



Midland Cancer Network 2010-11 Quarter Two Progress Report - 1 July–31 December 2010

Executive Summary

STRATEGIC DIRECTION 1: KNOWLEDGE AND INFORMATION SHARING

- Midland Cancer Network web based Supportive Care Service Directory went live.
- Developed web based information on early detection of lung and bowel cancer.
- Completed the early detection of lung cancer with a community based campaign - "Cough, Cough, Cough" in Rotorua.
- Health Outcomes International is developing a national implementation plan for the *Guidance for Improving Supportive Care for Adults in New Zealand*. A HOI/Midland Cancer Network 'strategic thinkers' workshop was held on 19 November 2010.
- The network in partnership with a Waikato Māori health providers and the Waikato/BOP Cancer Society facilitated the establishment of a series of support/education groups for lung and bowel cancer.
- Waikato Palliative Care Service Directory went live and will develop for Bay of Plenty and Lakes.
- Facilitated a raising of awareness of prostate cancer to staff on DHB websites.

STRATEGIC DIRECTION 2: SERVICE QUALITY IMPROVEMENT - BETTER, SOONER MORE CONVENIENT SERVICES

- Bowel and lung elective services pathway review completed. Recommended actions in progress as able with available resources
- Lung cancer
 - New Zealand regional cancer networks along with the New Zealand Lung Cancer Work Group have developed three indicators, it is noted that these are in a development phase and require further work.
 - Regional lung cancer work up guidance agreed.
 - Waikato Radiology CT initiative completed with demonstrated improvements.
 - Midland Cancer Network received Ministry communication supporting Midland as the lead network for the national Lung Cancer Work Group, six months funding for this service will come through in 2011.
- Bowel cancer
 - NZ regional cancer networks have developed three indicators it is noted that these are in a development phase and require further work. Note: Midland unable to report on MDM.
 - Assisted with the formation of the New Zealand Bowel Cancer Work Group to be formed next quarter.
 - Intensive two month consultation, planning and submission of a bowel screening pilot programme request for proposal business case. Unsuccessful with the proposal.
 - Bay of Plenty has planned to improve surveillance colonoscopy access as part of the process and successful in obtaining a Health Workforce initiative for nurse endoscopist.

- PET scans – established regional variance committee, developed regional database and standardised processes across Midland DHBs. Working with DHBs to develop RFP for preferred PET service provider for Bay of Plenty, Lakes and Waikato DHBs (to be released February 2011)
- Radiotherapy:
 - Final draft Midland Radiotherapy Services Plan 2010-2020 development continues.
- Medical Oncology/Chemotherapy:
 - Midland Medical Oncology Services Plan 2010-2020 planning continues.
 - Ambulatory chemotherapy improvement initiative continues with demonstrated improvements.
 - Input into the Ministry Medical Oncology Models of Care initiative lead by Cranleigh House
 - Network commenced facilitation of a regional response to the Ministry RFP for medical oncology indicator reporting
- Adolescent and young adult cancer services workshop to launch the new service specifications was held. An issue with AYACS CNS revenue has been highlighted, the Midland Cancer Network has supported shortfall in funding. Review of the establishment of the service is under way.
- Palliative care:
 - Midland Palliative Care Services planning continues. Bay of Plenty, Lakes and paediatric, consultation completed. Waikato in progress including GP electronic survey.
 - Submitted regional feedback on the second draft of the national specialist palliative care service specifications.
- Breast – established a work group to develop regional follow-up guidance. To be trialled in Waikato in January – March 2011.

STRATEGIC DIRECTION 3: INNOVATION AND INFRASTRUCTURE DEVELOPMENT

- Somerset Cancer Registry feasibility study initiative is progressing with the support of clinicians and Waikato DHB CIO. Resource levels and the development of the National Health IT Plan and regional ISSP have influenced progress. Southern Cancer Network is undertaking a feasibility study on implementing Metriq to link non-surgical cancer treatment providers Mosaic system a within the South Island. The National Health IT Board will support an independent assessment of the two systems and facilitate identification of a possible national oncology IT system in 2011.
- Provided information to the Tairāwhiti DHB non-surgical services review.
- Midland Cancer Network team attended quality training workshop with NHS Institute of Innovation and Improvement (Northern Cancer Network/Ministry of Health initiative).
- Significant input into Cancer Control New Zealand qualitative regional cancer network evaluation. Evaluation report released November 2010, for discussion at next Midland Cancer Network Executive meeting.
- Midland Cancer Network to receive Ministry one off funding contract of \$200,000 to advance improvements in the area of lung/bowel/cancer IS effective 1 January 2011.
- Lakes DHB endorsed the establishment of the Lakes Cancer and Palliative Care Forum.
- Supported Waikato Clinical School HRC Prostate Cancer EOI proposal.

Further detail of progress is provided against the Midland Cancer Network annual work programme.

MCN STRATEGIC DIRECTION 1: KNOWLEDGE AND INFORMATION SHARING		
Objective	Actions	2010-11 Quarter 2 Progress
Develop and implement service directories; • regional palliative care	<ul style="list-style-type: none"> • build on learnings from the development of the Waikato Palliative Care Services Directory and complete for Lakes and BOP 	<ul style="list-style-type: none"> • Not due to commence until Quarter 3
• regional supportive care service directory	<ul style="list-style-type: none"> • continue to build on 2009-10 work • consult with providers and consumers on requirements for supportive care services directory • consider CCNZ recommendation¹ on information for patients on relationship, sexual activity and emotional changes when having treatment • participate and link with the Ministry of Health development of a national supportive care implementation plan initiative lead by Health Outcomes International 	<p>Achieved</p> <ul style="list-style-type: none"> • Supportive Care Directory launched 18 November on Midland Cancer Network website. • >300 providers invited to list their services; >50 providers listed by December 2010. • Feedback on Supportive Care Directory received from Supportive Care Work Group 19 November and quality improvement actions completed 22 November. • Website testing continues to eliminate outstanding 'bugs'. • The project is expected to close at the end of Quarter 2. • The supportive care directory population and maintenance will become business as usual. Staff have been trained in the system and a procedures document developed.
• regional smoking cessation provider service directory	<ul style="list-style-type: none"> • collaborative initiative with the Midland Smokefree Programme Director to develop a Midland smoking cessation service directory to raise knowledge of service providers 	No progress
Research: assessment of barriers to the early diagnosis of lung cancer in primary care	<ul style="list-style-type: none"> • continue to support the Northern Cancer Network primary lung cancer translational research proposal • support Lakes DHB lead investigator and team as required 	<p>Ongoing</p> <ul style="list-style-type: none"> • Provided feedback to Northern Cancer Network on its national stocktake of innovative lung cancer services
Implement initiative to improve early detection of lung cancer in Lakes DHB	<ul style="list-style-type: none"> • continue the Service Development Fund initiative commenced February 2010 • develop and deliver media campaign • project report • re-audit Lakes DHB lung cancer staging twelve and twenty four months post media campaign 	<p>Achieved</p> <ul style="list-style-type: none"> • A social marketing campaign ran from 1/9 to 30/11 2010 • Informal evaluation of the project approach by stakeholders occurred on 16 December 2010. • An interim end of project report has been completed. A final report will be prepared after completion of the clinical audit in 2012 based on 2011 lung cancer registrations. • Literature review and staging audit completed. • Report on findings to date completed.

¹ Recommendation from Cancer Control Council (2010). The Voice of Experience companion report: New Zealand Cancer Care Survey Results for Eight Treatment Services. Also refer to strategic direction 2 supportive care objective

MCN STRATEGIC DIRECTION 2: SERVICE QUALITY IMPROVEMENT - BETTER, SOONER MORE CONVENIENT SERVICES		
Objective	Actions	2010-11 Quarter 2 Progress
Improve access and wait times for the diagnosis and treatment of lung cancer	<ul style="list-style-type: none"> continue to support Midland Lung Cancer Work Group and monitoring of indicators reduce inequalities with respect to lung cancer improve GP referral to FSA process, develop standardised GP referral criteria and information required improve regional chest conference processes and develop a standardised MDM framework and form continue to build on 2009-10 work to develop, agree and document the regional lung cancer clinical framework/guidelines continue 2009-10 regional Lean thinking work to improve timely access to CT continue to build on the 2009-10 SDF elective services review findings and implement recommendations within available resources 	<p>Ongoing</p> <ul style="list-style-type: none"> Regional Lung Cancer Work Group met in December 2010 Regional Lung Cancer Work Group raised concerns with three national key performance indicators for lung cancer. It does not support the national indicators being used for performance management and comparative use at this stage, more work required. Distributed a revised electronic Chest Conference referral form. All clinicians referring patients to Chest Conference must now complete form Developed and distributed a patient graphic of lung disease investigation pathway (outcome of Lean Thinking work). Lean Thinking team has made improvements to lung biopsy pathway at Waikato Hospital. Reduced number of locations for patient. 2011 work group work plan: develop regional clinical triaging criteria for referrals for suspected lung cancer (as recommended in the lung cancer elective pathway review) and publish regional work up and staging criteria for lung cancer. Representatives from cancer network and regional Lung Cancer Work Group attended National Lung Cancer Working Group meeting. Midland Cancer Network received communication supporting Midland as the lead network for the national Lung Cancer Work Group with six month funding for this to come through in 2011.
Improve access and wait times for the diagnosis and treatment of colorectal cancer	<ul style="list-style-type: none"> continue to support Midland Colorectal Work Group and the development and monitoring of indicators continue to build on 2009-10 work to develop, agree and document the regional colorectal cancer clinical framework/guidelines continue to build on the 2009-10 SDF elective services review findings and implement recommendations 	<p>Ongoing</p> <ul style="list-style-type: none"> Regional Bowel Cancer Work Group met in December 2010 Regional Bowel Cancer Work Group reviewed national key performance indicators for bowel cancer. The work group considers wait times should be reported for all patients (i.e. acute and elective)

Objective	Actions	2010-11 Quarter 2 Progress
	<ul style="list-style-type: none"> • continue the 2009-10 work on the development of a regional colonoscopy capacity planning and demand management framework • continue to build on the 2009-10 colonoscopy mapping work and implement service improvement recommendations within available resources • build on the colonoscopy mapping and map the total colorectal patient and service pathway by June 2011 • review current colorectal cancer MDMs and identify opportunities to enhance • support the establishment of the national Bowel Cancer Work Group 	<ul style="list-style-type: none"> • 2011 work group work plan: develop local / regional GP referral guidance and clinical triaging criteria for patients with symptoms suggestive of bowel cancer (as recommended in the bowel cancer elective pathway review). • Midland Cancer Network Clinical Director involved in facilitating inaugural meeting. • Representatives of regional Bowel Cancer Work Group attended national meeting to discuss establishment of National Bowel Cancer Working Group. • Bowel cancer CNS (Waikato DHB) put forward as nomination for nurse representative on national work group
<p>Improve access and waiting times to radiotherapy treatment</p>	<ul style="list-style-type: none"> • support the Regional Cancer Centre as required to meet target • complete 2009-10 work on developing the <i>Midland Radiotherapy Services Plan 2010-2020</i> and; • support implementation of recommendations as able within available resources 	<p>Ongoing</p> <ul style="list-style-type: none"> • Work in progress to extend Radiotherapy Service Plan out to 2020. • Met with Bay of Plenty DHB representatives to discuss the possible future scenario of a public/private funded satellite radiation oncology treatment service at Tauranga Hospital.
<p>Improve access and waiting times to medical oncology /chemotherapy</p>	<ul style="list-style-type: none"> • support the Regional Cancer Centre and BOP Cancer Centre to meet IDP² • support implementation of the national medical oncology prioritisation criteria to guide decision making by medical oncology staff from 1 July 2010 • MCN assist with regional auditing and reporting of target as required • continue 2009-10 Lean Thinking methodology to Midland medical oncology/ambulatory chemotherapy and implement improvements • continue the 2009-10 work on developing the <i>Midland Medical Oncology Service Plan 2010-2020</i> and support implementation of recommendations within available resources 	<p>Ongoing</p> <ul style="list-style-type: none"> • Working with DHBs to develop systems for reporting national medical oncology prioritisation criteria • Working with DHBs to develop response to RFP for medical oncology services • Assisted the Waikato Regional Cancer Centre to complete medical oncology model of care questionnaire for Cranleigh Health (Ministry of Health initiative) and met with Cranleigh Health • Work continues on Midland oncology medical service plan for 2010 – 2020 • Ongoing monitoring to consolidate gains from Lean Thinking and focus on improving data collection and quality at Waikato working towards implementation of new reporting requirements.

2 Indicators of DHB Performance

Objective	Actions	2010-11 Quarter 2 Progress
Improve access to cancer diagnostics ³ ; <ul style="list-style-type: none"> • PET scans (refer appendix indicator report) 	<ul style="list-style-type: none"> • continue regional PET-CT service improvements from 2009-10 • establish regional PET-CT variance committee to consider PET on an exception basis for clinical indications other than those endorsed in CFA • enhance regional PET-CT spreadsheet and reporting to meet regional DHB CFA reporting requirements 	Ongoing <ul style="list-style-type: none"> • Developed database for DHBs to use to collate information for CFA reporting requirements • Assisted DHBs to report PET volumes for period 1 July 2010 – 31 December 2010-2012 • Gathering intelligence on alternative private PET scan providers entering the market (Hamilton and Auckland) • Working with DHBs to develop RFP for preferred PET service provider for Bay of Plenty, Lakes and Waikato DHBs. (To be released February 2011)
Improve cancer multidisciplinary meetings	<ul style="list-style-type: none"> • continue to develop Midland MDM framework • complete stocktake of current MDM and identify future MDMs that need to be established • develop business case that identifies MDM infrastructure requirements to enable and support effective MDMs both regional and locally 	In Progress: <ul style="list-style-type: none"> • Stock take of MDMs completed. • Identification of infrastructure requirements for using WebEx and/or videoconferencing for regional MDMs • Liaised with NEMICS in Australia re their learnings from CanNet multidisciplinary meeting initiatives – awaiting their final report.
Development of culturally appropriate services that improve access and continuity of care for Māori	<ul style="list-style-type: none"> • explore the feasibility of adopting and implementing the Central Cancer Network Demystifying Cancer Programme and toolkit for Midland Māori communities to demystify cancer through a series of community based workshops • facilitate the development of a regional forum to support ongoing relationships with Māori through a Midland Māori hui 	In Progress: <ul style="list-style-type: none"> • Implementing the Demystifying Cancer Programme/toolkit with the Waikato/BOP Cancer Society through community based workshops by building awareness of culture protocols, delivery of appropriate information, and education. • MCN 0.2 FTE per week allocated to Oranga Tane Māori research. The study is currently undertaking a comprehensive literature review, a stocktake of current Whānau ora interventions, and investigates the individual experience of Māori men with chronic disease or cancer in the Waikato District Health Board region.
To enhance cultural competency in mainstream cancer services	<ul style="list-style-type: none"> • stocktake Midland programmes to enhance cultural competency • identify and implement solutions within available resources to close the gaps • maintain a watching brief on the Ministry lead cultural competency training project (RFP March 2010) 	In Progress: <ul style="list-style-type: none"> • Development of a Māori Advisory Group, Waikato/BOP Cancer Society. The Māori Advisory Group was established to determine the most effective ways to provide support for Māori with cancer. It is envisioned the group will work alongside Waikato/BOP Cancer Society.

³ Also refer to improve lung cancer objective and actions

Objective	Actions	2010-11 Quarter 2 Progress
Improve care coordination and continuity of care	<ul style="list-style-type: none"> continue to support the Midland Care Coordination/CNS Work Group explore opportunities to ensure cancer CNS documentation is policy compliant develop the regional multidisciplinary team by exploring opportunities for cancer/palliative care CNS' to have access to relevant Midland DHB electronic patient information where appropriate 	<p>Ongoing</p> <ul style="list-style-type: none"> Care Coordinators Forum met in November 2010 Group has recommended letter be sent to DHB information services about need for point of care documentation system for nurses working in ambulatory setting and need for two way access to clinical and patient management information between participating DHBs (in progress)
	<ul style="list-style-type: none"> review and update <i>the Midland Cancer Network Care Coordination Framework</i> (2008) including an update of current care coordination/CNS roles and functions and community providers, linking with Waikato DHB CNS initiative support the cancer centres and community based services to implement referral pathways from DHB cancer services back to community support service 	<p>Work planned to commence January 2011</p> <ul style="list-style-type: none"> Recruited CNS representation for project steering group to oversee review
Improve access to support services for Māori cancer patients and whānau	<ul style="list-style-type: none"> in addition to above identify whole of continuum care coordination needs and responses for Māori and identify gaps and explore opportunities to close those gaps 	<p>In progress:</p> <ul style="list-style-type: none"> Establishment and facilitation of cancer education forums, alongside the Waikato/BOP Cancer Society, community and Māori Health Providers. The forums involve Māori expertise in a range of multidisciplinary teams and networks. The purpose is to raise awareness and identify issues from whānau that is within an environment that is culturally appropriate for Māori.
Improve regional adolescent young adult cancer services	<ul style="list-style-type: none"> joint national AYA advisory group and Midland AYA stakeholders workshop to be held in 2010 continue to support Midland AYA Cancer Services Work Group identify gaps and consider implications of implementing the national AYA cancer service specification requirements summarise progress against the 2008 recommendations and review and update <i>Midland Cancer Network AYA OHS Progress Report and Action Plan 2008-2010</i> implement regional recommendations within available resources 	<p>Ongoing</p> <ul style="list-style-type: none"> Review of progress against the <i>Midland Cancer Network AYA OHS Progress Report and Action Plan 2008-2010</i> has commenced. Gap analysis against new service specification under way. Very successful AYACS workshop held in August attended by Midland AYACS Work Group, stakeholders, MoH and Dr Rob Corbett

Objective	Actions	2010-11 Quarter 2 Progress
Improve supportive care services (also refer to strategic direction 1 objectives)	<ul style="list-style-type: none"> • continue to support Midland Supportive Care Work Group • continue to support the Midland Consumer and Carer Reference Group • develop processes to put patients in touch with care providers to help with anxiety and fear⁴ if required • develop one tumour/service specific treatment patient/whānau information sheet working with consumers/carer and health professionals 	<ul style="list-style-type: none"> • Midland Supportive Care Work Group met in September and November 2010 and has provided advice in the development of the Midland Supportive Care Services Directory. Work group members participated in the HOI strategic thinkers' work shop in November. • Midland Consumer and Carer Reference Group met in August and November 2010 and members have provided feedback on patient information sheet and booklet for lung and bowel cancer pathways.
Improve breast cancer services	<ul style="list-style-type: none"> • continue to support Midland Breast Cancer Work Group • monitor process flow to stereotactic biopsy through audit • build on the findings of the 2010 Māori breast cancer audit and complete a lean thinking project to reduce a barrier for Māori women achieving waiting time standards • establish guidance for breast cancer women follow-up 	<p>In progress</p> <ul style="list-style-type: none"> • Midland Breast Cancer Work Group met in March 2010 and agreed that the development of follow-up guidelines for the region was a priority. • Report of 2010 audit of breast cancer waiting times and audit of Māori women with longer wait times is nearing completion. • A smaller work group has developed draft guidelines for breast cancer follow-up and a treatment summary which will be trialled at Waikato in quarter 3.

4 Recommendation from Cancer Control Council (2010). The Voice of Experience companion report: New Zealand Cancer Care Survey Results for Eight Treatment Services

MCN STRATEGIC DIRECTION 3: INNOVATION AND INFRASTRUCTURE DEVELOPMENT		
Objective	Actions	2010-11 Quarter 2 Progress
Develop a Midland oncology pharmacy model of care	<ul style="list-style-type: none"> literature review of models of care and evidence based best practice components develop options and recommendations and Implications on preferred model of care considered 	Planned for quarter 3 and 4
Complete Somerset Cancer Registry feasibility study ⁸	<ul style="list-style-type: none"> continue the Service Development Fund initiative commenced February 2010 utilise the national Cancer and Palliative Care Patient Management High Level Requirements (Dec. 2009) 	<p>In Progress</p> <ul style="list-style-type: none"> Project timelines reviewed November 2010 for phase 1 project completion by December 2010 (due to appointment of project manager to a new role). Review of local clinical databases requirements concluded. Mapping data fields between NZ core data definitions and the Somerset Cancer Registry information system data set ongoing. The Somerset Cancer Registry information system was demonstrated to clinicians on 8 November 2010. Positive feedback received from clinicians on use of the application. Two reports will be prepared: <ul style="list-style-type: none"> Findings and recommendations Business case.
Improve Midland Cancer Network access to data and information ⁹	<ul style="list-style-type: none"> adopt and implement the <i>Central Cancer Network Regional Cancer Control Indicators report</i> (TAS, Feb.2010) for Midland and build on this within available resources continue to ensure compliance with National Cancer Registry / DHB agreement work with Ministry of Health team to improve access and timeliness of data required to plan, audit, monitor and evaluate cancer care to standards 	<p>In Progress</p> <ul style="list-style-type: none"> Employed TAS to develop first report, expected due date February/March 2011 <p>No Progress</p>

⁸ Note: this initiative also links to the MDM objectives

⁹ Linked to Somerset Cancer Registry Service Development Fund initiative and PET audit spreadsheet/database objective

Objective	Actions	2010-11 Quarter 2 Progress
Promote clinical governance for major tumour and service work groups	<ul style="list-style-type: none"> • establish the Midland genitourinary cancer work group within available resources • consider feasibility to establish the Midland upper gastro-intestinal cancer work group within available resources • consider feasibility to establish the Midland gynae-oncology cancer work group within available resources (see goal 3 later in report, link to regional clinical network) • continue to support the Midland research and audit work group 	<p>No Progress</p> <ul style="list-style-type: none"> • Will not be able to progress due to lack of resources • Not applicable – Ministry of Health commissioned development of a National Gynae/Oncology plan
Improve Midland Cancer Network programme and project management capability	<ul style="list-style-type: none"> • establish MCN PMO under the Waikato DHB utilising the 'Waikato Way'¹⁰ • MCN staff attend Northern Cancer Network Service Development Fund initiative – quality improvement training for regional cancer networks • build on the 2010 MCN staff change management health check assessment. Implement staff development recommendations (within available resources) 	<ul style="list-style-type: none"> • Minimal progress • Achieved. MCN staff attended quality improvement training July-October 2010. • Achieved and ongoing
Tertiary non-surgical service provider for Tairāwhiti DHB	<ul style="list-style-type: none"> • participate and support Tairāwhiti DHB review to identify the future non surgical cancer treatment patient flow and access to tertiary services 	<p>Achieved</p> <ul style="list-style-type: none"> • completed stocktake questionnaire, awaiting response

¹⁰ Prince2 programme and project management methodology

1. Indicator: PET-Scanning

Rationale

PET-CT is an essential component to support clinical decision-making on the appropriate treatment for some patients with cancer. These measures target:

- improved access to PET scanning based on agreed clinical indications and for other indications as approved by the regional variance committee
- application of consistent practices and equitable access for PET scanning across the Midland Cancer Network region
- increased DHB spending on PET scanning including incorporation of the Ministry of Health funding boost to address past inequalities in PET scanning

Reporting period

To be reported in Quarters 2 and 4.

Quarter 2: should report PET volumes between 1 July and 31 December for current funding period

Quarter 4: should report PET volumes between 1 January and 30 June for current funding period

Indicator	PET-CT (Draft)
Indicator: 2	Number of PET-CT scans
Deliverables:	The number of PET-CT scans in line with agreed clinical indications and approved by variance committee (until a national indicator is determined). By: <ul style="list-style-type: none"> • Midland Cancer Network region • DHB (Bay of Plenty, Lakes, Waikato)
Data source	DHB PET-CT spreadsheet and communications with lead contact person from Midland Cancer Network DHBs
Commentary:	Projected PET volumes based on Ministry of Health's modelling PET volumes by indication and estimated PET scans approved by variance committee (December 2009). Lakes DHB Planning and Funding allocates funding to its provider arm for "high cost procedures" includes PET-CT scanning and other procedures. Lakes DHB has no PET budget at this point in time. Ministry of Health PET boost funding for Tairāwhiti DHB is split between MidCentral (90%) and Waikato (10%) DHBs Variance procedures developed and committee established.

Quarter 2 2010/2011 Reporting

Table 1: Midland DHB PET Background information

	Actual PET Volumes ¹¹ (1/07/10 - 31/12/2010)	2009/10 PET Volumes ¹²	Projected PET volumes ¹³	2010/11 DHB PET Budget ¹⁴	2010-11 MoH Boost Funding	Demonstrated purchasing level prior to accessing Boost funding
Bay of Plenty	25	42	78	60	Up to \$54,920	18
Lakes	12	23	36	0*	Up to \$25,563	3
Waikato	39	67	123	108	Up to \$86,503	24
Midland	76	132	240	168	Up to \$166,986	
Tairāwhiti**	NA	NA	2	0		

Notes:

*Lakes DHB Planning and Funding allocates funding to its provider arm for “high cost procedures” includes PET-CT scanning and other procedures. Lakes DHB has no PET budget at this point in time.

**Ministry of Health PET boost funding for Tairāwhiti DHB is split between MidCentral and Waikato DHBs. No Tairāwhiti DHB patients were referred for PET scans (by Waikato DHB clinicians) during this reporting period

PET volumes includes scans that meet national clinical indications and scans recommended by the regional variance committee.

Table 2: Midland DHB PET Actual Volume and Estimated Expenditure (1 July 2010 to 31 December 2010)

	Actual Volumes 1 July – 31 Dec 2010	Forecast Volumes 2010/11	YE	Estimated DHB expenditure at 31 Dec 2010	Estimated demonstrated DHB expenditure to access MOH boost funding	Estimated MoH boost funding accessed 31 Dec 2010	Estimated MoH boost funding gap 30 June 2011
Bay of Plenty	25	50		\$49,608.75	\$35,718.48	\$13,890.45	\$(9,209.20)
Lakes	12	24		\$23,812.20	\$5,953.08	\$17,859.15	\$(16,108.35)
Waikato	39	78		\$77,389.65	\$47,624.64	\$29,765.01	\$(20,651.66)
Midland	76	152		\$150,810.60	\$89,296.20	\$61,514.61	\$(45,339.21)

¹¹ DHB PET-CT spreadsheet and communications with lead contact person from DHBs

¹² Letter of 17 December 2009 to DHB CEOs from Ministry of Health

¹³ Letter of 17 December 2009 to DHB CEOs from Ministry of Health

¹⁴ Waikato DHB Cancer PET scanning process and communications with lead contact person from Bay of Plenty and Lakes DHBs

Based on \$1,984.35 (excl GST) per scan. Note that the Ministry of Health CFA is based on dollars, DHBs capture volumes. Each DHB budget price varies as there is no national PET price.

Waikato and BOP DHBs have anticipated boost funding shortfall which will be offset by DHB Planning & Funding SLA budgets (over and above base and Ministry boost funding budget). It is anticipated Lakes will have a budget shortfall.

Table 3: PET scans by national clinical indications, by domicile DHB (1 July 2010 to 31 December 2010)

Cancer	Clinical indication	No. of PET scans by domicile DHB			
		BOP	Lakes	Waikato	Midland
Colorectal	<ul style="list-style-type: none"> Preoperative evaluation for patients considered for resection of hepatic/lung metastases in colorectal carcinoma (CRC) 	2		1	3
	<ul style="list-style-type: none"> Evaluation of residual structural abnormality on diagnostic imaging in patients who are currently symptomatic following definitive treatments for colorectal carcinoma (CRC) 	1	1		2
Lung	<ul style="list-style-type: none"> Staging of non-small cell lung cancer (NSLC) prior to surgery or radiotherapy with curative intent 	9	6	17	32
	<ul style="list-style-type: none"> Isolated pulmonary nodules not amenable to fine needle aspiration (FNA) or which have failed pathological characterisation 	1		2	3
Lymphoma	<ul style="list-style-type: none"> Restaging of residual mass for Non Hodgkin's Lymphoma following definitive treatment 		1	4	5
	<ul style="list-style-type: none"> Staging of early stage low grade non Hodgkin's Lymphoma 	2		1	3
	<ul style="list-style-type: none"> Staging of Hodgkin's Disease 			4	4
Head and neck	<ul style="list-style-type: none"> Restaging of residual neck masses in head and neck cancers following radiotherapy/chemotherapy 	1	1	2	3
	<ul style="list-style-type: none"> Staging for metastatic squamous carcinoma in cervical lymph nodes from unknown primary 			1	1
Oesophagus	<ul style="list-style-type: none"> Staging of locally advanced oesophageal cancer for preoperative chemotherapy/radiotherapy 	1	2	1	4
Malignant melanoma	<ul style="list-style-type: none"> Preoperative evaluation in patients considered for surgical resection of apparent limited disease from melanoma 	5		4	9
	TOTAL	22	11	37	70

Table 4: PET scans recommended by regional variance committee by clinical indication, by domicile DHB (1 July 2010 to 31 December 2010)

Clinical indication	No. of scans by domicile DHB			
	Bay of Plenty	Lakes	Waikato	Midland
• Cholangiocarcinoma gallbladder – preoperative assessment for patient considered suitable for resection of liver metastases	1			1
• Cancer that behaves similar to an indolent lymphoma therefore being considered for planned curative RT	1			1
• Head and neck, squamous cell carcinoma mass in orbit isolated relapse for salvage surgery	1			1
• Ewings sarcoma – uncommon cancer to assess degree of metabolic response to chemotherapy			1	1
• Oncogenic osteomalacia			1	1
• Ovarian cancer prior to radiotherapy		1		1
• TOTAL				6

Table 3. PET scans not approved by the regional variance committee by domicile DHB (1 July 2010 to 31 December 2010)

Clinical indication	No. of scans by domicile DHB			
	Bay of Plenty	Lakes	Waikato	Midland
• Ureter transitional cell carcinoma It was considered that PET would not provide a definitive answer	1			1
• Chest mass Lack of evidence to support			1	1