

Clinical: Medical - Cancer care  
Proactive Release: 01 August 2019



22 July 2019

[Redacted]  
[Redacted]  
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E-mail: [Redacted]

Dear [Redacted]

**Official Information Act (1982) Request**

I write in response to your Official Information Act request, received by us on 25 June 2019. You requested regarding wait times for cancer treatment.

- **The Sunday Programme would like to request some information regarding wait times for cancer treatment.**

Our responses for each of your questions for Counties Manukau Health are below.

Counties Manukau Health provides health and support services to the population, currently in excess of 569,000 living in Counties Manukau, including Franklin and north Waikato. In addition, we provide some regional and supra regional specialist service. Caution should be taken in any comparison of data between DHBs, due to differences in population size, demographic profile and available services.

In preface, we believe it is important to acknowledge that Auckland's total population is growing faster than the national average, and that the number of patients with cancer, and the related clinical complexity is also increasing. In addition, the number and range of available oncology investigations occurring is growing, through the expansion of screening programmes (such as bowel screening).

At the same time, regional growth in demand can exceed the current available capacity for many important oncology resources (e.g. radiation oncology, theatre capacity, critical care capacity, and workforce) that do have capacity constraints. This is consistent with nationwide experiences. Capacity has important flow-on effects across all areas of health care services, which impact on health outcomes for our communities.

Our DHB has to consider a range of complex factors, in order to meet the health needs of our community, including for cancer diagnosis, treatment and care. Capacity constraints are particularly tangible for our Counties Manukau communities, who demonstrate substantially less access to the private health care sector.

The Northern Region Long-term Investment Plan (publicly available) identifies the need for a range of significant additional capacity resources to help meet regional health care needs, and respond to the projected population growth. Until these investments are in place, the region has acknowledged

the challenges faced, and is working to restructure and further 'regionalise' the delivery of some cancer services, to improve access to cancer care. We are doing this by building on the strengths and efficiencies of the region, while working to optimise equity of access and outcomes, and on improving individual patient experiences (e.g. enhanced use of Cancer Nurse Coordinator roles, and the local delivery of oncology).

**1. Have any people been harmed as a result of oncology and / or radiation wait-times?**

We acknowledge that for a patient with cancer, waiting to access specialist care and treatment has the potential to compromise mental, financial, and physical well-being, and can also be associated with natural disease progression, complicating our ability to treat the condition. However, we have no systematic reporting that captures this information as doing 'harm' for individual cases.

As a region, we are committed to provide treatment as efficiently as possible, and we are always working to improve the systems, and the provision of patient-centred care. This includes using research data, such as cancer outcome measures, and 5-year survival data to benchmark our processes and indicate where improvements can be made, and the impact this will have for patients.

Clinical teams meet routinely (daily/ weekly) to assess demand and capacity at a service level. Multidisciplinary prioritisation meetings can facilitate more urgent treatment processes for any identified patients.

**2. Are there any reports that indicate and / or detail harm to patients as a result of oncology service wait-times or radiation wait times?**

Any serious adverse event (SAE level 1&2) in DHB health-care is publicly reported each year, in our Serious Adverse Events Report which is publicly available. None of the reported events investigated in 2017/18 related to waits for cancer treatment. Other than this process, we have no other specific DHB reports that detail this type of information for individual cases.

We are not aware of any formal complaints for CM Health related exclusively to cancer treatment (oncology/ radiation therapy) wait times. We accept that any wait time can be anxiety-provoking and stressful for people with any health concern, and we are committed to work as a region to optimise service delivery to our patients with cancer to reduce this impact.

**3. Have any reports been provided indicating patients are being compromised by wait-times to access first treatment of first specialist appointment (FSA)?**

We routinely report on the wait-times from point of referral to definitive management for all patients referred with a high suspicion of cancer [known as the *Faster Cancer Treatment* target]. This report is continuously monitored by our services relative to national targets, and our current performance is publicly available. Again, this data captures wait times occurring, but not the impact on disease progression or individual harms.

Any wait to access specialist care has the potential to be anxiety-provoking and stressful for people. We are aware of two complaints received by the Health and Disability Commission (HDC) in April 2019, which related to delays in the diagnosis of cancers, however these do not relate to the time to

a first appointment, or the time to treatment starting. The complaints have been fully investigated, and details provided to the HDC.

At CM Health, we use a range of data aimed at supporting clinicians to providing the most accessible, timely and high quality care possible, and this data is constantly scrutinized to ensure best practice, identify barriers and inform solutions. Patients can also provide direct feedback to us on their individual concerns, related to waiting for appointments, and all referrals are clinically 'graded' by specialists to inform scheduling of appointments, and these will be investigated and responded to.

**4) Have any of your staff raised concerns about the adverse effects on patients due to waiting times?**

We are all concerned about any adverse effects on patients due to waiting times.

The Northern Region DHBs plan the provision of cancer services, including oncology services, through a Regional Cancer Board, which was established to work towards regional consistency in access and treatment service provision. A range of factors contribute to demand for services, including community demographics, emerging treatment options, and the current capacity available. For example, radiation oncology is provided for the region by Auckland DHB.

Our medical and clinical specialists are engaged on this matter with senior DHB leadership, and directly with our Board. This provides a means ensure visibility of the issues, and governance oversight of the measures to address these challenges and risks. Many of these responses are local improvement projects and practices, to bring CM Health in line with regional practice. There are wider regional radiation oncology capacity issues, which will require a nationwide process to address, and this is being led by the Ministry of Health.

CM Health is also committed to a strategic review of our cancer services, to reassess the potential population demand assumptions, and the impact of these on current and future capacity.

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**