Medical Oncology
National Implementation Plan
2013/14
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Introduction

The Medical Oncology National Implementation Plan 2013/14 outlines priority activities across the three medical oncology work programme areas.

Table 1: Overview of the three implementation programmes

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<thead>
<tr>
<th>Work programme</th>
<th>Objective</th>
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<tr>
<td>1. Service configuration</td>
<td>To help improve and reconfigure services and to increase treatment capacity in the appropriate facilities.</td>
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<tr>
<td>2. Workforce</td>
<td>To develop and support workforce models that increase clinical capacity.</td>
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<tr>
<td>3. Service quality</td>
<td>To improve clinical quality and service efficiency so that patient care is equitable nationwide.</td>
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What has been achieved so far

A significant amount has been achieved during 2012/13. The majority of the activities outlined in the Medical Oncology National Implementation Plan 2012/13 have been completed or are underway. These include the:

- development, distribution and analysis of a service assessment tool for DHBs
- development of regional medical oncology service plans
- appointment of a project team, including two Senior Medical Officers (SMOs), to develop guidance on alternative clinical and non-clinical roles in medical oncology
- appointment of a clinical nurse lead to develop a knowledge and skills framework for cancer nursing
- consultation on draft national tumour standards
The Faster Cancer Treatment work programme

The Medical Oncology National Implementation Plan 2013/14 will link to the Faster Cancer Treatment programme which is now well under way. The Faster Cancer Treatment Programme has four implementation areas that are consistent with the medical oncology work programme:

- data collection system improvement (this is an enabler and links to the medical oncology workforce and service quality work programmes)
- cancer nurse coordinator roles (links to the medical oncology service configuration and workforce work programmes)
- developing national tumour standards (links to the medical oncology service configuration, workforce and service quality programmes)
- improving functionality and coverage of multidisciplinary meetings (MDMs) (this is an enabler and links to the medical oncology service quality work programme).

Linking the medical oncology implementation plan to the wider Faster Cancer Treatment programme ensures consistency of service delivery and reduces duplication of work.
The 12-month implementation plan

The Ministry of Health has prioritised the following areas for action for 2013/14. These are described in further detail in this section.

1. The service configuration programme
   Develop national standards for the delivery of medical oncology services to support a four level service centre model of care.

2. The workforce programme
   Develop guidance on alternative clinical and non-clinical roles in medical oncology.
   Develop a knowledge and skills framework for cancer nurses that will include:
   • specific nursing activities/tasks and competencies at each stage of patient care
   • an education programme for cancer nursing.
   Begin implementation of the knowledge and skills framework for cancer nurses.

3. The service quality programme
   Support the implementation of the national standards for tumour-specific treatment.
   Support quality improvement initiatives such as multidisciplinary meetings.
   Support the regional cancer networks to implement their regional medical oncology service plans.
   Support the sector to implement and share service innovations.
## 1 Service configuration programme

| Output | National standards for the delivery of medical oncology services to support a four-level service centre model of care. |
| Purpose | To facilitate the delivery of high quality medical oncology services to patients. |
| Activities 0–12 months | Develop national standards for the delivery of medical oncology services that:  
• support a four-level service centre hub and spoke model of care  
• provide operational and organisational national standards to improve the safety, accessibility and quality of care  
• establish mechanisms to ensure standardisation of quality and safety. |
| 12 months and beyond | Implement the national standards for the delivery of medical oncology services to support and refine the four-level service centre model of care. |
| Lead | Ministry of Health and district health boards. |
| Linkages and dependencies | National Health Board  
Health Workforce New Zealand  
Health Quality and Safety Commission  
New Zealand Hospital Pharmacists Association |
| Additional considerations | The activities must take into consideration the following:  
• alternative clinical and non-clinical SMO roles  
• the knowledge and skills framework for cancer nursing  
• sub-specialisation and the location of sub-specialty services (refer to national tumour standards)  
• shared care arrangements between DHBs and satellite centres  
• expanded service provision in satellite centres. |

## 2 Workforce programme

| Output A | A patient-centred role delineation framework. |
| Purpose | To increase the clinical capacity of the medical oncology workforce, in particular SMOs. |
| Activities 0–12 months | Develop guidance on alternative clinical and non-clinical roles in medical oncology. |
| 12 months and beyond | Implement alternative clinical and non-clinical roles in medical oncology.  
Begin development of training programmes required to increase workforce capacity. |
| Lead | Ministry of Health, SMO and nurse clinical leads, DHBs. |
| Linkages and dependencies | Health Workforce New Zealand.  
Health Quality and Safety Commission.  
Relevant professional bodies.  
SMO Workforce Survey. |
| Additional considerations | The activities will need to link with the:  
• implementation of the Faster Cancer Treatment programme (eg, Cancer Nurse Coordinator Initiative)  
• the knowledge and skills framework for cancer nurses.  
With potential changes in roles, responsibilities and training programmes, it will be important to engage early with key training and union leaders at the:  
• Association of Salaried Medical Specialists  
• Royal Australasian College of Physicians  
• New Zealand Nurses Organisation  
• Health Workforce New Zealand  
• New Zealand Hospital Pharmacists Association. |
### Output B

**Purpose**
To establish national standards for education and training for nurses caring for people with cancer.

**Activities 0–12 months**
- Develop a knowledge and skills framework for cancer nurses that will include:
  - specific nursing activities/tasks and competencies at each stage of patient care
  - an education programme for cancer nursing.
- Begin implementation of the knowledge and skills framework for cancer nurses.

**12 months and beyond**
Continue implementation of the knowledge and skills framework for cancer nurses.

**Lead**
Ministry of Health with the nurse clinical lead.

**Linkages and dependencies**
- Existing nurse specialist training programmes.
- Existing academic nursing programmes.
- Previous and current nursing workforce initiatives.
- New Zealand Nurses Organisation.
- Health Workforce New Zealand.
- Health Quality and Safety Commission.

**Additional considerations**
With potential changes in roles, responsibilities and training programmes, it will be important to engage early with key training and union leaders. The knowledge and skills framework for cancer nurses will need to be endorsed by the National Nursing Consortium before proceeding to implementation.

### 3 Service quality programme

#### Output A

**Purpose**
To provide efficient and sustainable best-practice management of specific tumour types and promote a nationally coordinated and consistent approach to service provision.

**Activities**
- Support the implementation of the national standards for tumour specific treatment.
- Support quality improvement initiatives such as multidisciplinary meetings.

**12 months and beyond**
Support ongoing implementation of the national standards for tumour specific treatment.

**Lead**
Ministry of Health.

**Linkages and dependencies**
- Faster Cancer Treatment programme.
- Existing tumour specific groups and initiatives (for example, the Faster Cancer Treatment tumour groups).
- Workforce and service configuration programme activities.

**Additional considerations**
The development and implementation of the national tumour standards will support the development of the national standards for the delivery of medical oncology services.

#### Output B

**Purpose**
To improve oncology service planning at a regional level and share innovative practice.

**Activities 0–12 months**
- Implement their regional medical oncology service plans.
- Support the sector to implement and share service innovations.

**12 months and beyond**
Continue to support regional service planning, including innovative practice.

**Lead**
Regional cancer networks, DHBs and the Ministry of Health.

**Linkages and dependencies**
- Regional initiatives, for example e-prescribing and telehealth.
- Health Workforce New Zealand.
- Relevant professional bodies.
- SMO Workforce Survey.
DHB implementation priorities for 2013/14

The majority of the activities in this plan are nationally led. However, in 2013/14 DHBs are expected to:

- support the development of national standards for the delivery of medical oncology services
- support activities to improve the functionality and coverage of multidisciplinary meetings
- support activities to increase workforce capacity, including the development of the knowledge and skills framework for cancer nursing
- support the medical oncology national clinical leads (appointed as part of the 2012/13 implementation activities) to provide guidance on clinical and non-clinical roles in medical oncology
- implement regional medical oncology service plans
- implement and share service innovations.
References

