National Laboratory Engagement Group

NLEG Preparatory Report on impending service delivery pressures for Medical Laboratories arising from Government Initiatives.

25 October 2012

The Health Targets are well known and as follows:

- Shorter stays in emergency department;
- Improved access to elective surgery;
- Shorter wait for cancer treatment;
- Increased immunization;
- Better help for smokers to quit;
- More heart and diabetes check.

In addition the colonoscopy pressure is present and advancing.

Pressure will continue to be applied in the immediate future to reach and maintain these targets as upper limits are tightened. In addition three new "indicators" are impending, strongly suggesting these will explicitly become either new targets in their own right or give rise to new targets.

The 3 indicators that DHBs are to report against are:

- Indicator 1:
  Length of time taken for a patient referred urgently with a high suspicion of cancer to receive their first cancer treatment (or other management).

- Indicator 2:
  Length of time taken for a patient referred urgently with a high suspicion of cancer to have their first specialist assessment.

- Indicator 3:
  Length of time taken for a patient with a confirmed diagnosis of cancer to receive their first cancer treatment (such as surgery) or other management (such as palliative care) from decision - to - treat.

Andrew Simpson, the lead for this work, spoke recently at a radiology meeting and made the following points. Given Andrew is speaking to NLEG in November, this information may assist to further focus our discussions at this time:

- Measuring something improves performance.
- On the issue of tumour standards/streams; there are 8 new streams (in addition to Lung), each with a clinical lead. There is a 12 month time frame for tumour streams to develop standards and consult.

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- The new streams are:
  - Haematology; Lymphoma/Myeloma
  - Breast;
  - Lower GI;
  - Upper GI;
  - Melanoma;
  - Gynaecological;
  - Head and Neck;
  - Sarcoma;
- $4mil is allocated to be spent on cancer nurses to provide care coordination to help patients navigate the cancer pathway.
- Notably current outcomes for lung cancer below international standards.
- Meetings are consuming radiology time; and will laboratory also. Are defined rules for MDMs - terms of reference, preparation time etc?

Some comments from Laboratory staff so far include:

- *If there are more patients treated there will be extra demand on lab services in the initial diagnosis, pre operation assessment and monitoring during any follow up chemotherapy. The first two involve mostly Haematology and Biochemistry. Immunocompromised patients on chemo will also involve Microbiology and Transfusion Medicine as well.*
- *Faster time to Cancer Treatment will require faster ID. This usually requires a skill set that is in limited supply in labs (Apath for tissue ID, Immunology for flow cytometry, genetics). This will possibly mean having the staff and resources available for a 24/7 urgent service and out of hours work in labs to shorten identification times and therefore treatment time.*
- *Since treatment of many blood cancers are based on their genetic abnormality, genetics would be affected.*
- *Indicator 3 will possible see a small increase in possible out of hours cross matches, blood products and pre surgery testing.*

Questions we might wish to consider include:

- What are the likely impact(s) on Laboratory demand as a result of;
  - Ongoing targets, and
  - New indicators, now and as they are developed
    - MDM meetings
    - Anatomic Pathology
    - Genetics
    - Haematology
    - Biochemistry
    - Microbiology
    - General support to patients undergoing treatment
  - Other concurrent sources of demand

- What resources are available to meet demand;
  - Internally, and
  - Externally

- What assistance or resource should NLEG provide to assist?

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Key principles that impact on the issue are:

Interest – Medical laboratory staff are acknowledged and recognised for the skill and expertise they bring to timely and effective patient interventions

Both parties desire medical laboratory staff to be willing and able to add value to clinical services, adapt to a changing, and more complex environment, whilst contributing to the improvement of patient outcomes. Similarly, both parties recognise the benefits of a medical laboratory workforce that feels motivated and valued and are committed to pursuing the tangible and intangible rewards that deliver the outcomes specified.

Interest – Affordable solutions

Both parties recognise that decisions on funding and resource allocation:

- Need to be sustainable and balanced in the use of available resources; and
- Recognise the importance in striving for efficiency and the need to balance increasing demands on the medical laboratory workforce with incentives that the workforce values

Interest - Changing to suit clinical demand

Adequately resourced pathology service will be proactive, integrated, collaborative and responsive to the changing clinical demand based on valid shared information. In responding to the changing clinical demand the parties recognise the benefits of retaining and retraining medical laboratory staff.

A work stream consistent with the above is agreed as follows:

The parties want to be able to meet current and future demand for services that entails a robust forecasting methodology and variance plan, integrated with what is happening elsewhere in the organisation, where demand and the supply of resources are matched.

- Processes are developed and implemented to assist with the forecasting of changing demand any potential resource impacts, and improved organisation-wide awareness of priorities;
- Flexibility, including effective teamwork to maximize the use of resources, including effective coordination of service delivery;
- Processes to measure and reduce waste of resources;
- Areas of concerns over resourcing and investment are highlighted.