



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
High Street, Greymouth 7840

Telephone 03 769-7400
Fax 03 769-7791

16 July 2019

9(2)(a)

RE Official Information Act request WCDHB 9318

I refer to your email dated 19 June 2019 requesting information under the Official Information Act from West Coast DHB regarding priority spending and cancer treatment.

Background Response:

DHBs do not really have priority areas for spending, that would suggest a higher level of discretion and discretionary funding is very limited. Where we do have choices, the three strategic objectives which underpin our strategic direction and influence our funding decisions, along with our decision making framework are:

- The development of services that support people to stay well and enable them to take greater responsibility for their own health,
- The development of primary/community-based services that support people in the community and provide a point of ongoing continuity, which for most people will be general practice,
- The freeing-up of hospital-based specialist resources to be more response to episodic events, provide timely access to more complex care and specialist advice to primary care.

The Minister of Health's Letter of Expectations does signal priorities and expectations for DHBs on an annual basis. The annual national priorities are signalled in our Annual Plan, under the regional alignment section, with the Minister's Letter being included as an appendix to each Annual Plan. The expectations for the coming year (2019/20) signal a strong focus on equity in health and wellness.

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention
- Better population health outcomes, supported by a strong and equitable public health and disability system
- Better population health outcomes, supported by primary health care
- Strong fiscal management.

The DHB's Annual Plan outlines how we will deliver on the Minister's expectations in each coming year.

1. What is the DHB's top 10 priorities for spending in the 2019/20 financial year?

We cannot provide the detail of our 2019/2020 financial year as this has not yet been finalised and approved by the Ministers.

2. What were the DHB's top 10 priorities for spending in each of the past 5 financial years?

You will find the information included in our Annual Plans going back to 2011/2012 on our website.

<https://www.wcdhb.health.nz/?s=annual+plan>

3. What has been the proportion of patients accepted for urgent diagnostic colonoscopy who received the procedure within 14 days (2 weeks) for each of the last 5 years? And what is the target for 2019/20?

The proportion of West Coast DHB patients accepted for urgent diagnostic colonoscopy who received the procedure within 14 days (2 weeks) over the past 5 years has been as follows in **Table one** below:

Table one: Proportion of Urgent Cases Receiving Colonoscopy within 14 Days

Financial Year	Total Seen Within 14 Days	Total Waiting To Be Seen	Proportion Seen within 14 Days	14-Day Target for the Year
2018/19 *	39	44	88.6%*	90%
2017/18	55	61	90.2%	90%
2016/17	36	40	90.0%	85%
2015/16	30	42	71.4%	75%
2014/15	67	114	58.8%	75%

* 2018/19: 11-months year to date to 31 May 2019 (latest available confirmed data).

The target for this measure in 2019/20 remains at 90% for DHB accountability indicators.

4. What has been the proportion of patients who received their first treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks, for each of the last 5 years; and what is the target for 2019/20?

The proportion of West Coast patients who received their first treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks, over the past 5 years, is outlined in **Table two** below. It is important to note that the raw numbers of West Coast patients in this 62-day target treatment pathway are relatively few and as such, small variations in raw numbers can significantly influence the percentage results for this indicator for our DHB.

Table two: Proportion of cases referred with high suspicion of cancer receiving first treatment (or other management) within 62 Days

Financial Year	Total seen within 62 Days	Total Referred on 62-Day Pathway	Proportion referred within 62 Days	62-Day Target for the Year
2018/19 *	17	23	73.9%*	90%
2017/18	24	30	80.0%	90%
2016/17	21	30	70.0%	85%
2015/16	13	17	76.5%	85%
2014/15	16	27	59.2%	85%**

* 2018/19: 9-months year to date to 31 March 2019 (latest available confirmed data)

** The 85% target for this 62-day measure was introduced part-way through the 2014/15 year.

The figures provided in **Table two** relate to the national Faster Cancer Treatment 62-day target; that eligible patients triaged as having a high suspicion of cancer (HSCAN) and a need to be seen urgently should wait no more than 62 days from when their referral (usually via their GP) is received by the hospital to their first treatment. Until 30 June 2017 the compliance target was 85% for eligible patients on the 62 day pathway. On 1 July 2017, this target rose 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: there were no exceptions. Thereafter, the Ministry of Health informed DHBs 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 now included in the compliance calculation and the information in **Table two** reflects this change.

Each month, all DHBs are required to provide the Ministry of Health with Faster Cancer Treatment (FCT) data down to patient level showing their compliance against FCT targets and measures. Our FCT performance is a top priority for the West Coast DHB; our core approach is that by putting the patient at the centre of what we do and using our best endeavours in arranging services accordingly, then compliance with the FCT targets will follow. A timeframe breach review is undertaken for each patient who did not meet the target to determine the reason for delay and if there are any underlying systematic issues causing delay so that these can be addressed. To date, this analysis has revealed that most case delays beyond the 62-day target are typically due to the individual circumstances of the patients themselves being physically, psychologically, and diagnostically challenging, more

so than being related to systems or capacity constraints in most instances. Narrative summary reports on meeting the target are submitted quarterly to the Ministry of Health.

The target for this measure in 2019/20 remains at 90% for DHB accountability indicators.

5. Please also provide any spending priorities or targets the DHB has to hand for the years beyond 2019/20, if those exist.

Priorities beyond 2019/20 are yet to be determined.

6. Any current most-recent statement of DHB priorities regarding cancer management or treatment, or concerns with that, that the Ministry has been briefed on or received any report about, oral or written, from your DHB in the 2018/2019 or 2019/20 years to date

Outside the specific FCT data and related narrative summaries submitted to the Ministry of Health as outlined in answer to Question 4 above, West Coast DHB has not provided nor received any additional specific oral or written reports regarding cancer management or treatment or concerns thereof.

Please refer to David Meates correspondence with the Ministry of Health regarding Radiation Oncology Wait Times, included in Canterbury DHB response CDHB 10127 (attached here as **Appendix 1**). Radiation therapy treatment is not undertaken on the West Coast – patients from our district are treated by services in Canterbury DHB (and are included within data from that service).

We have redacted information under the following sections of the Official Information Act:
Section 9(2)(a) i.e. “....to protect the privacy of natural persons, including those deceased”.

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek a review of our decision from the Ombudsman. 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 response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

From: s9(2)(a) @moh.govt.nz
Sent: Tuesday, 7 May 2019 5:57 p.m.
To: s9(2)(a) @moh.govt.nz
Cc: s9(2)(a) @moh.govt.nz; s9(2)(a) @moh.govt.nz;
s9(2)(a) @moh.govt.nz; s9(2)(a) @moh.govt.nz;
s9(2)(a) @moh.govt.nz; s9(2)(a) @MOH.govt.nz
Subject: Radiation Oncology wait times
Attachments: H201901865 Signed Response.pdf

Dear DHB CEOs

As part of a very recent Official Information Act (OIA) request we have undertaken an analysis of radiation service data with particular emphasis on the wait time for radiation treatment. We have used the Priority Categorisation for Radiation Treatment Radiation Prioritisation Guidelines to assess best practice for priority patients across all categories. The information is attached for your information.

We note that the analysis shows significant variation between recent quarters in wait times for patients requiring radiation treatment in particular those who are categorised as 'priority B' patients (people who are treated with curative intent within 2 weeks of diagnosis).

We are aware that the patient numbers in this category are small however no patient with cancer should experience unnecessary delays in their treatment.

I ask that you use the information provided to investigate if people with cancer within your DHB are receiving radiation therapy within the recommended timeframe. If this is not occurring please put in place a plan to improve access to treatment that meets the standards and manage any clinical risk associated with delays in treatment. We will make contact individually to confirm timeframes and expectations for this plan.

I have also asked that radiation wait times is included on the agenda and discussed with the members at the next ROWG meeting later in May. In addition this issue will be raised by the DHB Performance and Support team in your regular Monitoring and Intervention Framework (MIF) or other meetings.

I look forward to improvement in this area.

Regards
s9(2)(a)

s9(2)(a)
Population Health and Prevention
Ministry of Health
s9(2)(a)

<http://www.health.govt.nz>
s9(2)(a) @moh.govt.nz

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133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand

s9(2)(a)

7 May 2019

s9(2)(a)

APEX

By email: s9(2)(a)@apex.org.nz
Ref: H201901865

Dear s9(2)(a)

Response to your request for official information

Thank you for your request for information under the Official Information Act 1982 (the Act), transferred from the Office of Hon Dr David Clark to the Ministry of Health (the Ministry) on 26 March 2019, for:

"For each DHB in the quarters ended 31 March 2018, 30 June 2018, 30 September 2018 and 31 December 2018: • What percentage of patients categorised as Priority A received treatment within 24 hours; and what percentage received treatment within 48 hours? • What percentage of patients categorised as Priority B received treatment within two weeks; and what percentage received treatment within four weeks? • What percentage of patients categorised as Priority C – curative received treatment within four weeks; and what percentage received treatment within eight weeks? • What percentage of patients categorised as Priority C – palliative received treatment within two weeks; and what percentage received treatment within four weeks? • What percentage of patients categorised as Priority D received treatment within four weeks; what percentage received treatment within eight weeks; and what percentage received treatment within twelve weeks?"

Information held by the Ministry pertaining to your request is itemised in Appendix One. Please note the Ministry has not presented results in the tables when there are fewer than ten (10) people in the denominator.

Radiation oncology prioritisation guidelines classify category D patients as follows: 'Priority D - Planned delay on radiation treatment as per treatment protocol'. As such, the Priority D figures provided below are largely insignificant as these patients have been intentionally delayed as part of their treatment protocol. Some of these patients, for example, undergo several months of chemotherapy or drug treatment prior to receiving radiation, therefore, it is part of their treatment plan to wait longer than 8 or 12 weeks to receive radiation.

I trust that this information fulfils your request. Please note that this response, with your personal details removed, may be published on the Ministry of Health website.

Yours sincerely

s9(2)(a)



Population Health and Prevention

Appendix One

What percentage of patients categorised as Priority A received treatment within 24 hours; and what percentage received treatment within 48 hours?

Table 1. Priority A – within 24 hours

Row Labels	2018 Q1	2018 Q2	2018 Q3	2018 Q4
s9(2)(a)				
Canterbury	-	-	92%	100%
s9(2)(a)				
West Coast	-	-	-	-
s9(2)(a)				

Table 2. Priority A – within 48 hours

Row Labels	2018 Q1	2018 Q2	2018 Q3	2018 Q4
s9(2)(a)				
Canterbury	-	-	92%	100%
s9(2)(a)				
West Coast	-	-	-	-
s9(2)(a)				

What percentage of patients categorised as Priority B received treatment within two weeks; and what percentage received treatment within four weeks?

Table 3. Priority B – within 2 weeks

Row Labels	2018 Q1	2018 Q2	2018 Q3	2018 Q4
s9(2)(a)				
Canterbury	8%	7%	11%	7%
s9(2)(a)				
West Coast	-	-	-	-
s9(2)(a)				

Table 4. Priority B – within 4 weeks

Row Labels	2018 Q1	2018 Q2	2018 Q3	2018 Q4
s9(2)(a)				
Canterbury	85%	86%	89%	83%
s9(2)(a)				
West Coast	-	-	-	-
s9(2)(a)				

What percentage of patients categorised as Priority C – curative received treatment within four weeks; and what percentage received treatment within eight weeks?

Table 5. Priority C (Curative) – within 4 weeks

Row Labels	2018 Q1	2018 Q2	2018 Q3	2018 Q4
s9(2)(a)				
Canterbury	68%	77%	83%	61%
s9(2)(a)				
West Coast	*	*	*	*
s9(2)(a)				

Table 6. Priority C (Curative) – within 8 weeks

Row Labels	2018 Q1	2018 Q2	2018 Q3	2018 Q4
s9(2)(a)				
Canterbury	90%	91%	91%	90%
s9(2)(a)				
West Coast	*	*	*	*
s9(2)(a)				

What percentage of patients categorised as Priority C – palliative received treatment within two weeks; and what percentage received treatment within four weeks?

Table 7. Priority C (Palliative) – within 2 weeks

Row Labels	2018 Q1	2018 Q2	2018 Q3	2018 Q4
s9(2)(a)				
Canterbury	71%	70%	79%	79%
s9(2)(a)				
West Coast	-	77%	92%	69%
s9(2)(a)				

Table 8. Priority C (Palliative) – within 4 weeks

Row Labels	2018 Q1	2018 Q2	2018 Q3	2018 Q4
s9(2)(a)				
Canterbury	96%	94%	98%	96%
s9(2)(a)				
West Coast	-	92%	100%	92%
s9(2)(a)				

What percentage of patients categorised as Priority D received treatment within four weeks; what percentage received treatment within eight weeks; and what percentage received treatment within twelve weeks?

Table 9. Priority D – within 4 weeks

Row Labels	2018 Q1	2018 Q2	2018 Q3	2018 Q4
s9(2)(a)				
Canterbury	19%	20%	30%	17%
s9(2)(a)				
West Coast	*	*	*	*
s9(2)(a)				

Table 10. Priority D – within 8 weeks

Row Labels	2018 Q1	2018 Q2	2018 Q3	2018 Q4
s9(2)(a)				
Canterbury	43%	47%	40%	33%
s9(2)(a)				
West Coast	-	-	-	-
s9(2)(a)				

Table 11. Priority D – within 12 weeks

	Row Labels	2018 Q1	2018 Q2	2018 Q3	2018 Q4
s9(2)(a)					
	Canterbury	59%	63%	60%	58%
s9(2)(a)					
	West Coast	x	x	x	x
s9(2)(a)					

From: s9(2)(a) @moh.govt.nz on behalf of s9(2)(a) @moh.govt.nz
Sent: Wednesday, 15 May 2019 10:29 a.m.
To: s9(2)(a) @moh.govt.nz
Cc: s9(2)(a) @moh.govt.nz; s9(2)(a) @moh.govt.nz
Subject: Radiation Waiting Times
Attachments: Recovery plan template v1.docx

Dear DHB CEOs

This is to follow up on the email sent to you on 7 May 2019 about the Radiation Waiting times for those patients classified as Priority 'B' patients and to provide you with some timeframes on what we expect to see from each DHB.

In my email you were all asked to use the information provided to investigate and verify the data against the agreed criteria and guidelines (sent previously) and put a plan in place to ensure cancer patients are seen within recommended timeframes for radiation treatment. Please don't hesitate to request any information required from us from the Radiation Oncology Collection that may assist your DHB with a plan. I note that some DHBs have already requested this.

We expect to see a summary of:

- The current situation including reasons that have impacted on waiting times for radiation treatment generally.
- A plan on how you intend to ensure radiation treatment is provided within the agreed national guidelines which will include managing the immediate clinical risks, short term and longer term goals i.e. a specific improvement plan and the time frames for recovery.

The Regional Network Managers may have been in contact with you already as they have been asked to support your DHB with this work, they are additional resource. We are happy for them to coordinate the responses as there are benefits to working regionally where it is appropriate.

Please note that your plan is due with us 24 May 2016. I have attached for you a template for your plan. We will also require monthly updates against the actions you will outline in your plan. This information can be sent to s9(2)(a) s9(2)(a) Cancer Services s9(2)(a) @moh.govt.nz. Please provide her with contact details for the key person in your DHB who is leading this work so that contact can be made as required.

We will be providing the Minister of Health updates on progress against your plans so it is important that you provide us with the required information and assurances that cancer patients receive the required care.

Kind Regards

s9(2)(a)

Population Health and Prevention

s9(2)(a)

Population Health and Prevention
Ministry of Health

s9(2)(a)

<http://www.health.govt.nz>
[mailto:s9\(2\)\(a\)@moh.govt.nz](mailto:s9(2)(a)@moh.govt.nz)

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XXXX DHB

RECOVERY PLAN TEMPLATE – Radiation Oncology Waiting times

Implementation Strategy and Plan

Purpose

In a sentence or two, briefly outline why the recovery plan is being developed. Please directly link to the performance expectation/s the plan seeks to drive improvement against.

For example:

"To outline <XX DHB's> plan to recover <XX performance issue> in <XX service> by <xx date/timeframe>".

Context and constraints (optional)

You might like to highlight any relevant dependencies and constraints to the achievement of your plan. Some examples might include finalising recruitment of a specific role/s; completion of capital works; etc. These should be factors outside your control and/or deliverables that you identified as being at risk. Factors or deliverables within your control should be addressed in the plan itself.

Recovery plan and strategies

Please provide an overview of the strategies you will be adopting to recover performance. For example demand management; capacity management; increasing capacity; outsourcing; etc.

Strategies to manage clinical risk and patient experience

Please briefly outline your strategies and assurance mechanisms to manage clinical risk and patient experience while you implement your recovery plans.

For example, ensuring that all patients waiting over XX period are clinically reviewed; writing to all patients advising them of anticipated waiting times and how/when to communicate any concerns or changes in their condition; etc.

Recovery plan implementation

You can use this table to outline your plans in detail, as well as provide updates to your management team and/or the Ministry of Health at an agreed frequency.

[illegible]

Projected waiting list position

Please use this table to outline your expected trajectory to regain radiation treatment waiting times compliance.

[illegible]

Canterbury

District Health Board

Te Poari Hauora o Waitaha

CHIEF EXECUTIVE'S OFFICE

Tel: s9(2)(a)
E-Mail: chiefexecutive@cdhb.health.nz

22 May 2019

s9(2)(a)
s9(2)(a)
Population Health and Prevention
Ministry of Health

Email: s9(2)(a)@moh.govt.nz

Dear s9(2)(a)

Your Email – 07 May 2019 – Radiation Oncology Wait Times

I note your correspondence dated 7 May 2019 where you have requested that we utilise information Ministry of Health (MOH) provided in a recent Official Information Act (OIA) request to the APEX union to ensure that people within our DHB are receiving radiation therapy within the recommended timeframe.

There are a few issues which I wish to bring to your attention.

Canterbury DHB meets its commitment to start radiation therapy within four weeks of FSA

Firstly, at Canterbury DHB we have continued to utilise the previous MOH reporting scheme internally and can ensure you that Canterbury DHB is meeting its commitment to start radiation therapy treatment within four weeks from FSA under the rules that were established.

The main reason the OIA data doesn't look as positive for Canterbury (and other DHBs for which we provide radiation therapy services) as one would expect, is that the MOH released data includes those patients that have delay codes attached to them for either:

- Clinical & other management considerations - the decision to treat has been made between the doctor and patient however we are waiting on dental extraction, healing, seroma problems, extra surgical procedure – (patient fit to have radiation therapy).
- Patient choice – wants to go on holiday first, can't start until golf tournament or white bait season finished – (patient ready to have radiation therapy)

If we removed those patients with delay codes from the data as allowed in previous health target calculations, all patients would have received their treatment within 4 weeks of FSA. That is the main commentary/context that is missing from the data that has been provided by the MOH in the OIA.

An excerpt from Canterbury DHB data for Q3 2018 is shown below as **Figure 1** to illustrate.

Leading Indicators and Targets

Priority B within two weeks figures were always a leading indicator – a guideline if you will to assist in the prioritisation of who would start treatment first within four weeks. Two weeks has never been a target. If MOH is now suggesting that it should be a target, a massive increase in both physical facilities and associated human resources are required. It is estimated that to meet such a target, Canterbury DHB would require an additional three LINACs in addition to its current four LINACs for a period of up to four months to reduce current wait time from four weeks to two weeks. In addition, we would also need to bring forward the 5th LINAC immediately to ensure we could maintain two week waits with the predicted growth in demand.

Context and DHB Support

Canterbury DHB always stands ready to assist MOH in providing context to any OIA request made for DHB data. Established procedures have been in place for a long period now where there is sharing of information being released under OIA. To have had the opportunity to review this data and provide you with this context would have been beneficial for all involved.

Given that Canterbury DHB meets its wait time priorities for radiation therapy, we will not be completing a recovery plan. Note this extends to Nelson Marlborough DHB, South Canterbury DHB and West Coast DHB as well.

I trust this answers your questions.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'D Meates', is positioned above the printed name and title.

David Meates, MNZM
Chief Executive

Figure 1 - CDHB Wait Time 2018 Q3

	<i>Time between decision-to-treat and the start of radiation treatment</i>	2012/13 Health Target: Everyone needing radiation or chemotherapy treatment will have this within four weeks		
		Jul-18	Aug-18	Sep-18
		Total treatments for priority A to C	Total treatments for priority A to C	Total treatments for priority A to C
Treatment	Treatments started in current month (number of people)			
	Waited < 2 weeks Total	42	48	40
	Maori	2	3	3
	Pacific	2	1	0
	Other	38	44	37
	Waited 2-4 weeks Total	41	52	35
	Maori	1	2	2
	Pacific	0	1	1
	Other	40	49	32
	Waited 4-6 weeks Total	2	1	6
	Maori	0		0
	Pacific	0		0
	Other	2	1	6
	Waited > 6 weeks Total	1	0	2
	Maori	0		0
	Pacific	0		0
	Other	1	0	2
	Total treatments	86	101	83
Delays	Reasons for delay	Priority A to C	Priority A to C	Priority A to C
	Where patients wait 4-6 weeks identify the number in each delay code for priority A to C			
	Capacity constraint *	0	0	0
	Clinical considerations	1	0	3
	Other management	0	0	2
	Patient choice	1	1	1
	Extraordinary circumstances	0	0	0
	Where patients wait >6 weeks identify number in each delay code for priority A to C			
	Capacity constraint *	0	0	0
	Clinical considerations	0	0	1
	Other management	1	0	1
	Patient choice	0	0	0
	Extraordinary circumstances	0	0	0
	Number of priority D patients starting treatment in the month	12	11	11
	Health target: Percentage of patients treated within 4 weeks **	100	100	100

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11 June 2019



David Meates
Chief Executive
Canterbury DHB
PO Box 1600
Christchurch
New Zealand 8140

Dear David

Thank you for your letter dated 22 May 2019 responding to the email that I sent to District Health Boards (DHBs) regarding radiology waiting times. I note in your letter that you are also responding on behalf of South Canterbury, Nelson Marlborough and West Coast DHBs.

Based on the information you have sent to us *Canterbury DHB Wait Time 2018 Q3* your DHB are seeing patients within acceptable timeframes which is really good to hear. We remain committed to ensuring cancer patients are seen as priority patients.

I would like to take the opportunity to address some of the points that you have made in your letter.

- Delay codes – You are correct that the data we released under the OIA did not take into account delay codes. The Radiation Oncology Collection (ROC) does not currently collect this information and I agree having this information would have made a difference to the results for some DHBs.

The Radiation Oncology Working Group met on 29 May 2019 and discussed whether the ROC should include provision for delay codes. At this point it has been agreed that we will not include delay codes in ROC. Therefore in the future similar requests for information from this collection will be referred to the Radiation Centres for a response.

- Targets - Radiation Treatment Targets were replaced by Faster Cancer Treatment some time ago, as you rightly point out. Also the prioritisation as categorised and referenced in my email are guidelines. However we do expect that patients are seen within the appropriate clinical timeframes and are seeking reassurance of this through the recovery planning process. All DHBs have submitted recovery plans working with their Radiation Provider and see this as an opportunity to drive quality improvement in their DHB.

- Context and DHB Support - I appreciate your comments that Canterbury DHB have always been willing to support and give context to any OIA regarding DHB data. We will work to ensure in the future that this is rectified.

We look forward to an ongoing relationship with you and your teams particularly as we undertake further work in Cancer Treatment which will improve outcomes for Cancer Patients.

Yours sincerely

s9(2)(a)

A large rectangular area of the document is redacted with a solid grey box, obscuring the signature and any text that might have been present below the 'Yours sincerely' line.

Population Health and Prevention