

10 April 2019

[REDACTED]

E-mail: [REDACTED]

Dear [REDACTED],

Official Information Act (1982) Request

I write in response to your Official Information Act request, first received on 5 March 2019, and subsequently amended on 13 March 2019. You requested the following information related to Cancer Wait-times,

- **The average wait time for patients referred to the DHB with a high suspicion of cancer (all tumour streams) to receive a FSA (first specialist assessment), including the shortest and longest individual wait time, month by month for the last 12 months.**
- **The average wait time for cancer patients (for all tumour streams) to receive their first treatment (or management), including the shortest and longest individual wait times, month by month for the last 12 months.**
 - *For your information, this request is designed to work out how long people are waiting for treatment; once it has been determined they have or are likely to have cancer.*
- **The number of people diagnosed with cancer after presenting to the Emergency Department, month by month for the last 12 months.**
- **A copy of the DHBs priority assessment protocol relating to cancer, for each tumour stream.**

For context, we note that CM Health and our health system partners provide health care services to the Counties Manukau community, of approximately 557,000 people. It is important to note that some Counties Manukau patients will receive their cancer assessment appointments, and treatments via metro-Auckland regional services.

The Northern Regional Cancer Network supports and leads the development of clinical services across the region, as well as reporting and monitoring performance against the current Ministry of Health targets for Faster Cancer Treatment. The Northern Cancer Network was set up in 2006 by the four Northern District Health Boards – Waitemata, Auckland, Northland and Counties Manukau.

The aim of the Cancer Network is to provide leadership, facilitation and coordination across the wide range of stakeholders in the Northern region. The goal of the Network in doing this is to improve the outcomes for all patients on the cancer pathway or journey.

The Ministry of Health Cancer Programme currently includes two Cancer Treatment wait-time targets for measuring DHB responsiveness to accessing services. These are referred to as the Faster Cancer Treatment (FCT) targets, and are the most consistent measures of current DHB performance. CM Health publicly reports our progress against these targets (via the Hospital Advisory sub-committee of the CMDHB Board).

Further information about these targets and current FCT target results can also be publicly accessed:

- <https://www.health.govt.nz/our-work/diseases-and-conditions/national-cancer-programme/cancer-initiatives/faster-cancer-treatment>

We have provided a response for Counties Manukau domiciled people for each question below:

1. The average wait time for patients referred to the DHB with a High Suspicion of Cancer (HSCan) (all tumour streams) to receive a FSA (first specialist assessment), including the shortest and longest individual wait time, month by month for the last 12 months.

Table 1: Average Wait times: from Receipt of Referral with HSCan to First Specialist Appointment (FSA) (Faster Cancer Treatment Target: 62 Day patients only).

Month/ Days Waiting	Mar-18	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan-19	Feb
All Streams	12	14	13	15	14	15	11	11	14	14	15	17

Table 2: Longest and Shortest individual wait time from referral to FSA per month for last 12 months (All Tumour Streams)

Month/ Days waiting	Mar-18	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan-19	Feb
Shortest wait	0	6	1	4	0	0	0	1	2	6	1	5
Longest wait	36	50	34	35	26	42	26	29	33	25	48	56

Patient appointments may be delayed or rescheduled at any point in the Cancer pathway, and these delays can be due to a number of factors, such as:

- **Patient wishes.** A patient choosing to postpone an appointment or treatment, for personal and family reasons.
- **Clinical considerations** – Where other medical issues need to be address prior to treatment, such as management of other conditions (e.g. heart health or diabetes optimisation).
- **Capacity** – Situations where the capacity of the system has limited the ability to meet treatment requirements, such as clinic scheduling, cancellations, staff resourcing, or theatre availability.

2. The average wait time for cancer patients (for all tumour streams) to receive their first treatment (or management), including the shortest and longest individual wait times, month by month for the last 12 months.

a. For your information, this request is designed to work out how long people are waiting for treatment; once it has been determined they have or are likely to have cancer.

We are using the Decision-to-Treat FCT measures for our responses to this question. This is a measure from the date on which the treatment plan was agreed between the patient and the clinician responsible, and the date for first treatment. We note that the Decision-to-Treat measure is reported for patients under both the 62-day FCT target cohort, and the 31 day priority indicator.

Table 3: Average Wait times: from Decision to Treat to Treatment commencement (Faster Cancer Treatment Target: 62 Day patients only).

Month/ Days Waiting	Mar-18	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan-19	Feb
All Streams	10.6	14.1	10.1	17.6	11.1	19.4	16.0	16.0	18.6	17.4	21.9	15.9

Table 4: Average Wait times: from Decision to Treat to Treatment commencement (Faster Cancer Treatment Target: 31 Day patients only).

Month/ Days Waiting	Mar-18	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan-19	Feb
All Streams	13.5	19.0	11.2	18.2	15.4	19.8	13.3	21.4	15.3	15.8	20.3	16.0

Table 5: Longest and shortest individual wait-time: from Decision to Treat to Treatment commencement for last 12 months (All Tumour Streams).

Month/ Days waiting	Mar-18	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan-19	Feb
Shortest wait	0	0	0	0	0	0	0	0	0	0	0	0
Longest wait	127	57	52	43	53	62	44	85	88	108	69	85

Note: Where a patient is having treatment in another DHB (e.g. Radiotherapy or other treatment at the Regional Cancer & Blood Centre (Auckland City Hospital)), a decision-to-treat will be made after additional patient referral and consultation with the oncologist that will be responsible for the treatment, not the clinician who has seen the patient in their own DHB.

- *(Reference: Faster Cancer Treatment Indicators: Business Rules and Data Definitions, Ministry of Health, March 2014)*

3. The number of people diagnosed with cancer after presenting to the Emergency Department, month by month for the last 12 months.

Table 6: Number of People with Emergency Dept as Source of Referral: Includes all patients diagnosed with cancer (62-day and 31-day FCT cohort)

Month/ Days Waiting	Mar- 18	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan- 19	Feb
All Streams	5	9	16	21	21	36	37	38	23	27	26	39

Patients who have a Cancer diagnosed due to/from an Emergency Department presentation are predominantly to be captured in the 31-day cohort, rather than the 62-day target. However, if a patient presents at the Emergency Department,

- *but* Cancer is not diagnosed as part of the initial Emergency Department presentation and/or during a resultant inpatient admission,
- *and* the patient is subsequently referred to an Outpatient Clinic, and triaged as highly suspicious of cancer,
- *and* as needing to be seen within two weeks, then the timeframes may be reported in the 62 day FCT indicator
- **(Reference: *Faster Cancer Treatment Tumour Specific Reporting Guidance, Ministry of Health 2017*)**

4. A copy of the DHBs priority assessment protocol relating to cancer, for each tumour stream.

a. I understand the name of this protocol varies between DHBs

The Priority Assessment Protocols are currently determined by the Ministry of Health Cancer Services team. The Ministry of Health has provisional tumour standards for DHB services available on their website. Copies of these may be publicly accessed:

- <https://www.health.govt.nz/our-work/diseases-and-conditions/national-cancer-programme/cancer-initiatives/review-national-tumour-standards>

These include protocols and timeframes for assessment of the many, and varied areas of considerations for patient physical and mental health well-being; for all of the tumour streams. The Ministry of Health is currently working alongside the sector to replace the Provisional Tumour Standards with a new Standard of Care for people affected by cancers.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,



Fepulea'i Margie Apa
Chief Executive