



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

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RE Official information request WCDHB 9184

We refer to your email dated 8 August 2018 requesting the following information under the Official Information Act from West Coast DHB regarding surgical waiting lists for cancers. Specifically, *as at 1 August 2018*:

- 1. How many patients were on lung, bowel, prostate, breast, cervical and skin cancer surgical waiting lists**
- 2. What is the longest time for a patient on the waiting list for lung, bowel, prostate, breast, cervical and skin cancer surgery?**
- 3. What the average wait time is for patients on lung, bowel, prostate, breast, cervical and skin cancer surgical waiting lists**
- 4. Whether the DHB is meeting FCT health targets (by quarter, from Aug 2016 to Aug 2018)**

Response.

- 1. With regard to Questions 1, 2 and 3:**

West Coast DHB does not code patients on our waiting list for surgery to a specific cancer tumour stream. We are therefore unable to delineate those currently on our general surgery, gynaecology, urology, and plastic surgery surgical waiting lists to answer your specific questions 1, 2, or 3 by tumour type.

Patients may follow a number of pathways to treatment and these are recorded differently by specialty type. The majority of West Coast patients requiring surgical intervention for their cancers are provided surgery at Canterbury DHB, with a lesser number being provided surgery locally and at other DHBs.

Bowel, breast, and cervical cancers treated locally on the West Coast through our general surgery and gynaecology services usually only wait 2-4 weeks.

Skin cancers (melanoma only) requiring surgery from a specialist plastic surgeon may wait longer, with visiting plastic surgery theatre sessions usually held monthly. With some prostate cancers that are

slower growing, patients may wait longer than others, depending upon clinical assessment undertaken on an individual case by case basis.

We can provide you the variation of the waiting times you have requested, showing wait times that have been experienced by patients by tumour stream type and captured through the Faster Cancer Treatment (FCT) Health Target data grouping recorded each quarter.

This information is captured retrospectively after the respective cancer journey of treatment of each patient has been tracked. Not all patients go on to surgery as an outcome of referral as other available non-surgical treatment regimes may be utilised, depending on individual patient case assessment and clinical needs.

The data in Table One below is given as a range of waiting times for West Coast DHB per quarter over the period of a year. These are clustered together for the whole year, as very low numbers in any month or quarterly period may make individual patients identifiable if broken down by lower grouping cohorts for tumour type.

Table Two shows the number of people treated across the year in each Grouping category. The data in the two tables include all West Coast resident patients treated during the period – regardless of DHB of treatment (i.e. includes those West Coast people treated at West Coast, Canterbury, and other DHBs around New Zealand)

Table One: Average wait time for West Coast people treated by Cancer Tumour Stream, based on Faster Cancer Treatment Data for Patients Treated during the period 1 July 2017 – 30 June 2018

Cancer Tumour Stream	Grouping*	Calculation method for wait time	Range of Average Days Wait - Per Quarter
Lung	31 Day	Decision to treat Date to first treatment	1 – 16
	62 Day	Referral date to first treatment	26 – 53
Bowel (Lower Gastrointestinal)	31 Day	Decision to treat Date to first treatment	9 – 13
	62 Day	Referral date to first treatment	33 – 60
Prostate (Urological)	31 Day	Decision to treat Date to first treatment	19 – 37
	62 Day	Referral date to first treatment	6
Breast	31 Day	Decision to treat Date to first treatment	6 – 25
	62 Day	Referral date to first treatment	108
Cervical (Gynaecological)	31 Day	Decision to treat Date to first treatment	8 – 89
	62 Day	Referral date to first treatment	34 – 68
Skin (Melanoma)	31 Day	Decision to treat Date to first treatment	7 – 24
	62 Day	Referral date to first treatment	50

Table Two: Total count of West Coast people treated by Cancer Tumour Stream, based on Faster Cancer Treatment Data for Patients Treated during the period 1 July 2017 – 30 June 2018

Cancer Tumour Stream	Grouping*	Calculation method for wait time	Count of Patients Treated over the Year
Lung	31 Day	Decision to treat Date to first treatment	18
	62 Day	Referral date to first treatment	4
Bowel (Lower Gastrointestinal)	31 Day	Decision to treat Date to first treatment	20
	62 Day	Referral date to first treatment	12
Prostate (Urological)	31 Day	Decision to treat Date to first treatment	36
	62 Day	Referral date to first treatment	1
Breast	31 Day	Decision to treat Date to first treatment	14
	62 Day	Referral date to first treatment	1
Cervical (Gynaecological)	31 Day	Decision to treat Date to first treatment	4
	62 Day	Referral date to first treatment	2
Skin (Melanoma)	31 Day	Decision to treat Date to first treatment	10
	62 Day	Referral date to first treatment	1

Notes:

* Grouping: There are two Targets/Measures Groupings for FCT. The main one is the 62 Day Target, being the time from receipt of referral for High Suspicion of Cancer by the secondary or tertiary care facility to the patients' first treatment point.

The second measure is the 31 Day Target which is the time from a Decision to Treat (DTT) to first treatment following clinical evaluation of the case and agreement with the patient on what course (or courses) of treatment they would like to follow, which once agreed and accepted, should ideally be conducted within 31 days.

Compliance target for both measures was originally 85%, but the target for the 62 Day Grouping increased to 90% from 1 July 2017.

2. With regard to Question 4,

Table Three below outlines the result for West Coast patients in respect of meeting the Faster Cancer Treatment Health Target over each quarterly period from July 2016. As for the data above, this includes all West Coast resident patients treated during the period – regardless of DHB of treatment (i.e.: includes those West Coast people treated at West Coast, Canterbury, and other DHBs around New Zealand).

Results for this measure were nationally calculated by the Ministry of Health on rolling data for the six months prior to each quarterly period to help smooth for variation in the raw number of patients when reviewed over shorter periods. In spite of this, West Coast volumes are comparatively low, so that in the case of the 62-day target, even three patients who do not meet timeframe to treatment can significantly influence the results for West Coast DHB in terms of percentage outcome across the 6-month rolling result. West Coast DHB actively monitors the breaches of the 62-day target to monitor if the delays are due to capacity constraints or to other factors delaying individual patient stages to treatment.

Table three: Faster Cancer Treatment Health Target Results for West Coast (by quarter, from July 2016 to June 2018)

	Within 62 days*(see notes above)	Within 31 days*(see notes above)
	Target = 85%	Target = 85%
Period	%	%
Q1 2016/17	63.2	75.0
Q2 2016/17	76.2	87.2
Q3 2016/17	83.3	89.8
Q4 2016/17	55.6	85.2
	Target=90%** (see notes below)	Target = 85%*** (see notes below)
Q1 2017/18	69.2	87.7
Q2 2017/18	80.0	89.3
Q3 2017/18	81.3	89.0
Q4 2017/18	80.0	82.4

Notes:

** As noted above, in July 2017, the 62 Day Measure compliance Target was increased to 90%. At the same time another change was introduced. Up until July 2017, all patients who failed to meet the 62 Day target were included in the compliance calculations, with no exceptions. From July 2017 the Ministry of Health decided that patients who did not meet the target through patient choice or clinical considerations leading to a delay in treatment would be excluded from the totals,

Therefore only patients who fail to meet the 62 Days target because of capacity constraints, poor processes or any other reasons that are not patient choice or good clinical reasons are still included.

***To date, the Ministry of Health have left the 31 day measure target unchanged at 85%, with no exceptions for patient choice or good clinical reasons (including those that changed during the 31-day time period).

Not all patients qualify for both or either target: for example to qualify for the 62 Day cohort the patient must be triaged as having a high suspicion of cancer and a need to be seen urgently. Other examples would be patients returning with metastatic disease who have previously been reported as part of FCT, or patients who are diagnosed and treated in private; neither of which is included in either FCT target.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website ten working days after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support