

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

## CORPORATE OFFICE

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### RE Official information request CDHB 9916

We refer to your email dated 8 August 2018 requesting the following information under the Official Information Act from Canterbury DHB regarding surgical waiting lists for cancers. Specifically:

**As at 1 August 2018.**

- 1. How many patients were on lung, bowel, prostate, breast, cervical and skin cancer surgical waiting lists**

We are unable answer this specific question as we do not maintain our wait lists in the format of people waiting for a specific cancer tumour stream. For example our bowel and breast patients are on a general surgery list with all other general surgery, prostate is on a urology wait list, etc.

- 2. What is the longest time for a patient on the waiting list for lung, bowel, prostate, breast, cervical and skin cancer surgery?**
- 3. What the average wait time is for patients on lung, bowel, prostate, breast, cervical and skin cancer surgical waiting lists**

We are declining a specific response for these two questions under section 18(f) of the Official Information Act i.e. again, we do not maintain this information by tumour stream so it is not something that we can answer without substantial collation or research.

Because we do not maintain patients by tumour stream on wait lists then we also cannot provide you specifics as to a particular date in time unless the surgery has already been completed (in which case they are not on a wait list).

However, we can provide you with the following information which you may find helpful. Please refer to **Tables one and two** (overleaf):

**Table one: Average wait time for patients treated for:**

	Days waited for first treatment*			
	Jul-Sep 2017	Oct-Dec 2017	Jan – Mar 2018	Apr- Jun 2018
Lung	11	14	19	18
Bowel	18	15	13	15
Prostate	23	19	31	28
Breast	13	12	15	12
Cervical	13	13	18	14
Skin	21	19	15	18

**Note:** \* This table is in days and represents the days waited for first treatment from the time a decision to treat is reached between patient and clinician for those patients counted under the 31 day Faster Cancer treatment pathway.

**Table two: Total count for patients treated:**

	Jul-Sep 2017	Oct-Dec 2017	Jan – Mar 2018	Apr- Jun 2018
Lung	39	44	40	49
Bowel	81	75	60	53
Prostate	116	107	71	64
Breast	70	93	56	61
Cervical	27	18	26	23
Skin	38	58	42	43

**Note:** This table is in patients and represents the total number of patients treated that are counted under the 31 day Faster Cancer Treatment pathway.

#### 4. Whether the DHB is meeting FCT health targets (by quarter, from Aug 2016 to Aug 2018)

**Table three: FCT Health Targets (by quarter, from August 2016 to June 2018)**

	Within 62 days*(see notes below)	Within 31 days**(see notes below)
	Target = 85%	Target = 85%
Period	%	%
Q1 2016/17	81.4	88.8
Q2 2016/17	90.7	89.0
Q3 2016/17	87.6	86.7
Q4 2016/17	87.4	91.1
	Target=90%***(see notes below)	Target = 85%***(see notes below)
Q1 2017/18	96.3	89.4
Q2 2017/18	93.3	89.1
Q3 2017/18	93.5	88.9
Q4 2017/18	94.1	89.7

**Notes:**

We are providing information for the last four quarters (Jul-Sept 2017, Oct-Dec 2017, Jan-Mar 2018 and Apr-June 2018).

There are two targets/measures for FCT: the main one is the time from receipt of referral by the secondary/tertiary facility to the patients' 1st treatment: this should be within \*62 days. The other measure is from a Decision to Treat (DTT) to 1st treatment and that should be within \*\*31 days. Compliance target for both was 85%.

\*\*\*In July 17 the 62 days compliance target was increased to 90%. At the same time another change was introduced. Up until July '17 all patients who failed to meet the 62 day target were included in the compliance calculations: there were no exceptions. In July '17 the MoH decided 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 still included.

\*\*\*To date the MoH have left the 31 day measure as it was, i.e. at 85%, with no exceptions for patient choice or good clinical reasons.

Not all patients qualify for both or either target: for example to qualify for the 62 days cohort the patient must be triaged as having a high suspicion of cancer and a need to be seen urgently. Another couple of examples would be patients returning with metastatic disease who have previously been reported as part of FCT, or patients who are diagnosed and treated in private: both examples are not included in either target.

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 an investigation and review of our decision from the Ombudsman.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website ten working days after your receipt of this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Carolyn Gullery', with a long, sweeping underline.

**Carolyn Gullery**  
**Executive Director**  
**Planning, Funding & Decision Support**