sep 13

Those who had Elective Surgery through a private hospital or clinic, on average, waited 100 days less for the surgery than those who had the surgery in a public hospital

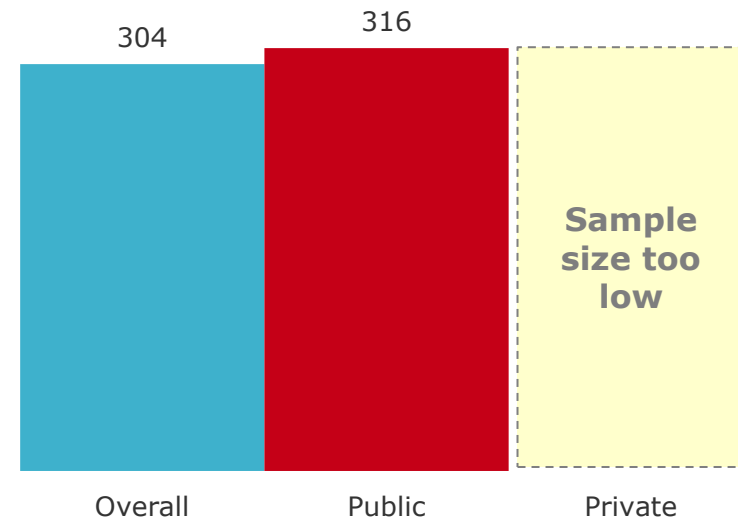
**Average length of time from first GP referral (days, those aged 18 plus, Jan 16)**

**Amongst those who have had the surgery<sup>(1)</sup>**



Sample size      191      135      55

**Amongst those waiting for surgery<sup>(2)</sup>**



104      81      14

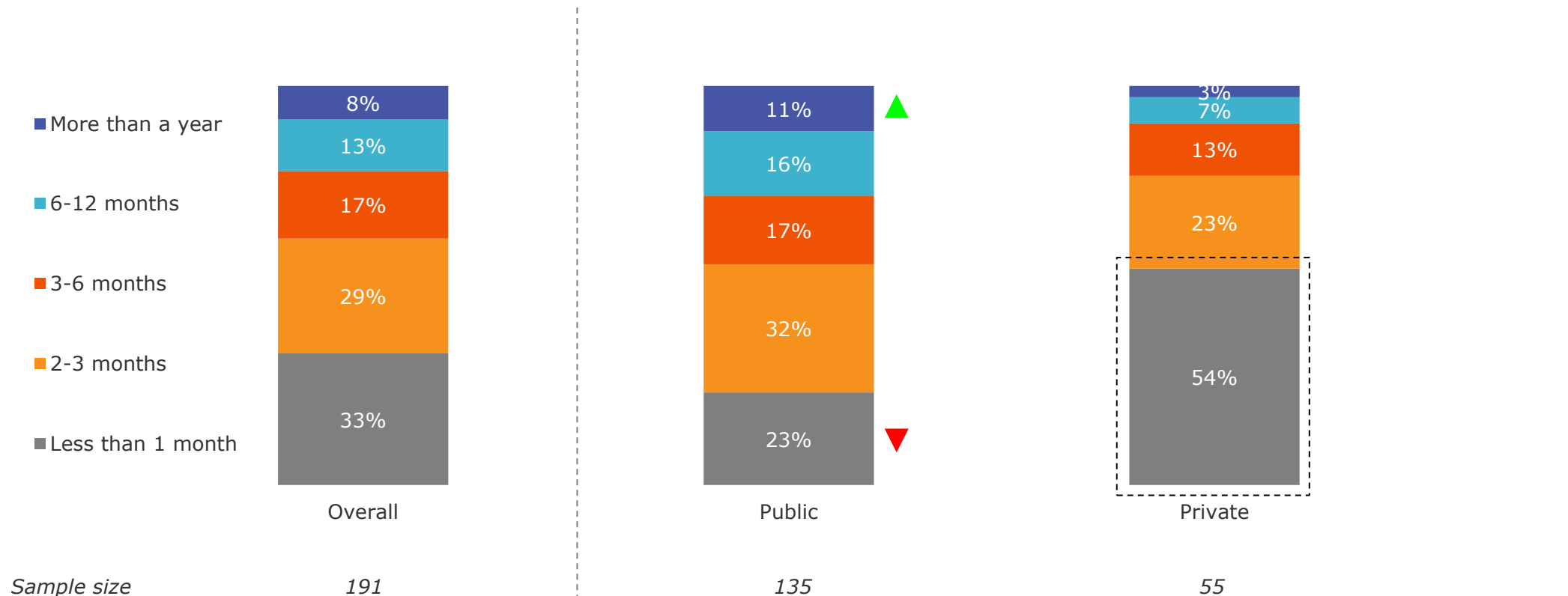
NOTES:

1. Q. How long did you wait from your first GP referral to the surgery?
2. Q. How long has it been since you were told you require the surgery?
3. The figures here have been normalised to account for the different types of procedures that occur in the public and private systems allowing a direct comparison

▲ Significantly higher than all other groups  
▼ Significantly lower than all other groups

# Over half of privately funded surgeries were completed within a month

**Length of time from first GP referral – those who have had surgery (% aged 18 plus, Jan 16)<sup>(1)(2)</sup>**



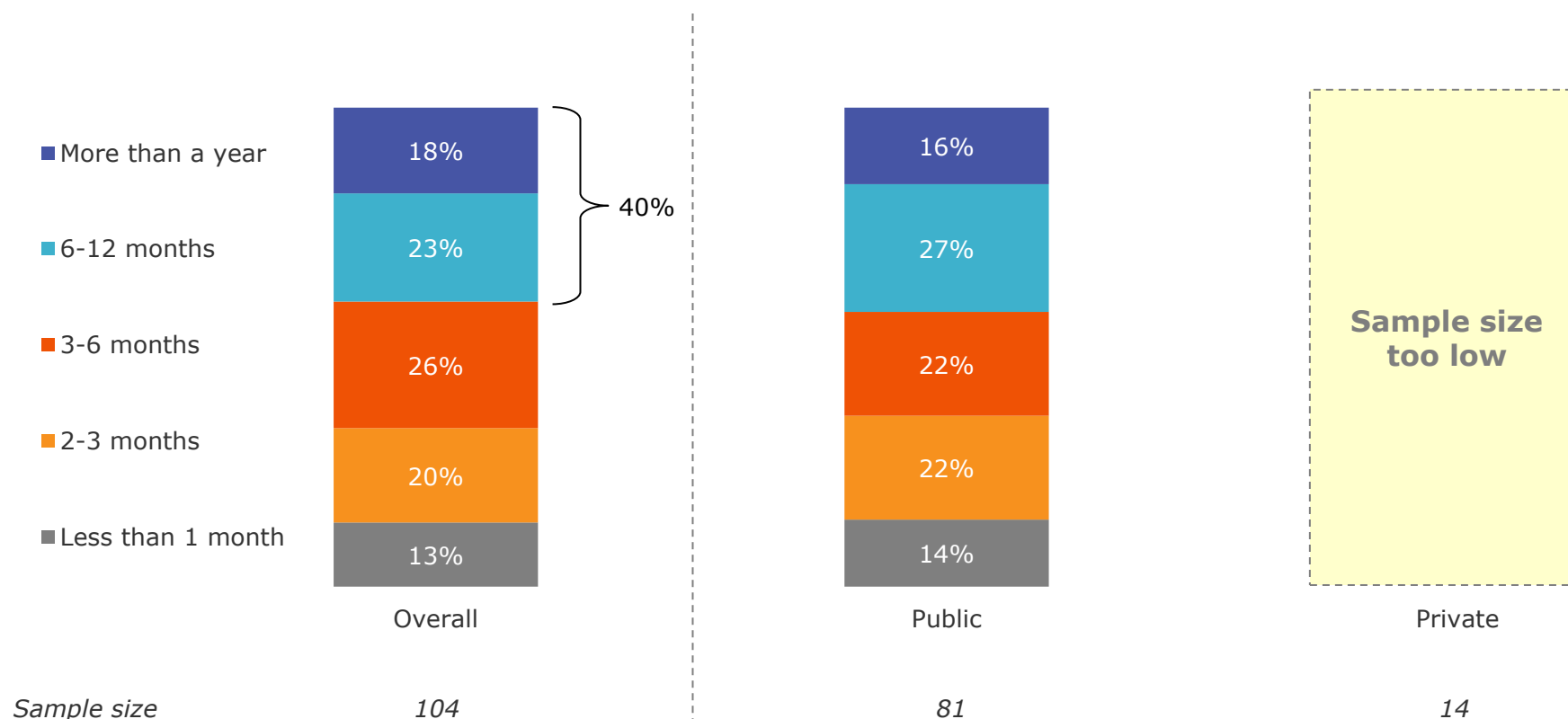
NOTES:

1. The figures here have been normalised to account for the different types of procedures that occur in the public and private systems allowing a direct comparison
2. Q. How long did you wait from your first GP referral to the surgery?

▲ Significantly higher than all other groups  
▼ Significantly lower than all other groups

Among those waiting for public Elective Surgery, it is not uncommon to have been waiting for more than six months

**Length of time from first GP referral – those who are waiting for surgery (% aged 18 plus, Jan 16)<sup>(1)(2)</sup>**



**NOTES:**

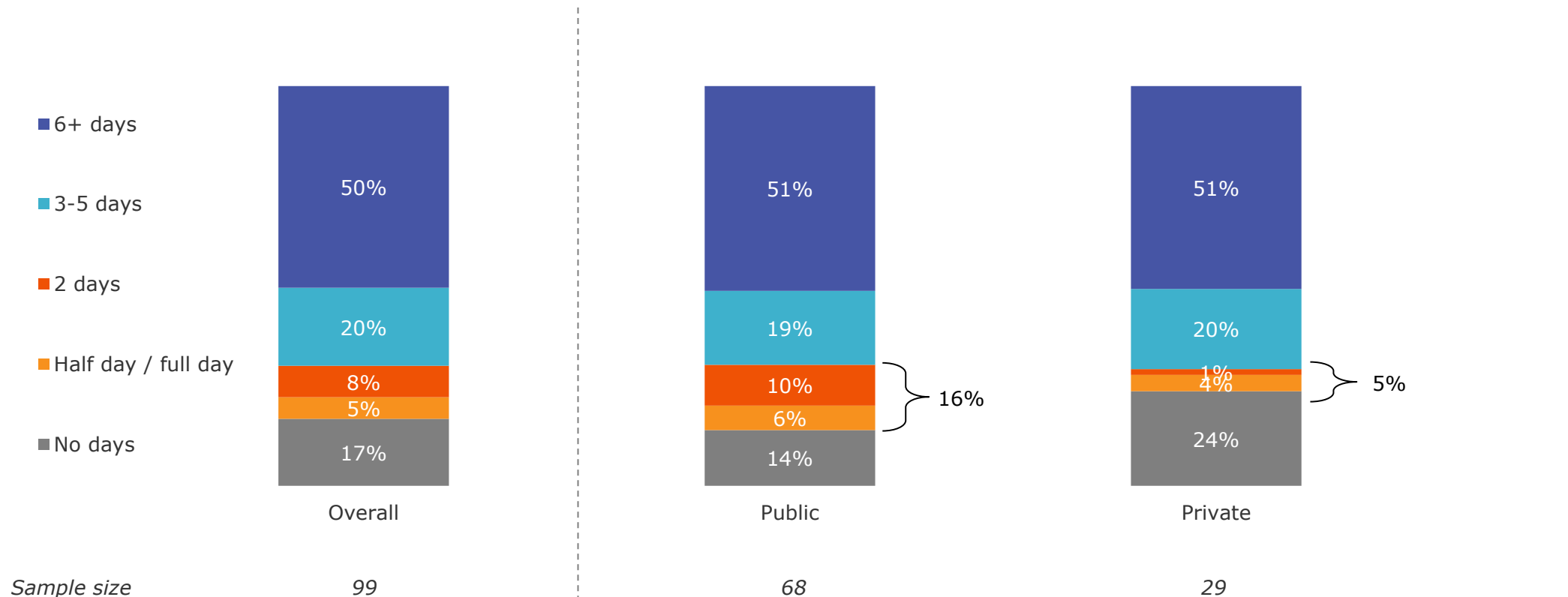
1. The figures here have been normalised to account for the different types of procedures that occur in the public and private systems allowing a direct comparison
2. Q. How long has it been since you were told you require the surgery?

▲ Significantly higher than all other groups  
▼ Significantly lower than all other groups



# Public surgeries indicatively require people to take more days off work

Number of days taken off work as a result of the surgery (% aged 18 plus and working, Jan 16)<sup>(1)(2)</sup>



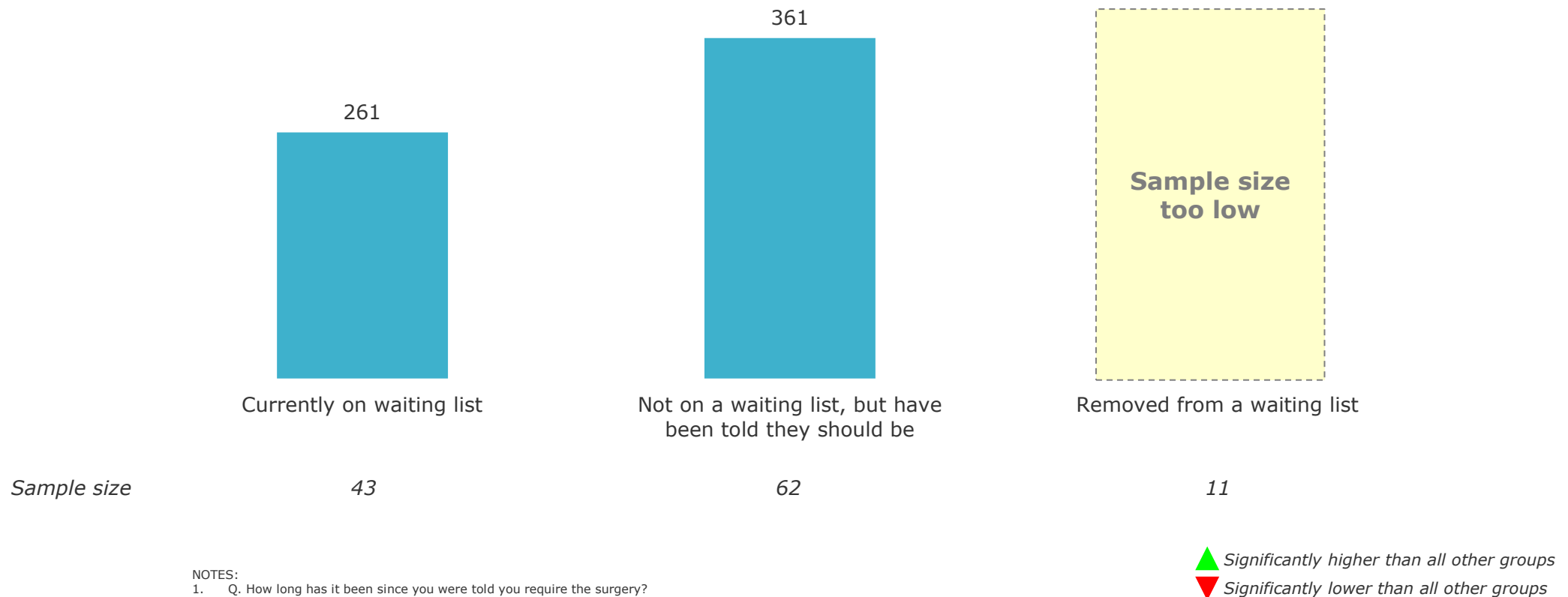
NOTES:

1. The figures here have been normalised to account for the different types of procedures that occur in the public and private systems allowing a direct comparison
2. Q. How many days off work did you require for the surgery?

▲ Significantly higher than all other groups  
▼ Significantly lower than all other groups

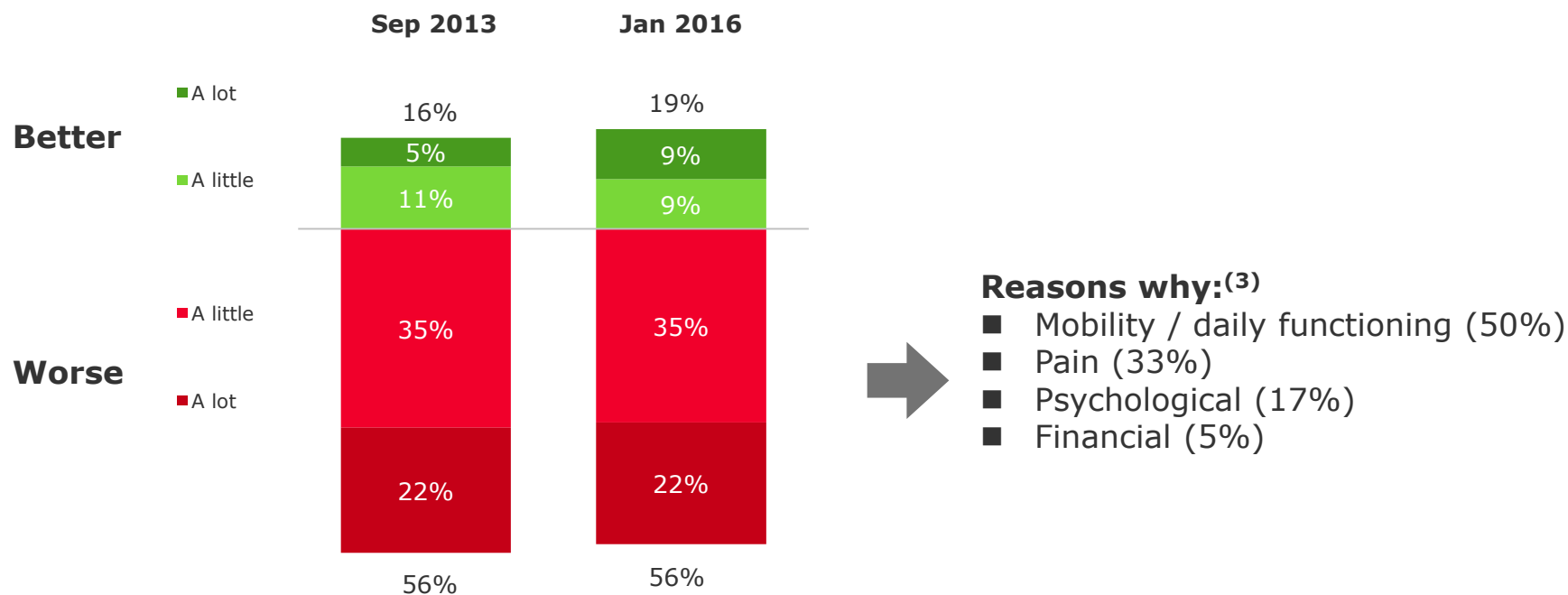
The wait time for those either on a waiting list or who have been told they should be on a waiting list is substantial

**Wait time for Elective Surgery (days, aged 18 plus, Jan 16)<sup>(1)</sup>**



# More than half of those who require Elective Surgery say their quality of life is worse, driven by mobility and pain issues

Quality of life compared to five years ago (% aged 18 plus requiring Elective Surgery, Jan 16)<sup>(1)(2)</sup>



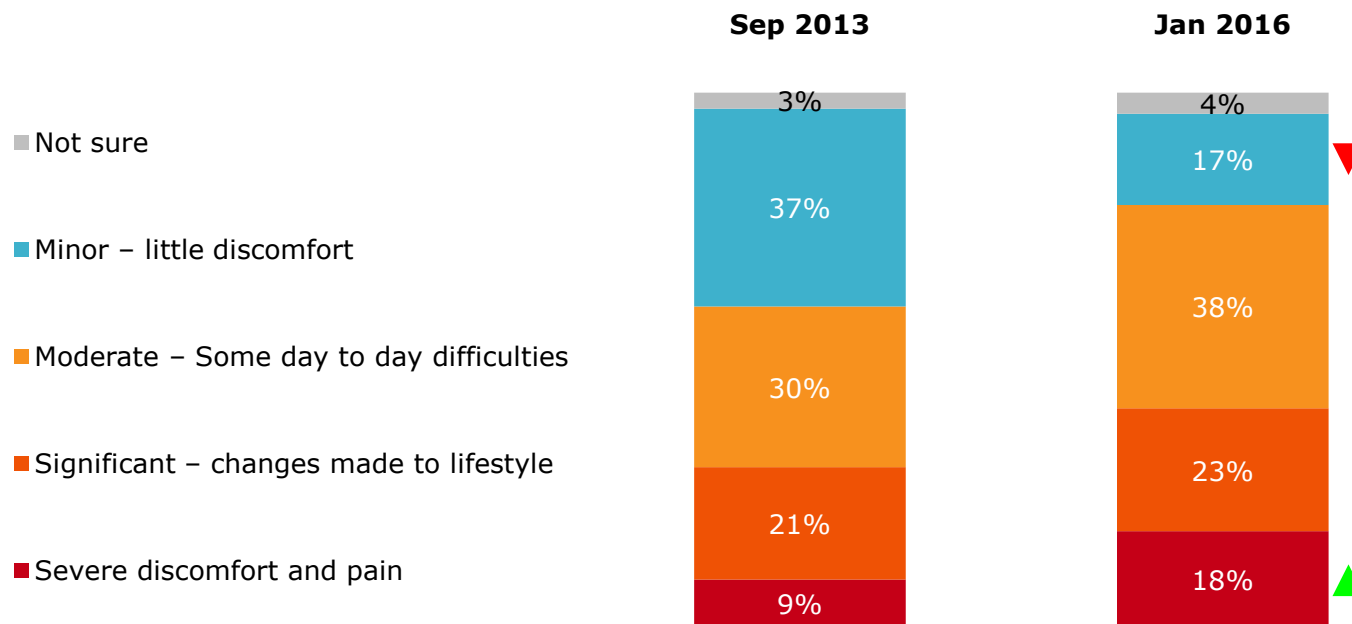
NOTES:

1. Sample size n = 153
2. Q. Compared to five years ago, what is quality of life like?
3. Q. What is it about your quality of life that the issue that requires surgery is affecting most? [CODED RESPONSES]

▲ Significantly higher than Sep 13  
▼ Significantly lower than Sep 13

Many of those requiring Elective Surgery have had to make lifestyle changes due to pain and discomfort of their condition...

**Level of discomfort and impact on lifestyle (% aged 18 plus requiring Elective Surgery)<sup>(1)(2)</sup>**



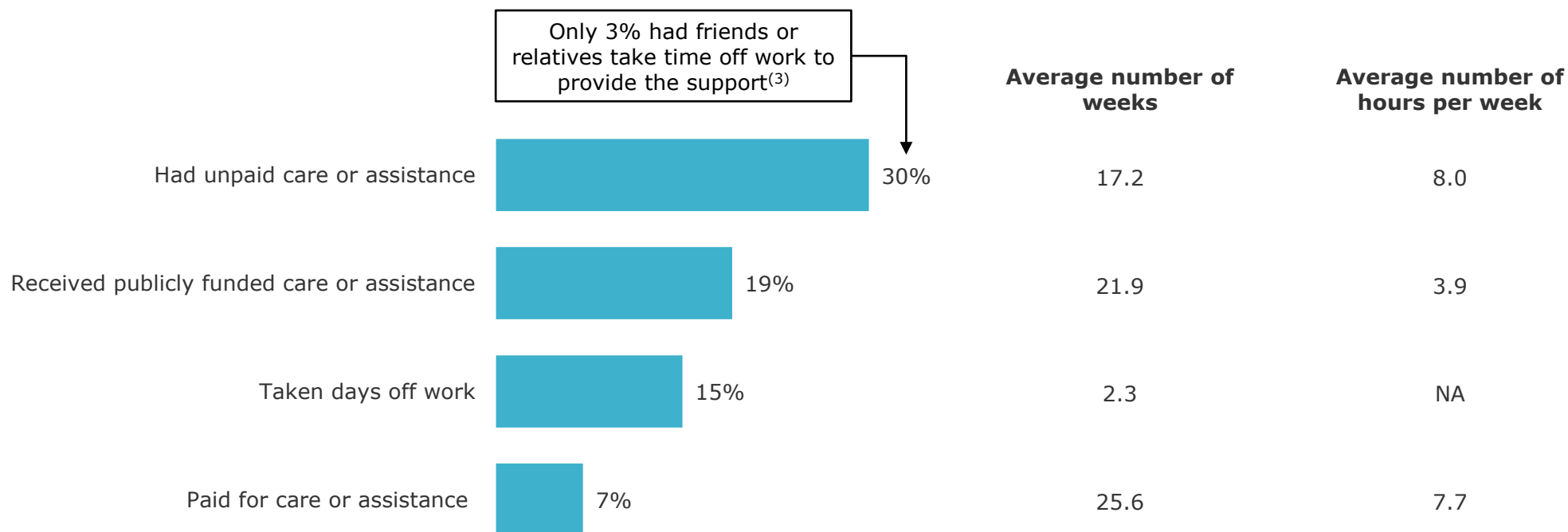
NOTES:

1. Sample size n = 153
2. Q. Due to the issue that requires surgery, how would you say the level of discomfort or impact on your lifestyle is?

▲ Significantly higher than Sep 13  
▼ Significantly lower than Sep 13

...and many need assistance due to the issue that requires surgery, most commonly in the form of unpaid care

**Incidence of the issue that requires surgery impacting life  
(% aged 18 plus requiring Elective Surgery, Jan 16)<sup>(1)(2)</sup>**

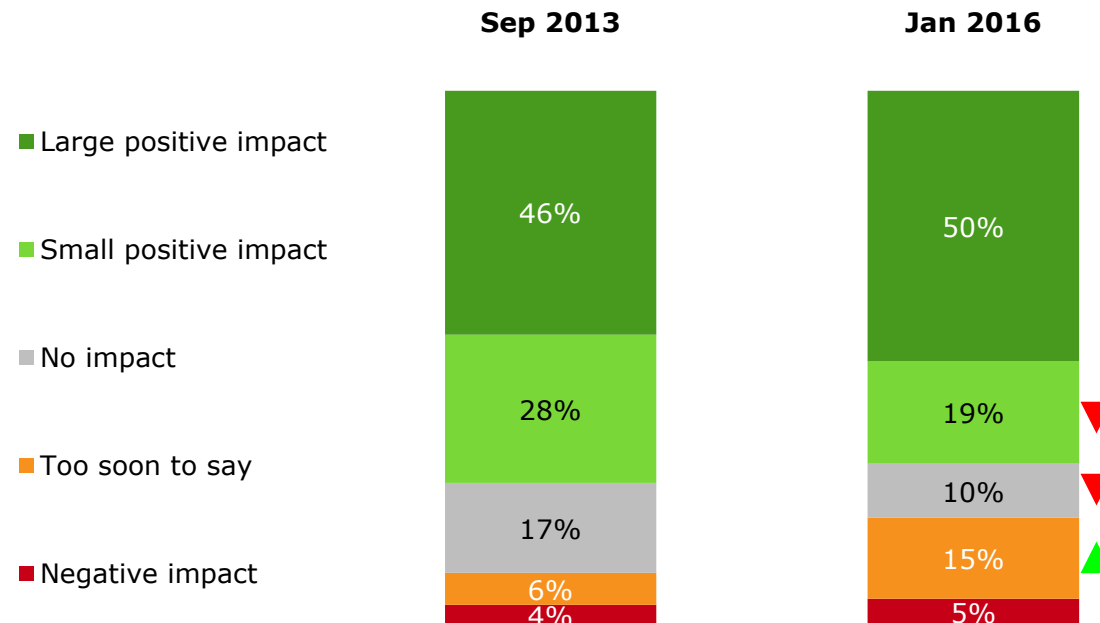


NOTES:

1. Sample size n = 153
2. Q. Due to the issue that requires the surgery have you had to do any of the following while waiting for the surgery?
3. Added for 2016. Q. Did your friends or relatives take time off work to provide you with care or assistance?

# Elective Surgery has a positive impact on the quality of life of the majority of patients

## Impact on quality of life after Elective Surgery (% aged over 18 plus)<sup>(1)(2)</sup>



NOTES:

1. Sample size n = 235

2. Q. As a result of the surgery, do you feel that it provided the expected benefits and your quality of life improved?

▲ Significantly higher than Sep 13  
▼ Significantly lower than Sep 13

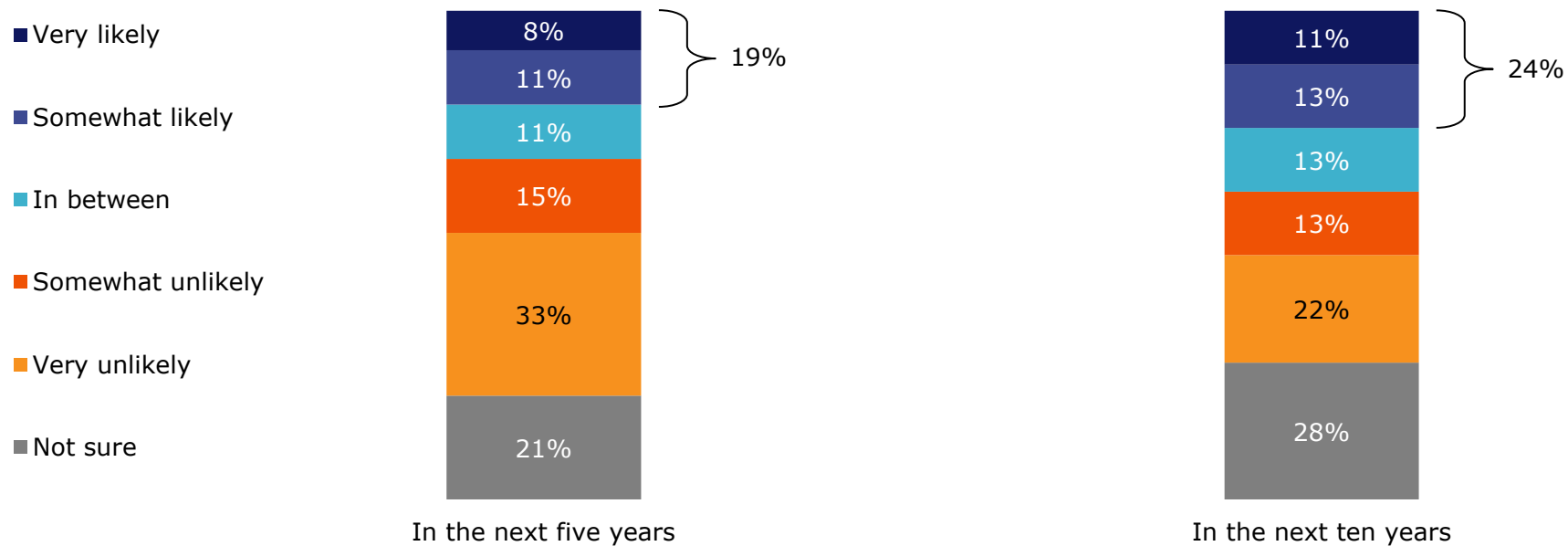
# 4

## General population perceptions of Elective Surgery



# Around one in four New Zealanders believe they will require Elective Surgery in the next ten years

## New Zealanders' perceptions of requiring Elective Surgery in the future (% aged 18 plus, Jan 16)<sup>(1)(2)</sup>



NOTES:

1. Sample size n = 1,800

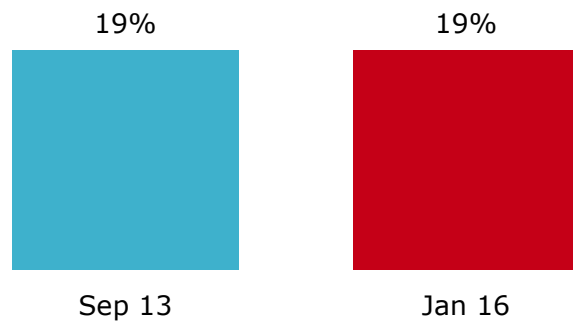
2. Q. How likely do you think you are to require elective surgery (for conditions that are not life threatening and do not require immediate surgery) in the next ...



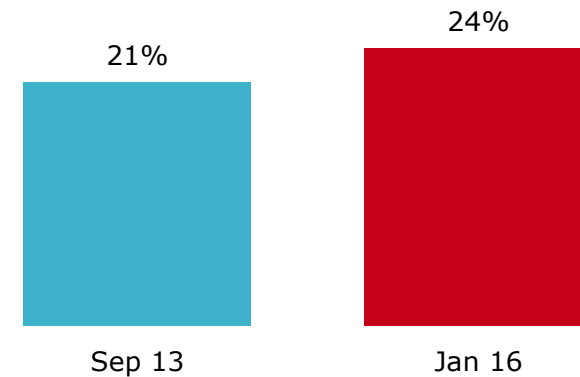
# Perceptions of future Elective Surgery need are comparable to results from 2013

## Comparison of perceptions of requiring elective surgery in the future (% aged 18 plus)

### In the next five years (% very/somewhat likely)



### In the next ten years (% very/somewhat likely)



NOTES:

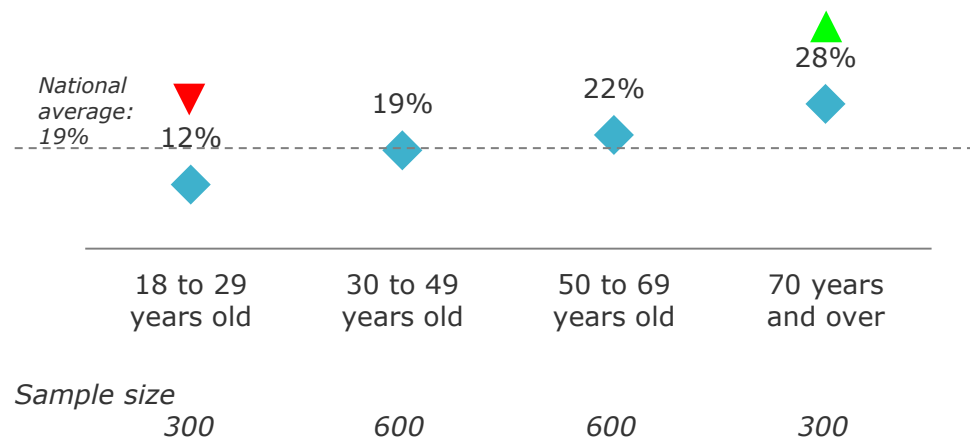
1. Sample sizes: Sep 13 n = 1,830, Jan 16 n = 1,800
2. Q. How likely do you think you are to require elective surgery (for conditions that are not life threatening and do not require immediate surgery) in the next ...

▲ Significantly higher than Sep 13  
▼ Significantly lower than Sep 13

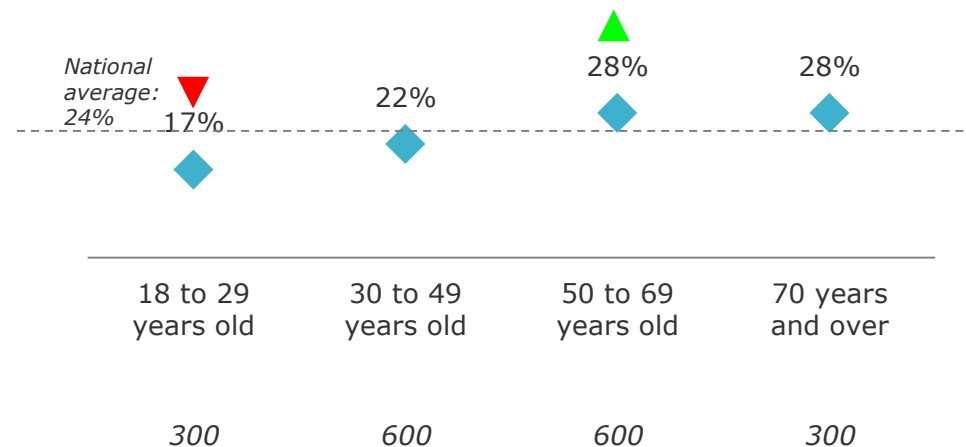
# Age plays a large role in the expectation of requiring future Elective Surgery

## New Zealanders' perceptions of requiring Elective Surgery in the future by age (% aged 18 plus, Jan 16)

**In the next five years**  
(% very/somewhat likely)



**In the next ten years**  
(% very/somewhat likely)

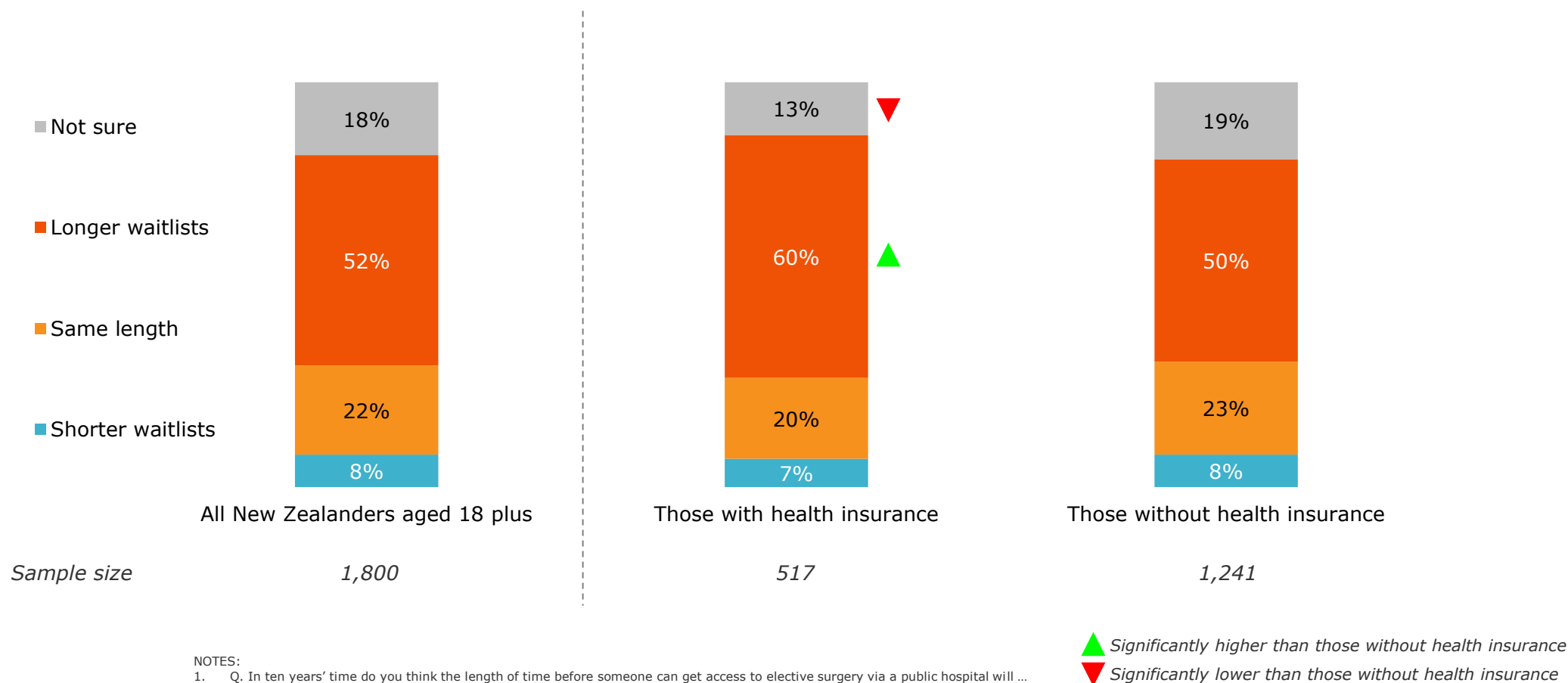


NOTES:

1. Q. How likely do you think you are to require elective surgery (for conditions that are not life threatening and do not require immediate surgery) in the next ...

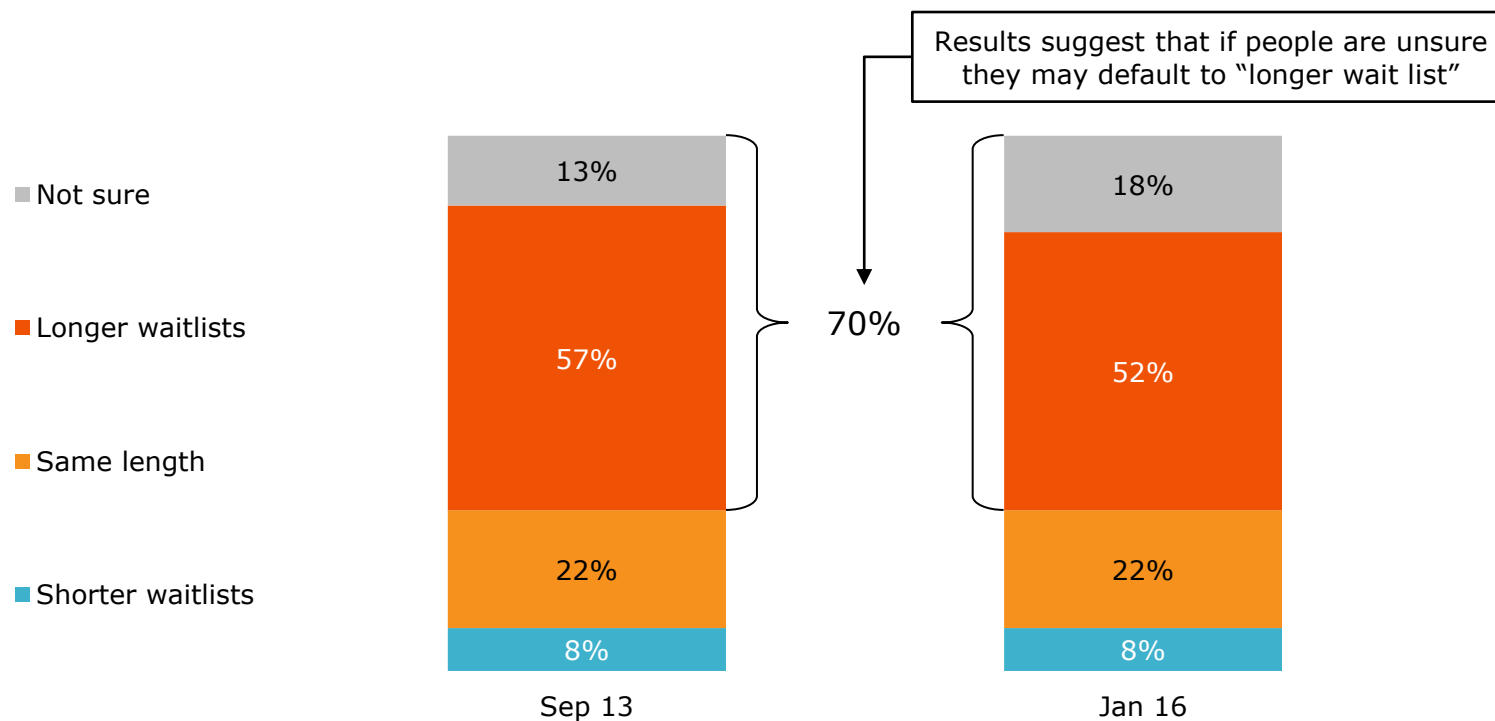
The general perception, particularly among those with health insurance, is that public waiting lists for Elective Surgery will worsen in the future

**Perceptions of public hospital Elective Surgery waiting list lengths in ten years**  
(% aged 18 plus, Jan 16)<sup>(1)</sup>



# Expectations of waiting list lengths are again very similar to results from 2013

## Comparison of perceptions of public hospital elective surgery waiting list lengths in ten years (% aged 18 plus)<sup>(1)(2)</sup>



NOTES:

1. Sample sizes: Sep 13 n = 1,830, Jan 16 n = 1,800

2. Q. In ten years' time do you think the length of time before someone can get access to elective surgery via a public hospital will ...

▲ Significantly higher than Sep 13  
▼ Significantly lower than Sep 13

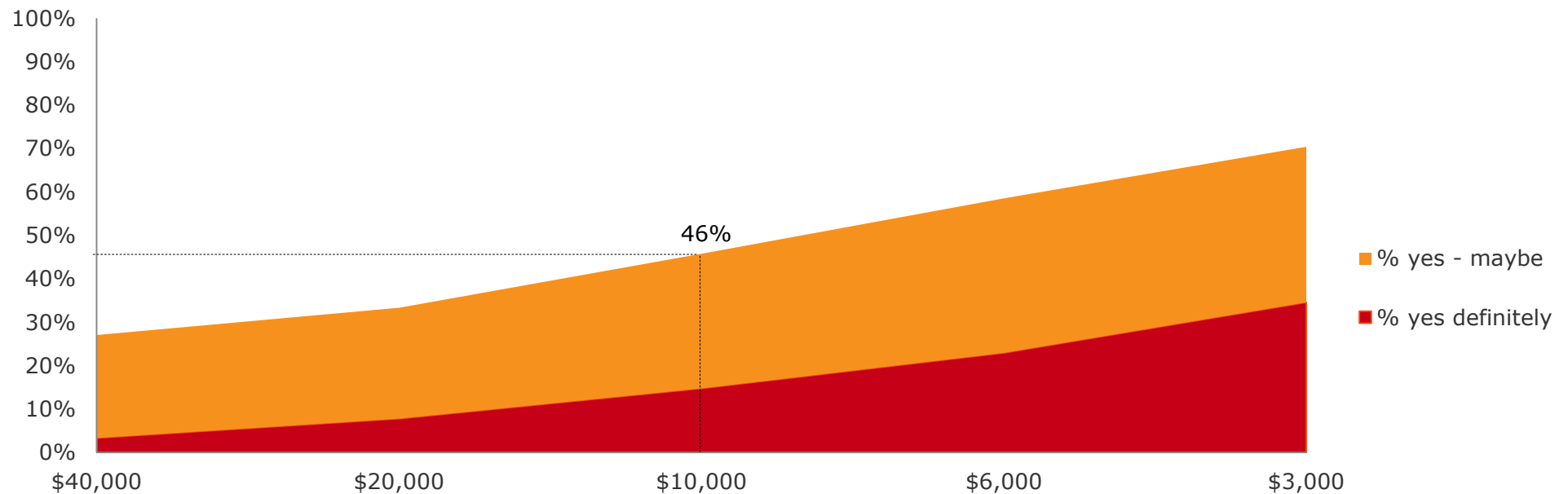
# 5

## Appendix – further analysis



# The majority of New Zealanders without health insurance would struggle to pay \$10,000 for a private surgery procedure

## Price willing to pay for private Elective Surgery (% those without health insurance, Jan 16)<sup>(1)(2)</sup>

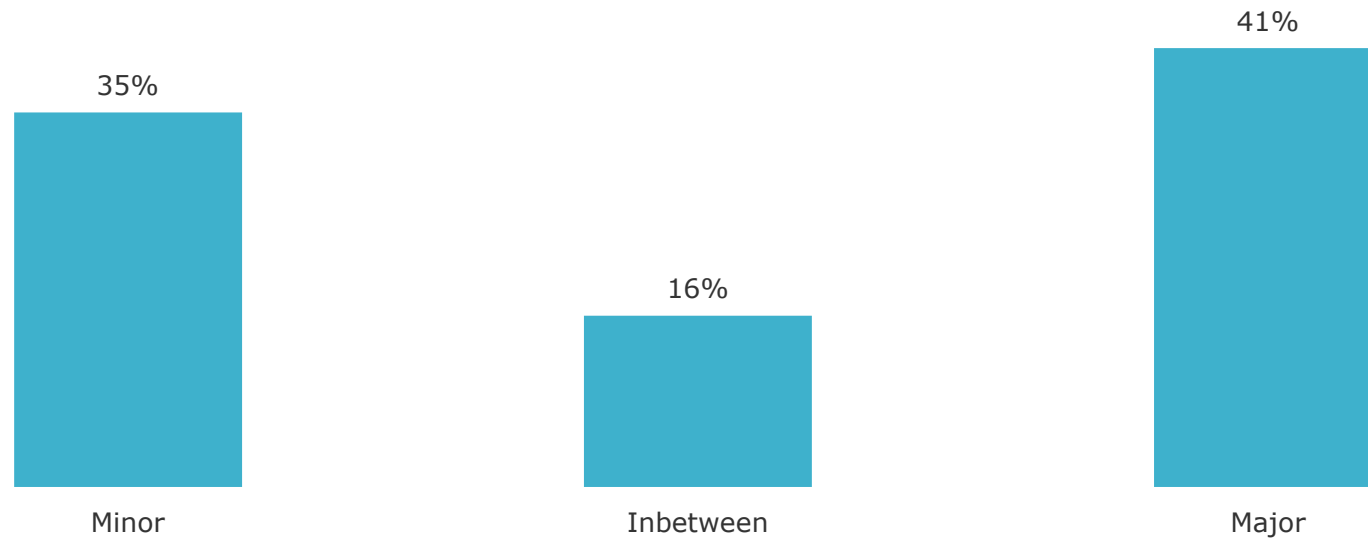


### NOTES:

1. Sample size n = 1,241
2. Q. If your GP or specialist told you that you needed surgery which if you didn't have would reduce your standard of living and there was a probable 10-12 month wait to have the surgery in a public hospital would you have the surgery immediately in a private hospital or clinic if it cost...

# Around two-fifths of Elective Surgery was described as major

**Seriousness of the Elective Surgery (% aged 18 plus who have had elective surgery, Jan 16)<sup>(1)</sup>**

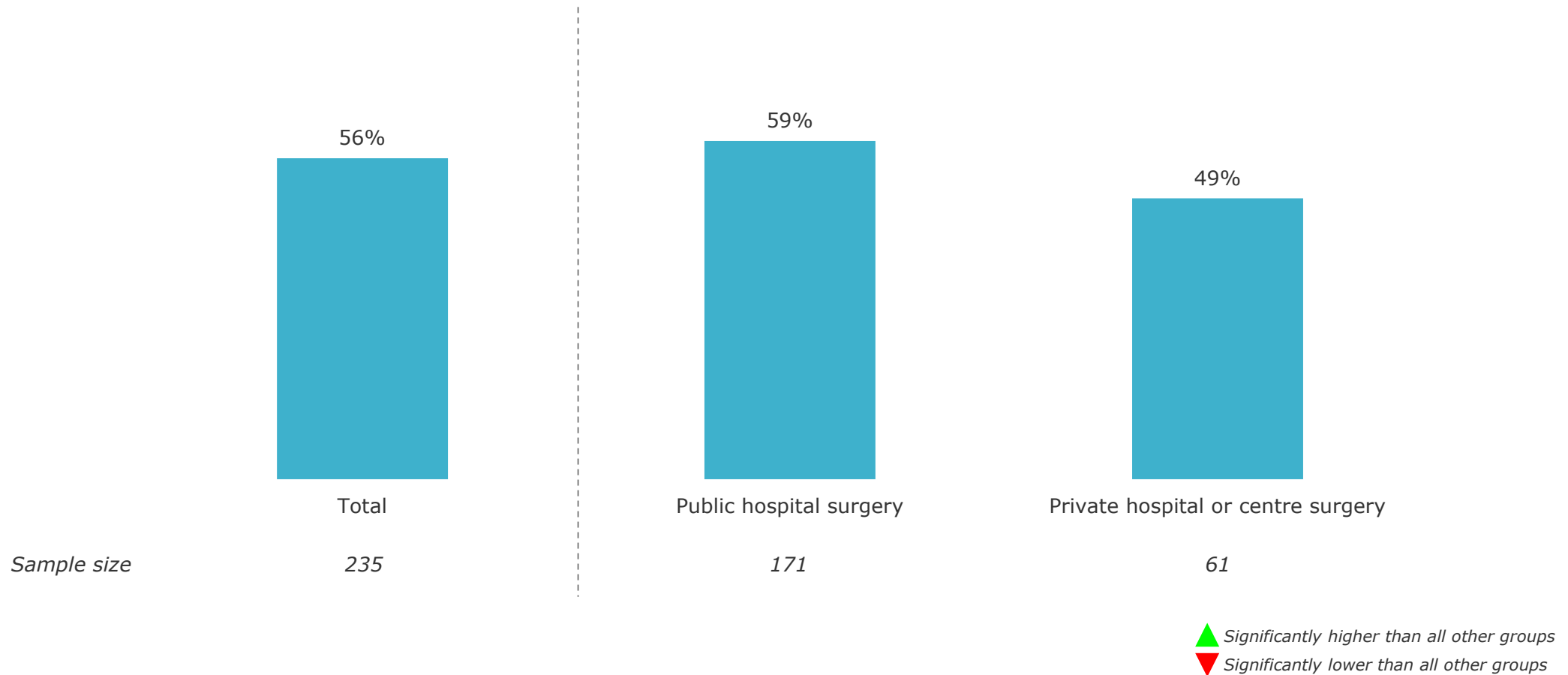


NOTES:

1. Sample size n = 235

# Over half of public Elective Surgeries required an overnight stay

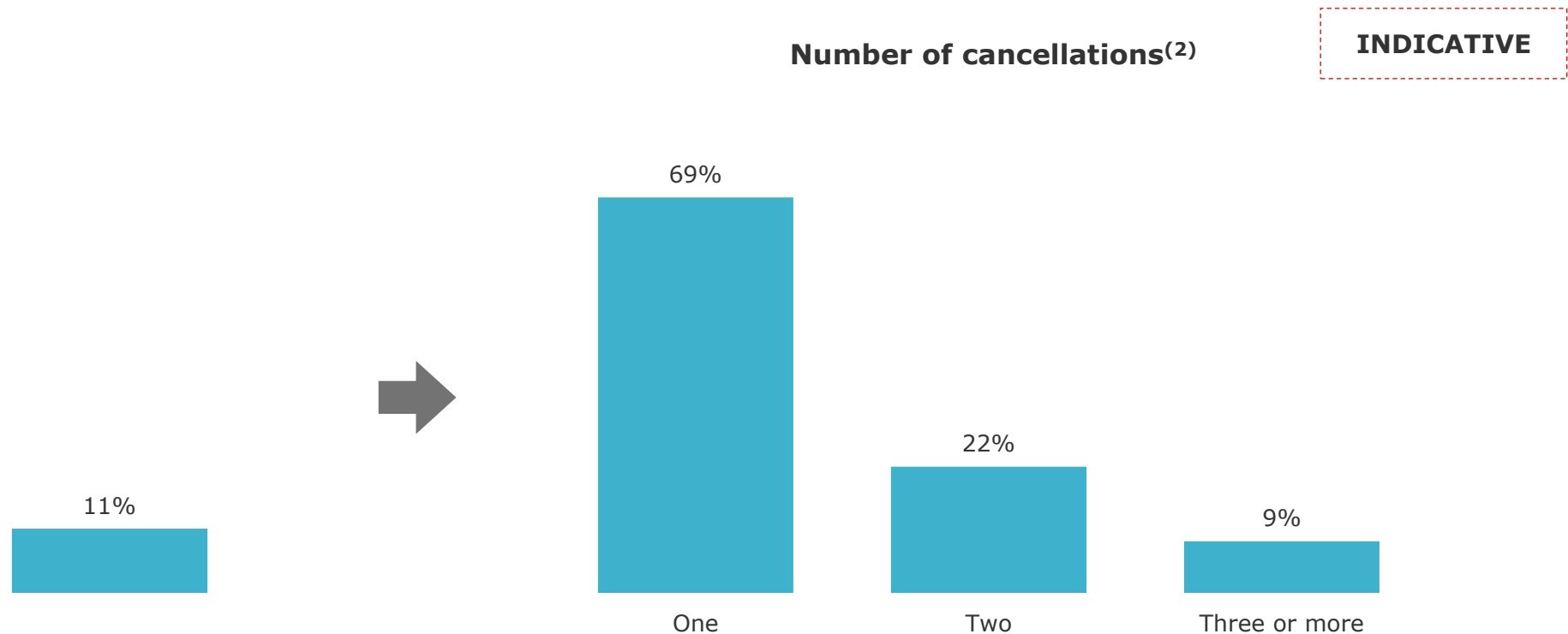
## Proportion of surgeries requiring an overnight stay (% aged 18 plus, Jan 16)





# Few of those on a waiting list have had a scheduled Elective Surgery cancelled

**Incidence of a scheduled Elective Surgery being cancelled (% aged 18 plus on a waiting list, Jan 16)<sup>(1)</sup>**



NOTES:

1. Sample size n = 69
2. Sample size n = 10

# Types of Elective Surgeries

| Procedure                             | Proportion of surgeries conducted in the last year <sup>(1)</sup> |
|---------------------------------------|---|
| Ankle / Foot                          | 6%  |
| Arterial                              | 1%  |
| Cardiac                               | 3%  |
| Ears                                  | 1%  |
| Elbow                                 | <1%   |
| Eye, e.g. cataracts                   | 7%  |
| Gastrointestinal                      | 12%   |
| Gynaecology                           | 16%   |
| Head and Neck                         | 3%  |
| Hernia                                | 2%  |
| Hip / Upper Leg, e.g. hip replacement | 6%  |
| Hypopharynx and Larynx                | <1%   |
| Kidney                                | 4%  |
| Knee                                  | 11%   |
| Lower Leg, e.g. varicose veins        | <1%   |

NOTES:

1. Sample size n = 235

# Types of Elective Surgeries (cont'd)

| Procedure                         | Proportion of surgeries conducted in the last year <sup>(1)</sup> |
|-----------------------------------|---|
| Lung / Chest                      | <1%   |
| Lymph Nodes                       | 2%  |
| Nervous System                    | 2%  |
| Neurosurgery                      | 1%  |
| Nose & Sinuses                    | 1%  |
| Plastic                           | 1%  |
| Radiation therapy or Chemotherapy | 4%  |
| Shoulder                          | 10%   |
| Skin                              | 3%  |
| Spine                             | 2%  |
| Teeth extraction                  | 2%  |
| Throat                            | 3%  |
| Ureter / Bladder / Prostate       | 5%  |
| Wrist / Hand                      | 6%  |

NOTES:

1. Sample size n = 235

# 6

## Appendix – project methodology



# Project methodology

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- Online survey among New Zealanders aged 18 years and over
- Interviews conducted from 14<sup>th</sup> – 29<sup>th</sup> January 2016
- Target sample of 125 each in the Waitemata, Auckland, Counties Manukau, Waikato, Bay of Plenty, Hawkes Bay, Capital and Coast, Hutt Valley, Canterbury and Southern DHBs
- Sample of 500 in the other DHBs
- Sample of 300 New Zealanders who have recently had elective surgery or are on a waiting list or who need to be on a waiting list
- The survey is an update to one originally conducted in September 2013. Where appropriate results have been compared across surveys
- Data has been weighted according to the 2013 weighting procedure and is reflective of the New Zealand population 18 plus by age, gender and DHB