

Clinical: Medical Services - National Bowel Screening Programme
Proactive Release : 24 July 2019

15 June 2019

[REDACTED]
[REDACTED]
[REDACTED]

E-mail: [REDACTED]

Dear [REDACTED]

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 19 June. You requested the following information related to our Gastroenterology and Colonoscopy services:

1. The number of colonoscopy referrals the DHB has declined each month, for the last five years to date (May 2015 to May 2019).
2. The number of gastroenterology specialists employed by the DHB; broken down into fulltime and part-time employees.
3. The number of vacancies the DHB currently has available for gastroenterology specialists, and how long each vacancy has been open for.
4. The number of colonoscopies the DHB has outsourced to the private sector, each year for the last five years.
5. The amount of money the DHB has spent to outsource colonoscopies to the private sector each financial year for the last five financial years.
6. The amount of money the DHB has budgeted for colonoscopies against the amount of money spent for colposcopies (including those outsourced) for each financial year, for the last five years.

On 27 June, we advised that the Ministry of Health would provide nationally consistent responses to three (2, 3, and 6) questions.

- (2) *The number of colonoscopies performed at the DHB each month, for the last five years to date (May 2015 to May 2019).*
- (3) *A copy of the DHB's criteria to approve a colonoscopy referral.*
- (6) *The amount each colonoscopy costs the DHB.*

Our responses to the remaining questions are below:

1. **The number of colonoscopy referrals the DHB has declined each month, for the last five years to date (May 2015 to May 2019).**

We note that the National Bowel Screening programme criteria provides for acceptance of all cases, which have participated in screening, and have a positive test as a result of screening.

Below (table 1) These are the total referrals declined by the Gastroenterology service for the period specified.

Please note that we do not keep specific data for colonoscopy procedure referrals that are declined. The type of referral (for an initial consultation or for a procedure), is not recorded electronically. The numbers in the table are for all referrals, and therefore colonoscopy procedure declines are only a subset.

All referrals are reviewed on receipt by a Clinician. Reasons for declined referrals will be advised to the referrer, and can occur for a range of reasons, including changed patient circumstances, further primary care management etc.

Total Referrals Declined (By Received Date)

	2015	2016	2017	2018	2019 (YTD)
Jan	42	43	92	63	60
Feb	55	66	88	108	88
Mar	59	66	97	126	100
Apr	47	67	66	145	44
May	48	59	89	113	52
Jun	54	68	101	103	10
Jul	47	103	104	108	
Aug	69	86	107	109	
Sep	67	115	83	81	
Oct	49	88	96	100	
Nov	81	95	117	114	
Dec	66	88	60	75	
Annual Total	6,84	944	1,100	1,245	354

Table 1

2. The number of gastroenterology specialists employed by the DHB; broken down into fulltime and part-time employees.

We currently employ 16 individuals (13.43 FTE) of Senior Medical Officers (SMO) in this service. The details of our entire Gastroenterology Services SMO workforce are below (table 2), noting that we also employ Nurses, Registered Medical Officers (RMO), Technical and administration staff in the Gastroenterology service, and in delivery of the National Bowel Screening Programme.

Current SMO employed

SMOs	FTE
1	0.81
2	1.0
3	1.0
4	0.77
5	1.0
6	1.0

SMOs	FTE
7	1.0
8	1.0
9	0.72
10	0.77
11	0.79
12	0.82
13	0.67
14	0.62
15	0.48
16	0.98

Table 2

- The number of vacancies the DHB currently has available for gastroenterology specialists, and how long each vacancy has been open for.

There are currently no vacancies for Gastroenterology SMO specialists at Counties Manukau Health.

- The number of colonoscopies the DHB has outsourced to the private sector, each year for the last five years.

The number of outsourced colonoscopies per year for the last five calendar years are below (table 3), noting this use of outsourcing is reviewed regularly to ensure we can match capacity to referral demand and clinical wait times.

Calendar year	2015	2016	2017	2018	2019 (YTD)	Grand Total
Colonoscopy	229	540	945	1,164	579	3,457

Table 3

- The amount of money the DHB has spent to outsource colonoscopies to the private sector each financial year for the last five financial years.

The amount of funding allocated to outsourced colonoscopies per year, for the last five years are below (table 4)

Financial Year	Annual Costs (\$\$)
2014/15	1,695,692
2015/16	1,450,009
2016/17	686,479
2017/18	487,946
2018/19	1,898,435
Grand Total	\$6,218,562

Table 4

6. The amount of money the DHB has budgeted for colonoscopies against the amount of money spent for colposcopies (including those outsourced) for each financial year, for the last five years.

We note your question is asking for funding allocated to outsourced colonoscopies and/or colposcopies – but we are only providing colonoscopy information as it relates to National Bowel Screening programme, noting that we do not currently outsource colposcopies.

For the National Bowel Screening Programme, CM Health receives revenue via a contract with the Ministry of Health for bowel screening services, which is based on the anticipated numbers of colonoscopy to be performed each year, as a result of a positive test, and as determined by the Ministry of Health modelling.

In the 2018/19 year, since the screening programme began in the Counties Manukau district in June 2018, we have budgeted revenue of \$1,062,500 for these screening procedures. All DHB performed procedures such as this (colonoscopy) are ‘budgeted’ each year, based on a target volume of completed cases per year and a procedure price. The DHB performed procedures totals for the last 5 years are below (table 5).

Financial Year	Total Budgeted \$\$
2014/15	3,302,016
2015/16	5,433,999
2016/17	4,205,046
2017/18	4,666,573
2018/19	5,832,563
Grand Total	23,440,197

Table 5

Additionally, please note that while the National Bowel Screening programme (NBSP) is closely linked to access to Gastroenterology services, the programme relates to more than Colonoscopy.

People eligible to participate in the bowel screening programme are invited to complete a faecal immunochemical test (FIT). The test kit is easy to do at home, and is analysed by the Laboratory. It can detect tiny traces of blood in bowel motions that may be an early sign of pre-cancerous polyps (growths) or bowel cancer. If a test is positive, participants are invited for additional screening, usually a colonoscopy. Screening is free for men and women aged 60 to 74 years. Screening saves lives, by detecting bowel cancer early, when it can often be successfully treated.

Ministry of Health figures indicate that for every 1,000 people who complete a bowel screening test, about 50 will be positive. Of those, about 35 will be found to have polyps, and on average 3 or 4 will have bowel cancer. We have provided an update on the National Bowel Screening programme progress to the Hospital Advisory Committee of the CMDHB Board for the 17 July 2019 meeting, and that is publicly available on our website.

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,

A handwritten signature in blue ink, appearing to read 'F. Apa', enclosed in a light blue rectangular border.

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health