



SCN Quarterly Update February 2017

Briefing to: SCN partners and stakeholders

Subject: SCN update

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Purpose of Report : For information

SCN infrastructure and staffing:

Ursula Jewell has returned to SCN following a year on the ice in Antarctica, and will re-establish a portfolio with a focus on Faster Cancer Treatment (FCT) and cancer informatics for the South Island. She will also provide support for the FCT-funded project that is looking at how all new cancer patients (~6,000) diagnosed in 2015 first accessed secondary care, e.g. through ED, referral with a high suspicion of cancer, screening etc.

In mid-January the first meeting of a regional Clinical and Operational Leads Group was held, initially the focus will be on clinical and service engagement across the region. The next meeting is scheduled to coincide with the release of the Q2 FCT data in mid-February. All DHBs have been asked to nominate both a clinical and operational FCT lead to be on this group.

Suzanne Beuker, Urology surgical SMO in Nelson, has been appointed as one of the Cancer Clinical Advisors to the Ministry and has FCT within her national portfolio. We congratulate Suzanne on her appointment and look forward to working with her to support the implementation of the FCT initiative across the SI.

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Delivering Faster Cancer Treatment:

Progress towards the sustainable delivery of the FCT Health Target continues to be mixed across the south island and a challenge for the DHBs. The SCN is working with all DHBs to understand their priority areas, such as high volume tumour sites or treatment modalities showing ongoing challenges.

All DHBs are aware that from the start of 2017 they now have to submit a breach or delay reason for all cases who are not treated within 62 days. For the period up to the end of September 2016, only 9 out of 60 cases who were not treated in 62 days were not allocated a 'delay reason'. Only 5 delays were due to patient choice, and ~50% (29/60) delays were due to capacity constraints across the region.

The health target was assessed for all patients treated between 1 April and 30 September 2016, and whilst none of the South Island DHBs achieved the 85% target Nelson Marlborough was at 83%.

The Q2 data will be released by the Ministry of Health during the week beginning February 20th

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Faster Cancer Treatment Round 2 Funded Projects:

Use of High Suspicion of Cancer Definitions for Gynae patients

- This project has included a retrospective and prospective application of the new definition for high suspicion of cancer (HSCan). When the new HSCan definition was applied to the cohort there was a significant increase in the number of patients with cancer being identified. Work is ongoing to roll out the findings and promote the value of the HSCan definitions across the South Island.

'Routes to Diagnosis'- Identify all cancer patients "route to diagnose" across the South Island,

- Stage A of this project specifically looked to identify the patients first presenting to an Emergency Department in SDHB and who were subsequently diagnosed with cancer. Findings show that predominately Lower GI and Lung patients present to ED. Of the cohort 45% were self-referral & 41% referred to ED by GP. Work is ongoing with Wellsouth PHO to raise awareness of FCT and HSCan referrals.
- Stage B - this project has just started and will look to identify how all cancer patients diagnosed across the SI within a 12 month period first access secondary care. This work aims to repeat a similar piece of work in the UK which showed approximately 1 in 4 (25%) of all cancer patients first present through ED.

Improve the diagnosis, follow up and surveillance of melanoma

- 170 GPs and nurses attended a dermoscopy referral and diagnosis training day for general practice. Teledermatology is now available to all GPs across the South Island, although further promotion and some development of technology to allow full integration into ERMS is needed. A dermatology working group (including Skin cancer) has been established across the South Island.

Improving the standard of primary referrals

- Initially the project was to revise the management of referral and amend referral forms incorporating the new High Suspicion of Cancer definitions.
- Service improvements to the FCT system now flags patients at referral and communication and education for GPs has demonstrated a significant improvement in the percentage of patients triages with HSCan.

Review processes and practices along the cancer pathway in SDHB

- Outcomes for this project sought a greater achievement towards the 31-day and 62-day indicators through a service improvement process to increased patient flow, less wastage, improved information availability, and a more patient-centric booking process for urology patients. Service improvements identified and progressing – FSA availability in Southland, standardization of pathway for bladder cancer patients, ongoing discussions regarding TRUS biopsy and clinical procedure capability due to environmental factors.

Valuing the patients time in complex cancer: Head and Neck

- This is a joint project run by Canterbury and Nelson Marlborough DHB with the aim of improving the patient journey for people diagnosed with a cancer of the head and neck.
- The two DHBs held a successful workshop before Christmas that captured the processes that

guide the patients' journey. It can be very challenging for cancer patients who are treated away from where they live, and a significant number of patients living in Nelson Marlborough have their treatment in Christchurch. A lot of work goes into arranging travel for patients, and identifying and mapping the processes means that they can be reviewed, with a view to making improvements. The findings will be analysed over the next few months.

- The DHBs also intend to work closely with people who have been affected by a head and neck cancer. Listening to what their experiences were, and what their suggestions might be, can help the DHBs to identify what they are doing well and what they can do better.

Southern DHB Oncology Service Review

SCN has been supporting the Southern DHB Outpatient Oncology unit to identify ways to improve services for patients and family requiring treatment for cancer. The Medical Oncology and Radiation Oncology services have been reviewed, a number of service improvements identified and planning underway to implement the priorities. This has been a multidisciplinary team process with wide engagement across all disciplines.

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Tumour standards reviews:

SCN and DHBs were informed in December 2016 that the Ministry would not be asking for any additional tumour standard reviews to be undertaken in 2016-17. This is due to the focus being placed on quality clinical decision making and MDM development within year.

The previously ongoing Gynae Service Review has been analysed and the working group are currently reviewing the data, to understand the findings and the implications for their respective DHBs. The final South Island-wide report was due for release in Q1 but has been delayed due to undertaking further in-depth reviews of data completeness and quality.

In addition, SCN and the DHBs were also already reviewing lung services and the data are currently being analysed

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Supporting multi-disciplinary meetings (MDMs) and clinical decision making:

The SCN has run 3 separate projects within the 'Supporting MDM' portfolio, and work is progressing well.

- South Island rollout of the Southern MDM management system (to be known going forward as the SI MDM System – SIMMS). This project is of such importance to the South Island clinical teams and SCN, and the provision of access to the SIMMS via Health Connect South for all our South Island MDM's, is expected to commence in early 2017
- South Island wide MDM Quality Review: An MDM 'quality' review was undertaken, which involved all MDMs being visited and reviewed against a series of quality measures, all MDM chairs being interviewed and all MDT members invited to participate in an on-line survey. The findings from this review have been shared with all MDM chairs and the regional MDM governance group. The final report will be circulated along with proposed areas for further

action in Q3

- The third area of focus to support all the MDT/M coordinators who work closely with the clinical teams, coordinate the MDM meetings and in many DHBs are also integral in the FCT tracking process, continues. Their next away day workshop session has been deferred to March 2017 to align with training for the rollout of the SIMMS.

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Partnership working between the South Island Radiation Oncology teams:

Following the well-supported away day with the 2 radiation oncology teams, there have been further meetings between the cancer centre leadership teams to consider joint working, describing regional and local services and a shared partnership approach to planning. There is agreement to work collaboratively towards the development of a more unified radiation oncology service across the South Island. This work will continue throughout 2016-17, and the first piece of work produced will be a short descriptive review of the South Island radiation oncology services.

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Inequalities:

Te Waipounamu Māori Leadership Group is now actively involved in leading and supporting 2 projects focused on Māori Health:

- A regional project across all DHBs to understand and improve the uptake of cervical screening across the Māori community, which commenced in October 2016;
- An FCT-funded project with a focus on providing coordinated and joined up services for Māori patients with cancer across the South Island.

The group also provides input and guidance to a third project within Nelson Marlborough, again funded through FCT, which has education as its focus.

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Consumer Engagement:

Emma Bell has taken over the consumer portfolio and in collaboration with the Cancer Society, the South Island Cancer Consumer Group is exploring the opportunity to host an 'awareness' session to increase consumer engagement with the SCN. Three new members have been recruited and will commence with the group in 2017.

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Regional psychological and social support initiative:

During Q2 this newly emerging service has worked towards further consolidation across the region. Towards the end of Q2 the clinical lead for the Upper South Island hub tendered her resignation, and the social worker in South Canterbury was seconded to Canterbury DHB to support the impact of the Kaikōura earthquake in that area. A meeting of the regional directors of allied health and SCN, in collaboration with Canterbury DHB, discussed options for maintaining cover and support

until a new lead can be appointed, and the South Canterbury social worker returns to her role.

SCN programme manager Judi Tapp will work closely with the clinical leads and Emma Bell to assist with planning and reporting and to provide more project support for this initiative. The Steering Group next meets in February 2017.

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