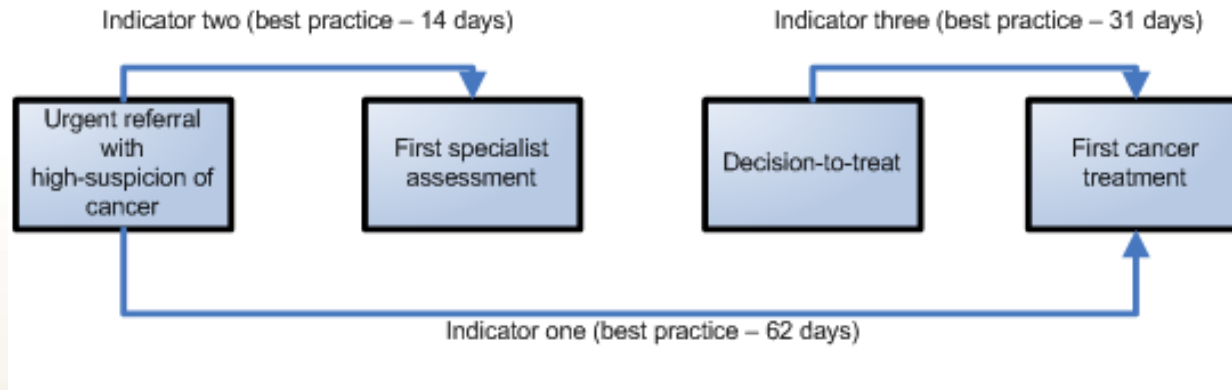


# Faster cancer treatment

**November 2012**

# Faster cancer treatment

- patient pathway approach that covers surgical and non-surgical cancer treatment
- measured by three indicators:



- DHBs are expected to provide baseline information on the faster cancer treatment indicators from quarter three 2012/13
- consistent with indicators implemented in other countries

# Faster cancer treatment implementation

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- regionally led
  - may require service redesign and optimisation of clinical cancer care pathway
  - key actions to support performance
    - data collection system improvement
    - cancer nurse coordinator roles
    - developing tumour standards
    - improving functionality and coverage of multidisciplinary meetings
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# Regional implementation plans

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- each network has developed a regional implementation plan describing the changes required to enable reporting on the indicators
  - Ministry is providing funding over 2012/13 and 2013/14 to implement the plans
  - regional implementation plan solutions are a mix of:
    - changes to information technology including establishing data collection template and repositories
    - cancer trackers / analytical resource
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# Cancer nurse coordinators

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- up to \$4 million per annum for cancer nurse coordinators, funding allocated to DHBs using the PBFF, adjustment was made so each DHB received funding for at least one FTE
  - regional workshops hosted by the networks to share learnings from Australia, and discuss how and where the roles are implemented
  - Ministry will appoint a National Clinical Nurse Lead to support implementation
  - develop tools to support the cancer nurse coordinators for example, developing a psychosocial needs assessment tool
  - evaluate how the initiative is implemented
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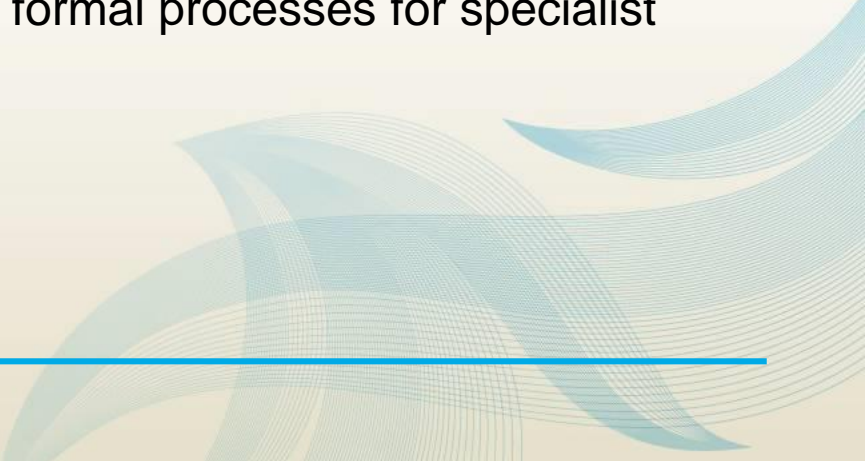
# Tumour standards

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- modelled on the *Standards of Service Provisions for Lung Cancer Patients in New Zealand*
  - guide service provision by promoting uniform standards of best practice service provision across New Zealand. DHBs can use the tumour standards to ensure that any changes to service delivery models reflect best practice. Tumour standards will support good quality and timely care for patients with cancer
  - eight tumour standards;
    - bowel
    - gynaecological
    - malignant haematology
    - sarcoma
    - breast
    - head and neck
    - melanoma
    - upper gastro-intestinal.
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# Tumour standards

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- working groups have been established with members covering the range of clinical expertise (across the patient pathway), professional disciplines, geography. Members of the working groups were identified following an initial meeting to launch the work and a call for expressions of interest
  - prostate and urological working group has not been initiated because it overlaps with the prostate cancer quality improvement programme plan
  - working groups are drafting tumour standard, will be followed by a robust consultation process
  - early discussions have included need for formal processes for specialist pathology review
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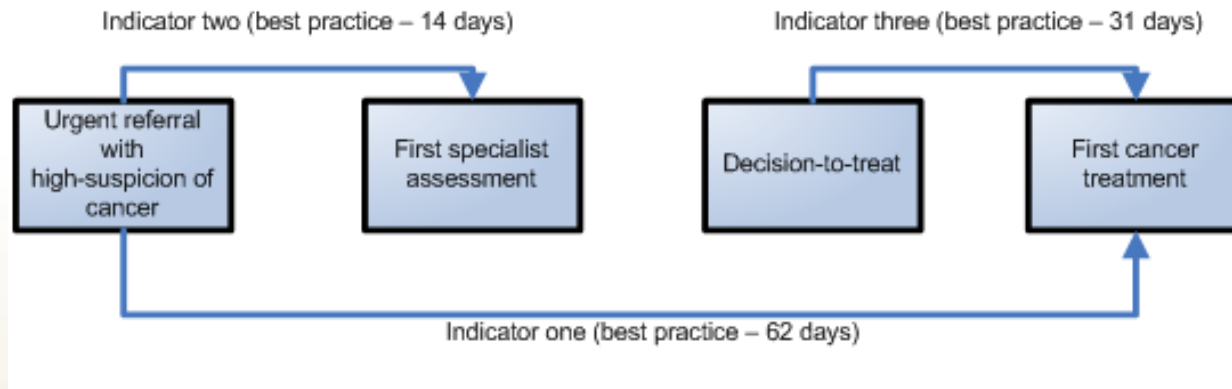
# Multidisciplinary meetings

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- \$2 million in DHB funding prioritised for multidisciplinary meetings (MDMs) for all main cancer types
  - Ministry published the document *Achieving best practice cancer care: Guidance for implementing quality multidisciplinary meetings*, this provides a framework and tool-kit to support DHBs in implementing quality MDMs
  - requires resourcing pathologist and radiologist time for preparing for and presenting to MDMs
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# Faster cancer treatment pathway




# Diagnostic testing

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## Imaging:

- CT / MRI (measured by the diagnostic wait time indicator)

## Endoscopy

- colonoscopy / gastroscopy (measured by the diagnostic wait time indicator)
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# Diagnostic testing

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Pathology including:

- histology -
    - measured in screening pathways
    - Breast core biopsy results reported within 3 working days
    - Written histology report received by the unit within 5 working days of the pathology laboratory receiving specimen
  - speciality labs – EGFR, BRAF, Her2
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