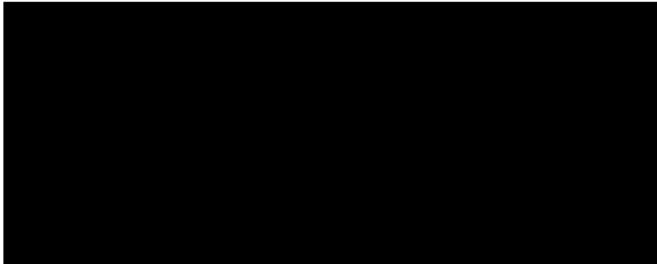


29 AUG 2019



Response to your request for official information

Thank you for your request under the Official Information Act 1982 on 20 July 2019 for:

"In the recent issue of The Specialist (the ASMS magazine) I notice a story from Eileen Goodwin contained this table showing the number of colonoscopies delivered by the various DHBs around the country in the year to the end of June compared with the number they were expected to deliver. I note that several DHBs have under-delivered. Is the ministry concerned about this, given that the bowel screening programme is being introduced? What are the reasons behind the under-delivery, and what impact does the ministry consider it is having on patients? Is anything being done to ensure improvements in this area? Do these numbers of colonoscopies include those done as part of the bowel screening programme or are they counted somewhere else? I note that Southern DHB has considerably under-delivered on what was expected. Is this of concern when it is part of the bowel screening programme? Does this under-delivery support the view that not enough people are getting access to colonoscopy in this part of the world, particularly those who may be in the grey zone with regard to the access guidelines - with some but not all symptoms."

The Ministry of Health (the Ministry) is aware of the current challenge some district health boards (DHBs) have in meeting colonoscopy demand. It has always been made very clear that the provision of timely colonoscopy services, for both symptomatic patients and bowel screening participants, is a key component for the safe delivery of the National Bowel Screening Programme (NBSP).

The Ministry has consistently reported that the implementation timetable for the NBSP is dependent on the DHBs having the capacity and capability to meet the national colonoscopy wait time indicators (CWTI) for symptomatic patients. CWTI performance is included in the readiness assessment that is undertaken before a DHB can join the NBSP.

To demonstrate transparency on how the DHBs are performing, since June 2018, the Ministry has published quarterly performance data for CWTI on its website. From June 2019, the Ministry moved to publish the CWTI performance data monthly.

Approximately 43,000 more colonoscopies were delivered across the 20 DHBs over the past five years. That is an almost 50% increase in delivery. Referrals for all outpatient colonoscopies (urgent, non-urgent and surveillance) have gone up nearly 30%.

DHBs have been putting considerable effort into managing colonoscopy performance within the wider needs of their populations. Each year since 2015 the total number of colonoscopies delivered by the 20 DHBs has increased by approximately 2,000. For the 2018/19 year, DHBs delivered more than 47,000 colonoscopies, nearly 5,000 more than that delivered in 2017/18 (excluding those generated by the NBSP). Since January 2015, Southern DHB has delivered nearly 50% more colonoscopies.

Increased demand for colonoscopy services indicates that people are paying more attention to their bowel health. This is a great outcome for the NBSP, but it is posing challenges for DHBs who have not yet built the capacity to meet that demand.

What are the reasons behind the under-delivery, and what impact does the Ministry consider it is having on patients?

It cannot be assumed that a DHB has 'under-delivered' using the figures in the table you have referenced. This is because the expected numbers of colonoscopies for each DHB were based on standardised intervention rates. This mathematical modelling resulted in a guide rather than a highly accurate predictor of the number of colonoscopies that would be performed in any given population.

Standardised intervention rates are determined using Weighted Inlier Equivalent Separations (WIES) methodology, which is updated intermittently. Each DHB population is standardised to take into account age, ethnicity, deprivation and sex. The standardised intervention rates take the total number of an intervention across the country, and propose the expected proportion per DHB, based on the WIES formula. However, they do not indicate whether the total number for the country is the 'right' number, nor do the methodologies DHBs use for accepting referrals for colonoscopy. Furthermore, there can be a variation in how a DHB classifies colonoscopies.

This is just one tool a DHB can use to assess demand and rates of delivery. It is important these figures are not used in isolation to form assumptions about patient access.

Standardised intervention rates can provide some indication of publicly-funded delivery, but additional context is needed to inform any assumptions reached from this data. This includes a DHB's knowledge of local needs, demands for specific services, and the contributions that the private health market makes for their population.

DHBs have a responsibility for determining the level of resources allocated to services, including colonoscopy, based on their local population needs. There will always be variation across the country, in line with different population mix and pressures. With finite resources, it is important that DHBs prioritise their resources so they can best support those patients with the greatest level of need and potential to benefit from assessment and/or treatment.

Please note the data you are referencing includes all colonoscopy procedures medical, surgical, inpatient and outpatient. There can be variability between how a DHB classifies its colonoscopies. This variability led to the specific development of the CWTI, which are purely a measure of outpatient colonoscopy service delivery.

Is anything being done to ensure improvements in this area?

Yes. Significant improvements in supply have been made since 2015 leading to 43,000 more colonoscopies delivered today compared to five years ago – an almost 50% increase. As above, for the 2018/19 year, DHBs delivered more than 47,000 colonoscopies, nearly 5,000 more than were delivered in 2017/18 (excluding those generated by the NBSP).

To ensure that momentum is maintained and patients with bowel symptoms are not negatively affected by bowel screening demand, in November 2018 the Ministry signalled to DHBs that it would be monitoring colonoscopy capacity nationwide. This key focus was also signalled in the Minister of Health's letter of expectations in December 2018. A further letter updating these priorities was sent following the Wellbeing Budget in May 2019. Both letters are publicly available on the Nationwide Service Framework Library: <https://nsfl.health.govt.nz/dhb-planning-package/201920-planning-package/supplementary-information-201920-planning-guidelines-1>.

From 1 July 2019, DHB Annual Plans will describe actions to ensure symptomatic and bowel screening colonoscopy (for those DHBs providing the NBSP) wait times are consistently met. This will help support DHBs to proactively manage total colonoscopy wait times.

Do these numbers of colonoscopies include those done as part of the bowel screening programme or are they counted somewhere else?

No, the figures released in March 2019 for the period ending June 2018 were for colonoscopies undertaken for symptomatic patients.

The table below shows the number of colonoscopies undertaken as part of the NBSP between 1 July 2017 and 30 June 2019.

DHB	Colonoscopies performed
Counties Manukau	528
Hawke's Bay	196
Hutt Valley	525
Lakes	16
Nelson Marlborough	187
Southern	887
Wairarapa	252
Total	2591

I note that Southern DHB has considerably under-delivered on what was expected. Is this of concern when it is part of the bowel screening programme?

No. For reasons outlined above.

Southern DHB has consistently demonstrated its commitment to its population in the delivery of the NBSP. Since the service was introduced in April 2018, Southern DHB has achieved record high overall participation rates for both Māori and non-Māori, with current rates for both over 70%. A media release by Southern DHB is available on their website: <https://www.southernhealth.nz/publications/maori-lead-way-bowel-screening-participation>.

It has operated a highly successful Call to Action through the "Champions Campaign", with many positive stories from its participants. You can find these stories through the links provided below:

- <https://www.southernhealth.nz/publications/maori-lead-way-bowel-screening-participation>
- <https://www.southernhealth.nz/publications/former-dunedin-mayor-joins-national-bowel-screening-programme>
- <https://www.southernhealth.nz/publications/southland-mayor-shares-positive-experience-national-bowel-screening-programme>
- <https://www.southernhealth.nz/publications/reverends-cancer-detected-due-national-bowel-screening-programme>
- <https://www.southernhealth.nz/publications/local-legends-promote-bowel-health-rugby-southland-clubs>

It is expected that over time the NSBP will over time reduce symptomatic colonoscopy demand. The bowel screening programme has increased colonoscopy demand which identifies people in the eligible age range who would benefit most from a colonoscopy, even though they are currently not experiencing symptoms. In addition, the screening programme has created a greater awareness of bowel cancer symptoms for the public.

Does this under-delivery support the view that not enough people are getting access to colonoscopy in this part of the world (Southern DHB), particularly those who may be in the grey zone with regard to the access guidelines- with some but not all symptoms?


Refer to the answer provided in question two.

Why is Southern's number considerably lower than what was expected?

Refer to the answer provided in question two.

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



Deborah Woodley
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Population Health and Prevention