

8 October 2020

(name and contact details redacted)

Dear (name redacted)

## **YOUR OFFICIAL INFORMATION ACT (1982) REQUEST HBDHB REF: OIA2020124**

I refer to your Official Information Act request transferred to district health boards by the Ministry of Health on 15 September 2020. Your questions and Hawke's Bay District Health Board's (HBDHB) response is provided below:

***Please note that all my questions relate only to endoscopy procedures:***

***1. In the last five years how many endoscopy consents were undertaken by nurses and could I please get a breakdown of the procedures these consents related to (e.g, gastroscopy, colonoscopy, ERCP, etc?)***

***I also want to know who conducted the procedure.***

No nurses at HBDHB undertake consents for endoscopy procedures, this has not changed over the past five years.

***2. In the last five years how many endoscopy consents were done by doctors and could I please get a breakdown of the procedures these consents related to? I also want to know who conducted the procedure.***

All endoscopy consents at HBDHB are completed by either a registrar or consultant. In the past five years 16,377 endoscopy procedures in total have been completed. These being: Gastroscopies – 6537; Colonoscopies – 7663; Endoscopic retrograde cholangiopancreatography (ERCP) - 399, Flexible Sigmoidoscopies – 1168; National Bowel Screening Programme - 604.

***3. For the last five years, can you please state how many high-risk endoscopy procedures (based on what you classify as high-risk procedures) nurses consented patients to?***

Please refer to the response provided to question 1 above – nurses do not undertake consenting for endoscopy procedures.

***4. In the last five years, how many deaths have been attributed to endoscopy procedures?***

In the past five years no deaths have been attributed to endoscopy procedures at HBDHB.

***5. What is best practice in terms of who (i.e. doctors or nurses) should be consenting patients to endoscopy procedures? Should consent be obtained by the clinician conducting the procedure?"***

Hawke's Bay DHB staff must obtain informed consent from a patient before an endoscopic procedure is carried out. Primary responsibility for providing information and obtaining informed consent lies with the person responsible for, and undertaking, the proposed treatment or procedure; they are responsible for ensuring the patient is competent, has been provided with sufficient information and that all reasonable attempts have been made to ensure the patient understands the information.

Responsibility for obtaining informed consent may be delegated to an appropriately qualified person, for example a registrar who has met the requirements to provide the treatment or perform the procedure. In situations where it is impractical for all information to come from the person responsible for the treatment or procedure, information may be imparted by other health professionals familiar with the treatment or procedure who are able to provide the information required.

Where delegation occurs, the person responsible for and undertaking the proposed treatment remains responsible for ensuring sufficient information has been imparted and valid informed consent has been obtained. Before proceeding, the person undertaking the treatment or procedure must satisfy themselves that the patient has received all relevant information, has given their informed consent, and still consents to the proposed treatment or procedure.

I trust this information meets your needs. If you would like any further information or clarification please phone me. If you are not satisfied with this response you may contact the Office of the Ombudsman, phone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Hawke's Bay DHB website after your receipt of this response.

Yours sincerely

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