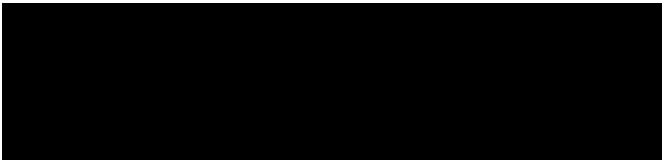


21 July 2022



Tēnā Koe 

Re: OIA request – Outsourcing of bowel screening procedures

Thank you for your Official Information Act request received 17 June seeking the following information from the former Waitematā District Health Board (DHB):

With respect, please provide the following figures related to bowel screening procedures, including colonoscopy and CT colonography:

- 1. The first figure is the external cost of bowel screening in the three years BEFORE your DHB joined the National Bowel Screening Programme (NBSP).**
 - a. In those same years, please also provide the number of procedures done externally (as opposed to in-house DHB services).**
- 2. The second figures are the external cost of bowel screening every year AFTER your DHB joined the National Bowel Screening Programme.**
 - a. Please also provide the number of procedures done externally (as opposed to in-house DHB services).**

Please provide these figures by financial year, as a single dollar amount, excluding GST. If this work is covered within existing external contracts, please estimate the annual cost.

On 20 June, our Acting General Manager of Specialty Medicine & Health of Older People, Brett Paradine, contacted you to clarify that there are no figures to report in regards to your request as we only outsource colonoscopy and CT colonography for diagnostic purposes, not as part of the screening programme. On 21 June, we contacted you with the suggested clarifications, noting that the OIA clock would re-start once we had received your confirmation:

- 1. a) The cost of external (i.e. outsourced) colonoscopy procedures in the three years prior to establishment of the National Bowel Screening Programme, divided into screening and diagnostic (i.e. symptomatic) and surveillance procedures;**
- 1. b) The number of external (i.e. outsourced) CT colonography procedures in the three years prior to establishment of the National Bowel Screening Programme, divided into screening and diagnostic (i.e. symptomatic) and surveillance procedures;**
- 2. a) The cost of external (i.e. outsourced) colonoscopy procedures in every year after establishment of the National Bowel Screening Programme, divided into screening and diagnostic (i.e. symptomatic) and surveillance procedures;**
- 2. b) The number of external (i.e. outsourced) CT colonography procedures in every year after establishment of the National Bowel Screening Programme, divided into screening and diagnostic (i.e. symptomatic) and surveillance procedures;**

With all of the above figures provided by financial year (as a single dollar amount excluding GST for the financial elements of the request).

That same day, you advised the following:

I kept the term “screening” deliberately vague, so as to cover colonoscopy, colonography and other screening methods. I don’t believe a clarification is necessary and I’d appreciate if you could re-start the clock from the date of my request.

On 23 June, you contacted the former DHBs to advise the following:

Kia ora all: I’ve just had a helpful conversation with a person from Mid Central DHB. So for clarity: In the first limb of my request, regarding those years before your DHB joined the screening programme, please don’t be distracted by my clumsy term “bowel screening”. What I’m after is information about those procedures (colonoscopy and CT colonography etc) performed on symptomatic patients in the normal course of events. The idea is then to see if the addition of the programme caused a bump procedures being performed externally. Sorry for the confusion.

That same day, due to this clarification, we suggested reverting to our proposed clarification. You responded as follows:

My original wording stands, please – my latest email was just to ensure there was no confusion about the term “bowel screening”. I don’t require stats for screening before the programme started as the number would be zero. I also don’t need a split of whether those procedures were screening/surveillance/diagnostic.

Here’s the wording again.

The first figure is the external cost of bowel screening *procedures* in the three years BEFORE your DHB joined the National Bowel Screening Programme. In those same years, please also provide the number of procedures done externally (as opposed to in-house DHB services). The second figure is the external cost of bowel screening *procedures* every year AFTER your DHB joined the National Bowel Screening Programme. Please also provide the number of procedures done externally (as opposed to in-house DHB services).

Please provide these figures by financial year, as a single dollar amount, excluding GST. If this work is covered within existing external contracts, please estimate the annual cost.

While we advised that we would endeavour to provide a response to you within the original timeframe, on 14 July we notified of you of the need to extend the timeframe on providing a response to your request due to this clarification; this was because of the time needed to collate the information from various parts of the organisation.

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

There are three pathways to access to colonoscopy:

- 1. Screening*

The screening pathway targets people in the 60-to-74 years age category. It is not intended for some people, such as those who have symptoms of bowel cancer or are being treated for bowel cancer. Bowel screening involves a test called a faecal immunochemical test (FIT). If the test is positive, people will usually be referred for a colonoscopy.

2. *Diagnostic*

This pathway is for people who have symptoms that are suggestive of bowel cancer and other conditions such as inflammatory bowel disease. These patients can be referred direct to the colonoscopy waitlist by their GP, without the need for an outpatient appointment.

3. *Surveillance*

Surveillance colonoscopy is for people who have had a previous colonoscopy that indicated issues which should be followed up at specified intervals. The time between surveillance colonoscopies varies depending on the findings of previous colonoscopies, in-line with national guidelines.

No-one was screened for bowel cancer on an outsourced basis prior or subsequent to Waitematā DHB entering the National Bowel Screening Programme in January 2018.

However, bowel cancer would have been diagnosed as a result of findings from *diagnostic or surveillance* colonoscopies or CT colonography.

Waitematā DHB has, during this time, outsourced colonoscopies and CT colonographies for non-screening purposes, as detailed in our suggested clarification.

In relation to outsourced diagnostic and surveillance colonoscopy volumes and costs for the three years before our DHB joined the National Bowel Screening Programme and each year following joining the programme, we can provide the following information in financial years from 1 July to 30 June:

Waitematā colonoscopy outsourcing volume and costing history*			
Financial year	Outsourced volume	Outsourced costs	Comments
2014/2015	1,193	\$ 1,511,960	
2015/2016	2,243	\$ 2,685,758	
2016/2017	2,386	\$ 2,694,042	
2017/2018	1,751	\$ 2,231,786	Joined NBSP 1 January 2018
2018/2019	1,997	\$ 2,202,671	
2019/2020	2,485	\$ 2,982,501	
2020/2021	2,953	\$ 3,927,071	

*Note:

1. Volumes and costs shown include *both* diagnostic and surveillance colonoscopies. As noted above, no screening colonoscopies have been outsourced.
2. Colonoscopies can be an investigation/diagnostic tool for clinical purposes other than cancer.

For outsourced CT colonography volumes and costs for the three years before Waitematā joined the NBSP and each year following, we can provide the following information in financial years from 1 July to 30 June:

Waitematā CT colonography outsourcing volume and costing history			
Financial year	Outsourced volume*	Outsourced costs	Comments
2014/2015	-	-	Not outsourced
2015/2016	-	-	Not outsourced
2016/2017	53	\$34,950	
2017/2018	179	\$116,400	Joined NBSP 1 January 2018
2018/2019	57	\$37,200	
2019/2020	79	\$53,100	
2020/2021	38	\$26,820	
2021/2022	226	\$155,310	See below*

*Years where drops in outsourced colonographies occur are due to an overall drop in CT colonography studies.

We note in your email of 23 June that you comment “the idea is then to see if the addition of the programme caused a bump procedures being performed externally.”

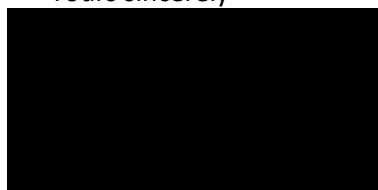
At Waitematā, which was the original bowel screening pilot site, the capacity for colonoscopies required for the bowel screening programme is completely ring-fenced and, therefore, does not impact any external outsourcing. COVID-19 has, however, had a significant impact on planned care, including the delivery of colonoscopies being performed externally.

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



**Acting Executive Director Commissioning and Community Services
Te Whatu Ora Health New Zealand Waitematā**

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New Zealand Government