

LUNG CANCER PROJECT SCOPE

Project Title	Lung Cancer Patient Mapping		
Project Reference		Other Reference	
Project Sponsor	Jan Hewitt Manager Midland Cancer Network	Project Manager	Loryn Scanlan Patient Mapping Manager Midland Cancer Network
Advisory Group	Midland Cancer Network		
Project Start Date	May 2008	Project End Date	May 2009

PROJECT DEFINITION

Background

In 2005 303 patients were diagnosed with lung cancer in the Midland region. In 2004 (the most recent year numbers are available) 197 patients died from lung cancer in the Midland region.

For the period 1999 to 2005 lung cancer was the fourth leading cause of cancer registrations in the Midland region. Of the total of 303 registrations for lung cancer in the Midland region in 2005, around 26% were Māori, <1% were Pacific people and around 74% were Other. Lung cancer registrations by women have increased from 42% to 49% of all lung cancer registrations in the Midland region over the last five years (TAS, 2007).

Lung cancer has been identified as the leading cause of cancer mortality across all ethnic groups in the Midland region. Of the total of 197 deaths from lung cancer in the Midland region in 2004, around 33% were Māori, <1% were Pacific people and around 67% were Other. The Midland region age standardised specific mortality rate for lung cancer for 2003 to 2004 is 536.31 which is over twice the New Zealand age standardised specific mortality rate for lung cancer. The age standardised specific mortality rates for lung cancer varies across the ethnic groups. In 2003/2004 the age-standardised mortality for lung cancer for Māori in the Midland region was 1207.43, for Other it was 457.8 and for Pacific people it was 425.5.

Lung cancer is associated with high morbidity and mortality with patients often presenting in an advanced stage. During 2000 to 2006 lung cancer was the second leading cause of all hospitalisations for malignant cancer at each of the three participating Midland DHBs (Waikato DHB, 2008).

A large majority of cases of lung cancer are associated with smoking. Smoking causes one in four of all cancer deaths in New Zealand. About one in three Māori deaths are smoking-related (The Quit Group, 2008).

The Midland Region Non-surgical Cancer Treatment Service Implementation Plan (Midland DHBs, 2005) recommended the mapping

	<p>of the patient's cancer journey be undertaken for the major tumour groups. Mapping of the patient's cancer journey has been identified by the Ministry of Health as one of the actions necessary for achieving the goals and objectives set out in the New Zealand Cancer Control Strategy Action Plan 2005 – 2010 (Ministry of Health, 2005).</p> <p>The Midland patient mapping work commenced in July 2005 and involved Bay of Plenty, Lakes and Waikato DHBs. Care pathways have been mapped for breast, lung, colorectal and prostate cancer at this stage.</p> <p>The Midland Cancer Network was formed in late 2006 and is based on specific geographical population which is made up of people from Bay of Plenty, Lakes and Waikato DHB regions. There is an open invitation for both Tairāwhiti and Taranaki DHBs to participate in the Midland Cancer Network.</p> <p>The Midland Cancer Network has two work programmes which are service and patient mapping and addressing inequalities. The key area of focus for the work programmes is on the cancer control goals of reducing inequalities, reducing the incidence and impact of cancer. The work programmes are supported by three Midland Cancer Network collaborative work streams:</p> <ul style="list-style-type: none"> • service specific e.g. non-surgical cancer treatment • population specific e.g. adolescent and young adult • site/tumour specific e.g. lung and breast cancer.
Purpose	<p>Review and complete the mapping of the patient journey for lung cancer which was undertaken back in 2005/2006 and complete the other components of the patient mapping work programme.</p> <p>The four regional cancer networks along with the Ministry of Health have agreed to scope the feasibility of adapting the Victorian State Patient Management Frameworks to the New Zealand setting. The Midland Cancer Network will test and utilise the patient management framework toolkits for lung cancer to assist with aspects of the project.</p> <p>There is interest from clinical staff involved in providing care to patients with lung from across the Midland region to improve the journey and outcomes for patients with lung cancer. A regional lung cancer meeting has been planned for 10 November 2008. It is intended that the patient mapping work programme findings will be presented and discussed. The participants will be able to correct and close gaps in knowledge, reach a consensus on the key themes emerging and identify service improvement opportunities.</p>
Relationship to NZ Cancer Control Strategy Action Plan	<ul style="list-style-type: none"> • Goal 1, Objective 2: Reduce the number of people who develop cancer due to tobacco use and second-hand smoke (Phase 1) • Goal 2, Objective 2: Establish a process to assess the value of early detection of cancer other than that obtained through organised screening • Goal 3, Objective 1: Provide optimal treatment for those with cancer • Goal 3, Objective 2: Develop defined standards for diagnosis, treatment and care for those with cancer • Goal 3, Objective 3: Ensure patient-centred and integrated care for those with cancer, their family and whānau

	<ul style="list-style-type: none"> • Goal 4, Objective 6: continue to improve access to essential palliative care services that provide appropriate symptom relief and emotional, spiritual, cultural and social support for those with cancer and their family and whānau • Goal 4, Objective 7: Ensure an integrated and comprehensive service is provided to all those with cancer who require palliative care and their family and whānau • Goal 5, Objective 2: Ensure programmes and services are accessible to Māori across the cancer control continuum • Goal 5, Objective 3: Ensure active involvement of consumer representatives across the spectrum of cancer control
Vision / Objectives / Principles	<p>Vision The Midland Cancer Network will work with the cancer control community across the Bay of Plenty, Lakes and Waikato DHB areas to provide better lung cancer services across the cancer care continuum. The outcomes expected in the relation to patient journey for lung cancer are:</p> <ul style="list-style-type: none"> • earlier detection • services respond to the needs of Māori and Pacific • timely access to diagnosis and effective treatment • delivery of high quality services across all DHBs/organisations providing services/care to patients with lung cancer • improve the patient's experience of the lung cancer journey • improve the performance of systems. <p>Objectives</p> <ul style="list-style-type: none"> • to obtain a clear description of the current patient journey for lung cancer • to identify issues, variations and service gaps • to identify opportunities for improving services <p>Principles This work will be based on the following guiding principles adopted by the Midland Cancer Network:</p> <ul style="list-style-type: none"> • people-centred • address inequalities and the needs of Māori • multidisciplinary care • safe and high quality • integration • sustainability • evidence-based • stepwise/phased approach
Key Stakeholders	<p>Midland Cancer Network Bay of Plenty, Lakes and Waikato DHBs Other Midland DHBs (e.g. Tairāwhiti and Taranaki) Primary health providers Consumer representatives Māori representatives Non-government organisations (e.g. Cancer Society)</p>
Key Participants	<p>Respiratory physicians Cardiothoracic surgeons General physicians from Bay of Plenty and Lakes DHB and other Midland DHBs which refer patients to Waikato Hospital for advice and/or</p>

	<p>treatment Radiation oncologist Medical oncologist Radiologist Pathologist Lung cancer care co-ordinators at Waikato DHB Cancer care co-ordinators at Bay of Plenty and Lakes DHBs Māori cancer care co-ordinator Lakes DHB Māori hospital and community patient navigators at Lakes DHB Kaitiaki services at Bay of Plenty and Waikato DHBs Representative of Cancer Society Support Service Representatives of hospital and community palliative care services General practice liaison or PHO/general practice representatives Māori representative Consumer representation Co-ordinator, multidisciplinary team meetings, cancer care Secretary, Respiratory Service Secretary, Cardiothoracic Service Booking clerk for respiratory services Representative of Referral Co-ordination Centre at Waikato DHB Patient Mapping Manager, Midland Cancer Network</p>
Project Linkages	<ul style="list-style-type: none"> • Midland Cancer Network patient mapping work for other tumour groups • Midland Cancer Network inequalities work programme • Northern and Central Cancer Networks work on the lung cancer care pathway • Regional cancer networks patient management and multidisciplinary framework projects • DHB Tobacco Control Plans 2008 – 2011 • Midland Cancer Network strategy and and cancer control action plans • Midland Cancer Network work programme • Midland Cancer Network service specific work groups e.g. non-surgical cancer treatment and palliative care
Critical Success Factors / Key Performance Indicators / Benefits	<ul style="list-style-type: none"> • Report and action plan for lung cancer which is adopted by participating organisations across the Midland region • Implementation of the action plan is overseen by an identified regional group of representatives of the lung cancer care community
Key Deliverables	<ul style="list-style-type: none"> • Flow charts of the current patient journey and parallel processes for each of the participating Midland districts • Stock take of lung cancer services for the participating Midland districts • Audit service waiting times, gaps and inconsistencies across the participating Midland districts • Workshop involving stakeholders to discuss findings • Midland lung cancer report and action plan to guide regional and local activities and unify efforts to reduce impact of lung cancer

Scope Inclusions / Exclusions	<p>Inclusions Work will focus on referral, assessment/diagnosis, treatment, follow-up and palliative care stages of the lung cancer care continuum. It will cover care pathways and services for Bay of Plenty, Lakes and Waikato DHBs and other DHBs (e.g. Tairāwhiti and Taranaki) referring patients to tertiary centre at Waikato Hospital for advice and/or treatment.</p> <p>Exclusions Prevention part of cancer care continuum.</p>	
Key Inequalities focus areas	<p>Acknowledging that while there are broad issues which impact on inequalities the early focus will be on reducing inequalities for Māori and Pacific people.</p> <p>The project will identify inequalities and strategies to reduce disparities with respect to lung cancer. The project links with the Midland Cancer Network inequalities work programme.</p> <p>Inequalities identified at this stage include:</p> <ul style="list-style-type: none"> • Midland age-standardised mortality rate for lung cancer is over two times higher than the national rate • Māori lung cancer mortality rates are higher than non-Māori • Registration and mortality rates for lung cancer among females are increasing • Poorer outcomes for Māori and lower socioeconomic status men and women • Smoking rates higher for Māori and Pacific people than for other New Zealanders • Only some patients with lung cancer have their case discussed by a clinical multidisciplinary team 	
Key workforce focus areas	<ul style="list-style-type: none"> • Workforce focus areas will be specific to the identified issues. Initiatives will be developed as a result of the project • The Midland Cancer Network care co-ordination framework and multidisciplinary framework (when developed) will be applied to the project 	
Key Assumptions	<p>The project will be undertaken within the portfolio of Patient Mapping Manager, Midland Cancer Network and under the general direction of the Midland Cancer Network. The participating organisations will support this work and promote the cross-regional participation and communication.</p>	
Key Constraints	<p>Regional lung cancer meeting planned for 10 November 2008. Adequate data being readily available within DHBs. Resourcing limitations.</p>	
Key Risks and Mitigating Strategies	Risk	Mitigating strategies
	Lack of engagement and consultation	<ul style="list-style-type: none"> • Midland Cancer Network and participating organisations provide support as indicated • DHBs supporting this area of work as per DHBs cancer control action plans • Māori participation supported through Midland Cancer Network governance framework

		<ul style="list-style-type: none"> • Consumer participation supported through Midland Cancer Network consumer framework
	Work programme is too ambitious	<ul style="list-style-type: none"> • Provide a watching brief and monitor • Regular reporting • Timetable is reviewed
PROJECT APPROACH		
Project Approach	<p>Approaches that will be utilised include face to face meetings with key staff (clinical, nursing, management and administrative), involving consumers as appropriate, observing multidisciplinary meetings, gathering and analysing DHE activity data and secondary data sources. Reviewing local and international work related to the lung cancer pathway.</p> <p>The more specific components of the project include:</p> <ul style="list-style-type: none"> • Review maps of the patient journey and parallel processes for lung cancer • Map lung cancer services across the greater Midland district • Identifying variations in clinical practices and processes • Review current capacity and performance of diagnostic services • Collating staff perspectives on issues and constraints • Obtaining consumer perspectives and experience along the continuum • Audit of waiting times across key stages of the journey • Ethnic inequalities sub analysis • Comparison of journey times with national and international standards and benchmarks • Analysis of lung cancer statistics • Assessment against Victorian Patient Management Framework for lung cancer • Assessment against the National Health Service (England) high impact changes for lung cancer • Discussion of findings in workshop • Development of Midland lung cancer report and action plan • Establishment of Midland lung cancer work group 	
Project Milestones	• Project scope and methodology determined	Date May 2008
	• Interviews, information gathering and analysis	June – Sept 2008
	• Report emerging findings and discuss gaps and key issues	Oct – Nov 2008
	• Further analysis	Nov – Dec 2008
	• Report writing and action plan development	Jan – Mar 2009
	• Consultation and sign-off	Mar – May 2009

Project Cost	Midland Cancer Network will cover project cost related to project management and data analysis.
References	TAS. Kauri Tutui Tāngata Health Needs Assessment 2007. Mortality, Cancer Registrations 7 Population Local cubes. DISC 3. CD produced 17 December 2007. The Quit Group. The Benefits of Quitting Smoking (www.quit.org.nz). Waikato DHB. Draft Health Needs Analysis and Assessment 2008.

Document Control	Loryn Scanlan Patient Mapping Manager	Date	23/05/2008
Associated Documents	Title, version number	Date	
		Date	
Approved by		Date	