



Hospital Services

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16 July 2021

[REDACTED]
[REDACTED]

Dear [REDACTED]

Re: OIA request – Colonoscopy referrals

Thank you for your Official Information Act request partially transferred from the Ministry of Health on 21 June 2021 seeking information from Waitematā District Health Board (DHB) about colonoscopy decline data.

You requested the following information:

- 1. *With respect, can Ministry of Health (MoH) release colonoscopy decline data for the last five years?***
- 2. *If possible, it would be good to have this data presented monthly and as up-to-date as possible.***
- 3. *This data should be presented by DHB area, with raw numbers as well as percentages, please.***
- 4. *Could MoH also provide a definition of “decline”, to ensure consistency between DHB data? For example, if a referral from a GP is declined, and, later, that person sees a specialist and is successfully accepted for a procedure, is that a decline? Also, if a full colonoscopy is suggested, but the procedure delivered is something lesser, like a flexible sigmoidoscopy or CT colonography, is that also a decline?”***

The Ministry of Health responded to question 4 of your request and transferred questions 1, 2, and 3 to Waitematā DHB.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing around 8,600 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide the following information:

- 1. *With respect, can Ministry of Health release colonoscopy decline data for the last five years?***
- 2. *If possible, it would be good to have this data presented monthly and as up-to-date as possible.***
- 3. *This data should be presented by DHB area, with raw numbers as well as percentages, please.***

Please note that the data includes all e-referrals from GPs to Waitematā DHB for a colonoscopy procedure within the relevant calendar years. The data is provided from January 2017 as this is when the gastroenterology service started using an electronic referral system. Prior to 2017, referrals were paper-based and the data is not readily available.

We are unable to provide figures before January 2017 as it 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, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to seek a review is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

As mentioned earlier, Waitematā DHB is the largest and one of the most rapidly growing DHBs in New Zealand. We advise caution in comparing information provided by the various DHBs as differences in population size and demographics have a direct impact on the results reported.

In addition, the National Bowel Screening Program (NBSP) was piloted at Waitematā DHB. This involves screening people without symptoms who would otherwise not have timely access to a colonoscopy and following them up at appropriate intervals with a surveillance colonoscopy, unlike many other DHBs. This has resulted in significant growth to our patient numbers and waiting list.

With such a large population and the impact of a well-established bowel screening programme, the numbers provided reflect the need to balance both symptomatic and surveillance procedures. Patients are advised to see their GP if their condition or symptoms changes. Their GP is then able to escalate the referral as appropriate.

Also of importance to note, Waitematā DHB patients are kept on our surveillance waiting lists for up to 10 years. This is because we were the first DHB to successfully implement a comprehensive electronic waiting list which enables us to follow-up a greater volume of patients for ongoing surveillance, if this is required.

Note: you should be aware of differences in the way colonoscopy referral data is collated between different DHBs as some only classify an *accepted* referral as a referral. The data provided below includes *all* referrals received since January 2017 and details how each of these were triaged. Therefore, caution is advised in comparing raw data between different district health boards due to the differences in reporting these figures.

Please note the following definitions for the information provided in the following table:

- *'Decline'* - the patient did not meet acceptance criteria or was already current to service or they were out-of-DHB domicile.
- *'Decline and transfer'* - the referral was declined by the gastroenterology service but transferred to another service such as Bowel Screening, General Surgery or Radiology (for CTC).
- *'Accept Colonoscopy'* - the referral for Colonoscopy was accepted. This includes referrals that were accepted for colonoscopy only or for a colonoscopy and a gastroscopy (double procedure).
- *'Different Procedure'* - the referral was accepted but triaged to a different procedure such as clinic review, flexible sigmoidoscopy or gastroscopy.

Waitematā District Health Board colonoscopy data – January 2017 to June 2021							
Date	Total e-referrals	Accept colonoscopy	Different procedure	Decline & transfer	Decline	% Decline	% Non-decline
2017							
Jan	286	123	33	107	23	8%	92%
Feb	320	155	23	122	20	6%	94%
Mar	459	221	37	174	27	6%	94%
Apr	305	166	29	99	11	4%	96%
May	417	234	30	136	17	4%	96%
Jun	390	214	25	129	22	6%	94%
Jul	338	216	28	75	19	6%	94%
Aug	357	232	28	69	28	8%	92%
Sep	364	242	30	81	11	3%	97%
Oct	328	199	29	81	19	6%	94%
Nov	375	223	30	101	21	6%	94%
Dec	305	203	22	65	15	5%	95%
Totals	4,244	2428	344	1239	233	(average) 5%	(average) 95%
2018							
Jan	296	187	28	72	9	3%	97%
Feb	317	209	26	66	16	5%	95%
Mar	419	269	50	83	17	4%	96%
Apr	347	224	26	70	27	8%	92%
May	436	279	44	79	34	8%	92%
Jun	389	266	36	66	21	5%	95%
Jul	409	266	44	80	19	5%	95%
Aug	370	230	33	83	24	6%	94%
Sep	375	235	32	83	25	7%	93%
Oct	390	236	43	82	29	7%	93%
Nov	411	248	37	98	28	7%	93%
Dec	312	197	24	71	20	6%	94%
Totals	4,471	2846	423	933	269	(average) 6%	94%
2019							
Jan	348	234	30	63	21	6%	94%
Feb	368	228	28	88	24	7%	93%
Mar	385	247	24	95	19	5%	95%
Apr	403	252	25	103	23	6%	94%
May	482	310	38	116	18	4%	96%
Jun	403	255	31	94	23	6%	94%
Jul	443	268	37	111	27	6%	94%
Aug	465	306	42	99	18	4%	94%
Sep	380	258	28	85	9	2%	98%
Oct	414	260	42	87	25	6%	94%
Nov	389	247	23	94	25	6%	94%
Dec	360	224	32	74	30	8%	92%
Totals	4,840	3089	380	1109	262	(average) 5%	(average) (95%)

Date	Total e-referrals	Accept colonoscopy	Different procedure	Decline & transfer	Decline	% Decline	% Non-decline
2020							
Jan	395	244	40	75	36	9%	91%
Feb	452	274	37	107	34	8%	92%
Mar*	334	169	23	72	70	21%	79%
Apr	141	91	11	19	20	14%	86%
May	261	183	23	31	24	9%	91%
Jun	459	334	45	45	35	8%	92%
Jul	470	325	48	53	44	9%	91%
Aug	419	284	21	55	59	14%	86%
Sep	509	312	38	82	77	15%	86%
Oct	515	300	58	74	83	16%	84%
Nov	456	300	39	81	36	8%	92%
Dec	530	357	46	76	51	10%	90%
Totals	4,941	3173	429	770	569	(average) 12%	(average) 88%
2021							
Jan	404	249	34	77	44	11%	89%
Feb	403	237	35	94	37	9%	91%
Mar	476	273	36	111	56	12%	78%
Apr	475	311	43	91	30	6%	94%
May	472	289	46	85	52	11%	89%
Jun	217	113	15	60	29	13%	87%
Totals to-date	2,447	1472	209	518	248	(average) 10%	(average) 90%

*The impact of Auckland's COVID-19 Alert Level 4 lockdown has had an ongoing impact on our screening rates. In mid-2020 Waitematā DHB undertook a recovery plan outlining the activity needed to ensure a return to our normal levels of activity.

This has included the resumption of our Saturday endoscopy lists from February 2021 and the outsourcing of some colonoscopy procedures from March to June 2021.

Alongside this we have undertaken the implementation of new Ministry of Health national surveillance clinical guidelines.

As at 30 June, we were on-track to have no patients exceeding the Ministry of Health's maximum national indicators (targets) for diagnostic colonoscopy and surveillance colonoscopy screening.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Executive Director Hospital Services
Waitematā District Health Board**