24th September 2021

s9(2)(a)

[redacted]

Dear s9(2)(a)

Official Information Act Request for – Ultrasound Wait Times

I write in response to your Official Information Act request received by us 9th August 2021, you requested the following information:

1. **Please provide the current wait time for an urgent, semi urgent and routine transvaginal ultrasound (or just ultrasound generally if your data does not make the distinction)**
2. **The criteria for evaluating the urgency of a request (general, or ovarian if you have)**
3. **The current Health Pathways criteria for your DHB for ovarian cancer**
4. **If you are able to grant us permission to access Health Pathways for your area that would be appreciated.**

Counties Manukau Health Response:
For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

1. **Please provide the current wait time for an urgent, semi urgent and routine transvaginal ultrasound (or just ultrasound generally if your data does not make the distinction)**
   For gynaecology patients, if there is high clinical suspicion of cancer, all ultrasounds requested should be performed within two weeks of the request – see gynaecological guidelines from the Ministry of Health's, *Faster Cancer Treatment: High suspicion of cancer definitions, July 2015.*
   - https://www.nationalwomenshealth.adhb.govt.nz/assets/Womens-health/Documents/Referrals-and-info/Faster-Cancer-Treatment-High-suspicion-of-cancer-definitions-MOH.pdf

   Prioritisation criteria is based on the acuity of the patient's condition which is informed by the clinical information that the referrer puts on the referral. Once a referral is received in the Radiology Service it is then vetted by a Radiology clinician who reads the clinical information provided and the priority that the referrer has entered on the form. The Radiology clinician will make a decisions based on the information provided by the referrer as to what priority this patient should be graded at.

Prioritisation levels as follows:

COVID-19 Radiology **National Prioritisation Levels**	Prioritisation level definitions: • 1 Acute <24 hours • 2 Non deferrable < 2 weeks and essential time sensitive planned imaging • 3 Non deferrable < 6 weeks and time sensitive non deferrable planned imaging • 4 Deferrable, complete within 6-12 weeks. Time sensitive planned imaging that mey be deferred if capacity constrained • 5 Deferrable low priority

Although we have codes for transvaginal scans, these codes are not always consistently applied for example, if a sonographer decides that a transvaginal scan is appropriate and the patient consents, then it may not always be added to the exam code. In order for us to provide specific information regarding waiting times for transvaginal ultrasound would require the review of individual clinical records of patients. Due to the sensitivity of this information, frontline clinical staff would need to review individual clinical files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, decided to decline this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

However, for financial year 21-22, we can provide all outpatient and GP female pelvis and female abdomen and pelvis ultrasound scans performed by CMDHB Radiology or outsourced by us. These figures do not include those which are funded by Access to Diagnostics (ATD) or Primary Options for Acute Care (POAC) funding streams, where the referrals are sent directly to the private providers.

	High priority	Routine	
Number of scans	367	745	
Min	0	2	days
Max	87	349	days
Median	12	39	days
90% percentile	27	63	days
There were also 278 scans on specific planned dates			

2. **The criteria for evaluating the urgency of a request (general, or ovarian if you have)**
As per Health Pathways:
Ovarian Cancer Symptoms recommends a CA125 blood test (explaining limitations)
Then:
    - If signs include a pelvic or abdominal mass or ascites, arrange an ultrasound scan within 2 weeks.
    - If no signs, manage according to Ca125 result.

A referral to GOP, if suspicious of ovarian cancer, would be graded as a P1 HSC and put onto the FCT pathway.

3. **The current Health Pathways criteria for your DHB for ovarian cancer**
The following information is taken from the Auckland Region Community HealthPathways website:

Ovarian Cancer Symptoms

See also Familial Breast or Ovarian Cancer Syndromes pathway.

This pathway is designed to assist in the diagnosis of women with possible symptoms of ovarian cancer and is consistent with the NICE guideline in clinical resources.

> Red Flags
>
> Genetic risk – strong family history or known HNPCC or BRCA mutation

Background

About ovarian cancer diagnosis

> **About ovarian cancer diagnosis**
>
> - Ovarian cancer is more common in postmenopausal women.
> - The mean age of diagnosis is 65 years.
> - The lifetime incidence for women is 1.6%
> - In premenopausal women, ovarian cancer is uncommon but more likely if there is a strong family history of known HNPCC or BRCA mutations.
> - Around 10% of ovarian cancer is caused by hereditary cancer syndromes.
> - Non-specific symptoms make diagnosis difficult.
> - Examination is important as there may be a mass and clinical evidence of abdominal disease.
> - Patients with one first or second degree relative with ovarian cancer occurring when aged > 50 years have a 5% lifetime risk, which is slightly increased from the general female population lifetime risk of 1.6%. Patients with known genetic mutations e.g., BRCA mutation have a much higher risk.
> - There is currently no proven role for Ca125 or ultrasound screening in asymptomatic women.[1]

Assessment

1. Assess possible ovarian cancer if new abdominal or pelvic symptoms are present on a persistent or frequent basis – particularly > 12 times per month:
   - Persistent abdominal distension or bloating
   - Early satiety or loss of appetite
   - Pelvic or abdominal pain without another cause
   - Increased urinary urgency or frequency
   - Irritable bowel symptoms, especially if new onset and aged > 50 years
   - Unexplained weight loss or fatigue

   Consider asking the woman to keep a symptom diary.
2. Consider other causes of chronic, vague abdominal symptoms including bowel cancer.
3. Examine the abdomen and pelvis for signs suggesting ovarian cancer, including a pelvic or abdominal mass or ascites.
4. Investigations:
   - Initial blood tests: Ca125, LFT, FBC, CRP, calcium, creatinine, urea, and electrolytes.
   - If signs include a pelvic or abdominal mass or ascites, arrange an ultrasound scan within 2 weeks.
   - If no signs, manage according to Ca125 result.

Management

Management of investigation results differs depending on whether the woman is premenopausal or postmenopausal.

Request

Request gynaecology assessment:

- if scan is abnormal e.g., shows ascites or complex cyst.
- if Ca125 is elevated, as in Management above, depending on menopausal status.

4. **If you are able to grant us permission to access Health Pathways for your area that would be appreciated.**
   As this part of your request does not fall under the Official Information Act, we are unable to provide access details.

   However, the Auckland Regional HealthPathways programme manager Catherine Turner will be able to demonstrate the parts of the site you are wanting to access via face-to-face calling. Please contact her in the first instance by email: Catherine.Turner@middlemore.co.nz

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health