

National Cancer Programme

Work Plan 2014/15

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MANATŪ HAUORA



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Overview

Introduction

The National Cancer Programme brings together the work of the district health boards (DHBs), regional cancer networks and the Ministry of Health (the Ministry) to implement the Government’s priorities for cancer.

This **high-level** work plan for 2014/15 covers **national, regional** and **local** priority activities. The DHBs’ annual plans, the regional cancer networks’ annual work plans and the Ministry’s business plans all provide more specific detail on the work that each of these groups is leading.

The National Cancer Programme is an integrated programme of work.¹ There are established links with initiatives being led by the National Health Board, Health Workforce New Zealand and the National Health IT Board to:

- improve the coordination of health sector planning
- improve the coordination of health sector service delivery
- achieve the National Cancer Programme priorities.

Strategic context

The **National Cancer Programme** work plan reflects a strategic patient pathway approach, as set out below.



The work plan **outlines selected activities** for 2014/15 that will contribute to the vision of ensuring all people have timely access to excellent cancer services that will enable them to live better and longer.

Success will be measured against annually agreed performance indicators.

¹ The work plan does not include activities associated with horizon scanning or new / emerging technologies, which is led by the National Health Committee.

The Faster cancer treatment (FCT) programme is a key focus of the National Cancer Programme and is designed to reduce waiting times for appointments, tests and treatment and standardise care pathways for all patients. Implementation activities include:

- the development of *national tumour standards* of service provision for ten main tumour types
- disseminating *service improvement funding* of \$11.2 million over four years to support DHBs to improve cancer treatment pathways
- *improving the coverage and functionality of multidisciplinary meetings*, so that more patients benefit from a range of expert opinion and more patients are offered the opportunity to be part of clinical trials. Multidisciplinary meetings have also been shown to improve equality of outcomes and continuity of care, as well as avoiding duplication of services
- implementing *the Cancer Nurse Coordinator Initiative* so that patients are better supported in their treatment pathway.

The cancer health target measures how well the system performs for patients with cancer. In 2013–14 all DHBs achieved the Shorter waits for cancer treatment: all patients ready for treatment wait less than four weeks for radiotherapy or chemotherapy health target. Following this success, a new cancer health target was introduced in October 2014: Faster cancer treatment: patients will receive their first cancer treatment within 62 days of being referred urgently with a high suspicion of cancer.

The new cancer health target measures the length of time taken from referral to treatment. DHBs can then clearly identify where improvements can be made at the front end of the pathway. The 62-day timeframe is based on an international benchmark that allows time for clinicians to complete important tests and investigations that establish the diagnosis and ensure patients receive the best possible treatment and care.

Principles of programme delivery

The following principles of programme delivery should be applied for all activities across the patient pathway:

- **Wait times:** all people get timely services
- **Access:** all people have access to services that maintain good health and independence
- **Quality:** all people receive services wherever they are
- **Financial sustainability:** all services make the best use of available resources.

A focus on equity

The National Cancer Programme aims to improve cancer outcomes for all New Zealanders. This means that people, irrespective of their ethnicity, gender, locality or socio-economic status, must be able to have every opportunity to access services that will reduce their risk of developing cancer, enable their cancer to be detected earlier as well as getting high-quality cancer treatment quickly.

The impact of cancer is much higher for Māori than the general population. To improve cancer outcomes for Māori, the National Cancer Programme is guided by the overarching framework and aspirations in the recently refreshed Māori Health Strategy, *He Korowai Oranga* (Ministry of Health 2014).

A useful framework has also been developed alongside He Korowai Oranga to drive improved equity in health care. The National Cancer Programme will apply this framework to work plan priorities for 2014/15 to design new approaches that improve cancer outcomes for Māori. Current activities already underway include the:

- Cancer Nurse Coordinator Initiative
- newly announced plans for a regional programme of supportive care services
- ongoing work of the Adolescent and Young Adult (AYA) Cancer Network Aotearoa.

Analysis of the new cancer health target data by ethnicity will also provide important information to guide future activities to ensure equity.

The regional cancer networks have a focus on strengthening service delivery to Māori by:

- supporting Māori cancer leadership using a partnership approach
- implementing initiatives such as the Kia ora e te iwi programme in partnership with the Cancer Society
- improving data capture that includes ethnicity data for monitoring and evaluation.

New funding

Budget 2014 is providing an additional \$32.7 million over four years to further improve cancer services and provide better support for cancer patients specifically:

- \$19.5 million will be used to:
 - employ up to 20 cancer supportive care workers as well as provide funding for psychological services in the six cancer centres to ensure that the supportive care needs of cancer patients and their families are met
 - develop tools to support full data capture and establish regional information repositories of multidisciplinary meeting (MDM) data to inform clinical practice and support standardisation of care
- \$8 million will be used to reduce wait times for colonoscopies
- \$5.2 million will be used to increase breast and cervical screening coverage.

Priorities

The 2014/15 work plan priorities at a national, regional and local level are:

- implementing the new Faster cancer treatment health target
- implementing new budget initiatives
- sustaining performance against policy priority 30, that is that *all patients ready to treat will receive radiation therapy or chemotherapy within four weeks*
- continuing to implement the **Faster cancer treatment programme**, including:
 - implementing the tumour standards of service provision work programme
 - supporting DHBs to implement the Cancer Nurse Coordinator Initiative
 - scoping the development of tools to support full data capture and establish regional information repositories of MDM data.

In addition, the regional cancer networks (subject to resourcing) are also supporting:

- implementation of the findings from the tumour standards reviews
- improvements in palliative care services
- identification of regional priorities related to the prostate cancer awareness and quality improvement programme.

Last year's highlights

The Ministry, DHBs and regional cancer networks achieved most of the initiatives identified in the 2013/14 National Cancer Programme work plan, highlights include:

- publication of the Prostate Cancer Awareness and Quality Improvement Programme: Improving outcomes for men with prostate cancer (Ministry of Health 2013a) and information resources
- continued implementation of the Bowel Screening Pilot in Waitemata DHB
- all BreastScreen Aotearoa lead providers have access to digital mammography
- DHBs appointing up to 60 nurses to the new cancer nurse coordinator roles
- all DHBs are collecting and reporting on the faster cancer treatment indicator data
- the regional cancer networks supported working groups to develop tumour standards, and the provisional tumour standards have been published
- the roll-out of the endoscopy quality improvement tool (Global Rating Scale) to DHBs
- the establishment of the Cancer Information Network New Zealand
- the publication of the *Radiation Oncology National Linear Accelerator and Workforce Plan* (Ministry of Health 2014)
- regional medical oncology service plans developed and service improvement initiatives commenced
- improved function and coverage of MDMs, including videoconferencing capability
- national lung cancer minimum dataset developed
- roll-out of Māori health initiatives such as Kia ora e Te Iwi programme in partnership with the Cancer Society.

National Cancer Programme for 2014/15

Key work plan initiatives

Over 2014/15 the Ministry, regional cancer networks and DHBs will deliver the following initiatives across the cancer pathway. Please note: DHBs' annual plans, the regional cancer networks' annual work plans and the Ministry's business plans all include more specific detail on activities.

	Who	National activities What	Performance indicator
Prevention and early detection	The Ministry will	support improvements in bowel cancer services	Monitor implementation of the Bowel Screening Pilot on a quarterly basis
		support improvements of coverage and service delivery of breast and cervical screening programmes	Increase breast screening coverage for women aged 50–69 years to 70 percent for all ethnic groups Increase cervical screening coverage ² to 80 percent for all ethnic groups
		support improvements in the early detection of lung cancer	Scope and develop implementation framework by June 2015
Diagnosis and treatment	The Ministry will	facilitate implementation of the prostate cancer quality improvement programme continue to work with DHBs to implement the new cancer health target	Implement guidance on the use of active surveillance treatment and referrals for specialist prostate cancer care by June 2015 Reports received against the new health target achievement level each month, and published quarterly
		continue to implement the Faster cancer treatment programme , including: <ul style="list-style-type: none"> implementing the tumour standards of service provision work programme supporting DHBs to implement the Cancer Nurse Coordinator Initiative scoping the development of tools to support full data capture and establish regional information repositories of MDM data 	High suspicion of cancer definitions developed by March 2014 Scoping to develop tumour specific prioritisation criteria for MDMs to support DHBs developed by June 2015 Tumour specific national core datasets and business rules developed by December 2014 National nurse lead annual work plan implemented by June 2015 Quarterly monitoring of the national nurse lead role and six-monthly monitoring of DHBs Guidance for DHBs completed by March 2015
		facilitate implementation of phase one of the <i>Radiation Oncology National Linear Accelerator and Workforce Plan</i> (Ministry of Health 2014)	Implementation Plan developed by December 2014 and phase one activities implemented by June 2015

² Women aged 20 to 69 years screened in the previous three years.

		National activities	
	Who	What	Performance indicator
		continue to support DHBs to implement a new medical oncology model of care	Knowledge and Skills Framework for Cancer Nurses completed by December 2014 SMO role delineation report completed by December 2014
		continue to support DHBs to provide adolescent and young adult (AYA) coordination services	AYA network governance group annual plan implemented by June 2015
		continue to support the National Child Cancer Network to deliver agreed work plan priorities	National Child Cancer Network work plan priorities delivered by June 2015
		continue to support DHBs to improve timely access to colonoscopy	Quarterly monitoring through policy priority 29
Follow-up care	The Ministry will	scope the development of follow-up and surveillance guidance	Project plan developed by December 2014
	The Ministry will	upgrade the New Zealand Cancer registry through implementation of structured pathology reporting	Scoping ongoing work programme completed by December 2014
Enablers		develop a Cancer Health Information Strategy	Strategy developed by December 2014
		develop a service model for psychological and social support services	Guidance provided to DHBs by May 2014
		support the NGO sector to implement the Cancer Information Network New Zealand work plan	Work plan milestones met
		review the extent of pressures on the medical physicist workforce to identify areas of need	Health Workforce New Zealand survey completed and analysed by June 2015
		scope the activities required to ensure a sustainable gynae oncology surgical workforce	Health Workforce New Zealand meet with workforce leaders by December 2014

	Who	Regional activities What	Performance indicator:
Diagnosis and treatment	The regional cancer networks will	support DHBs to implement regional priority initiatives for: <ul style="list-style-type: none"> • regional medical oncology service plans • regional radiation oncology services 	Regular monitoring activities and reporting
		support implementation of service improvement activities to improve faster cancer treatment wait times	Service Improvement Fund project milestones met
		support DHBs to improve coverage and functionality of MDMs	Quarterly monitoring DHB activity through policy priority 24
		support implementation of national tumour standards	Service reviews against identified national tumour standards completed by June 2015 Decide regional service reviews for next round by June 2015
		support DHBs to improve consistency of referral, and timeliness of access, to colonoscopy	Regular monitoring activities and reporting

	Local activities		
	Who	What	Performance indicator:
Prevention and early detection	DHBs will	implement smoking cessation initiatives in hospitals and primary care	95 percent of patients who smoke and are seen by a health practitioner in public hospitals will be offered brief advice and support to quit smoking 90 percent of patients who smoke and are seen by a health practitioner in primary care will be offered brief advice and support to quit smoking Progress will be made towards 90 percent of pregnant women who smoke being offered advice and support to quit smoking
	DHBs will	implement Medical Oncology Service Plan priorities	All patients, ready for treatment, wait less than four weeks for chemotherapy
Diagnosis and treatment		implement Radiation Oncology Service Plan priorities	All patients, ready for treatment, wait less than four weeks for radiotherapy
		deliver faster cancer treatment to patients by improving patient pathways	Implement the findings from the 2013/14 service reviews and review the next round by June 2015
		implement the Faster cancer treatment programme by: <ul style="list-style-type: none"> implementing national tumour standards improving coverage and functionality of MDMs implement the Cancer Nurse Coordinator Initiative 	Quarterly reporting against agreed actions in the 2014/15 annual plans Service reviews against identified national tumour standards completed by June 2015 Support Cancer Nurse Coordinators to attend the national forum
		implement the endoscopy quality improvement tool	National Endoscopy Quality Improvement Programme in place in all DHBs by June 2015
		improve consistency of referral, and timeliness of access, to colonoscopy	Report data monthly against policy priority 29
Follow-up care	DHBs will	continue to implement the Late Effects Assessment Programme (LEAP)	All children completing cancer treatment are entered into LEAP
		begin implementation of the Specialist Palliative Care Service Specification	Scope implementation of Specialist Palliative Care Service Specification by June 2015
Enablers	DHBs will	report monthly data against <ul style="list-style-type: none"> the new cancer target based on the 62-day wait time indicator the 31-day policy priority indicator the colonoscopy waiting time indicator to support consistency of referral, and timeliness of access, to colonoscopy 	Regular monitoring activities and reporting