

2 April 2019



Dear 

Official information request W19-321

I refer to your official information request dated 12 March 2019, which was an amended version of an earlier request.

Request:

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.
3. Question withdrawn
4. The number of people diagnosed with cancer after presenting to the emergency department, month by month for the last 12 months.
5. 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.

Response:

1.

Month (2018)	62 day patients	Average Wait time for FSA	Shortest Wait time for FSA	Longest Wait time for FSA
January	5	5	0	11
February	7	13	0	29
March	10	10	0	21
April	10	11	3	22
May	6	9	5	12
June	8	8	2	12

July	7	10	0	15
August	5	15	3	33
September	5	9	1	16
October	5	12	2	28
November	3	16	6	22
December	5	13	8	19
	76	12	0	43

2.

Month (2018)	62 day patients	Average Wait time for treatment	Shortest Wait time for treatment	Longest Wait time for treatment
January	5	28	6	80
February	7	30	10	67
March	10	38	15	55
April	10	50	13	103
May	6	51	16	104
June	8	30	9	57
July	7	49	33	62
August	5	41	9	74
September	5	52	13	103
October	5	44	6	85
November	3	37	36	39
December	5	33	8	63
	76	41	6	104

4. There is no way to tell from the ED data if presentations are cancer related. The Emergency Department selects only one diagnosis code which records their presenting problem. It is not until they are admitted patient codes recognise multiple diagnosis.

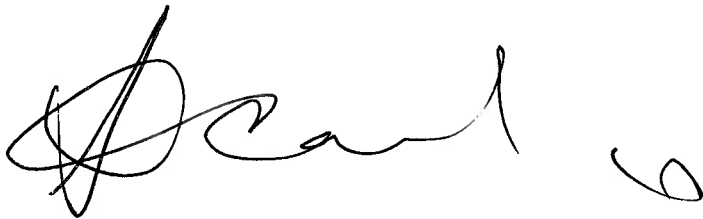
5. Wairarapa DHB uses the standards of service provision for each tumour stream however these are National and produced by the Ministry of Health (MoH). We also use the Faster Cancer Tracking for any high suspicion cancers, and follow the high suspicion of cancer definitions which is provided to us by MoH.

Please note that this response, or an edited version of this response, may be published on the Wairarapa District Health Board website no less than one week after the response has been provided to you. Any personal or identifying information will be redacted from any response published online. The DHB will endeavour to resolve any concerns you should raise but, subject to any legal grounds for withholding, ultimately reserves the right to publish any information.

If you wish to discuss this response with us, please feel free to contact:

Caroline van Deventer
Communications Administrator
Email: caroline.vanDeventer@wairarapa.dhb.org.nz
Ph: 06 946 9800, ext 5840

Yours sincerely

A handwritten signature in black ink, appearing to read 'Anna Cardno', followed by a small flourish or mark.

Anna Cardno
Communications Manager

