

Geraldine Webby

From: Lawrence Nagle
Sent: Tuesday, 18 April 2017 12:14
To: Geraldine Webby
Subject: RE: Official Information request 11298 - Internal emails regarding Private Oncology Services

Nil

Lawrence S. Nagle MD FRACP

-----Original Message-----

From: Geraldine Webby
Sent: Tuesday, 18 April 2017 12:08
To: John Chin; Charles de Groot; Cristian Hartoceanu; Roger Huang; Michael Jameson; Ian Kennedy; Marion Kuper; Lawrence Nagle; Matthew Neve; Osama Salih; Matthew Seel; Archana Srivastava; Alvin Tan; Ziad Thotathil; Hermann Van De Vyver; Deborah Whalley; Amanda Wright; Andrea Coxhead
Cc: Alex Gordon
Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Dear all

Please see below for an OIA request, asking us to search our records in order to provide information for the DHB to respond.

I would be grateful if you could send all internal memoranda and internal emails from December 2012 to March 2017 pertaining to the topic of "Private Cancer Services". Other members of the DHB have also been asked to search their records to provide this information, but this email is being sent to you as you are either a Medical Oncologist, a current manager (Andrea) or a previous manager (Amanda).

I would be grateful if you could send this information to me by Friday 5th May. If there is nothing in your records relating to this topic, please submit a "nil" return.

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Kind regards
Geraldine

Geraldine Webby | Personal Assistant to Alex Gordon | Director - Medicine, Oncology, ED & Ambulatory Care |
Level 9, Menzies Building | Waikato Hospital | 07 839 8899 Ext 95229 | Mob 027 406 7842 |
geraldine.webby@waikatodhb.health.nz

-----Original Message-----

From: OIA Contact
Sent: Tuesday, 11 April 2017 14:42
To: Rebecca Walker; Brett Paradine; John Feyter
Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Hi

Below is an OIA to acknowledge and respond to.

The date that the information is due with the requestor is 12 May 2017.

Thanks

Karen

-----Original Message-----

From: anna goodwin [<mailto:fyi-request-5713-41c95afa@requests.fyi.org.nz>]

Sent: Tuesday, 11 April 2017 13:34

To: OIA Contact

Subject: Official Information request - Internal emails regarding Private Oncology Services

Dear Waikato District Health Board,

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Yours faithfully,

Dr Anna Goodwin

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Geraldine Webby

From: Osama Salih
Sent: Tuesday, 18 April 2017 12:15
To: Geraldine Webby
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Nil

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From: Cristian Hartoceanu
Sent: Tuesday, 18 April 2017 12:17
To: Geraldine Webby
Subject: RE: Official Information request 11298 - Internal emails regarding Private Oncology Services

Nil.

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Geraldine Webby

From: Charles de Groot
Sent: Tuesday, 18 April 2017 12:31
To: Geraldine Webby
Subject: RE: Official Information request 11298 - Internal emails regarding Private Oncology Services

Hi Geraldine
I have nothing in my records.
Regards
Charles

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Geraldine Webby

From: Ian Kennedy
Sent: Tuesday, 18 April 2017 13:51
To: Geraldine Webby
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nil

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Geraldine Webby

From: Alvin Tan
Sent: Tuesday, 18 April 2017 15:59
To: Geraldine Webby
Subject: RE: Official Information request 11298 - Internal emails regarding Private Oncology Services

Dear Geraldine,

My only correspondence with regards to 'Private Oncology services' have been my own private emails with the management at Braemar Hospital with regards to starting an afternoon in private in Braemar on Thursday afternoons. This was to set up meetings which were held on-site at Braemar Hospital.

I do not otherwise have any emails or memorandums with regards to the above.

Regards,
Alvin

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Geraldine Webby

From: Andrea Coxhead
Sent: Wednesday, 19 April 2017 15:28
To: Geraldine Webby
Subject: FW: Meet-up at some stage

As discussed for the OIA.

From: Alvin Tan
Sent: Tuesday, 7 February 2017 13:20
To: Andrea Coxhead
Subject: Meet-up at some stage

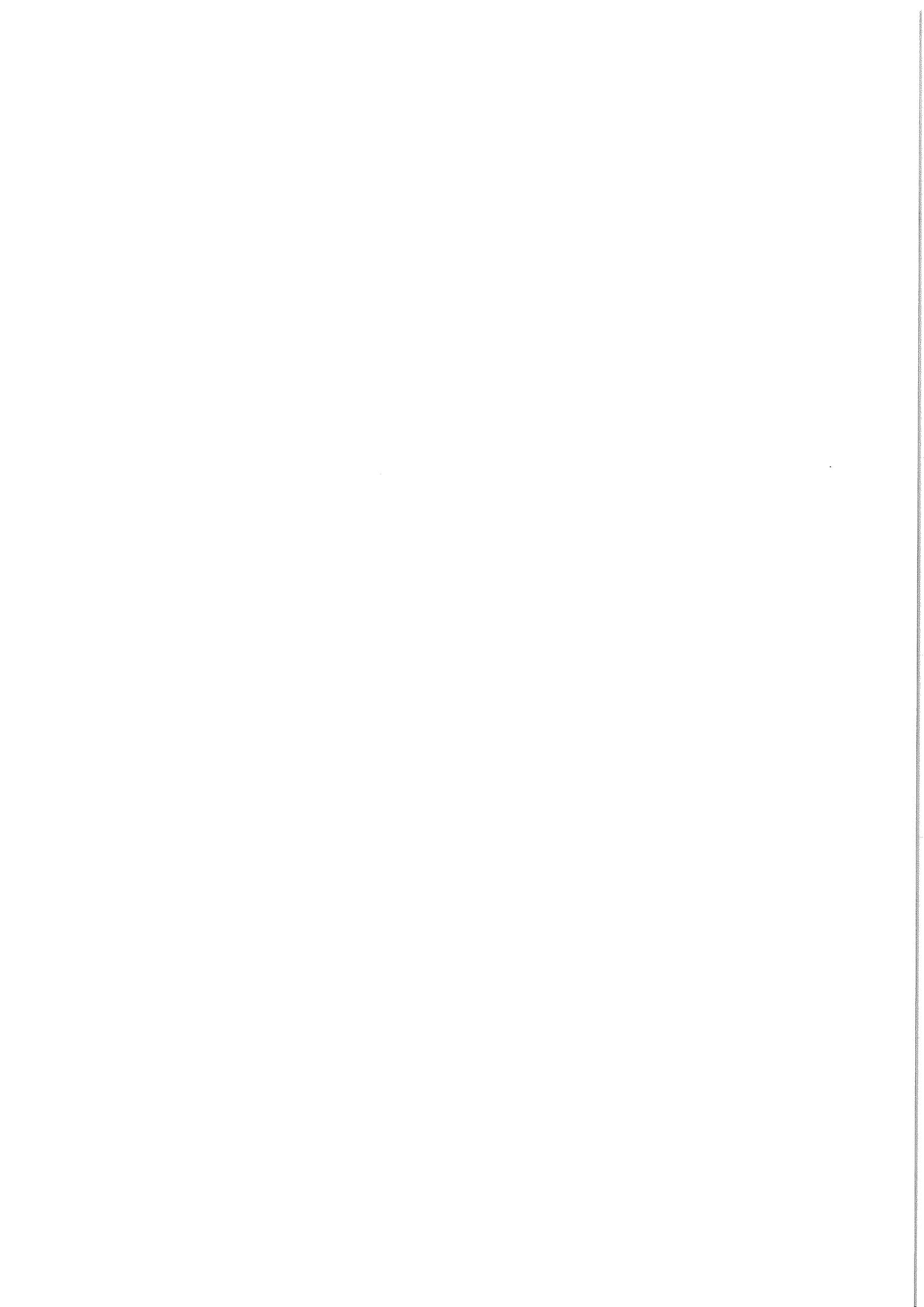
Dear Andrea,

Could I catch up with you for 5 minutes at some stage when you return to work next week? I was hoping to discuss the potential to cut back an afternoon a week on Thursdays to allow me to do some private work - would not affect my clinics/on-calls or rostering, but would like to discuss how it would affect my contract etc.

Thanks

Alvin

Dr Alvin Tan
Medical Oncologist
Department of Medical Oncology
Waikato Hospital | Private Bag 3200 | Hamilton, New Zealand
M: +64 27 8010558 | E: Alvin.Tan@waikatodhb.health.nz



Geraldine Webby

From: Matthew Neve
Sent: Wednesday, 19 April 2017 17:14
To: Geraldine Webby
Subject: RE: Official Information request 11298 - Internal emails regarding Private Oncology Services

nil

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From: Michael Jameson
Sent: Tuesday, 18 April 2017 18:08
To: Geraldine Webby
Subject: RE: Official Information request 11298 - Internal emails regarding Private Oncology Services

I have found no relevant emails in that time period.

Michael

Associate Professor Michael Jameson FRACP FRCP Edin. PhD

Consultant Medical Oncologist | Regional Cancer Centre, Waikato Hospital, Private Bag 3200, Hamilton 3240, New Zealand | p +64 7 839 8604 | f +64 7 839 8778 | m +64 21 75 95 47 | e michael.jameson@waikatodhb.health.nz

Assistant Dean | Waikato Clinical Campus, Faculty of Medical and Health Sciences, University of Auckland | Peter Rothwell Academic Centre | Waikato Hospital | Private Bag 3200 | Hamilton 3240 | p 07 8398750 ext 98836 | m 021 759547 | f 07 8398712 | e michael.jameson@waikatodhb.health.nz

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From: Ziad Thotathil
Sent: Monday, 1 May 2017 12:30
To: Geraldine Webby
Cc: Charles de Groot
Subject: RE: REMINDER : Response due this week - FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Nothing in my emails that I think is relevant. You are welcome to search my emails if you think necessary.

Ziad

-----Original Message-----

From: Geraldine Webby
Sent: Monday, 1 May 2017 12:24 PM
To: Ziad Thotathil
Subject: REMINDER : Response due this week - FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

-----Original Message-----

From: Geraldine Webby
Sent: Tuesday, 18 April 2017 12:08
To: John Chin; Charles de Groot; Cristian Hartoceanu; Roger Huang; Michael Jameson; Ian Kennedy; Marion Kuper; Lawrence Nagle; Matthew Neve; Osama Salih; Matthew Seel; Archana Srivastava; Alvin Tan; Ziad Thotathil; Hermann Van De Vyver; Deborah Whalley; Amanda Wright; Andrea Coxhead
Cc: Alex Gordon
Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Dear all

Please see below for an OIA request, asking us to search our records in order to provide information for the DHB to respond.

I would be grateful if you could send all internal memoranda and internal emails from December 2012 to March 2017 pertaining to the topic of "Private Cancer Services". Other members of the DHB have also been asked to search their records to provide this information, but this email is being sent to you as you are either a Medical Oncologist, a current manager (Andrea) or a previous manager (Amanda).

I would be grateful if you could send this information to me by Friday 5th May. If there is nothing in your records relating to this topic, please submit a "nil" return.

We appreciate everyone is already busy, but this is something we need to comply with as a public body.

Kind regards
Geraldine

Geraldine Webby | Personal Assistant to Alex Gordon | Director - Medicine, Oncology, ED & Ambulatory Care |
Level 9, Menzies Building | Waikato Hospital | 07 839 8899 Ext 95229 | Mob 027 406 7842 |
geraldine.webby@waikatodhb.health.nz

-----Original Message-----

From: OIA Contact
Sent: Tuesday, 11 April 2017 14:42
To: Rebecca Walker; Brett Paradine; John Feyter
Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Hi

Below is an OIA to acknowledge and respond to.

The date that the information is due with the requestor is 12 May 2017.

Thanks

Karen

-----Original Message-----

From: anna goodwin [<mailto:fyi-request-5713-41c95afa@requests.fyi.org.nz>]
Sent: Tuesday, 11 April 2017 13:34
To: OIA Contact
Subject: Official Information request - Internal emails regarding Private Oncology Services

Dear Waikato District Health Board,

I would be most grateful for all internal memoranda and internal emails from December 2012 to March 2017 pertaining to the topic of "Private Cancer Services". This can be limited to memoranda and emails between Oncology Consultants, and mid to upper level administrators, including former Waikato media-relations personnel.

Yours faithfully,

Dr Anna Goodwin

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Handwritten marks or text in the top right corner.

Geraldine Webby

From: Hermann Van De Vyver
Sent: Friday, 5 May 2017 12:14
To: Geraldine Webby
Subject: RE: REMINDER : Response due this week - FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Dear Geraldine,

No correspondence from me.

Kind regards,
Hermann.

-----Original Message-----

From: Geraldine Webby
Sent: Monday, 1 May 2017 12:24
To: Hermann Van De Vyver
Subject: REMINDER : Response due this week - FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

-----Original Message-----

From: Geraldine Webby
Sent: Tuesday, 18 April 2017 12:08
To: John Chin; Charles de Groot; Cristian Hartoceanu; Roger Huang; Michael Jameson; Ian Kennedy; Marion Kuper; Lawrence Nagle; Matthew Neve; Osama Salih; Matthew Seel; Archana Srivastava; Alvin Tan; Ziad Thotathil; Hermann Van De Vyver; Deborah Whalley; Amanda Wright; Andrea Coxhead
Cc: Alex Gordon
Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Dear all

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I would be grateful if you could send this information to me by Friday 5th May. If there is nothing in your records relating to this topic, please submit a "nil" return.

We appreciate everyone is already busy, but this is something we need to comply with as a public body.

Kind regards
Geraldine

Geraldine Webby | Personal Assistant to Alex Gordon | Director - Medicine, Oncology, ED & Ambulatory Care | Level 9, Menzies Building | Waikato Hospital | 07 839 8899 Ext 95229 | Mob 027 406 7842 | geraldine.webby@waikatodhb.health.nz

-----Original Message-----

From: OIA Contact

Sent: Tuesday, 11 April 2017 14:42

To: Rebecca Walker; Brett Paradine; John Feyter

Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Hi

Below is an OIA to acknowledge and respond to.

The date that the information is due with the requestor is 12 May 2017.

Thanks

Karen

-----Original Message-----

From: anna goodwin [<mailto:fyi-request-5713-41c95afa@requests.fyi.org.nz>]

Sent: Tuesday, 11 April 2017 13:34

To: OIA Contact

Subject: Official Information request - Internal emails regarding Private Oncology Services

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Yours faithfully,

Dr Anna Goodwin

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Geraldine Webby

From: Roger Huang
Sent: Friday, 5 May 2017 12:51
To: Geraldine Webby
Subject: RE: REMINDER : Response due this week - FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Nil records relating to Private Oncology Services.

Thanks
Roger

-----Original Message-----

From: Geraldine Webby
Sent: Friday, 5 May 2017 12:15
To: Roger Huang
Subject: FW: REMINDER : Response due this week - FW: Official Information request 11298 - Internal emails regarding Private Oncology Services
Importance: High

Hi Roger

We still don't have a response from you regarding this - if you don't have anything can you please reply to this email advising that - or if you do send the information through as requested below.

Many thanks for your attention.

Kind regards
Geraldine

Geraldine Webby | Personal Assistant to Alex Gordon | Director - Medicine, Oncology, ED & Ambulatory Care |
Level 9, Menzies Building | Waikato Hospital | 07 839 8899 Ext 95229 | Mob 027 406 7842 |
geraldine.webby@waikatodhb.health.nz

-----Original Message-----

From: Geraldine Webby
Sent: Monday, 1 May 2017 12:22
To: Roger Huang
Subject: REMINDER : Response due this week - FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

-----Original Message-----

From: Geraldine Webby
Sent: Tuesday, 18 April 2017 12:08
To: John Chin; Charles de Groot; Cristian Hartoceanu; Roger Huang; Michael Jameson; Ian Kennedy; Marion Kuper; Lawrence Nagle; Matthew Neve; Osama Salih; Matthew Seel; Archana Srivastava; Alvin Tan; Ziad Thotathil; Hermann Van De Vyver; Deborah Whalley; Amanda Wright; Andrea Coxhead
Cc: Alex Gordon

Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Dear all

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Geraldine

Geraldine Webby | Personal Assistant to Alex Gordon | Director - Medicine, Oncology, ED & Ambulatory Care |
Level 9, Menzies Building | Waikato Hospital | 07 839 8899 Ext 95229 | Mob 027 406 7842 |
geraldine.webby@waikatodhb.health.nz

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From: OIA Contact
Sent: Tuesday, 11 April 2017 14:42
To: Rebecca Walker; Brett Paradine; John Feyter
Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Hi

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Thanks

Karen

-----Original Message-----

From: anna goodwin [<mailto:fyi-request-5713-41c95afa@requests.fyi.org.nz>]
Sent: Tuesday, 11 April 2017 13:34
To: OIA Contact
Subject: Official Information request - Internal emails regarding Private Oncology Services

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Geraldine Webby

From: Archana Srivastava
Sent: Friday, 5 May 2017 16:56
To: Geraldine Webby; Marion Kuper
Subject: RE: REMINDER : Response due this week - FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Hi Geraldine,
I have tried to do a search on the iPad but didn't get anything.

Archana

Sent from my Windows Phone

From: Geraldine Webby
Sent: 5/05/2017 02:15
To: Archana Srivastava
Subject: FW: REMINDER : Response due this week - FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Hi Archana

We still don't have a response from you regarding this - if you don't have anything can you please reply to this email advising that - or if you do send the information through as requested below.

Many thanks for your attention.

Kind regards
Geraldine

Geraldine Webby | Personal Assistant to Alex Gordon | Director - Medicine, Oncology, ED & Ambulatory Care | Level 9, Menzies Building | Waikato Hospital | 07 839 8899 Ext 95229 | Mob 027 406 7842 | geraldine.webby@waikatodhb.health.nz

-----Original Message-----

From: Geraldine Webby
Sent: Monday, 1 May 2017 12:23
To: Archana Srivastava
Subject: REMINDER : Response due this week - FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

-----Original Message-----

From: Geraldine Webby
Sent: Tuesday, 18 April 2017 12:08
To: John Chin; Charles de Groot; Cristian Hartoceanu; Roger Huang; Michael Jameson; Ian Kennedy; Marion Kuper; Lawrence Nagle; Matthew Neve; Osama Salih; Matthew Seel; Archana Srivastava; Alvin Tan; Ziad Thotathil; Hermann Van De Vyver; Deborah Whalley; Amanda Wright; Andrea Coxhead
Cc: Alex Gordon
Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

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To: Rebecca Walker; Brett Paradine; John Feyter
Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

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Thanks

Karen

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Dr Anna Goodwin

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1. b
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Geraldine Webby

From: Matthew Seel
Sent: Thursday, 15 September 2016 16:21
To: Alex Gordon
Subject: draft of letter re: KKC

Sent while out and about. Please excuse creative spelling, brevity, etc.

Begin forwarded message:

From: Matthew Seel <Matthew.Seel@waikatodhb.health.nz>
Date: 5 September 2016 at 4:31:37 PM NZST
To: Charles de Groot <Charles.deGroot@waikatodhb.health.nz>
Subject: just between you and me, please

Charles

Thanks for the talk earlier today. It was very insightful and helpful ... as usual when I talk to you!
Please see below for a few thoughts. Feel free to comment back to me or not, as you see fit.
MS

From: Charles de Groot
Sent: Friday, 26 August 2016 9:42
To: Matthew Seel; Humphrey Pullon; Marion Kuper
Subject: Lakes urology

Hi

There have been a few discussions around our involvement with BOP urology MDM after Mark Fraundorfer letters telling us to remove ourselves. My view is that we should withdraw on the basis that bad management is being propagated through that MDM and our SMO's are unwillingly complicit in that. Their advice is ignored and no record is kept. The patients we get are simply those that even Venturo will not operate on. I believe we should also withdraw from treating these patients who can then be managed by KKC/Venturo as they see fit. Although I think the patients are disadvantaged there is little we can do to improve their care as "end of the line" providers and just possibly the public attention may force higher authorities to look at Venturo practise(I doubt it).

MS: This is all as you just described to me face-to-face. All good logic for us to use internally.

I would do the withdrawal with the following letter:

To the Regional CE's

CC: Midland Cancer Network and executive group

MS: Maybe just to Jan, to distribute how she sees fit

CC: Dr Andrew Simpson, Clinical director MOH Cancer Programme

Dear CE's

It is with regret that Waikato DHB Oncology services have received advice to withdraw from the BOP/Lakes/Waikato Urology MDM. We recognise that MDM discussion is a cornerstone of modern cancer management. Key to the success of MDM discussion is mutual respect and collegiality that allows for robust debate, and at times even disagreement, but always with the patients best interests at heart. If that collegial trust is not present it is not possible to have a multidisciplinary meeting in its commonly accepted form.

Sadly there is no trust or mutual respect in this environment and patients best interests are low on the agenda.

Because we are unable to influence the management of these patients at an MDM level we also do not believe we should be involved in delivering care that we may not agree with. We therefore

suggest that Lakes Urology patients are treated at the Kathleen Kilgour Centre and ongoing management performed through the KKC/Venturo partnership.

We strongly believe that it remains in the best interests of the remainder of Lakes DHB Oncology patients that their care remains with the Waikato and Lakes DHB partnerships. The collegial relationships in this group remain strong and we look to enhance that further in the future.

MS: My cut-down version would be:

Waikato DHB Oncology services have recently been instructed by Venturo Urology services to withdraw from the BOP/Lakes/Waikato Urology MDM. We believe that MDM discussion is a cornerstone of modern cancer management, but it has been made clear to us by the Venturo medical staff that it is not possible for us to join them in a patient-centred multidisciplinary meeting in its commonly accepted form and our input into the care of these patients is not welcomed or appreciated.

To ensure the best possible patient care under the above conditions, we suggest that we no longer participate in the BOP/Lakes/Waikato Urology MDM and that we urgently set in place a model of service where all Lakes Urology patients receive their medical and radiation oncology care through contractual arrangements between Venturo, the Kathleen Kilgour Centre and the BOP DHB. Please note that we strongly believe that it remains in the best interests of the remainder of all non-Urology Lakes DHB Oncology patients that their care remains with the Waikato and Lakes DHB partnership, where excellent co-ordinated multidisciplinary care structures are in place. The collegial relationships in this group are strong, and we are actively working to enhance that further in the near future with more clinical services provided "closer to home" for Lakes DHB patients.

Regards

Whichever of us are prepared to sign this (or similar).

MS: Ideally this would be signed by the Waikato DHB Oncology service - i.e. Alex and Andrea, plus MK, CdG and MS. I would Leave MCN (and HP) out of it.

Something to ponder

Charles

Geraldine Webby

From: Matthew Seel
Sent: Friday, 24 February 2017 7:57
To: Alex Gordon
Subject: FW: Transitioning Lakes Urology Patients to KKC

Thanks for raising this issue again y'day.

Below is last useful email I can find. There have also been emails from Julie and Brett.

I see two options –

1. Take position that we have done what we can to kick-start this, but really up to others to progress it. We just sit passively.
2. Flag to Lakes group today that we think the clinical risk is significant, so we will support the change if they propose it.

It is very important to me that Waikato is not seen to have *driven* this change. We have not. We *accept* it, not *encourage* it. We see other “better” solutions, but I am told they are off the table. I think you know all that.

What do you want to do? I guess Option 2 is OK, but I don't feel very good about it. I have never felt the Lakes people are good at this stuff, and somehow expect us to take responsibility for what I see as their issues.

I am so sick of how hard these relatively simple things become.

From: Jan Smith
Sent: Wednesday, 15 February 2017 11:06
To: Brett Paradine; Matthew Seel; Julie Wilson
Cc: Alex Gordon; Humphrey Pullon
Subject: RE: Transitioning Lakes Urology Patients to KKC

Dear all

I am aware of the request for change, but haven't been part of the discussion and process, except for Matthews paper and discussion.

Humphrey is away on leave this week so I haven't had a chance to brief him yet. I'm also aware Alex is away therefore I haven't had a chance to talk to him & I can't get hold of Julie at the moment.

I have had read the numerous emails sent today and the email from Shelley. I also had a call from Leanne late last week and based on the conversation was awaiting executive directions. I did suggest that this should be tabled at the MCN Exec – however next meeting is in March.

Waikato clinicians raised the issues and proposed the service change for good reasons.

What I understand is there were discussions with some of the stakeholders at KKC and Lakes & there was agreement to proceed.

- Did the paper go to the Midland COOs and GMs P&F? If so, did the supporting memo have lead organisation and proposed process?
- I don't see any response from Julie in the email correspondence – is there one?
- Was there clinical agreement from the Lakes clinicians?
- I'm not sure what involvement that BOP DHB has had in the discussions to date? Is there the risk that 'someone' has to manage the process with KKC separate to DHB P&F and provider (I may have this wrong). The paper doesn't go into if there is any impact on BOP provider arm.
- Did the paper go to the Midland CEs in Feb? And if so what was the outcome?

As MCN hasn't been part of the process to date, I would prefer if possible to have the service change and lead organisation agreed between the organisations, rather than MCN try and sort out. I think it should be Lakes/Venturo-BOP/Waikato partnership and MCN can support the process once it is agreed.

Jan

From: Brett Paradine
Sent: Wednesday, 15 February 2017 9:54
To: Matthew Seel; Julie Wilson
Cc: Alex Gordon; Jan Smith
Subject: RE: Transitioning Lakes Urology Patients to KKC

Jan?

From: Matthew Seel
Sent: Wednesday, 15 February 2017 9:47
To: Brett Paradine; Julie Wilson
Cc: Alex Gordon; Jan Smith
Subject: RE: Transitioning Lakes Urology Patients to KKC

I'd be OK with that.

The real driver is Venturo Urology, who contract to Lakes. The *best* source of the request for change would be a joint Venturo/Lakes proposal. Next best would be a Venturo/KKC thing. Very important it is clear that Venturo driving this, claiming it will improve patient care.

From: Brett Paradine
Sent: Wednesday, 15 February 2017 9:38
To: Matthew Seel; Julie Wilson
Cc: Alex Gordon; Jan Smith
Subject: RE: Transitioning Lakes Urology Patients to KKC

And as previously discussed, I feel about the same. And from our discussion with Nick, he feels about the same. It seems that while we can accept this as being a pragmatic solution, KKC is the only group actively promoting it, so maybe they need to hold the pen (aided/moderated by MCN) to put together a change proposal to be considered by Lakes and ourselves?

Regards

Brett

From: Matthew Seel
Sent: Wednesday, 15 February 2017 9:35
To: Brett Paradine; Julie Wilson
Cc: Alex Gordon; Jan Smith
Subject: RE: Transitioning Lakes Urology Patients to KKC

That's how I see it.

You know well that I do not actually think this is an ideal outcome. I am supporting/promoting/facilitating it because it seems like most sensible solution to a difficult/annoying problem. I will *support* the change when it proposed, but I will not write the *request* to change.

From: Brett Paradine
Sent: Wednesday, 15 February 2017 9:16
To: Matthew Seel; Julie Wilson
Cc: Alex Gordon; Jan Smith
Subject: RE: Transitioning Lakes Urology Patients to KKC
Importance: High

Hi Matthew.

I share your frustration. As you know I sent through the proposal to Strategy and Funding in November and also followed that up a week ago. To date I haven't heard back. I think that one of the difficulties here is that this relates to the Lakes population, this is really a service change for Lakes to propose, so the trick has been to work out how to get Lakes to do so. In my email last week I suggested that perhaps you and Alex could act as proxy for Lakes and translate the draft proposal into the service change template which I provided last November. I agree though that having Waikato complete it does feel somewhat like having the cart drag the horse, so support the fact that you've included Jan Smith in this discussion. Jan, in a preliminary discussion last year Nick Saville-Wood seemed accepting of this change if it was recommended by KKC and Waikato, so do you think that the Network might be able to be the neutral third party completing the documentation for the parties to sign to gain Ministry approval of this service change?

Julie, is that necessary and/or the right way to go about formalising this change?

Regards

Brett

From: Matthew Seel
Sent: Wednesday, 15 February 2017 8:00
To: Brett Paradine; Julie Wilson
Cc: Alex Gordon; Jan Smith
Subject: RE: Transitioning Lakes Urology Patients to KKC

Brett

I was surprised to see the email from Shelley, as I thought it was a "change of service" that Lakes needs to lead. I do not plan to respond to Shelley.

I honestly don't know what else I can do at this end. It is more than two months since I met with Nigel and you to explain our perspective, and you both seemed accepting of the solution I proposed. You and I then called Nick Saville-Wood (and then Jan Smith) to explain our position, and Nick seemed happy. I have summarised the issues and possible solution (focusing on patient issues, and without the finance details) in a one-page paper you requested – see attached, again. You said you would take it forward in terms of a service change. What more could I possibly do?

I was contacted by KKC last week to ask where this had got to. I was surprised it had not been resolved already. A new idea that Alex and I discussed was that maybe MCN Exec should take charge of this issue from here.

It would be *extremely* nice if we could move this along. Patients are suffering, and a lot of staff time is being wasted.

Matthew

(PS – I don't usually do this, but I have added Jan Smith back into this email group. She also received the initial email from Shelley, so I feel it is Ok to bring her back into what is being discussed here.)

From: Brett Paradine
Sent: Wednesday, 15 February 2017 6:53
To: Julie Wilson
Cc: Alex Gordon; Matthew Seel
Subject: Re: Transitioning Lakes Urology Patients to KKC

Hi Julie. While we've emailed you a couple of times asking how this could be progressed I don't think that we were specifically expecting this. As there has not to my knowledge been any process to agree details I'll ask Alex and Matthew to review what you've received.

Regards

Brett

Sent from my mobile.

On 14/02/2017, at 8:02 PM, Julie Wilson <Julie.Wilson@waikatodhb.health.nz> wrote:

Hi

Is this something you were expecting ?(I hadn't heard anything discussed round this)

Thanks

Julie

Sent from my iPad

Begin forwarded message:

From: Shelley Donnell <shelley.donnell@kathleenkilgourcentre.co.nz>
Date: 14 February 2017 at 6:10:19 PM NZDT
To: Jan Smith <Jan.Smith@healthshare.co.nz>, Julie Wilson <Julie.Wilson@waikatodhb.health.nz>, Gareth Fannin <Gareth.Fannin@lakesdhb.govt.nz>, "mary.smith@lakesdhb.govt.nz" <mary.smith@lakesdhb.govt.nz>, Mike Agnew <Mike.Agnew@bopdhb.govt.nz>
Cc: Leanne Tyrie <leanne.tyrie@kathleenkilgourcentre.co.nz>, Matthew Seel <Matthew.Seel@waikatodhb.health.nz>
Subject: Transitioning Lakes Urology Patients to KKC

Hi Jan et al

I believe the proposed change of care (see below) as stated in a discussion paper by Dr Matthew Seel 23/11/16 has been agreed.

A proposed change of care pathway for Lakes Urology patients, to address the current fractured multidisciplinary care paradigm

1. The KKC would manage the RO care of patients with prostate, bladder and testicular cancer. This will cover both the radical and palliative settings. This would include radiation therapy (RT) and any relevant endocrine therapies – i.e. androgen deprivation therapy.
2. The KKC would work with BoP DHB medical oncologists to manage concurrent chemo-radiation therapy for patients with bladder cancer. The use of the bladder-conservation treatment approach in the Lakes region is low, so this is an opportunity to improve that.

3. All other chemotherapy (i.e. other than concurrent chemo-radiation therapy, as described above) would continue to be overseen by Waikato DHB staff, with delivery principally at Rotorua Hospital as per current practice. This allows patients to receive this treatment as "close to home" as possible. Patients would be referred through to the Waikato MO team by KKC staff, using standard means of referral.
4. Waikato DHB would continue to manage penile cancer patients requiring radical RT, as this is a rare treatment and should be managed at a tertiary centre.
5. Urological surgical care for this cohort of patients would be unchanged.

Dr Leanne Tyrrie has asked that I contact you, Jan, to begin the process to successfully transition this patient cohort. Leanne indicated that she has contacted you and you are willing to provide some resource to assist with the transition.

Please let me know who I am best to meet with (phone or in person I don't mind) to begin the transition process.

Thanks and kind regards

Shelley Donnell
Radiation Therapy & Operations Manager
PO Box 15 145, Tauranga 3144 New Zealand
(p)+64 (7) 929 7995 (f)+64 (7) 929 7996
(m)+64 (0) 27 545 4410
(e)Shelley.Donnell@kathleenkilgourcentre.co.nz

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Geraldine Webby

From: Charles de Groot
Sent: Tuesday, 9 May 2017 10:23
To: Geraldine Webby
Subject: FW: Venturo Patients - Rotorua

From: Matthew Seel
Sent: Wednesday, 26 October 2016 11:17 AM
To: Judith Ward; Charles de Groot
Subject: RE: Venturo Patients - Rotorua

Judy

Thanks for letting us know. We must just laugh at this sort of stuff!

I had a phone conversation with Jan Smith (Manager, Midland Cancer Network) today about this whole issue of Lakes Urology patients. I am meeting with Jan, Humphrey Pullon (CD of MCN) and Alex Gordon (our Director) next Monday to hopefully get this addressed at CE level. I'll let Jan know about this latest morsel of information.

I'll be back in touch about all this next week.

Matthew

From: Judith Ward
Sent: Wednesday, 26 October 2016 10:26
To: Matthew Seel; Charles de Groot
Subject: Venturo Patients - Rotorua

Hi Gentlemen

I have had quite a few Rotorua patients referred by Venturo who have said that Mark Fraundorfer has also referred them to KKC????

I did not take a lot of notice before but the patient I have spoken to this morning said that it is so the patients can compare the two.

You may have already been aware of this practice but I didn't realise it was so widespread.

Kind Regards
Judy

Judy Ward | Oncology Booking Coordinator
Ph: +64 7 839 8899 ext 96822 Judith.Ward@waikatodhb.health.nz



Geraldine Webby

From: Charles de Groot
Sent: Tuesday, 9 May 2017 10:25
To: Geraldine Webby
Subject: FW: draft letter re: Lakes/BOP/Venturo Urology MDM "withdrawal" - Aug 2016
Attachments: Revisiting the possibility of moving Lakes non.docx

From: Matthew Seel
Sent: Monday, 10 October 2016 10:09 AM
To: Charles de Groot
Cc: Matthew Seel
Subject: draft letter re: Lakes/BOP/Venturo Urology MDM "withdrawal" - Aug 2016

Charles

I thought I would record this for both of us.

Proposed action plan –

1. Discuss the problem at SMO meeting today.
2. Depending on outcome of SMO meeting, likely re-flag to Alex and Andrea (this week) the importance of a letter as per draft below. Feel free to suggest adjustments to letter and send back to me.
 - a. Makes it clear what Venturo instructed and fact we have no choice but to comply.
 - b. Request CEs to prioritise sorting this mess out.
3. We will halt any work to actively help KKC take on these patients. That may come later, but for now the key thing is to highlight fact that current situation is unworkable.

Is that what we agreed?

Thanks for your help with this mess.

Matthew

To the Midland Region CE's
CC: Jan Smith, Manager of MCN
CC: Dr Andrew Simpson, Clinical Director MOH Cancer Programme

Dear CE's

Waikato DHB Oncology services were instructed in August by Venturo Urology services (Venturo) to withdraw our involvement from the Lakes/BOP/Venturo Urology MDM, with Venturo stating that our involvement was no longer needed or welcome.

We believe that MDM discussion is a cornerstone of modern cancer management, but it has been made clear to us by the Venturo medical staff that it is not possible for us to join them in a patient-centred multidisciplinary meeting in its commonly accepted form. They have stated quite clearly that our input into the care of these patients is not welcomed or appreciated.

To ensure the best possible patient care under the above conditions, we suggest that we regretfully accept the instruction from Venturo to no longer participate in the BOP/Lakes/Waikato Urology MDM. We request that the Midland CEs prioritise the review of Urology services across the Midland region, which will establish the best pathway of multidisciplinary care for these patients. The current situation of not being able to engage with the Venturo surgeons to provide true multidisciplinary care is a serious clinical risk which is already harming the care of patients.

Please note that the current care pathway for Urology patients is out of step with the strong Waikato and Lakes DHB collegial partnership that exists across other tumour streams, where excellent co-ordinated multidisciplinary care structures are in place. We are actively working to enhance that good partnership further in the near future with more clinical services provided "closer to home" for Lakes DHB patients.

Regards

Whichever of us are prepared to sign this (or similar).

MS: Ideally this would be signed by the Waikato DHB Oncology service - i.e. Alex and Andrea, plus MK, CdG and MS. I would Leave MCN (and HP) out of it.

Something to ponder

Charles

Geraldine Webby

From: Matthew Seel
Sent: Tuesday, 18 April 2017 17:26
To: Geraldine Webby
Subject: Re: Official Information request 11298 - Internal emails regarding Private Oncology Services

I think I have given you everything I could find in my files.

Sent while out and about. Please excuse creative spelling, brevity, etc.

> On 18/04/2017, at 12:07 PM, Geraldine Webby <Geraldine.Webby@waikatodhb.health.nz> wrote:
>
> Dear all
>
> Please see below for an OIA request, asking us to search our records in order to provide information for the DHB to respond.
>
> I would be grateful if you could send all internal memoranda and internal emails from December 2012 to March 2017 pertaining to the topic of "Private Cancer Services". Other members of the DHB have also been asked to search their records to provide this information, but this email is being sent to you as you are either a Medical Oncologist, a current manager (Andrea) or a previous manager (Amanda).
>
> I would be grateful if you could send this information to me by Friday 5th May. If there is nothing in your records relating to this topic, please submit a "nil" return.
>
> We appreciate everyone is already busy, but this is something we need to comply with as a public body.
>
> Kind regards
> Geraldine
>
> Geraldine Webby | Personal Assistant to Alex Gordon | Director - Medicine, Oncology, ED & Ambulatory Care | Level 9, Menzies Building | Waikato Hospital | 07 839 8899 Ext 95229 | Mob 027 406 7842 | geraldine.webby@waikatodhb.health.nz
>
>
> -----Original Message-----
> From: OIA Contact
> Sent: Tuesday, 11 April 2017 14:42
> To: Rebecca Walker; Brett Paradine; John Feyter
> Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services
>
> Hi
>
> Below is an OIA to acknowledge and respond to.
>
> The date that the information is due with the requestor is 12 May 2017.
>
> Thanks
>
> Karen
>

>
>
> -----Original Message-----
> From: anna goodwin [<mailto:fyi-request-5713-41c95afa@requests.fyi.org.nz>]
> Sent: Tuesday, 11 April 2017 13:34
> To: OIA Contact
> Subject: Official Information request - Internal emails regarding Private Oncology Services
>
> Dear Waikato District Health Board,
>
> I would be most grateful for all internal memoranda and internal emails from December 2012 to March 2017 pertaining to the topic of "Private Cancer Services". This can be limited to memoranda and emails between Oncology Consultants, and mid to upper level administrators, including former Waikato media-relations personnel.
>
> Yours faithfully,
>
> Dr Anna Goodwin
>
> -----
>
> This is an Official Information request made via the FYI website.
>
> Please use this email address for all replies to this request:
> fyi-request-5713-41c95afa@requests.fyi.org.nz
>
> Is OIA_contact@waikatodhb.health.nz the wrong address for Official Information requests to Waikato District Health Board? If so, please contact us using this form:
> https://fyi.org.nz/change_request/new?body=waikato_district_health_board
>
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> <https://fyi.org.nz/help/officers>
>
> If you find this service useful as an Official Information officer, please ask your web manager to link to us from your organisation's OIA or LGOIMA page.
>
>
> -----
>

Geraldine Webby

From: Matthew Seel
Sent: Thursday, 16 March 2017 21:12
To: Anna Goodwin
Cc: Matthew Seel
Subject: Re: meeting

Anna

I apologise for the delay in updating you.

I met with members of our Medical Oncology SMO team earlier this week. Sadly your recent email to Dr Kuper (dated 7/3/17, copied to me and others) has proven to be the final straw, meaning Medical Oncology staff here are not prepared to meet with you to discuss your concerns and your ideas for ways of working together better. I accept their position on that.

Unfortunately, the dye has been cast and we all just have to make the best of where we are. It is a pity the parties involved have not been able to find more common ground, but all have their own reasons to justify their disparate views.

Matthew

From: Anna Goodwin <annag@braemarhospital.co.nz>
Sent: Thursday, 16 March 2017 10:42 a.m.
To: Matthew Seel
Subject: RE: meeting

Hi Matthew,
Any new developments???

Anna Goodwin
Consultant Medical Oncologist
P 0800 ONCOLOGY (6626 5649)
E annag@braemarhospital.co.nz



24 Ohaupo Road, Hamilton | PO Box 972, Waikato Mail Centre 3240
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From: Matthew Seel [<mailto:Matthew.Seel@waikatodhb.health.nz>]
Sent: Monday, 13 March 2017 5:04 p.m.
To: Anna Goodwin <annag@braemarhospital.co.nz>
Subject: Re: meeting

Not going well.
I am scheduled to talk to Marion again tomorrow.

Sent while out and about. Please excuse creative spelling, brevity, etc.

On 13/03/2017, at 4:02 PM, Anna Goodwin <annag@braemarhospital.co.nz> wrote:

Hi Matthew,
Just following up. How did it go?

Anna Goodwin
Consultant Medical Oncologist
P 0800 ONCOLOGY (6626 5649)
E annag@braemarhospital.co.nz

<image001.jpg>

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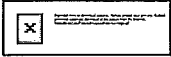
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From: Anna Goodwin <annag@braemarhospital.co.nz>
Sent: Tuesday, 7 March 2017 11:39
To: Marion Kuper
Cc: Matthew Seel; Paul Bennett; Brenda Williamson
Subject: Emailing: Health-bosses-reject-cancer-therapy-claims



Dear Marion,

In the interest of salvaging some level of professionalism related to your planned foray into private practice at Braemar, I would suggest that we need to get some clarity on a few issues. With over five years of dealing with “less than warm and welcoming” sentiment (as below), you could certainly appreciate why I might find this reversal of sentiment a *little* ironic.... There have been, at least monthly, reports from patients who filter back to us that “snide” remarks have been made (by various senior doctors, junior doctors, and ancillary staff), regarding myself or the private oncology service. Since most of these people do not know me at all, I can only conclude that they have formulated their opinion of our service from the people I viewed as “my colleagues” from 2009-2012. I cannot help but feel a certain degree of betrayal by these remarks from people whose table I have shared. It is entirely disingenuous for you, or anyone else there, to foment the idea that “I am too alternative” for any New Zealand oncologist to work with me. I would like to register my strong exception to being so disparaged and marginalized. Surely you must recognize that this sort of behaviour must not continue if we are to be “under one roof” and sharing an infusion centre, and eventually, nursing support. I have never sought to undermine you, my oncology colleagues, or the service at Waikato. I regularly defend you and my colleagues there, when patients want to complain. As a matter of mutual respect, I must insist upon the same professional respect from you. The apparent covert, non-inclusive posture that you have taken in your dealings on this issue of private practice suggests that you are aware of yourself as either an intruder or an “uninvited guest”. A “colleague” would have been above board and forthrightly wanted to meet with me prior to setting themselves up to, in effect, steal from me, under the pretext of “saving the service”. It is patently unacceptable to set yourself up as a “separate silo” and thumb your nose at me, and skim from my practice. You have not lifted a finger to help over the years, nor have I asked, because I knew the answer already. I have been very careful to not “dump” on the Waikato and we manage the vast majority of our acutes here. As you will be aware, oncology patients have reactions to medication with considerable regularity. I would not dream of denying care to one of your patients under treatment here, but I cannot confidently say the same of you. I cannot simply “pretend” that the last 5 years have not happened. I am open to a new direction with you, born of mutual respect rather than subterfuge. Are you up for the task? If so, I would suggest that we meet at some point before the 27th of March.

Regards,

Anna Goodwin

Health bosses reject cancer therapy claims

NICOLA BRENNAN-TUPARA
Last updated 05:00 14/12/2012

Relevant offers

Waikato's first private chemotherapy treatment centre is about to open its doors.

But initial claims that it will drastically cut the wait time for treatment for those who can afford private healthcare have been labelled "disingenuous" by public health sector bosses, who are standing by their service.

Announcing the new centre, which will open early next year and be based in Braemar Hospital's new day hospital in Hamilton, chief executive Paul Bennett said patients could wait up to 10 weeks for treatment in the public health sector.

He later corrected himself to say "several" weeks after those in the public sector fired up.

"We know there is a strong demand for this kind of service," Mr Bennett said.

"Currently patients face a long wait for treatment or make a trip to Auckland. This creates a huge strain, not only for the patient but also for their family."

Waikato District Health Board chief operating officer Jan Adams said Mr Bennett's inference was that the public health system wasn't providing a good service. "I think it's disingenuous to indicate that we're providing a poor service," she said.

"What I can say is that the public system, within the Waikato, provides an excellent service. We have a lot of trust and confidence in our clinicians."

The Waikato DHB is currently meeting the Government target of 100 per cent of its cancer patients (who are ready for treatment) receiving radiotherapy and chemotherapy within four weeks of the decision to treat.

"What [the new centre] provides is a private option for people who wish to have their treatment privately and who don't wish to travel to Auckland.

"There will always be people who choose that option."

Waikato DHB chief executive Craig Climo agreed, saying Waikato people were getting "exceptionally good" cancer services from the public sector and he was proud of the work his clinicians were doing.

With only about a quarter of Kiwis having private health insurance, the cost of going private won't come cheap. Mr Bennett could not give the Waikato Times the specific costs of private treatment, saying it varied depending on the drugs used.

"Some are quite cheap but others are very expensive," he said.

A report in 2005 showed the cost of private chemotherapy could range from \$5000 to \$150,000. Not all private insurance policies cover full treatment, meaning many patients would have to cover the shortfall.

"We already have people paying out of pocket for surgery now - only 1.4 million have health insurance in New Zealand - so we will expect the same thing to happen for chemotherapy," Mr Bennett said.

Ad Feedback

Up to 10 patients can be treated per day in the new centre but that could rise depending on demand. Treatments will include chemotherapy and related supportive care and medical oncology consultation. The centre will be headed by Dr Anna Goodwin, an American oncologist who came to New Zealand three years ago to take up a position as a locum medical oncology consultant at Waikato Hospital.

- Waikato Times

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Geraldine Webby

From: Matthew Seel
Sent: Wednesday, 25 January 2017 16:49
To: 'Anna Goodwin'
Subject: broader issues you raised

Hi Anna

You say you don't want to be adversarial and I believe you, but your email does come across rather adversarial. I suspect that is just the nature of email as a communication medium, so I won't reply to your comments and questions by email because it very hard to get the tone right. I suggest we talk through these things face-to-face soon. I will struggle to do that in next couple of weeks, but I am keen to book in 30-60min next month. Would you be equally keen? What day(s) are good for you to do that sort of thing?

Matthew

From: Anna Goodwin [mailto:annag@braemarhospital.co.nz]
Sent: Wednesday, 25 January 2017 16:38
To: Matthew Seel
Subject: RE: thanks for your help with Pamela Eagles' care

Hi Matthew,

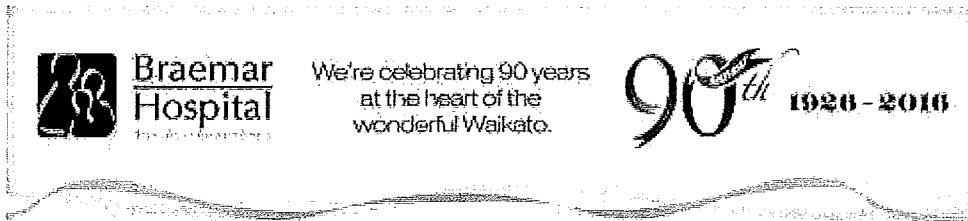
I have adopted a "watch and wait" approach with Pamela at the moment. Her CRP was up and she seemed to have an infection that coincided with the PET-CT, as mentioned in my note. As an aside, I am seeking your leadership on several issues:

1. We need some clear guidance from the oncology department regarding imaging studies on patients that have been referred for various targeted therapies. Many patients are paying out of pocket for these therapies, and it does not seem fair for those without health cover, or health cover that doesn't include imaging, to be further disadvantaged by having to pay for their imaging as well. On the other hand, some patients with full cover and independent wealth are offered scans, apparently at will. We are struggling with the inconsistencies that do not seem to be based on need, but on the whim of the oncologist.
2. Could you (or Charles, or Humphry) please explain the rationale basis (if there is one) for excluding private oncology patients from psychosocial services at the public hospital. It is very confusing as to why this is necessary and indeed as to how this should be applied. This has apparently come from the Midland Cancer Network.
3. I must respectfully request that there be a word to your colleagues regarding the idea that "I am too alternative" to practice oncology in the public sector which I have done for over 3 years. I have a very main stream practice that has a dimension of nutritional and dietary counselling, but you can rest assured that I am not "alternative" and I consider this to be a somewhat disparaging (bordering upon defamation) term. I have worked with most of the department for almost 8 years now (and dined with most of them at the same table) and I will not tolerate this any longer. I do not understand where this is coming from and I would ask that this is sorted out at once.
4. Is it fair to patients, going through tremendous stress and despair from cancer, for SMO's to bully them and tell them that they cannot be cared for by the public hospital if they see a private oncologist? This is regularly (almost weekly) happening at Waikato Hospital, and I am not aware of it happening to any other private oncologists in the country (who, coincidentally, also have public appointments).

I look forward to your collegial reply. I believe that my presence here is beneficial for patients and Waikato hospital alike. I do not wish to be adversarial with anyone there, but this has gone far enough and for much too long.

With Kindest Regards,

Anna Goodwin
Consultant Medical Oncologist
P 0800 ONCOLOGY (6626 5649)
E annag@braemarhospital.co.nz



24 Ohaupo Road, Hamilton | PO Box 972, Waikato Mail Centre 3240
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From: Matthew Seel [<mailto:Matthew.Seel@waikatodhb.health.nz>]
Sent: Wednesday, 04 January 2017 3:12 p.m.
To: Anna Goodwin <annag@braemarhospital.co.nz>
Subject: thanks for your help with Pamela Eagles' care

Hi Anna

Re: Pamela Eagles DJC4920

Thanks for copying me into your letter of 19/12/16. I was not part of the recent Waikato Hospital Chest Conference discussion last month. I agree with you that further work-up seems prudent to establish more definitively whether Pamela has active malignancy or not. I would appreciate it if you can again copy me into your letter when you next see Pamela. Also, please phone me as needed if you wish to discuss anything about Pamela's situation.

Matthew Seel
Radiation Oncologist + Oncology Clinical Unit Leader
Waikato Hospital, Hamilton, New Zealand
Ph: +64 7 8398899 | Mob: +64 21 635421 | Fax: +64 7 8398778

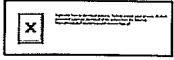
"Nothing in this world can take the place of persistence. Talent will not; nothing is more common than unsuccessful people with talent. Genius will not; unrewarded genius is almost a proverb. Education will not; the world is full of educated failures. Persistence and determination alone are omnipotent."
Calvin Coolidge

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Geraldine Webby

From: Anna Goodwin <annag@braemarhospital.co.nz>
Sent: Tuesday, 7 March 2017 11:39
To: Marion Kuper
Cc: Matthew Seel; Paul Bennett; Brenda Williamson
Subject: Emailing: Health-bosses-reject-cancer-therapy-claims



Dear Marion,

In the interest of salvaging some level of professionalism related to your planned foray into private practice at Braemar, I would suggest that we need to get some clarity on a few issues. With over five years of dealing with “less than warm and welcoming” sentiment (as below), you could certainly appreciate why I might find this reversal of sentiment a *little* ironic... There have been, at least monthly, reports from patients who filter back to us that “snide” remarks have been made (by various senior doctors, junior doctors, and ancillary staff), regarding myself or the private oncology service. Since most of these people do not know me at all, I can only conclude that they have formulated their opinion of our service from the people I viewed as “my colleagues” from 2009-2012. I cannot help but feel a certain degree of betrayal by these remarks from people whose table I have shared. It is entirely disingenuous for you, or anyone else there, to foment the idea that “I am too alternative” for any New Zealand oncologist to work with me. I would like to register my strong exception to being so disparaged and marginalized. Surely you must recognize that this sort of behaviour must not continue if we are to be “under one roof” and sharing an infusion centre, and eventually, nursing support. I have never sought to undermine you, my oncology colleagues, or the service at Waikato. I regularly defend you and my colleagues there, when patients want to complain. As a matter of mutual respect, I must insist upon the same professional respect from you. The apparent covert, non-inclusive posture that you have taken in your dealings on this issue of private practice suggests that you are aware of yourself as either an intruder or an “uninvited guest”. A “colleague” would have been above board and forthrightly wanted to meet with me prior to setting themselves up to, in effect, steal from me, under the pretext of “saving the service”. It is patently unacceptable to set yourself up as a “separate silo” and thumb your nose at me, and skim from my practice. You have not lifted a finger to help over the years, nor have I asked, because I knew the answer already. I have been very careful to not “dump” on the Waikato and we manage the vast majority of our acutes here. As you will be aware, oncology patients have reactions to medication with considerable regularity. I would not dream of denying care to one of your patients under treatment here, but I cannot confidently say the same of you. I cannot simply “pretend” that the last 5 years have not happened. I am open to a new direction with you, born of mutual respect rather than subterfuge. Are you up for the task? If so, I would suggest that we meet at some point before the 27th of March.

Regards,

Anna Goodwin

Health bosses reject cancer therapy claims

NICOLA BRENNAN-TUPARA

Last updated 05:00 14/12/2012

Relevant offers

Waikato's first private chemotherapy treatment centre is about to open its doors.

But initial claims that it will drastically cut the wait time for treatment for those who can afford private healthcare have been labelled "disingenuous" by public health sector bosses, who are standing by their service.

Announcing the new centre, which will open early next year and be based in Braemar Hospital's new day hospital in Hamilton, chief executive Paul Bennett said patients could wait up to 10 weeks for treatment in the public health sector.

He later corrected himself to say "several" weeks after those in the public sector fired up.

"We know there is a strong demand for this kind of service," Mr Bennett said.

"Currently patients face a long wait for treatment or make a trip to Auckland. This creates a huge strain, not only for the patient but also for their family."

Waikato District Health Board chief operating officer Jan Adams said Mr Bennett's inference was that the public health system wasn't providing a good service. "I think it's disingenuous to indicate that we're providing a poor service," she said.

"What I can say is that the public system, within the Waikato, provides an excellent service. We have a lot of trust and confidence in our clinicians."

The Waikato DHB is currently meeting the Government target of 100 per cent of its cancer patients (who are ready for treatment) receiving radiotherapy and chemotherapy within four weeks of the decision to treat.

"What [the new centre] provides is a private option for people who wish to have their treatment privately and who don't wish to travel to Auckland.

"There will always be people who choose that option."

Waikato DHB chief executive Craig Climo agreed, saying Waikato people were getting "exceptionally good" cancer services from the public sector and he was proud of the work his clinicians were doing.

With only about a quarter of Kiwis having private health insurance, the cost of going private won't come cheap. Mr Bennett could not give the Waikato Times the specific costs of private treatment, saying it varied depending on the drugs used.

"Some are quite cheap but others are very expensive," he said.

A report in 2005 showed the cost of private chemotherapy could range from \$5000 to \$150,000. Not all private insurance policies cover full treatment, meaning many patients would have to cover the shortfall.

"We already have people paying out of pocket for surgery now - only 1.4 million have health insurance in New Zealand - so we will expect the same thing to happen for chemotherapy," Mr Bennett said.

Ad Feedback

Up to 10 patients can be treated per day in the new centre but that could rise depending on demand. Treatments will include chemotherapy and related supportive care and medical oncology consultation. The centre will be headed by Dr Anna Goodwin, an American oncologist who came to New Zealand three years ago to take up a position as a locum medical oncology consultant at Waikato Hospital.

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Geraldine Webby

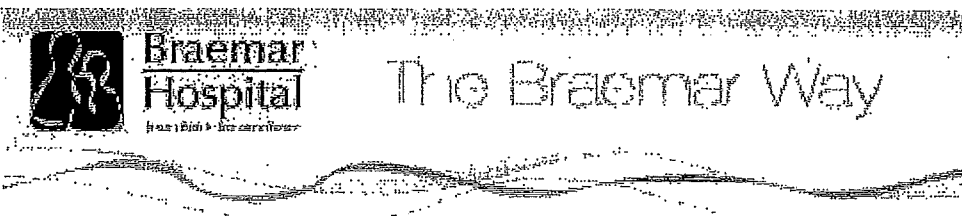
From: Anna Goodwin <annag@braemarhospital.co.nz>
Sent: Tuesday, 10 May 2016 11:44
To: Marion Kuper
Cc: Matthew Seel
Subject: RE: [REDACTED]

Dear Marion,

[REDACTED] and I are both unaware that a decision has been made, at any point, for [REDACTED] not to come back to you or to wave his right to care at his regional public hospital. I am not sure what you find so disagreeable about [REDACTED] care as it remains within published guidelines (unlike the Keytruda, which you referred him to get this year, whilst I "held my nose", due to the lack of data). Your registrar requested records on [REDACTED] the 4th of April and informed us that he was "under your care", so it cannot be said that your relationship to John is "so far removed" as to be non-existent.

This is a perfect illustration of the great inconsistency, within your department, around shared care issues as applied to diagnostic radiology services. Perhaps we should work towards a more uniform policy instead of simply "playing favourites" or "oncologist preference", so that we do not get cross-wise with each other again, on this issue. From my perspective, it seems that for some people, you guys can't do enough. Then others, like [REDACTED], are ostracized without good reason. It seems to bear no correlation with whether someone has insurance cover. I never bother you guys for patients that have insurance cover and we provide a means for the DHB to "shift costs" for radiology on a regular basis. As public servants, you have a fiduciary responsibility to use the public purse wisely. I totally get that, and as a tax payer, I too think about all the scans that are done by your department which could have been paid for by Southern Cross or other insurance company. Thank you for your consideration of these issues.

Anna Goodwin
Consultant Medical Oncologist
P 0800 ONCOLOGY (6626 5649)
E annag@braemarhospital.co.nz



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From: Marion Kuper [mailto:Marion.Kuper@waikatodhb.health.nz]
Sent: Tuesday, 10 May 2016 8:30 a.m.
To: Anna Goodwin
Subject: RE: [REDACTED]

Dear Anna,

When I disagree with the proposed care, I prefer not to be part of it. I feel it would be in the patient's best interest that they remain under the care of one physician when professional views diverge.

[REDACTED] is currently treated in the private system by yourself and he has chosen not to come back to us. This is a choice you made with him or he made. He could probably have his scans funded by ACC as his claim has now been approved.

Kind regards, Marion

From: Anna Goodwin [mailto:annag@braemarhospital.co.nz]
Sent: Monday, 9 May 2016 17:12
To: Marion Kuper
Subject: RE: [REDACTED]

Dear Marion,

Have a heart. He is getting chemotherapy. What is "unconventional" about Mitoxantrone, methotrexate, and Mitomycin C? It is published as an option for Mesothelioma. You could easily have done it there. He was just admitted to the oncology ward with chest pain and indicated that you saw him during his admission last month. You have been trying to send [REDACTED] away for years now and your initial referral for Pemetrexed should have been covered under ACC from the beginning and that cost him needlessly as well. Why is it so hard for you to help this man????

Anna Goodwin
Consultant Medical Oncologist
P 0800 ONCOLOGY (6626 5649)
E annag@braemarhospital.co.nz



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From: Marion Kuper [mailto:Marion.Kuper@waikatodhb.health.nz]
Sent: Thursday, 05 May 2016 5:25 p.m.
To: Anna Goodwin <annag@braemarhospital.co.nz>
Subject: RE: [REDACTED]

Dear Anna,

I would appreciate if you could organise [REDACTED] scans from now on. I haven't seen [REDACTED] since November of last year and haven't been involved with his recent care. He has moved into unconventional therapies now.

Thanks, Marion

From: Janet Johnson [mailto:Janet.Johnson@braemarhospital.co.nz]
Sent: Thursday, 5 May 2016 16:31
To: Marion Kuper
Cc: Anna Goodwin
Subject: RE: [REDACTED]

Hi Marion,

Anna's email is annag@braemarhospital.co.nz

[REDACTED] has another treatment due next week and then will be due a scan following this. Anna says about 3 weeks to a month.

Anna has asked me to convey that as [REDACTED] is out of pocket with his treatment here and you have seen him within the last 6 weeks whether you would be able to organise his CT in order to keep his costs down. He is a lovely man and would be grateful for your continued care.

Thank you and kind regards,

Janet

From: Marion Kuper [mailto:Marion.Kuper@waikatodhb.health.nz]
Sent: Wednesday, 04 May 2016 5:24 p.m.
To: Janet Johnson <Janet.Johnson@braemarhospital.co.nz>
Subject: [REDACTED]

Hi Janet,

My email to Anna has been returned as undeliverable.

Could you please forward this message to her and ask her to arrange the CT imaging for [REDACTED] whenever she feels this is indicated. He has been under Anna's care now for a while and I haven't seen [REDACTED] recently.

Thanks, Marion

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Geraldine Webby

From: Matthew Seel
Sent: Thursday, 26 January 2017 10:19
To: 'Anna Goodwin'
Subject: meeting up

Anna

Thanks for the meeting suggestion. I can juggle some things and make that work.

Is there somewhere at Braemar that is good to sit and talk? Can I buy you a coffee or similar?

Talk soon.

Matthew

PS – One thing you may want to start working on in your own time (as it is not reliant on our talk together) is the psychosocial services issue you raised. That team is not part of our unit, so I don't know anything about their scope of work. I suggest you contact their manager Lindsay Pooley or their clinical lead Jenny McCleery to discuss your concerns. I don't know what input Midland Cancer Network have had into the operation of that service. Is that helpful?

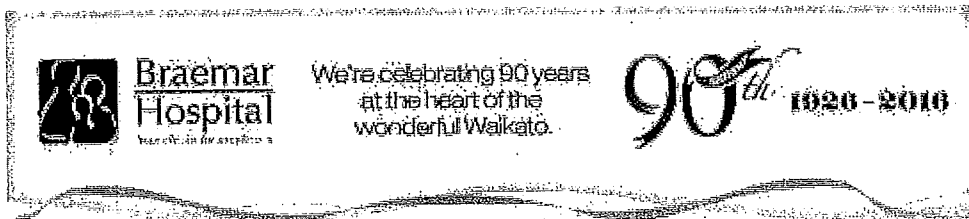
From: Anna Goodwin [mailto:annag@braemarhospital.co.nz]
Sent: Thursday, 26 January 2017 10:10
To: Matthew Seel
Subject: RE: broader issues you raised

Hi Matthew,

My letter is the long overdue response (ie defense) to unacceptable behaviour towards me and patients that are seeing me, in conjunction with a finite number of SMO's under your supervision. I am sorry if you see me as being contentious, but I did not throw the first punch. I have been more than tolerant, for 4 years now, of unprovoked derision from these people and it has to stop. My greatest concern is that there are personal differences, with me, that are being exacted upon patients, which is completely unacceptable. I could meet you at 1 pm on the 1st of February.

With Kind Regards,

Anna Goodwin
Consultant Medical Oncologist
P 0800 ONCOLOGY (6626 5649)
E annag@braemarhospital.co.nz



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From: Matthew Seel [mailto:Matthew.Seel@waikatodhb.health.nz]

Sent: Wednesday, 25 January 2017 4:49 p.m.

To: Anna Goodwin <annag@braemarhospital.co.nz>

Subject: broader issues you raised

Hi Anna

You say you don't want to be adversarial and I believe you, but your email does come across rather adversarial. I suspect that is just the nature of email as a communication medium, so I won't reply to your comments and questions by email because it very hard to get the tone right. I suggest we talk through these things face-to-face soon. I will struggle to do that in next couple of weeks, but I am keen to book in 30-60min next month. Would you be equally keen? What day(s) are good for you to do that sort of thing?

Matthew

From: Anna Goodwin [mailto:annag@braemarhospital.co.nz]

Sent: Wednesday, 25 January 2017 16:38

To: Matthew Seel

Subject: RE: thanks for your help with [REDACTED] care

Hi Matthew,

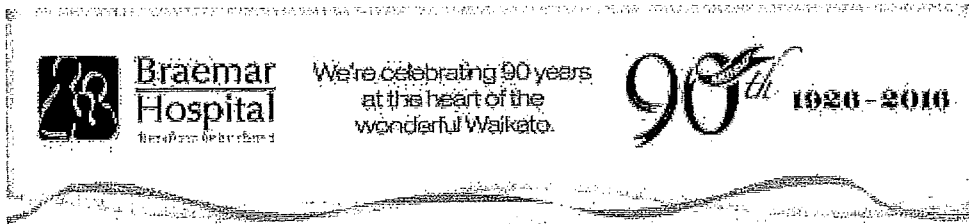
I have adopted a "watch and wait" approach with [REDACTED] at the moment. Her CRP was up and she seemed to have an infection that coincided with the PET-CT, as mentioned in my note. As an aside, I am seeking your leadership on several issues:

1. We need some clear guidance from the oncology department regarding imaging studies on patients that have been referred for various targeted therapies. Many patients are paying out of pocket for these therapies, and it does not seem fair for those without health cover, or health cover that doesn't include imaging, to be further disadvantaged by having to pay for their imaging as well. On the other hand, some patients with full cover and independent wealth are offered scans, apparently at will. We are struggling with the inconsistencies that do not seem to be based on need, but on the whim of the oncologist.
2. Could you (or Charles, or Humphry) please explain the rationale basis (if there is one) for excluding private oncology patients from psychosocial services at the public hospital. It is very confusing as to why this is necessary and indeed as to how this should be applied. This has apparently come from the Midland Cancer Network.
3. I must respectfully request that there be a word to your colleagues regarding the idea that "I am too alternative" to practice oncology in the public sector which I have done for over 3 years. I have a very main stream practice that has a dimension of nutritional and dietary counselling, but you can rest assured that I am not "alternative" and I consider this to be a somewhat disparaging (bordering upon defamation) term. I have worked with most of the department for almost 8 years now (and dined with most of them at the same table) and I will not tolerate this any longer. I do not understand where this is coming from and I would ask that this is sorted out at once.
4. Is it fair to patients, going through tremendous stress and despair from cancer, for SMO's to bully them and tell them that they cannot be cared for by the public hospital if they see a private oncologist? This is regularly (almost weekly) happening at Waikato Hospital, and I am not aware of it happening to any other private oncologists in the country (who, coincidentally, also have public appointments).

I look forward to your collegial reply. I believe that my presence here is beneficial for patients and Waikato hospital alike. I do not wish to be adversarial with anyone there, but this has gone far enough and for much too long.

With Kindest Regards,

Anna Goodwin
Consultant Medical Oncologist
P 0800 ONCOLOGY (6626 5649)
E annag@braemarhospital.co.nz



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From: Matthew Seel [<mailto:Matthew.Seel@waikatodhb.health.nz>]
Sent: Wednesday, 04 January 2017 3:12 p.m.
To: Anna Goodwin <annag@braemarhospital.co.nz>
Subject: thanks for your help with [REDACTED] care

Hi Anna

Re: [REDACTED]

Thanks for copying me into your letter of 19/12/16. I was not part of the recent Waikato Hospital Chest Conference discussion last month. I agree with you that further work-up seems prudent to establish more definitively whether [REDACTED] has active malignancy or not. I would appreciate it if you can again copy me into your letter when you next see [REDACTED]. Also, please phone me as needed if you wish to discuss anything about [REDACTED] situation.

Matthew Seel
Radiation Oncologist + Oncology Clinical Unit Leader
Waikato Hospital, Hamilton, New Zealand
Ph: +64 7 8398899 | Mob: +64 21 635421 | Fax: +64 7 8398778

"Nothing in this world can take the place of persistence. Talent will not; nothing is more common than unsuccessful people with talent. Genius will not; unrewarded genius is almost a proverb. Education will not; the world is full of educated failures. Persistence and determination alone are omnipotent."
Calvin Coolidge

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Geraldine Webby

From: Matthew Seel
Sent: Thursday, 16 March 2017 21:12
To: Anna Goodwin
Cc: Matthew Seel
Subject: Re: meeting

Anna

I apologise for the delay in updating you.

I met with members of our Medical Oncology SMO team earlier this week. Sadly your recent email to Dr Kuper (dated 7/3/17, copied to me and others) has proven to be the final straw, meaning Medical Oncology staff here are not prepared to meet with you to discuss your concerns and your ideas for ways of working together better. I accept their position on that.

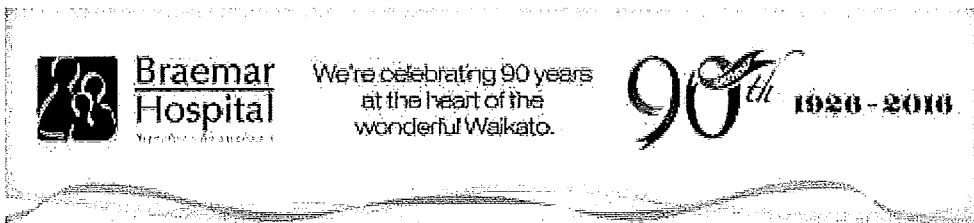
Unfortunately, the dye has been cast and we all just have to make the best of where we are. It is a pity the parties involved have not been able to find more common ground, but all have their own reasons to justify their disparate views.

Matthew

From: Anna Goodwin <annag@braemarhospital.co.nz>
Sent: Thursday, 16 March 2017 10:42 a.m.
To: Matthew Seel
Subject: RE: meeting

Hi Matthew,
Any new developments???

Anna Goodwin
Consultant Medical Oncologist
P 0800 ONCOLOGY (6626 5649)
E annag@braemarhospital.co.nz



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From: Matthew Seel [<mailto:Matthew.Seel@waikatodhb.health.nz>]
Sent: Monday, 13 March 2017 5:04 p.m.
To: Anna Goodwin <annag@braemarhospital.co.nz>
Subject: Re: meeting

Not going well.
I am scheduled to talk to Marion again tomorrow.

Sent while out and about. Please excuse creative spelling, brevity, etc.

On 13/03/2017, at 4:02 PM, Anna Goodwin <annag@braemarhospital.co.nz> wrote:

Hi Matthew,
Just following up. How did it go?

Anna Goodwin
Consultant Medical Oncologist
P [0800 ONCOLOGY](tel:0800ONCOLOGY) (6626 5649)
E annag@braemarhospital.co.nz

<image001.jpg>

24 Ohaupo Road, Hamilton | PO Box 972, Waikato Mail Centre 3240
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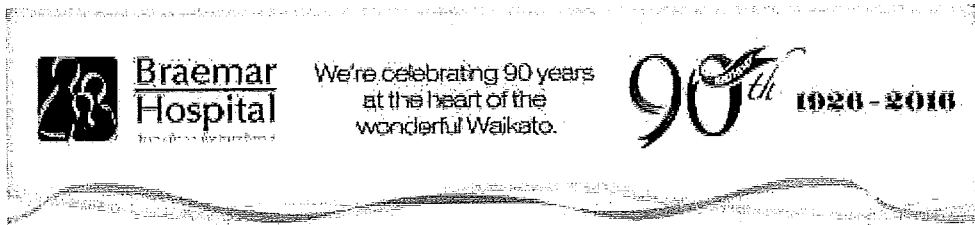
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Geraldine Webby

From: Anna Goodwin <annag@braemarhospital.co.nz>
Sent: Thursday, 2 February 2017 13:44
To: Matthew Seel
Subject: RE: talk today

Thank you very much for your time, and thoughtfulness, yesterday Matthew. That is an excellent summary.
Kind Regards,

Anna Goodwin
Consultant Medical Oncologist
P 0800 ONCOLOGY (6626 5649)
E annag@braemarhospital.co.nz



24 Ohaupo Road, Hamilton | PO Box 972, Waikato Mail Centre 3240
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From: Matthew Seel [<mailto:Matthew.Seel@waikatodhb.health.nz>]
Sent: Wednesday, 01 February 2017 2:50 p.m.
To: Anna Goodwin
Subject: talk today

Anna

Thanks for your time today. Below is my summary of our talk. Do you agree? Please feel free to suggest edits or additions.

Could you please send me your mobile number? My mobile number is 021635421.

Matthew

Our key discussion points

- Patients who have received some care at DHB and some care at Braemar should not be denied opportunity to DHB-provided imaging. We need to agree on a process for fair and timely access.

- *The DHB service and the Braemar service are not operating in an optimal collegial/collaborative manner. This is probably driven by some incorrect assumptions.*

Our agreed actions

1. *MS to look to set up a forum with DHB SMOs where AG can attend to discuss the above directly. Send some date suggestion to AG by 10/2.*
2. *MS to look into the issues related to the "access to DHB imaging" matter from DHB perspective, then report back to AG by 17/2. These could then be discussed at the above forum, if needed.*

From: Anna Goodwin [mailto:annag@braemarhospital.co.nz]

Sent: Thursday, 26 January 2017 10:10

To: Matthew Seel

Subject: RE: broader issues you raised

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*Geraldine refers Anna G
& sent to us*

Geraldine Webby

From: Marion Kuper
Sent: Friday, 28 April, 2017 15:05
To: Geraldine Webby
Subject: RE: Official Information request 11298 - Internal emails regarding Private Oncology Services
Attachments: 201704281453.pdf

Dear Geraldine,

I will be forwarding you one email that I received from Anna Goodwin (that is all I have) on 7 March. I have attached a few referral letters that we received from Dr Goodwin.

Both are not internal correspondence, but correspondence from Anna to us. I will leave it up to the legal to team to advice if this correspondence should be forwarded to Dr Goodwin.

Kind regards, Marion

*These have been excluded as they contain personal identifiable information. For your records, these were letters dated:
08th March 2017; 28th February 2017; 12th January 2017 and;
26th January 2017; 19th January 2017 and 11th January 2017.*

-----Original Message-----

From: Geraldine Webby
Sent: Tuesday, 18 April 2017 12:08
To: John Chin; Charles de Groot; Cristian Hartoceanu; Roger Huang; Michael Jameson; Ian Kennedy; Marion Kuper; Lawrence Nagle; Matthew Neve; Osama Salih; Matthew Seel; Archana Srivastava; Alvin Tan; Ziad Thotathil; Hermann Van De Vyver; Deborah Whalley; Amanda Wright; Andrea Coxhead
Cc: Alex Gordon
Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Dear all

Please see below for an OIA request, asking us to search our records in order to provide information for the DHB to respond.

I would be grateful if you could send all internal memoranda and internal emails from December 2012 to March 2017 pertaining to the topic of "Private Cancer Services". Other members of the DHB have also been asked to search their records to provide this information, but this email is being sent to you as you are either a Medical Oncologist, a current manager (Andrea) or a previous manager (Amanda).

I would be grateful if you could send this information to me by Friday 5th May. If there is nothing in your records relating to this topic, please submit a "nil" return.

We appreciate everyone is already busy, but this is something we need to comply with as a public body.

Kind regards
Geraldine

Geraldine Webby | Personal Assistant to Alex Gordon | Director - Medicine, Oncology, ED & Ambulatory Care | Level 9, Menzies Building | Waikato Hospital | 07 839 8899 Ext 95229 | Mob 027 406 7842 | geraldine.webby@waikatodhb.health.nz

-----Original Message-----

From: OIA Contact
Sent: Tuesday, 11 April 2017 14:42
To: Rebecca Walker; Brett Paradine; John Feyter
Subject: FW: Official Information request 11298 - Internal emails regarding Private Oncology Services

Hi

Below is an OIA to acknowledge and respond to.

The date that the information is due with the requestor is 12 May 2017.

Thanks

Karen

-----Original Message-----

From: anna goodwin [<mailto:fyi-request-5713-41c95afa@requests.fyi.org.nz>]
Sent: Tuesday, 11 April 2017 13:34
To: OIA Contact
Subject: Official Information request - Internal emails regarding Private Oncology Services

Dear Waikato District Health Board,

I would be most grateful for all internal memoranda and internal emails from December 2012 to March 2017 pertaining to the topic of "Private Cancer Services". This can be limited to memoranda and emails between Oncology Consultants, and mid to upper level administrators, including former Waikato media-relations personnel.

Yours faithfully,

Dr Anna Goodwin

This is an Official Information request made via the FYI website.

Please use this email address for all replies to this request:
fyi-request-5713-41c95afa@requests.fyi.org.nz

Is OIA_contact@waikatodhb.health.nz the wrong address for Official Information requests to Waikato District Health Board? If so, please contact us using this form:
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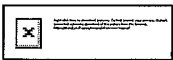
If you find this service useful as an Official Information officer, please ask your web manager to link to us from your organisation's OIA or LGOIMA page.

Geraldine Webby

From: Marion Kuper
Sent: Friday, 28 April 2017 15:06
To: Geraldine Webby
Subject: FW: Emailing: Health-bosses-reject-cancer-therapy-claims

As discussed. See email from this afternoon.

From: Anna Goodwin [mailto:annag@braemarhospital.co.nz]
Sent: Tuesday, 7 March 2017 11:39
To: Marion Kuper
Cc: Matthew Seel; Paul Bennett; Brenda Williamson
Subject: Emailing: Health-bosses-reject-cancer-therapy-claims



Dear Marion,

In the interest of salvaging some level of professionalism related to your planned foray into private practice at Braemar, I would suggest that we need to get some clarity on a few issues. With over five years of dealing with “less than warm and welcoming” sentiment (as below), you could certainly appreciate why I might find this reversal of sentiment a *little* ironic.... There have been, at least monthly, reports from patients who filter back to us that “snide” remarks have been made (by various senior doctors, junior doctors, and ancillary staff), regarding myself or the private oncology service. Since most of these people do not know me at all, I can only conclude that they have formulated their opinion of our service from the people I viewed as “my colleagues” from 2009-2012. I cannot help but feel a certain degree of betrayal by these remarks from people whose table I have shared. It is entirely disingenuous for you, or anyone else there, to foment the idea that “I am too alternative” for any New Zealand oncologist to work with me. I would like to register my strong exception to being so disparaged and marginalized. Surely you must recognize that this sort of behaviour must not continue if we are to be “under one roof” and sharing an infusion centre, and eventually, nursing support. I have never sought to undermine you, my oncology colleagues, or the service at Waikato. I regularly defend you and my colleagues there, when patients want to complain. As a matter of mutual respect, I must insist upon the same professional respect from you.

The apparent covert, non-inclusive posture that you have taken in your dealings on this issue of private practice suggests that you are aware of yourself as either an intruder or an “uninvited guest”. A “colleague” would have been above board and forthrightly wanted to meet with me prior to setting themselves up to, in effect, steal from me, under the pretext of “saving the service”. It is patently unacceptable to set yourself up as a “separate silo” and thumb your nose at me, and skim from my practice. You have not lifted a finger to help over the years, nor have I asked, because I knew the answer already. I have been very careful to not “dump” on the Waikato and we manage the vast majority of our acutes here. As you will be aware, oncology patients have reactions to medication with considerable regularity. I would not dream of denying care to one of your patients under treatment here, but I cannot confidently say the same of you. I cannot simply “pretend” that the last 5 years have not happened. I am open to a new direction with you, born of mutual respect rather than subterfuge. Are you up for the task? If so, I would suggest that we meet at some point before the 27th of March.

Regards,

Anna Goodwin

Health bosses reject cancer therapy claims

NICOLA BRENNAN-TUPARA

Last updated 05:00 14/12/2012

Relevant offers

Waikato's first private chemotherapy treatment centre is about to open its doors.

But initial claims that it will drastically cut the wait time for treatment for those who can afford private healthcare have been labelled "disingenuous" by public health sector bosses, who are standing by their service.

Announcing the new centre, which will open early next year and be based in Braemar Hospital's new day hospital in Hamilton, chief executive Paul Bennett said patients could wait up to 10 weeks for treatment in the public health sector.

He later corrected himself to say "several" weeks after those in the public sector fired up.

"We know there is a strong demand for this kind of service," Mr Bennett said.

"Currently patients face a long wait for treatment or make a trip to Auckland. This creates a huge strain, not only for the patient but also for their family."

Waikato District Health Board chief operating officer Jan Adams said Mr Bennett's inference was that the public health system wasn't providing a good service. "I think it's disingenuous to indicate that we're providing a poor service," she said.

"What I can say is that the public system, within the Waikato, provides an excellent service. We have a lot of trust and confidence in our clinicians."

The Waikato DHB is currently meeting the Government target of 100 per cent of its cancer patients (who are ready for treatment) receiving radiotherapy and chemotherapy within four weeks of the decision to treat.

"What [the new centre] provides is a private option for people who wish to have their treatment privately and who don't wish to travel to Auckland.

"There will always be people who choose that option."

Waikato DHB chief executive Craig Climo agreed, saying Waikato people were getting "exceptionally good" cancer services from the public sector and he was proud of the work his clinicians were doing.

With only about a quarter of Kiwis having private health insurance, the cost of going private won't come cheap. Mr Bennett could not give the Waikato Times the specific costs of private treatment, saying it varied depending on the drugs used.

"Some are quite cheap but others are very expensive," he said.

A report in 2005 showed the cost of private chemotherapy could range from \$5000 to \$150,000. Not all private insurance policies cover full treatment, meaning many patients would have to cover the shortfall.

"We already have people paying out of pocket for surgery now - only 1.4 million have health insurance in New Zealand - so we will expect the same thing to happen for chemotherapy," Mr Bennett said.

Ad Feedback

Up to 10 patients can be treated per day in the new centre but that could rise depending on demand. Treatments will include chemotherapy and related supportive care and medical oncology consultation. The centre will be headed by Dr Anna Goodwin, an American oncologist who came to New Zealand three years ago to take up a position as a locum medical oncology consultant at Waikato Hospital.

- Waikato Times

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Geraldine Webby

From: Amanda Wright
Sent: Tuesday, 9 May 2017 10:46
To: Geraldine Webby
Subject: FW: Midland Radiation Oncology - May CE meeting

From: Mike Agnew [<mailto:Mike.Agnew@bopdhb.govt.nz>]
Sent: Friday, 1 May 2015 9:15
To: Lu-ana Ngatai; Leanne Tyrie (KKC); Shelley Donnell (KKC); Neil McKelvie; Anton Turner; Amanda Wright; Matthew Seel; Charles de Groot
Cc: Humphrey Pullon
Subject: RE: Midland Radiation Oncology - May CE meeting

Lu-ana

Of the 7 people you sent this email to, who are you asking for this information? I can give you the data on out of district patients.

Mike Agnew
Senior Portfolio Manager
Planning and Funding
BOPDHB
Ph:07-579-8492
Fx: 07-578-0941

mike.agnew@BOPDHB.govt.nz

From: Lu-ana Ngatai [<mailto:Lu-ana.Ngatai@healthshare.co.nz>]
Sent: Friday, 1 May 2015 8:42 a.m.
To: Leanne Tyrie (KKC); Shelley Donnell (KKC); Neil McKelvie; Mike Agnew; Anton Turner; Amanda Wright; Matthew Seel; Charles de Groot
Cc: Humphrey Pullon
Subject: RE: Midland Radiation Oncology - May CE meeting

Hi all

I am in the process of collecting the IDF data from Waikato for 1 January – 30 March (Quarter 3).

What I need to know from this group is

- Was there any exceptional circumstances patients received either at KKC or Waikato during 1 January – 30 March? And if yes how many and where was the DHB of Domicile?
- Did Waikato receive any on-call/ after hour telephone calls from Bay of Plenty/KKC staff during 1 January – 30 March.

Can I please have this information by COB Monday 4th May 2015.

Thank you

Lu-ana

Lu-ana Ngatai | Project Manager | Midland Cancer Network | HealthShare Ltd | C/- Waikato District Health Board 198 Pembroke Street, Hamilton | Postal: P O Box 3200, Hamilton 3240 | Phone (07) 859 9154 | email Lu-ana.Ngatai@healthshare.co.nz



From: Jan Smith

Sent: Thursday, 30 April 2015 7:46 a.m.

To: Leanne Tyrie; shelley.donnell@kathleenkilgourcentre.co.nz; 'neil.mckelvie@bopdhb.govt.nz' (neil.mckelvie@bopdhb.govt.nz); Mike Agnew; Anton Turner; Amanda Wright; Matthew Seel; Charles de Groot

Cc: Lu-ana Ngatai; Humphrey Pullon

Subject: Midland Radiation Oncology - May CE meeting

Good morning

I hope you are all well.

The Waikato & BOP CE meeting regarding radiation oncology outstanding issues will occur in May – date yet to be confirmed.

Lu-ana will contact you shortly to collate the last quarter's data and any relevant comments regarding how the service delivery is progressing.

The draft report will be circulated to you prior to the meeting for checking.

Kind regards Jan

Jan Smith | Manager | Midland Cancer Network | HealthShare Ltd | C/- Waikato District Health Board 198 Pembroke Street, Hamilton | Postal: P O Box 3200, Hamilton 3240 | Phone (07) 859 9154 | Mobile 021 279 1870 | email jan.smith@healthshare.co.nz



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Geraldine Webby

From: Amanda Wright
Sent: Tuesday, 9 May 2017 10:46
To: Geraldine Webby
Subject: FW: Invoice for patient MRI

From: Shelley Donnell [<mailto:shelley.donnell@kathleenkilgourcentre.co.nz>]
Sent: Tuesday, 9 June 2015 9:29
To: Amanda Wright; Robyn Cavanah
Cc: Julie Wilson; Alison Cave
Subject: RE: Invoice for patient MRI

Hi Amanda

That is not the case. Michael Tills was seeing this patient on active followup. He ordered an MRI for the upcoming followup appointment scheduled. The Waikato Regional Cancer Centre then sent a follow up appointment to the patient for a couple of days before the patient was scheduled to see Dr Tills again. The patient attended the appointment with Ziad and cancelled the appointment with Dr Tills and Ziad agreed to continue following up the patient at the Waikato Regional Cancer Centre without going through the exceptional circumstances process. KKC did not receive the follow up funding, the Waikato Regional Cancer Centre did and therefore the WRCC should pay for the MRI.

Regards
Shelley

From: Amanda Wright [<mailto:Amanda.Wright@waikatodhb.health.nz>]
Sent: Monday, 8 June 2015 11:58 a.m.
To: Shelley Donnell; Robyn Cavanah
Cc: Julie Wilson; Alison Cave
Subject: RE: Invoice for patient MRI

Hi Shelley

My understanding of the flow for this should be that whoever orders the test would pay for it. I understand that Michael Tills did see and order the test. Subsequent to that the patient has requested further follow ups be undertaken at Waikato. KKC should have received the full funding for this patient.

Regards
Amanda

Amanda Wright

Assistant Group Manager Internal Medicine and Oncology
| Waikato Hospital | Private Bag 3200 | Hamilton 3240 | m 021241 5517 |
e amanda.wright@waikatodhb.health.nz www.waikatodhb.health.nz/waikatohospital

From: Shelley Donnell [<mailto:shelley.donnell@kathleenkilgourcentre.co.nz>]
Sent: Thursday, 4 June 2015 12:11 p.m.
To: Robyn Cavanah; Amanda Wright

Cc: Julie Wilson; Alison Cave
Subject: Invoice for patient MRI

Hi Amanda & Robyn

Please find attached the invoice for an MRI for patient [REDACTED] which KKC ordered and paid for in preparation for her follow up with her KKC clinician. Unbeknownst to KKC the Waikato Regional Cancer Centre called the patient for follow up and then took over her care.

Regards

	<p>Shelley Donnell Radiation Therapy & Operations Manager PO Box 15 145, Tauranga 3144 New Zealand (p)+64 (7) 929 7995 (f)+64 (7) 929 7996 (m)+64 (0) 27 545 4410 (e)Shelley.Donnell@kathleenkilgourcentre.co.nz</p>
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Geraldine Webby

From: Amanda Wright
Sent: Tuesday, 9 May 2017 10:47
To: Geraldine Webby
Subject: FW: Invoice for patient MRI
Attachments: Invoice INV-0088.pdf

From: Shelley Donnell [<mailto:shelley.donnell@kathleenkilgourcentre.co.nz>]
Sent: Thursday, 4 June 2015 12:11
To: Robyn Cavanah; Amanda Wright
Cc: Julie Wilson; Alison Cave
Subject: Invoice for patient MRI

Hi Amanda & Robyn

Please find attached the invoice for an MRI for patient [REDACTED] which KKC ordered and paid for in preparation for her follow up with her KKC clinician. Unbeknownst to KKC the Waikato Regional Cancer Centre called the patient for follow up and then took over her care.

Regards

	<p>Shelley Donnell Radiation Therapy & Operations Manager PO Box 15 145, Tauranga 3144 New Zealand (p)+64 (7) 929 7995 (f)+64 (7) 929 7996 (m)+64 (0) 27 545 4410 (e)Shelley.Donnell@kathleenkilgourcentre.co.nz</p>
--	---

1. Name of the Party	2. Date of Birth
3. Address	4. Telephone No.
5. Occupation	6. Signature
7. Date	8. Place

I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature of the Party: _____

Witnessed by: _____

Signature of the Party: _____

Geraldine Webby

From: Amanda Wright
Sent: Tuesday, 9 May 2017 10:47
To: Geraldine Webby
Subject: FW: BAY OF PLENTY DHB 575453 - PLANNING & FUNDING

-----Original Message-----

From: Tina Stacey
Sent: Monday, 15 June 2015 11:19
To: Lu-ana Ngatai; Amanda Wright
Cc: Jan Smith; Mark Spittal; Humphrey Pullon; Julie Wilson
Subject: RE: BAY OF PLENTY DHB 575453 - PLANNING & FUNDING

Neither of these two patients are the ones mentioned as having agreed transfer.

Where an exceptional circumstance transfer is agreed it would be useful if there was a process for advising me the NHI.

Tina

-----Original Message-----

From: Lu-ana Ngatai
Sent: Monday, 15 June 2015 10:41 a.m.
To: Tina Stacey; Amanda Wright
Cc: Jan Smith; Mark Spittal; Humphrey Pullon
Subject: FW: BAY OF PLENTY DHB 575453 - PLANNING & FUNDING

Hi Tina and Amanda

I agree with Tina.

Bay of Plenty Planning and Funding confirmed that two Waikato domiciled patients were treated at KKC between Jan - March 2015.

Given they were natural flow patients they may not have thought it necessary to apply for exceptional circumstance.

From recollection the two I know about are that Ziad transferred a Tairawhiti patient to KKC and that was all agreed and there was one transferred from Waikato in Jan - March - but no NHI so can't confirm if it is the same as one of these listed by Tina or another.

Thanks

Lu-ana

Lu-ana Ngatai | Project Manager | Midland Cancer Network | HealthShare Ltd | C/- Waikato District Health Board
198 Pembroke Street, Hamilton | Postal: P O Box 3200, Hamilton 3240 | Phone (07) 859 9154 | email Lu-ana.Ngatai@healthshare.co.nz

-----Original Message-----

From: Jan Smith

Sent: Monday, 15 June 2015 10:27 a.m.

To: Lu-ana Ngatai; Amanda Wright

Subject: FW: BAY OF PLENTY DHB 575453 - PLANNING & FUNDING

-----Original Message-----

From: Tina Stacey

Sent: Friday, 12 June 2015 3:37 p.m.

To: Mark Spittal; Humphrey Pullon; Jan Smith

Subject: FW: BAY OF PLENTY DHB 575453 - PLANNING & FUNDING

We have received this invoice for radiation oncology services at KKC in Bay of Plenty for two patients domiciled in Waikato DHB. While the agreement was for a request for exceptional circumstances approval that P&F have not received I note that both these patients were receiving chemotherapy and inpatient services for breast cancer prior to the radiotherapy.

[REDACTED]

Both these addresses are reasonably natural flows to Tauranga so despite not having received a request to treat Julie has instructed me to ask your opinion and if you have no objections, to pay Bay of Plenty for this and subsequent radiotherapy for these patients.

Regards

Tina Stacey | Performance Analyst | Planning and Funding | Waikato District Health Board | p 07 8398899 ext 97984
| e Tina.Stacey@waikatodhb.health.nz

Geraldine Webby

From: Amanda Wright
Sent: Tuesday, 9 May 2017 10:47
To: Geraldine Webby
Subject: FW: Invoice for patient MRI

From: Shelley Donnell [<mailto:shelley.donnell@kathleenkilgourcentre.co.nz>]
Sent: Tuesday, 9 June 2015 11:35
To: Amanda Wright
Subject: RE: Invoice for patient MRI

Hi

What do you mean by "loading it onto your system"? Happy to do anything I can to help but not sure what you mean by that.

Thanks and kind regards

Shelley Donnell
Radiation Therapy & Operations Manager
PO Box 15 145, Tauranga 3144 New Zealand
(p)+64 (7) 929 7995 (f)+64 (7) 929 7996
(m)+64 (0) 27 545 4410
(e)Shelley.Donnell@kathleenkilgourcentre.co.nz

From: Amanda Wright [<mailto:Amanda.Wright@waikatodhb.health.nz>]
Sent: Tuesday, 9 June 2015 11:06 a.m.
To: Shelley Donnell
Subject: RE: Invoice for patient MRI

Hi

Thanks for that – we will process the invoice. Can you arrange for it to be loaded onto our system please.

I also spoke to Neil about the process around these patients if there are any like this in the future.

Regards
Amanda

Amanda Wright
Assistant Group Manager Internal Medicine and Oncology
| Waikato Hospital | Private Bag 3200 | Hamilton 3240 | m 021241 5517 |
e amanda.wright@waikatodhb.health.nz www.waikatodhb.health.nz/waikatohospital

From: Shelley Donnell [<mailto:shelley.donnell@kathleenkilgourcentre.co.nz>]
Sent: Tuesday, 9 June 2015 9:29 a.m.
To: Amanda Wright; Robyn Cavanah

Cc: Julie Wilson; Alison Cave
Subject: RE: Invoice for patient MRI

Hi Amanda

That is not the case. Michael Tills was seeing this patient on active followup. He ordered an MRI for the upcoming followup appointment scheduled. The Waikato Regional Cancer Centre then sent a follow up appointment to the patient for a couple of days before the patient was scheduled to see Dr Tills again. The patient attended the appointment with Ziad and cancelled the appointment with Dr Tills and Ziad agreed to continue following up the patient at the Waikato Regional Cancer Centre without going through the exceptional circumstances process. KKC did not receive the follow up funding, the Waikato Regional Cancer Centre did and therefore the WRCC should pay for the MRI.

Regards
Shelley

From: Amanda Wright [<mailto:Amanda.Wright@waikatodhb.health.nz>]
Sent: Monday, 8 June 2015 11:58 a.m.
To: Shelley Donnell; Robyn Cavanah
Cc: Julie Wilson; Alison Cave
Subject: RE: Invoice for patient MRI

Hi Shelley

My understanding of the flow for this should be that whoever orders the test would pay for it. I understand that Michael Tills did see and order the test. Subsequent to that the patient has requested further follow ups be undertaken at Waikato. KKC should have received the full funding for this patient.

Regards
Amanda

Amanda Wright
Assistant Group Manager Internal Medicine and Oncology
| Waikato Hospital | Private Bag 3200 | Hamilton 3240 | **m** 021241 5517 |
e amanda.wright@waikatodhb.health.nz www.waikatodhb.health.nz/waikatohospital

From: Shelley Donnell [<mailto:shelley.donnell@kathleenkilgourcentre.co.nz>]
Sent: Thursday, 4 June 2015 12:11 p.m.
To: Robyn Cavanah; Amanda Wright
Cc: Julie Wilson; Alison Cave
Subject: Invoice for patient MRI

Hi Amanda & Robyn

Please find attached the invoice for an MRI for patient [REDACTED] which KKC ordered and paid for in preparation for her follow up with her KKC clinician. Unbeknownst to KKC the Waikato Regional Cancer Centre called the patient for follow up and then took over her care.

Regards



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Geraldine Webby

From: Amanda Wright
Sent: Tuesday, 9 May 2017 10:48
To: Geraldine Webby
Subject: FW: Referrals to the Lions Cancer Lodge
Attachments: Referral of support persons to Lions Cancer lodge.docx

From: Anton Turner
Sent: Wednesday, 26 August 2015 13:47
To: Amanda Wright
Cc: Jan Smith; Adam Wardle; Judy Gould; Murray Loewenthal; Julie Wilson
Subject: Referrals to the Lions Cancer Lodge

Good Day Amanda

Since the opening of KKC in Tauranga, there has been an increasing number of referrals to The Lions Cancer Lodge (the Lodge) for patients and their support people living less than 80kms from Waikato Hospital.

This putting significant strain on the resources we have available to fund the lodge. Please can you share the attached notice with those of your staff who refer patients and in particular support people to the lodge? Thank you

Anton Turner | Portfolio Manager | p +07 834 3646 ext 97830 | m 021 924 072 | e anton.turner@waikatodhb.health.nz

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions. This is essential for ensuring the integrity of the financial data and for providing a clear audit trail. The records should be kept up-to-date and should be accessible to all relevant parties.

2. The second part of the document outlines the procedures for handling any discrepancies or errors that may arise. It is important to identify the source of the error and to take appropriate steps to correct it. This may involve reviewing the original documents and consulting with the relevant staff members.

3. The third part of the document provides a detailed description of the various types of transactions that are recorded. This includes sales, purchases, and transfers. Each transaction should be clearly identified and described in the records.

4. The fourth part of the document discusses the importance of regular reviews and audits of the records. This helps to ensure that the records are accurate and that any potential issues are identified and resolved in a timely manner.

5. The fifth part of the document provides a summary of the key points discussed in the document. It emphasizes the need for accuracy, transparency, and regular reviews of the records. It also provides a list of the key personnel responsible for maintaining the records.

Geraldine Webby

From: Amanda Wright
Sent: Tuesday, 9 May 2017 10:48
To: Geraldine Webby
Subject: FW: KKC referrals - exceptional circumstances

From: Humphrey Pullon
Sent: Friday, 5 February 2016 9:49
To: Matthew Seel; Charles de Groot
Cc: Amanda Wright; Jan Smith; denise.aitken@lakesdhb.govt.nz; Lu-ana Ngatai
Subject: RE: KKC referrals - exceptional circumstances

Dear all,

Point taken Charles, that we can only approve on the basis of good faith.

No one has the time or resources to go "digging", and potentially dispute the request.

However it is important that these patients are logged/notified, and that we continue to see these requests.

On that basis, and under these circumstances, I am happy to approve all 3.

I agree with your comments Matthew.

However part of the process was that the CD of RO at Waikato be notified of these patients.

We will discuss this in greater detail at the planned meeting next week, on Thursday am.

We also need to consider what will happen when I am away on sabbatical for 3 months, mid-April to end of July..?

Regards, Humphrey P.

From: Matthew Seel
Sent: Friday, 5 February 2016 9:24
To: Charles de Groot; Humphrey Pullon
Cc: Amanda Wright; Jan Smith
Subject: RE: KKC referrals - exceptional circumstances

My two cents' worth ...

- I recall as Charles does, that these should be checked by CD of MCN ... not RO CD at Waikato.
- The patient situations don't look very "exceptional" to me, but I agree with Charles that it would be awkward for Humphrey to try to dig into the detail behind them.
- These all look essentially exactly as I expected them to look (i.e. the referrer thinks it would be "nice" if these patients treated at KKC), so nothing exceptional or surprising about that at all.

From: Charles de Groot
Sent: Friday, 5 February 2016 8:32
To: Humphrey Pullon
Cc: Matthew Seel; Amanda Wright; Jan Smith
Subject: FW: KKC referrals exceptional circumstances

Hi Humphrey

These 3 exceptional circumstance requests have been sent to me. I understand the agreement was to run them by you. I am not sure how to handle this. You could take the comments at face value in which case all 3 cases sound

reasonable. The last case suggesting a team approach is not possible with Waikato is offensive to me but that is another matter and will be dealt with next week.

I know you are busy and if you choose to support all 3 cases going to KKC, I personally would support you. I think the issues here need to be sorted at CE level and squabbling over where individual patients go is neither here nor there. I don't believe you have the time to play detective (in the sense of checking whether what is written on the requests is true or not).

I have included Matthew, Amanda and Jan in case they have any comments.

Thanks

Charles

From: Shelley Donnell [<mailto:shelley.donnell@kathleenkilgourcentre.co.nz>]

Sent: Thursday, 4 February 2016 13:19

To: mary.smith@lakesdhb.govt.nz; Charles de Groot

Subject: FW: KKC referrals exceptional circumstances

Hi

Please see below.

Kind regards

KATHLEEN KILGOUR CENTRE	Shelley Donnell Radiation Therapy & Operations Manager PO Box 15 145, Tauranga 3144 New Zealand (p)+64 (7) 929 7995 (f)+64 (7) 929 7996 (m)+64 (0) 275454410 (e) Shelley.Donnell@kathleenkilgourcentre.co.nz
Leading Radiation Therapy	

From: Mark Fraundorfer [<mailto:mark@urobop.co.nz>]

Sent: Wednesday, 3 February 2016 4:57 p.m.

To: Shelley Donnell

Cc: 'Helen Smyth (helens@healthmed.co.nz)'

Subject: FW: KKC referrals exceptional circumstances

Hi Shelley

Can you forward these to Mary at Lakes P&F and Charles at WDHB

Thanks

Mark

From: Megan Mellsop

Sent: Wednesday, February 03, 2016 4:48 PM

To: Mark Fraundorfer

Subject: FW: KKC referrals exceptional circumstances

From: Megan Mellsop

Sent: Wednesday, 3 February 2016 4:48 p.m.

To: 'Mark Fraundorfer (mark@aspiringgroup.co.nz)'

Subject: KKC referrals exceptional circumstances

Megan Mellsop

NZRN BHsc (nursing)
Clinical Manager
Urology Bay of Plenty Ltd
Po Box 56
Tauranga
07 579 0466

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