

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
carolyn.gullery@cdhb.health.nz

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[REDACTED]

[REDACTED]

[REDACTED]

RE Official Information Act request CDHB 10054

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 Canterbury 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.**
- 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.**

Thank you for your enquiry. Unfortunately Canterbury DHB does not hold the information you requested in a format that is easily retrievable. To answer your question would require a manual search through each patient's electronic or paper notes and therefore we would be unable to meet your request. However we do hold the following information which we are able to provide to you, based on our Faster Cancer Treatment data.

The Ministry of Health (MoH) currently have two wait time targets for measuring performance against Faster Cancer Treatment compliance. The main one is the 62 Day target which is the time from receipt of referral for a patient triaged as having a High Suspicion of Cancer (HSCAN) by the secondary or tertiary care facility to the patients' first treatment. The other 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.

The 62 days target applies only to patients who meet the FCT 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>

For patients who meet the criteria for inclusion in the FCT targets we can supply you with

1. The time in days from receipt of the referral to their first treatment
2. The time from the DTT to 1st treatment

There are some points to note about FCT data:

1. It does not include patients returning for treatment for a recurrence or metastatic disease
2. It does not include patients ineligible for treatment in NZ or paediatric patients
3. For patients who have a HSCAN and are triaged as urgent the Ministry of Health (MoH) do not include in their compliance calculations patients whose treatment is delayed through choice (e.g. on vacation) or through clinical considerations such as the need to repeat diagnostic tests where the first set were inconclusive. These are considered reasons where treatment delays are in the patients' best interests and our data follows the same format.
4. As explained above, patients eligible for FCT but not the 62 days target are measured against another standard: they are required to have their first treatment within 31 days from when they and their clinician agree a suitable treatment: i.e. the Decision to Treat (DTT) date. Examples include patients with a cancer diagnosis who were not originally triaged as having a HSCAN and/or a need to be seen urgently, and patients who are referred in as acute or through screening. Unlike the 62 days target patients who choose to delay their treatment or whose treatment is delayed for clinical reasons are included in the compliance calculations by the MoH. The patients who appear to have been waiting much longer than the target of 31 days were almost always delayed for one of the reasons given above. To give you more details, however, would potentially breach patient confidentiality rules as it might be possible to identify individual patients from the information provided.
5. All data in this response is based upon the date a patient was treated: patients can only be counted once so, for example, if a patient was due for treatment in January to be compliant but was not treated until March then they would only be counted in the March results.
6. 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>

Therefore, please see **Table one** (below) which contains the data that we can provide. We hope that the data for the year 2018 will suffice: this is because the data for 2019 is not totally complete as patients have to have their treatment coded and for some patients this can take some time to complete.

Table 1:

Summary	Referral to tmt (62 days target)			DTT to tmt (31 days measure)		
	Mean ref to tmt	Longest wait	Shortest wait	Mean DTT to tmt	Longest wait	Shortest wait
Jan-18	46	114	7	17	98	0
Feb-18	36	82	6	18	91	0
Mar-18	34	76	1	15	90	0
Apr-18	37	87	7	17	117	0
May-18	40	91	0	16	84	0
Jun-18	41	105	4	15	117	0
Jul-18	43	105	7	14	98	0
Aug-18	33	126	1	14	108	0
Sep-18	35	64	7	18	182	0
Oct-18	37	157	7	19	90	0
Nov-18	38	77	6	17	181	0
Dec-18	33	83	4	14	77	0

Table two (below) shows the total number of patients eligible for the two FCT targets set by the MoH and the Canterbury DHB's performance. To be compliant 90% of eligible patients should meet the 62 days target and 85% should meet the 31 days measure.

Table 2:

	Referral to tmt (62 days target)			DTT to tmt (31 days measure)		
	Total referrals	Met target	% compliance	Total referrals	Met measure	% compliance
Jan-18	36	31	86.1	131	111	84.7
Feb-18	48	47	97.9	126	107	84.9
Mar-18	63	61	96.8	164	153	93.3
Apr-18	57	54	94.7	128	109	85.2
May-18	47	43	91.5	143	129	90.2
Jun-18	60	57	95.0	160	144	90.0
Jul-18	52	47	90.4	152	139	91.4
Aug-18	64	62	96.9	174	158	90.8
Sep-18	56	55	98.2	159	142	89.3
Oct-18	58	55	94.8	130	107	82.3
Nov-18	45	43	95.6	142	126	88.7
Dec-18	59	58	98.3	166	155	93.4
Total	645	613	95.0	1775	1580	89.0

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

Please refer to **Table three** (below) for the number of people diagnosed with cancer after presenting to ED. (Admitted inpatients only) over the last 12 months.

Table three:

	Number of people
Feb-18	163
Mar-18	154
Apr-18	162
May-18	173
Jun-18	163
Jul-18	146
Aug-18	183
Sep-18	186
Oct-18	186
Nov-18	167
Dec-18	173
Jan-19	151

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. On Community HealthPathways, practical guidance on what constitutes "high suspicion" of cancer (as per the Ministry of Health criteria) can be found in the referral sections of all the cancer-related pathways (e.g. Haemoptysis pathway) and on the request pages for

services that receive high suspicion of cancer referrals. There are over 50 pages with this information on Canterbury Community HealthPathways.

There is also a page outlining the Ministry of Health's Faster Cancer Treatment Programme, how the high suspicion of cancer information has been incorporated into HealthPathways and how to flag the high suspicion on referrals to help hospital clinicians identify and streamline care for those high-risk patients.

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.

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 Canterbury DHB website after your receipt of this response.

Yours sincerely

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

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support