A word from the Manager, Cancer Services

Welcome to our newsletter. This is an exciting time for Cancer Services and the sector as we begin to implement the new government priorities of equity and working together across the system.

Since becoming manager of the Cancer Services team last year, my team and I have been listening to and talking with the sector to understand what is needed to build on our existing foundations and make the changes we all agree are needed to deliver better outcomes for people with cancer in New Zealand. I am pleased to announce the Ministry is now, at the request of Health Minister Dr David Clark, developing a specific strategy to support that work for the medium to long term.

We’ve had initial discussions on how to improve cancer outcomes and care with a variety of clinicians, consumers and other relevant stakeholders including the Cancer Programme Leadership Board. We’ll engage more widely with cancer experts and frontline professionals later this year. We will be in contact about this with more details closer to the time. Appropriate leadership and governance for the sector will also be considered as part of the Cancer Strategy development.

Equity is our key focus. We want to ensure all people with cancer in New Zealand receive a high standard of care regardless of where they live, their ethnicity or ability to pay. Fundamental to this is putting more work into prevention so fewer people get cancer, and improving access to diagnostic services, so more people who are diagnosed with cancer are diagnosed earlier when it may be easier to treat.

The Minister has also asked us to keep pace on our current work programme, which you can read more about below.

Dawn Wilson
Manager, Cancer Services, Ministry of Health

Please forward this update to interested colleagues. If you don’t want to receive these updates, please reply to this email with “unsubscribe” in the subject line.
National Tumour Standards review: Engagement on person-centred approach

We’re reviewing the provisional tumour standards so they work better for health providers and people affected by cancer. Working alongside key stakeholders, we’ve agreed to make the standards measurable at a national level, and to focus them around a better experience and outcome for people with cancer.

To achieve this, we’re developing a person-centred standard of care which spans the cancer continuum. This online standard will incorporate and replace all the provisional tumour standards. It will also apply to those tumour streams which do not have a standard.

Taking a person-centred approach reflects the people-powered and closer to home themes of the New Zealand Health Strategy. It underpins our focus on achieving equity.

The structure of the new standard includes quality statements supported by evidence, good practice points and areas of focus for quality improvement. We will develop tumour-specific quality performance indicators covering diagnosis, treatment and follow up across each tumour stream with a provisional standard. We are developing indicators for bowel cancer as a pilot for this process (see below LINK).

Over time, we will develop quality performance indicators and person-reported outcome measures which can be analysed to understand system performance across the care continuum.

We will also incorporate urological cancers (initially prostate, kidney and bladder cancers) within the new standard. A Urological Cancers Working Group is being established.

We have developed an early draft of the standard, working closely with consumers and others, and will soon be starting wider engagement on this draft.

To be involved in this process, please contact Vanessa James, Principal Advisor, Cancer Services, at vanessa_james@moh.govt.nz.

Delivering on the National Cancer Plan 2015–2018

Recently completed work

Supporting early diagnosis of prostate cancer: Kupe goes live

The Minister has launched a website to help men decide if a prostate check is right for them. The website was created using the Guidelines for Prostate Cancer Management and Referrals, as a basis and was developed closely with Māori, Pacific and Asian men and their whanau representing both those well and poorly engaged with the health system. https://www.kupe.net.nz/
Next we’ll be launching a plug-in tool for GP patient management systems to walk providers through the 2015 guidelines for prostate cancer management and referrals. We’ll keep you posted.

**New Zealand Cancer Registry coding improvements**

The New Zealand Cancer Registry (NZCR) team has changed how they manage the clinical coding process. NZCR used to prioritise registration of more common or high-interest types of cancer, which meant registration of other cancers lagged behind. Now, all tumour streams are given equal priority so the entire dataset for each year is ready sooner.

This has enabled a change to our release policy around provisional cancer data. Provisional data on all types of cancer is now available six months after diagnosis – a significant improvement on the previous 21-month delay from diagnosis for the release of non-prioritised cancer registrations.

*Please note: caution should be taken with any use of this data as it is provisional and may be incomplete as late registrations impact overall numbers.*

**Service Improvement Fund projects**

A big thank you to those DHB and Regional Cancer Network people responsible for getting the service improvement fund projects across the line. Most projects are complete, with the remainder finishing in June. A Faster Cancer Treatment forum in November 2017 discussed what we’ve learnt and we’re now identifying future service improvement opportunities [Service Improvement Fund initiatives | Ministry of Health NZ](https://www.health.govt.nz/our-work/service-improvement-fund).

**Minimum standard for molecular testing in colorectal cancer**

The National Bowel Cancer Working Group has developed a minimum standard for molecular testing for colorectal cancer, to ensure appropriate detection of Lynch syndrome. Medical oncologists will now have access to important prognostic information when considering chemotherapy. The document will be published on the Ministry website shortly.

**Extension of the Psychological and Social Support Services Initiative**

The Cancer Psychological and Social Support Services Initiative will continue for another two years. A recent interim evaluation report confirmed it is a highly valuable service for patients because when they understand their cancer treatment better, they are more likely to attend and remain in treatment.

A National Forum for the initiative is being held on 3 May 2018. Topics will include equity, rural delivery of care, dealing with initiative challenges, and coping with loss at work. The Forum will support practitioners to learn from others’ successes and challenges and consider how to keep the Initiative going.

For more information contact Juliet Ireland at Juliet.Ireland@nra.health.nz.
Multidisciplinary Meetings gap analysis

All regional cancer networks have completed reviews against the current state of MDM business processes, data capture, roles and responsibilities and the future state requirements developed by the Cancer Health Information Strategy. The Ministry is reviewing the information to determine next steps for this important work.

National Survivorship Consensus Statement

Central Cancer Network, Cancer Society NZ and the Cancer Nurses College have partnered to develop a national survivorship consensus statement. The draft statement has been informed by sector meetings on survivorship activities currently underway in New Zealand, and consideration of key principles, language and care pathways. A project team produced a stocktake of survivorship-focused programmes and services and a literature review on local and international research on survivorship and existing models. A project around survivorship is currently being scoped.

Feedback on the draft statement will be sought in May. For more information contact Vicky Shuker at vicky@cancer.org.nz.

Updates on ongoing work

Cancer Health Information Strategy

The Cancer Health Information Strategy sets out how to achieve comprehensive, accessible and accurate information to support quality care across the cancer patient pathway. Work is well underway that supports the strategy and will ensure clinical teams, funders and planners and consumers have better quality information. Some of the highlights of the programme include:

Quality performance indicators for bowel cancer

We are working closely with the National Bowel Cancer Working Group to develop quality performance indicators so bowel cancer standards can be measured and publicly reported. There will be a range of quality of care measures (including outcomes data) across the bowel cancer diagnosis and treatment pathway to support continuous improvement in quality and safety of cancer services. The measures will have meaning for both people with cancer and the clinicians who provide their care. Consumers, colleges, professional bodies and clinicians have all been involved in defining and selecting relevant outcomes and process measures.
Data quality improvement project options

The bowel cancer indicators work has informed a project to scope other data improvement options. Each bowel cancer indicator selected for investigation has been assessed to determine if data is available and of the quality required to provide an accurate picture of the quality of cancer care. The data gaps are being assessed and prioritised for investigation and evaluation. We hope to develop potential solutions to improve data capture to allow national reporting, and inform future direction and funding decisions for the Cancer Health Information Strategy [New Zealand Cancer Health Information Strategy | Ministry of Health NZ].

Radiation oncology collection and online tool

The radiation oncology collection and online tool is in the final stages of development and testing. This project enables the collection of detailed treatment data for people with cancer receiving radiation therapy across the country. The online tool makes non-identifiable and aggregated information transparent and available to cancer centres, DHBs and Regional Cancer Networks (RCNs) so they can compare treatment protocol against one another and against national guidelines.

The primary goals of the project are more equitable access to radiation oncology services across the country, alignment of treatment protocols with nationally agreed guidelines and the efficient use of radiation oncology resources.

Adult and Young Adolescent (AYA) Network

The AYA Standards of Care were launched at the end of 2017, and since then 10 DHBs have completed the online self-review process and have an AYA cancer services development plan for their region. The remaining DHBs will complete the process by June 2018.

The Network is now working on:

- a patient survey to complement the self-review process by providing insight into how young people experience cancer care
- strategies and tools to reduce diagnostic delay in AYA (12 to 24 years) cancer patients
- a survivorship passport/template for young people
- a national template for psychosocial assessments and screening
- adapting a US-based AYA end-of-life care document
- exploring ways to better reach AYA in smaller regions of New Zealand, to ensure equitable access to AYA cancer services and resources.

Links and resources, including clinical tools and guidelines, are online at [http://ayacancernetwork.org.nz](http://ayacancernetwork.org.nz).

To keep up to date with activities of the Network follow us on Twitter and Facebook. @NZayacancer. Contact: [heidi@adhb.govt.nz](mailto:heidi@adhb.govt.nz).
Cancer Nurse Coordinator initiative

The Cancer Nurse Coordinator Initiative is now a well-established and highly functioning service providing targeted advice and support to the cancer patients who need it most.

From 30 June 2018 this service is being devolved to DHBs along with the funding for the initiative.

Specialist nurses are now employed in all DHBs to be the key contact for people most likely to experience difficulty accessing timely diagnosis and treatment, and the service is well established at a local and regional level.

To assist the workforce to plan for transition a National Forum was held in April 2018, and Natalie James, the National Nurse Lead, is working with DHBs and Regional Cancer Networks to provide support. We would like to thank all of the nurses that have been part of this initiative and wish them every success as they continue to improve patient care.

Regional Cancer Networks

National Bowel Screening Programme

All networks are supporting DHBs to improve the model of care for both symptomatic and screened people as they move from diagnosis to treatment and into follow-up and surveillance.

Routes to diagnosis

The Southern, Midland and Northern networks are developing systems to identify and monitor how cancer patients enter the system. There is evidence that patients who enter via the emergency department have lower one-year survival rates. The Central network has focused on developing primary care cancer pathways, via HealthPathways and Map of Medicine, to support primary care to recognise and investigate signs and symptoms that may be suggestive of cancer and appropriately refer people into secondary care.

NRDHB CT/MRI protocols and diagnostic pathways

Southern, Midland and Central networks are progressing regional endorsement and implementation of these protocols and pathways, recognising there may be warranted regional variations.

PET-CT

The Northern network reviewed PET-CT volumes and indications (including regional variants) on behalf of the RCN Collaborative. The information was presented to DHB PET-CT Variance Committees and the National Radiology Advisory Group (NRAG) for action.