

Update on the faster cancer treatment project

November 2012

Purpose

This document provides an update on the faster cancer treatment project and is for circulation.

Faster cancer treatment project

The faster cancer treatment project takes a patient pathway approach that covers surgical and non-surgical cancer treatment. The Government allocated \$33 million over four years in Budget 2012 for the Ministry of Health (the Ministry) to implement the faster cancer treatment project.

The project focuses on all patients getting quality cancer treatment faster. Faster cancer treatment is measured by three indicators; they are the length of time taken for patients:

- i. to receive their first cancer treatment (or other management) following an urgent referral with a high-suspicion of cancer (best practice timeliness measure of within 62 days)
- ii. to have their first specialist assessment following an urgent referral with a high-suspicion of cancer (best practice timeliness measure of within 14 days)
- iii. with a confirmed diagnosis of cancer to receive their first cancer treatment (or other management) from decision-to-treat (best practice timeliness measure of within 31 days).

The district health boards (DHBs) are expected to provide baseline information on the faster cancer treatment indicators from quarter three 2012/13.

Regional implementation plans

The regional cancer networks (the networks) have worked with DHBs to develop regional implementation plans (the Plans). The Plans describe the changes required to enable reporting against the faster cancer treatment indicators. The Cancer Services team is providing one-off funding over the 2012/13 and 2013/14 financial years for the DHBs to implement their regional implementation plans.

Improving multidisciplinary meetings

The DHBs were provided with an update to the 2012/13 DHB planning and funding advice which directed \$2 million be prioritised for funding multidisciplinary meetings (MDMs) for all main cancer types. To support DHBs to improve multidisciplinary meetings the Cancer Services team has published the document *Achieving best practice cancer care: Guidance for implementing quality multi-disciplinary meetings*. The document provides a framework and tool-kit to support DHBs in implementing quality MDMs and is available online from health.govt.nz/publication/guidance-implementing-high-quality-multidisciplinary-meetings.

Cancer nurse coordinators

Budget 2012 allocated up to \$4 million per annum in new funding for DHBs to implement cancer nurse coordinators. The purpose of the cancer nurse coordinator initiative is to improve patient outcomes by coordinating care for patients with cancer and facilitating timely diagnosis and initiation of treatment. The role of the cancer nurse coordinator includes maintaining communication links to ensure patients' care is delivered according to best practice. Cancer nurse coordinators will also identify how the current systems and processes in their DHB can be improved so that patients' experiences are more seamless.

The Cancer Services team also teleconferenced with colleagues in New South Wales, Queensland and Western Australia to learn from the Australian experience in implementing similar roles. Key learnings included:

- the problem that the coordinator roles are solving needs to be clearly defined before implementing the roles
- coordinators must have the appropriate training and skills
- the coordinator roles require the mandate to make changes to systems and processes if they are to improve how patients' journey through the system. Without this mandate the coordinator roles will be filling the gaps in systems and processes
- the need to educate other health professionals about cancer so all health professionals remain responsible for coordinating care. This enables the coordinators to focus on high and complex needs patients.

Allocating the funding for the cancer nurse coordinators

The Minister advised DHB Chairs and Chief Executives in August 2012 of the funding allocation for the cancer nurse coordinators. The funding for the cancer nurse coordinators was allocated to DHBs using the population-based funding-formula (PBFF). An adjustment was made so that each DHB received funding for at least one full-time equivalent. The adjustment ensures that DHBs are able to employ dedicated cancer nurse coordinators providing continuity of care across the working week. The DHBs receive the funding for the cancer nurse coordinator roles via a crown funding agreement variation. The funding is available from October 2012, with the roles expected to be in place by January 2013.

Evaluating the effectiveness of the cancer nurse coordinator roles

The Cancer Services team will evaluate the effectiveness of the cancer nurse coordinator roles. The evaluation of the implementation of the cancer nurse coordinator roles will be over three years.

National clinical nurse lead – cancer nurse coordinator initiative

The Cancer Services team will appoint a national clinical lead nurse role, similar to the national nurse lead for endoscopy role, to support national consistency in how the roles are implemented.

Tools to support the cancer nurse coordinators

The Cancer Services team will work with the national clinical nurse lead to develop tools to support the cancer nurse coordinators for example, developing a psychosocial needs assessment tool to assist the cancer nurse coordinators in triaging patients for psychosocial support.

Tumour standards

The Cancer Services team is working with the networks, who are hosting eight time-limited working groups, to develop tumour specific standards of service provision (tumour standards). The eight working groups are:

- bowel
- gynaecological
- malignant haematology
- sarcoma
- breast
- head and neck
- melanoma
- upper gastro-intestinal.

Tumour standards will be modelled on the lung tumour standards

The working groups will develop tumour standards modelled on the *Standards of Service Provisions for Lung Cancer Patients in New Zealand* published by the Ministry in August 2011. The tumour standards will 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.

Membership of working groups confirmed

The Ministry and network clinical directors have confirmed the membership of all eight working groups. Each working group is led and chaired by a clinician.

Members of the working groups were identified following an initial meeting to launch the work and a call for expressions of interest for people to participate in developing the tumour standards. These meetings were held in Auckland, Wellington and Christchurch. There was good clinical engagement across all tumour types, notably 165 expressions of interest were received for the head and neck working group.

Prostate and urological working group

A prostate and urological working group has not been initiated because it overlaps with the prostate cancer quality improvement programme plan being informed by the Prostate Cancer Taskforce.

Consultation on the tumour standards

The sector will be invited to provide comments and feedback on all the draft tumour standards. The consultation on the draft tumour standards will occur during March and April 2013. The Cancer Services team is working with the networks to make sure the request for feedback (and timeframes) is reasonable across the eight tumour standards.

Primary care support

Published guidelines are available in hard copy

The Ministry published the New Zealand Guidelines Group document *Suspected Cancer in Primary Care* in 2009 and the document *Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand* in 2008. Both documents are available in hard copy or online from:

- health.govt.nz/publication/suspected-cancer-primary-care-guidelines-investigation-referral-and-reducing-ethnic-disparities
- health.govt.nz/publication/clinical-practice-guidelines-management-melanoma-australia-and-new-zealand.

There is also a resource summarising the key evidence-based recommendations and good practice points for selected cancers. The resource is based on the *Suspected Cancer in Primary Care* document and is available online:

- health.govt.nz/publication/suspected-cancer-primary-care-primary-care-practitioner-resource.

For primary care clinicians there is also a resource to aid the diagnosis of melanoma. The resource is based on the *Clinical practice guidelines for the management of melanoma in Australia and New Zealand* and is available online:

- health.govt.nz/publication/melanoma-aid-diagnosis.

Questions and contact details

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