

# Ministry stops measuring the effect of screening on access to diagnostic colonoscopy

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In New Zealand, the Southern region has historically had among the highest incidence and mortality rates for colorectal cancer,<sup>1</sup> and considering the region has also had among the highest rates of late and advanced presentations of colorectal cancer to A&E, it seems paradoxical that the Southern region has among the lowest rates of colonoscopy.

Following critical reviews of the Southern Region's service, it was agreed that all patients referred for colonoscopy should be documented. The aim was to trace patients' ultimate outcomes from their longer-term follow-up. But recent information obtained from an Official Information Act request (Ref: H202108227) indicates that the "Guide to Manage Colonoscopy Wait Time Indicator Performance" has been removed from the Ministry of Health (MoH) website, as it "no longer reflects MoH expectations." Replacement is not envisaged until after

review of the health system. Predicted changes to the policy include removal of Section 8 (declined colonoscopy referrals) as it is "not a requirement" and "it cannot be nationally monitored."

Our confusion is compounded by assurance from an authoritative source that all patients who were declined colonoscopy referrals were being recorded, at least until the end of May, which was when the MoH guide was taken down. This measure of colonoscopy performance for symptomatic patients is essential, but it appears to have now been deliberately discontinued. If so, why? We have good reason to believe that this matter can be resolved, and patient management decisions improved, only by the collection of reliable data that is independently verifiable. To claim that can now not be monitored ignores the obligation of care for symptomatic patients for each district health board while screening occurs.

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**Competing interests:**

Nil.

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