



6 October 2020

Response to a request for official information

Thank you for your request for official information as received 7 September 2020 by Nelson Marlborough Health (NMH)¹, followed by the necessary extension of time 2 October 2020, where you seek the following information:

- 1. How many patients were on the waiting list for colonoscopies at the end of each month from August 2018 to August 2020?**

NMH response

TABLE 1

Month	Patients
Aug-18	121
Sep-18	153
Oct-18	173
Nov-18	183
Dec-18	200
Jan-19	245
Feb-19	186
Mar-19	206
Apr-19	123
May-19	223
Jun-19	275
Jul-19	304
Aug-19	343
Sep-19	356
Oct-19	354
Nov-19	364
Dec-19	412
Jan-20	373
Feb-20	410
Mar-20	341
Apr-20	356
May-20	252
Jun-20	235
Jul-20	217
Aug-20	195

Note: Diagnostic cases only

¹ Nelson Marlborough District Health Board

What was the average wait time for urgent or category A colonoscopies at the end of each month from August 2018 to August 2020?

NMH response

TABLE 2

Month	Days
Aug-18	12.3
Sep-18	17.6
Oct-18	18.8
Nov-18	16.8
Dec-18	22.0
Jan-19	21.9
Feb-19	20.8
Mar-19	30.0
Apr-19	19.8
May-19	21.5
Jun-19	14.6
Jul-19	18.3
Aug-19	20.7
Sep-19	16.6
Oct-19	21.0
Nov-19	21.3
Dec-19	18.8
Jan-20	13.2
Feb-20	22.3
Mar-20	17.9
Apr-20	30.9
May-20	13.4
Jun-20	17.6
Jul-20	19.9
Aug-20	15.3

Note: Diagnostic cases only

2. What was the average wait time for non-urgent or category B colonoscopies at the end of each month from August 2018 to August 2020?

NMH response

TABLE 3

Month	Days
Aug-18	37.8
Sep-18	43.1
Oct-18	55.1
Nov-18	55.1
Dec-18	66.2
Jan-19	83.3
Feb-19	80.8
Mar-19	84.0
Apr-19	84.6
May-19	85.8
Jun-19	76.0

Jul-19	68.8
Aug-19	66.1
Sep-19	59.8
Oct-19	87.2
Nov-19	97.8
Dec-19	98.9
Jan-20	127.6
Feb-20	96.2
Mar-20	95.2
Apr-20	75.5
May-20	116.1
Jun-20	114.1
Jul-20	101.9
Aug-20	75.0

Note: Diagnostic cases only

3. What was the average wait time for surveillance or routine colonoscopies at the end of each month from August 2018 to August 2020?

NMH response

TABLE 4

Month	Days
Aug-18	192.1
Sep-18	128.4
Oct-18	155.4
Nov-18	184.6
Dec-18	136.5
Jan-19	82.0
Feb-19	69.3
Mar-19	145.7
Apr-19	137.3
May-19	181.4
Jun-19	143.4
Jul-19	112.9
Aug-19	84.5
Sep-19	99.2
Oct-19	24.6
Nov-19	100.1
Dec-19	96.0
Jan-20	67.6
Feb-20	92.4
Mar-20	59.7
Apr-20	0.0
May-20	102.1
Jun-20	114.7
Jul-20	146.3
Aug-20	131.6

Notes: Diagnostic cases only

Apr-20 Nil surveillance cases

4. What was the ratio between colonoscopies performed for non-urgent patients, versus patients referred through the National Bowel Screening Programme (NBSP) at the end of each month from August 2018 to August 2020?

NMH response

TABLE 5

Month	Ratio
Aug-18	
Sep-18	
Oct-18	15.8
Nov-18	9.0
Dec-18	10.4
Jan-19	1.8
Feb-19	5.0
Mar-19	9.6
Apr-19	5.7
May-19	6.9
Jun-19	7.2
Jul-19	8.1
Aug-19	4.8
Sep-19	6.0
Oct-19	4.6
Nov-19	2.8
Dec-19	3.0
Jan-20	6.0
Feb-20	1.7
Mar-20	3.6
Apr-20	4.0
May-20	3.7
Jun-20	3.8
Jul-20	8.7
Aug-20	5.9

Notes: Ratio shows the number of non-urgent colonoscopies for each NBSP patient
Oct-18 NBSP recording started

5. How many of your patients have recovered from colorectal cancer, versus those that died from the disease between August 2019 and August 2020?

NMH response: The Patient Management System does not electronically capture this specific information and it would take a significant amount of time and resources to go through individual patient files. As such, NMH refuses this part of your request under section 18(f) as *'the information requested cannot be made available without substantial collation and research'*.

6. How many colonoscopies lead to a confirmed diagnosis of colorectal cancer each month from August 2018 to August 2020?

NMH response: The Patient Management System does not electronically capture the number of confirmed cancer diagnoses as a result of colonoscopy and it would take a significant amount of time and resources to go through individual patient files. As such, NMH refuses this part of your request under section 18(f) as *'the information requested cannot be made available without substantial collation and research'*.

7. How many categories does your DHB divide your waiting list into? What are the criteria for each category?

NMH response: The DHB is guided by the clinically recommended Ministry of Health national framework [Colonoscopy Wait Time Indicator Performance](#) (p.5) to monitor and manage colonoscopy wait-times, as outlined in Table 6.

TABLE 6

Category	Recommended wait time indicator targets	Maximum wait times
Urgent	90% undertaken within 14 days	100% within ≤30 days
Non-urgent	70% undertaken within 42 days	100% within ≤90 days
Surveillance	70% undertaken within 84 days	100% within ≤120 days
Bowel screening	95% undertaken within 45 days.	

8. How many people are presently on the colonoscopy waiting list for each of these categories?

NMH response

TABLE 7

As at 01/09/2020	Patients
Urgent diagnostic colonoscopy	12
Non-urgent diagnostic colonoscopy	162
Surveillance colonoscopy	434
Bowel screening	35

9. How long is the average waiting time for each category?

NMH response

TABLE 8

Patients treated in Aug-20	Days
Urgent diagnostic colonoscopy	15.3
Non-urgent diagnostic colonoscopy	75.0
Surveillance colonoscopy	Refer note
Bowel screening	22.1

Note: Patient surveillance wait times vary depending on the individual surveillance regime e.g. a 1 year surveillance patient will wait a shorter time between follow-ups than a 5 year surveillance patient

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602. If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's 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 feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely



Eric Sinclair
Acting Chief Executive