

14 October 2019

9(2)(a) [REDACTED]
[REDACTED]
[REDACTED]

E-mail: 9(2)(a) [REDACTED]

Dear 9(2)(a) [REDACTED]

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 19 September 2019. You requested the following information:

1. Number of fibre optic colonoscopies to Hepatic Flexure or to Caecum provided, in each of the financial years from 2010/11 to current date.
2. Number of fibre optic colonoscopies to Hepatic Flexure or to Caecum provided as elective outpatient procedures, in each of the financial years from 2010/11 to current date.
3. Number of fibre optic colonoscopies to Hepatic Flexure or to Caecum provided as inpatient procedures, in each of the financial years from 2010/11 to current date.
4. Number of fibre optic colonoscopies to Hepatic Flexure or to Caecum provided by any contracted private provider, in each of the financial years from 2010/11 to current date.
5. Total Number of fibre optic colonoscopies to Hepatic Flexure or to Caecum provided at each of your hospitals, in each of the financial years from 2010/11 to current date.
6. Current FTE surgical and medical staff undertaking colonoscopy work, both privately and publicly.
7. Are publicly FTE medical and surgical staff paid to undertake colonoscopies in the DHB in a private capacity?
 - a. If so, how many colonoscopies have been performed in public setting with private capacity for payment, vs full public colonoscopies for each of your hospitals, and list the years?
8. Have any FTE medical and surgical staff undertaking colonoscopies reduced their FTE to undertake private practice from 2010 until the current date?
 - a. If so, provide an annual breakdown since 2010 until the current date.
9. Have any one-off payments been made to the Gastroenterology clinical director, from 2010 until the current date.
 - a. If so, provide a breakdown of how much paid in each financial year since 2010/11, until the current date.
10. What is the salary for the Gastroenterology clinical director?
11. Total salary and non-salary components for the Gastroenterology clinical director, for each year from 2010 until the current date.

For context, Counties Manukau DHB (CMDHB) provides services to meet the health needs of approximately 569,400 people residing in Counties Manukau and Franklin district. This includes both hospital and community services, as well as working with primary health and NGO providers to deliver health and support services to our community. Counties Manukau has significant ethnic and cultural diversity, and high health needs.

Since mid-2018, CM Health has been delivering the National Bowel Screening Programme (NBSP) in our community. Please note that, while the NBSP is closely linked to access to Gastroenterology services, the programme relates to more than just a Colonoscopy. People eligible to participate in the bowel screening programme are invited to complete a faecal immunochemical test (FIT). If a test is positive, participants are invited for additional screening, usually via a colonoscopy. Screening is free for men and women aged 60 - 74 years. Screening saves lives, by detecting bowel cancer early, when it can often be more successfully treated.

Responses to your questions to CM Health are outlined below.

Questions 1-5

The CM Health Gastroenterology service advise that detail as to the type of scope (fibre-optic or other, such as video) used, and the clinical extent (anatomical site) of each colonoscopy procedure are details only noted in individual patient files. This would require a retrospective clinical review of many thousands of files to provide this data back to 2010, given the volumes of cases per annum provided at CM Health.

We are therefore declining to provide this level of information for these elements of the request (**questions 1 - 5**). We do not believe the public interest in this detail outweighs the impact of this work on our services and operational priorities. We are declining this under *Section 18(f) of the Act - due to the excessive research and collation required*.

We have instead extracted clinical coding/ case-mix data to provide the total Colonoscopy procedures per year, further detailed by inpatient/ elective procedures, outsourced cases, and the CM Health sites the procedure occurred at in response to Questions 1-5.

From 2010/11 to current date:

- 1. Total number of colonoscopies procedures** - (refer column H for total by CM Health, and column J for complete total)
- 2. As elective outpatient procedures** - (refer column G, a total of column C and E)
- 3. As inpatient procedures** - (refer column F, a total of column B and D)
- 4. Provided by any contracted private provider** - (refer column I – note comments)
- 5. Provided at each of your hospitals** - (refer column B, C, and D, E, -split by inpatient/ outpatient)

This information is detailed (**Table 1**) over, noting the comments related to the outsourced procedures.

(A) Fiscal Year	(B) Middlemore Inpatient	(C) Middlemore Outpatient	(D) Manukau Super Clinic (MSC) Inpatient	(E) MSC Outpatient	(F) Total Inpatient	(G) Total Outpatient	(H) Total by CM Health (excludes Outsource)	(I) Out Sourced #	(J) Total
2010/11	679	1,727	2	396	681	2,123	2,804	997	3,801
2011/12	619	1,637	1	996	620	2,633	3,253	1,512	4,765
2012/13	559	1,904	5	1,157	564	3,061	3,625	827	4,452
2013/14	551	2,160	1	822	552	2,982	3,534	483	4,017
2014/15	577	2,075	1	849	578	2,924	3,502	1,623	5,125
2015/16	472	1,943	3	1,609	475	3,552	4,027	799	4,826
2016/17	413	1,861	1	1,864	414	3,725	4,139	589	4,728
2017/18	516	1,893	2	2,737	518	4,630	5,148	522	5,670
2018/19	535	1,678	3	2,620	538	4,298	4,836	1,491	6,327
YTD 2019/20	86	330	2	524	88	854	942	502 [#]	1,444
Total	5,007	17,208	21	13,574	5,028	30,782	35,810	9,345	45,155

Table 1: All CMDHB colonoscopies: Inpatient, Outpatient and Outsourced, by CM Health facilities

Outsourced volumes may include some Gastrosopies completed between 2010 and 2014/15, as the available reports do not distinguish procedures until 2015/16. Those instances are likely to be low in number.

The YTD 2018/19 Outsourced total include some cases completed in Sept 2019, while the CM Health volumes are to end August 2019, as extent of completed clinical coding on 19/09/2019.

6. Current FTE surgical and medical staff undertaking colonoscopy work, both privately and publicly.

We currently employ 16 individuals (13.43 FTE) of Senior Medical Officers (SMOs) in the Gastroenterology Service, noting that we also employ Nurses, Registered Medical Officers (RMOs), Technical and administration staff in the Gastroenterology service, and in other teams involved in delivery of the National Bowel Screening Programme.

The anonymised details of the Gastroenterology Services SMO workforce FTE are below (Table 2)

SMOs	FTE
1	0.81
2	1.00
3	1.00
4	0.77
5	1.00

SMOs	FTE
6	1.00
7	1.00
8	1.00
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: Current SMO employed at CM Health

We do not hold information on SMO who also chose to work in a private capacity to provide procedures, that employment status or the FTE worked. CM Health employees can choose to work part-time with us for a variety of reasons, including other responsibilities, or employment at other DHBs. We note that information about some clinicians offering private Gastroenterology Services is available for the public at HealthPoint – <https://www.healthpoint.co.nz/search?q=Gastro>

- 7. Are publicly FTE medical and surgical staff paid to undertake colonoscopies in the DHB in a private capacity?**
- a. If so, how many colonoscopies have been performed in public setting with private capacity for payment, vs full public colonoscopies for each of your hospitals, and list the years?**

CM Health medical and surgical SMOs do not undertake colonoscopies in DHB facilities in a private capacity/ payment.

- 8. Has any FTE medical and surgical staff undertaking colonoscopies reduced their FTE to undertake private practice from 2010, until the current date?**
- a. If so, provide an annual breakdown since 2010, until the current date.**

As noted above in answer 6, we do not hold information on the individual reasons that employees have changed their overall FTE working with us for the period since 2010. There have also been changes to the individual employees in this service within this period.

Questions 9 - 11

Any information related to individual employment arrangements (including salary and allowance/ payments), holds high privacy interests for those individuals, and is readily identifiable detail about a specific person.

We have considered the balance of public interest in this level of information about one person, against those individual rights, and do not believe public interest outweighs those rights in the circumstances of this request. Therefore, we are declining these three elements (**questions 9-11**) of your request, under *Section (9)(2)(a) – privacy of natural persons*.

We note that Senior Medical Officers roles at CM Health are employed under the conditions of the national Multi-Employer Collective Agreement employment contract between NZ DHBs and the Association of Salaried Medical Specialists (ASMS). That agreement outlines the relevant salary scales and entitlements for paid allowances for additional responsibilities, and is publicly available.

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 Officer
Counties Manukau Health