

Faster Cancer Treatment: Development of New Zealand tumour standards

Dr Andrew Simpson, National Clinical Director Cancer,
New Zealand Ministry of Health.



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Achieve national consistency
to promote nationally coordinated and consistent levels of service provision across New Zealand national tumour standards were developed. They are used by DHBs as a continuous quality improvement tool.



11 of the most common or complex cancer types:
bowel, breast, gynaecological, lung, lymphoma, myeloma, head and neck, thyroid, melanoma, sarcoma and upper gastrointestinal.



The Standards
Describe the level of service that a person should have access to. They are benchmarks for high quality care, helping to ensure patients receive timely, good quality care along the cancer pathway.

Development



Standards were developed by tumour standard working groups:
including surgeons, physicians, nurses and allied health professionals, primary care practitioners, as well as consumer representatives and experts on improving equity.

The standards cover

- prevention and early identification
- timely access to services
- communication and referral
- data collection
- investigation, diagnosis and staging
- multidisciplinary care
- supportive care
- care co-ordination
- treatment
- follow-up and surveillance
- clinical monitoring and research.



All of the standards
are available on
www.health.govt.nz

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20 District Health Boards

Are responsible for planning and funding health services in their region. They are reviewing their services against the tumour standards and implementing improvement strategies where issues have been identified.

To support DHBs to make sustainable service improvement and implement the tumour standards

\$11.2 million of funding has been made available over four years.

improvements



23 service improvement initiatives underway.

eg, a single point of access clinic so people with suspected lung cancer can have a first specialist assessment and diagnostic tests on the same day.

outcomes



There is a strong commitment and support for the tumour standards.

Clinicians have noticed an improvement in communication since they were published.



The standards are intended to be evolving documents, informed by regular review.

"There appear to be trends in behaviour that hopefully will translate into better care for patients"
(sarcoma clinical chair)

NEXT PHASE

Definition for 'high suspicion of cancer'

Identifying criteria for which patients should be discussed at multidisciplinary meetings

Developing guidance on follow-up and surveillance

Reviewing and updating the tumour standards

Developing standards of service provision for prostate cancer

Identifying a core dataset for each tumour type.



The chairs of each tumour stream working group are working together as a group looking at achieving more consistency across the tumour types.