



8 October 2021



Dear 

Re: OIA request – Medical day-stay (non-oncology) infusion

Thank you for your Official Information Act received 10 September 2021 seeking information from Waitematā District Health Board (DHB) about medical day-stay (non-oncology) infusion, capacity, costs and alternative treatments.

You requested the following information:

1. ***What is the medical day-stay (non-oncology) infusion capacity where capacity is defined as the maximum number of infusions that can occur at any given time?***
2. ***Average number of infusions per week?***
3. ***Opening days and hours?***
4. ***Which products are most commonly infused (top 10)?***
5. ***Does the DHB run satellite infusion services outside of its main hospitals? If so, in what locations?***
6. ***How often (percentage of total patients) is travel assistance (e.g. buses, shuttles, taxis, or monetary assistance) to attend infusions provided to patients? What are the monthly costs?***
7. ***How often do patients not attend infusion appointments as scheduled?***
8. ***Are scheduled IV infusions ever provided outside of the medical day-stay unit (e.g. general medical ward)? If so, on average, how many times a month would this occur?***
9. ***What is the average cost of an infusion on the medical day-stay unit vs the general medical ward?***
10. ***Does method of administration (e.g. IV vs sub-cutaneous) pose a barrier to treatment due to capacity constraints?***
11. ***Is there a need for new medicines that are community or home-based as an alternative to infusions?***
12. ***Are infusion bookings ever delayed due to capacity constraints? If so:***
 - a. ***How many days (on average) from the date an infusion is required to the date it is booked for?***
 - b. ***What is the longest period (in days) that an infusion has been delayed for in the past year?***
 - c. ***Over the past 12 months, how many patients have had an infusion delayed due to capacity constraints?***
 - d. ***How are bookings prioritised?***
13. ***What is the forecasted increase in infusion numbers over the next two years?***

14. Is the DHB planning to expand infusion capacity? If so:

- a. By how much?**
- b. What is the timeframe for completion?**
- c. Will capacity meet demand?**

On 10 September, we contacted you to clarify what you meant by the term “infusion” and if this was meant to capture information on monoclonal antibody infusions (MABs), etc. and whether saline or some antibiotics given as infusions should be included in the response.

That same day, you advised that the definition would be:

- location of medical day-stay unit
- non-oncology.

Therefore, if patients are receiving saline or antibiotics in the medical day-stay, we would include them in the numbers. If it is elsewhere in the hospital, it should not be included.

On 14 September, we contacted you again to clarify that, where you were seeking information about wards, we should exclude information relating to saline or antibiotics in relation to the following questions as follows:

8. Are scheduled IV infusions *[excluding saline or antibiotics]* ever provided outside of the medical day-stay unit (e.g. general medical ward)? If so, on average, how many times-a-month would this occur?
9. What is the average cost of an infusion *[excluding saline or antibiotics]* on the medical day-stay unit vs the general medical ward?

That same day, you advised the following:

Scope: “For non-oncology infusions administered in the day-stay unit.”

1. This would be infusions that are normally provided as part of the day-stay service, how often are they provided on the general medical ward or other wards?
2. Regarding costs: this is asking what is the average administration cost between day-stay and general medical ward infusions are. If this data is known.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing around 8,600 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

Our response to your questions is outlined below. Please note that for several of these questions data is not collected. Where this is the case this is noted in the response.

- 1. What is the medical day-stay (non-oncology) infusion capacity where capacity is defined as the maximum number of infusions that can occur at any given time?**
- 2. Average number of infusions per week?**
- 3. Opening days and hours?**

Waitematā DHB has three units across two sites that provide ambulatory infusions to patients. Haematology Day-Stay (HDS) and the Infusion Centre are based at North Shore Hospital and Medical Day Unit (MDU) is based at Waitakere Hospital. The maximum number of infusions that can occur at any given time for these units is constrained by the number of beds/chairs within these units as outlined in the following table:

Table 1: Haematology Day-Stay, Infusion Centre and Medical Day Unit capacity

	HDS	Infusion Centre	MDU
Capacity (bed spaces)	11	6	8
Opening hours	Mon to Fri 0800-1730	Mon/Tues/Thurs/Fri 0800-1730	Wed to Fri 0800-1630

Currently, appointments are made using a Microsoft Outlook calendar. To provide the information you are seeking, we would need to identify each appointment for non-oncology infusions, collate the appointment data and then calculate the average number of infusions per week. This would take frontline staff away from their regular duties and prejudice our ability to provide core services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

4. Which products are most-commonly infused (top 10)?

Due to the wide range of indications for some infusions, we have not been able to separate out infusions used for oncology versus non-oncology indications.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

However, we are providing the top 10 of all infusions in alphabetical order, by volume from March to August 2021 as follows:

- Azacitidine
- Bendamustine
- Bortezomib
- Cyclophosphamide
- Cytarabine
- Ferrinject
- Infliximab
- Pentamidine
- Rituximab
- Tocilizumab

5. Does the DHB run satellite infusion services outside of its main hospitals? If so, in what locations?

Waitematā DHB does not run satellite infusion services.

6. How often (percentage of total patients) is travel assistance (e.g. buses, shuttles, taxis, or monetary assistance) to attend infusions provided to patients? What are the monthly costs?

Data is not collected on travel assistance provided to patients attending appointments in these areas. Indications from the managers of these units are that this is very infrequent.

We are, therefore, refusing this aspect of request under section 18(g) of the Official Information Act as the information you are seeking is not held by us.

7. How often do patients not attend infusion appointments as scheduled?

Data re: attendance rates and 'Did Not Attends' (DNAs) is not collected for these appointments. This is because of the way appointments are booked through a Microsoft Outlook calendar. To provide the information you are seeking, we would need to identify each appointment for non-oncology infusions, collate the appointment data and then calculate the average number of infusions per week. This would take frontline staff away from their regular duties and prejudice our ability to provide core services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

8. Are scheduled IV infusions ever provided outside of the medical day-stay unit (e.g. general medical ward)? If so, on average, how many times-a-month would this occur?

Data is not collected on this metric however anecdotal evidence from the unit managers is that this would occur very infrequently. Patients who are due an infusion who are current inpatients may receive this on the ward, if clinically appropriate. However, admitting patients to the ward due to capacity issues in our units would be very infrequent and based on clinical urgency.

9. What is the average cost of an infusion on the medical day-stay unit vs the general medical ward?

The following averages have been calculated excluding the costs of the product administered.

Care should be taken when interpreting these figures as patients receiving care on the wards will not also be receiving care in our day-stay areas. Inpatients are much more likely to be acutely unwell or suffering from life threatening conditions and this would be reflected in the below costings.

Table 2: Average cost of infusions on MDU vs a general medical ward

Area	Area costs + nursing costs (NZ\$)	Other costs (NZ\$)[†]	Total cost (NZ\$)
Ward	567	1185	1752
Day Unit	222	152	374

[†]Other costs include laboratory tests, radiology and medical staffing.

10. Does method of administration (e.g. IV vs sub-cutaneous) pose a barrier to treatment due to capacity constraints?

Currently, no, the method of administration does not pose a barrier to treatment in relation to capacity constraints as we treat patients assessed as requiring in-centre treatment within clinical requirements. However, when we are able to deliver cost-effective subcutaneous treatments that can be managed by patients in the community, this further increases in-centre capacity. For example, we have increased use of oral chemotherapy regimens, which do not require patients to receive care in our outpatient areas.

11. Is there a need for new medicines that are community or home-based as an alternative to infusions?

Yes, as above, medicines that can be delivered in a community setting allow us to free-up capacity in our outpatient areas.

12. Are infusion bookings ever delayed due to capacity constraints? If so:

- a. How many days (on average) from the date an infusion is required to the date it is booked for?
- b. What is the longest period (in days) that an infusion has been delayed for in the past year?
- c. Over the past 12 months, how many patients have had an infusion delayed due to capacity constraints?
- d. How are bookings prioritised?

Data is not collected for booking delays. We are, therefore, refusing this aspect of request under section 18(g) of the Official Information Act as the information you are seeking is not held by us.

Bookings are prioritised based on clinical need and, if there are issues with accommodating planned patients, these are escalated to medical staff for prioritisation. Our unit managers report that this happens infrequently.

13. What is the forecasted increase in infusion numbers over the next two years?

We do not have any forecast data specific to infusion numbers. Instead, an analysis has been completed looking at utilisation hours across our three units. This is inclusive of chemotherapy treatments and includes an element of repatriation from Auckland DHB in addition to anticipated growth. Total growth from FY21 to FY23 is anticipated to be 27%.

14. Is the DHB planning to expand infusion capacity? If so:

- a. By how much?
- b. What is the timeframe for completion?
- c. Will capacity meet demand?

Three additional funded bed spaces are planned for our Infusion Centre in financial year 2022 to accommodate repatriation of oncology patients from Auckland DHB, as Waitematā DHB does not provide day-stay care for oncology patients.

This is currently managed by Auckland DHB for patients in our district. Waitematā DHB does provide some chemotherapy to haematology patients in our haematology day-stay.

The three additional bed spaces would accommodate planned demand but further space would be required for the repatriation of further cancer streams.

You have the right to seek an investigation and review by the Ombudsman of the decisions made in providing this response. Information about how to seek a review is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

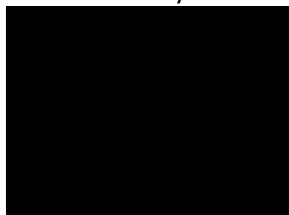
I trust that this information is helpful.

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



**Executive Director Hospital Services
Waitematā District Health Board**