



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

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10 May 2019

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RE Official Information Act request WCDHB 9294

I refer to your email dated 12 March 2019 amending your request of the 5 March 2019, requesting the following information under the Official Information Act from West Coast DHB regarding wait times relating to cancer. Specifically:

- 1. The average wait time for patients referred to the DHB with a high suspicion of cancer (all tumour streams) to receive a FSA (first specialist assessment), including the shortest and longest individual wait time, month by month for the last 12 months.***

West Coast DHB does not code patients on our waiting list for surgery to a specific cancer tumour stream. West Coast DHB surgical waiting lists for specialist outpatient assessment includes anaesthesiology, general surgery, gynaecology, urology, ENT, orthopaedic, dental, paediatric surgery, ophthalmology, and plastic surgery surgical; while our medical waiting lists include general medicine, paediatric medicine, cardiology, dermatology, gastroenterology, haematology, nephrology, oncology, respiratory and rheumatology. Any one of these specialties may potentially encounter suspected cancers that are referred in, or make incidental discovery of a cancer, as part of their clinical review of patients who present at the time of their face-to-face assessment at clinic. Only anaesthesiology, general surgery, gynaecology and general medicine are provided by specialists resident on the West Coast. Other specialty outpatient services are conducted by specialists who visit our DHB from other areas of New Zealand and as such, clinics in these services are variously held only from periods of just once a month and in some cases, only three-monthly. This factor can extend waiting times to be seen between clinics in some specialties. For those patients referred with high suspicion of cancer and who are triaged as needing to be seen more urgently than a planned visiting clinic can accommodate, re-referral on to services in Canterbury DHB is often used to ensure timely assessment of patients; particularly for those who would otherwise have prolonged waiting times between specialties that visit less frequently

West Coast DHB receives many referrals to our specialist outpatient clinics where cases are indicated as having a high suspicion of cancer which, on review are found to be non-cancerous in nature. Maximum patient waiting times in the table below are cumulative, as measured for each patient waiting as at the end of each month. The data for 'longest individual wait' is skewed by just a couple of individuals. West Coast DHB often offers a patient a First Specialist Appointment at an outpatient clinic that the patients then decline at their own request, for a range of personal reasons. These patients are not automatically removed from our waiting lists – but rather, their referral is retained as "waiting" on our system until the patient indicates that they are ready to accept an appointment. The data in the table below includes both such cases. Delays to appointment may also occur due to patients with multiple referrals to various specialties needing to be respectively seen in turn for other complications or comorbidities as part of a wider context of care. These cases are also included in the data below. Accordingly, the longest wait time apparent in the data relates to just a few individuals, and cannot be considered a true reflection of actual waiting times that a person may have been left without having been offered an appointment, but declined at their own request or deferred to another time better suited to their circumstances.

With the above caveats and limitations of the following data duly noted and acknowledged - for all patients whose referral to the West Coast DHB was queried and indicated by the referrer as being for a high suspicion of

cancer - **including** those referrals triaged upon initial review by Specialists as not having or being of high suspicion and those who have deferred at their own request - the shortest, longest and average waiting times from a referral to First Specialty Assessment at our local clinics over the past twelve months were as follows:

	Average Days Waiting Time	Minimum Days Wait	Maximum Days Wait
Mar-18	29	2	105
Apr-18	44	2	116
May-18	45	1	147
Jun-18	50	1	169
Jul-18	46	1	172
Aug-18	56	2	203
Sep-18	64	1	233
Oct-18	64	1	264
Nov-18	66	1	294
Dec-18	79	1	325
Jan-19	71	1	346
Feb-19	77	2	275

Among this data, for those individual patients referred in with a High Suspicion of Cancer and who subsequently had a definitive cancer triaged and confirmed, the top ten longest wait times from initial referral to First Specialist Assessment ranged respectively at 65 days wait (2 patients); 69 day (1 patient); 71 days (1 patient); 73 days (1 patient); 80 days (2 patients); 112 days (1 patient); 128 days (1 patient); and 169 days (1 patient).

There were a total of 371 referrals to our specialist outpatient clinics where cases are indicated as having a high suspicion of cancer during the 12-month period 1 March 2018 to 28 February 2019.

- 2. The average wait time for cancer patients (for all tumour streams) to receive their first treatment (or management), including the shortest and longest individual wait times, month by month for the last 12 months. For your information, this request is designed to work out how long people are waiting for treatment, once it has been determined they have or are likely to have cancer.***

Once a cancer has been diagnosed and confirmed at a Specialist clinic, 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. Most 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 only held monthly. Some prostate cancers are slower growing, and urology patients may wait longer than others, depending upon clinical assessment undertaken on an individual case by case basis. Treatments and management other than surgical intervention might also be provided. For those patients starting treatment with chemotherapy, the majority of this is delivered locally, with only the more toxicologically complex chemotherapy regimes being started in Canterbury DHB or other tertiary centres. Conversely, there is no radiation therapy service provided locally on the West Coast, so that patients requiring this to start their cancer treatment primarily commence this in Christchurch through the regional services provided by Canterbury DHB.

The information below is taken from Faster Cancer Treatment extract data due to diverse nature of first treatment and management for those cases whose cancer is confirmed, and also many of our referred patients from our district being first treated at other DHBs. The latest data available for such cases in this regard is for the 12-month period to 31 December 2018, and covers the time from receipt of a referral for High Suspicion of Cancer by a secondary or tertiary care facility to the patients' first treatment point. The same caveats as outlined above in the response to Question 1 also apply to this data once a referred patient has had their cancer confirmed and agree to a pathway of treatment as well. Most frequently encountered time delays in commencing treatment factors include delays due to patient complications and comorbidities; patients delaying treatment at their own request while they decide on what course of treatment they want to take and agree to

commence; difficulties in contacting patients; clinical considerations in complex cases and more than one tumour type (with associated need for wider review by multiple clinicians through Multi-Disciplinary Meetings as to determining the best course of treatment to recommend); and to a far lesser extent, capacity constraints. These factors noted, the data requested is as follows:

	Average Days Waiting Time from Referral to First Treatment for those Patients with Specialist Confirmation of Cancers	Minimum Days Wait	Maximum Days Wait
Jan-18	38	2	132
Feb-18	48	6	153
Mar-18	33	2	91
Apr-18	34	4	74
May-18	50	7	153
Jun-18	62	33	99
Jul-18	46	2	105
Aug-18	29	0	70
Sep-18	43	11	107
Oct-18	49	3	146
Nov-18	50	27	93
Dec-18	35	6	97

3. The number of people diagnosed with cancer after presenting to the emergency department, month by month for the last 12 months.

The number of new incidental findings of cancer among patients who presented to our Emergency Department at Grey Base Hospital for other matters each month over the last twelve months to 28 February 2019 is as follows:

Month	Incidental Findings and Diagnosis of Cancer Upon Presentations for Other Matters to Emergency Department at Grey Base Hospital
March 2018	0
April 2018	0
May 2018	0
June 2018	1
July 2018	0
August 2018	2
September 2018	0
October 2018	0
November 2018	1
December 2018	0
January 2019	1
February 2019	1

This data excludes those presentations to the Emergency Department at Grey Base Hospital which were specifically recorded as being for cancer-related reasons, including people with confirmed diagnosis of cancer on active treatments presenting for treatment of acute exacerbations of their condition.

4. A copy of the DHBs priority assessment protocol (I understand the name of this protocol varies between DHBs) relating to cancer, for each tumour stream.

The Ministry of Health has provisional tumour standards posted on its public website for services. These include protocols and timeframes for assessment of the many and varied aspects of considerations for patient physical and mental health well-being in respect of the various tumour streams. Copies of these may be viewed and downloaded at the following website address: <https://www.health.govt.nz/our-work/diseases-and-conditions/national-cancer-programme/cancer-initiatives/review-national-tumour-standards> The Ministry of

Health is currently working alongside the sector to replace the provisional tumour standards with a new Standard of care for people affected by cancer.

Additionally, the Ministry of Health currently have are two wait time targets for their measuring for Faster Cancer Treatment priority responsiveness to accessing services. 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, which should be conducted within 62 days. The other 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. The 62 days target applies only to patients who meet the Faster Cancer Treatment criteria (e.g. are eligible for treatment and began their treatment in New Zealand) and who are triaged as urgent. Not all patients who meet the 31 days measure criteria meet the 62 days target criteria. All patients who qualify for the 62 days cohort, however, also qualify for the 31 days cohort.

Further information about these targets may be viewed and downloaded at the Ministry's public website at the following website address: <https://www.health.govt.nz/our-work/diseases-and-conditions/national-cancer-programme/cancer-initiatives/faster-cancer-treatment>

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 after your receipt of this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Carolyn Gullery', with a long, sweeping horizontal line extending to the right.

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support