

Monitoring and Evaluation Report

2011



Midland Cancer Network Monitoring and Evaluation Report

The Midland Cancer Network would like to acknowledge the Central Region's Technical Advisory Services Limited (TAS) support in preparation of this report.

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Executive summary

This report presents a key set of cancer performance indicators which will assist the Midland Cancer Network, local cancer networks and DHBs to monitor the delivery of cancer services at a regional and local level.

Please note this is the first time this report has been attempted for the network. The aim was to have a single reference point for all current, developing and future cancer control indicators. However access to data and information has proven to be complex due to the multiple data sources and services. There is limited consistency in how the cancer control indicator data and information is collected and collated, resulting in the report being resource intensive. Based on the resource required to develop the report in the first instance this will be updated annually. Future development will ensure all indicators measure ethnicity.

Better help for smokers to quit

- While the percentage of identified hospitalised smokers given brief advice to quit continued to increase in quarter two, 2010/11 for Lakes and Bay of Plenty DHBs, and remained steady for Waikato DHB, the three DHBs are yet to reach the national targets.

Rates of exclusive and full breastfeeding

- DHBs in the Midland Cancer Network area are yet to meet the national breast feeding targets, with even poorer results for Māori.

Rate of coverage for HPV immunisation

- As at December 2010, Lakes DHB had achieved coverage rates for the total population which were within 90% of the national target for young women born in 1990-1991 for all 3 doses, and for doses 1 and 2 for Māori. Bay of Plenty had achieved 90% of the target for dose 1 for the total population.
- For girls born in 1997, Lakes DHB has met targets for all 3 doses for the total population and Māori and Pacific girls. Waikato met the target for young Māori and Pacific women and is working towards the targets for the total population (all 3 doses). Bay of Plenty is working towards the targets as at December 2010.

Sun protection

- At 31 December 2010 the percentage of accredited schools within the Midland Cancer Network area ranged from 30% (Tauranga) to 47% (Hamilton). The average for the network area is 41%, compared to a national average of 20%. This is an absolute increase of 1% since 30 September 2010 for the network area compared with 2% for New Zealand.

Screening - breast

- While none of the Midland Cancer Network DHBs are achieving the national target (at June 2010) there has been significant increase in

screening coverage. Between 2008 and 2010, Midland had an 11% increase compared to 9% for New Zealand.

Screening - cervical

- As at September 2010 cervical screening coverage for the Midland Cancer Network area was 77.6%, with Lakes the only network DHB short of the 75% target, with 73% coverage.

PET scans by DHB

- As anticipated the Midland Cancer Network DHBs' demand for PET scans is increasing. All DHBs are accessing the national PET boost funding. Based on the national business case it is anticipated that there is an estimated unmet need of 39%.
- It is forecasted that that DHBs PET demand will exceed the national boost funding available predominately due to volume demand and partly due to price increase.

Lung tumour stream indicators

- Good progress is being made with clinical commitment.
- Increased number of patients discussed at multidisciplinary meetings.
- Agreed business case for endobronchial ultrasound (EBUS).
- Increased access to Waikato CT scans and CTFNA.
- Increased proportion meeting waiting time indicator standard.

- Increased proportion of Māori are meeting wait time standard and some cases transitioning faster than the total population group.
- Standard regional workup for suspected lung cancer agreed.
- Increased primary access to Lakes chest x-ray and CT.

Bowel tumour stream indicators

- Clinical commitment is strong.
- Data issues are the biggest barrier, second is multidisciplinary meeting connectivity within and between DHB's.

Waiting times - radiation oncology

- All Midland Cancer Network DHBs have met the six week target every month in 2010 and have consistently met the four week target since mid 2010.
- A summary of outpatient radiation oncology activity is presented in this report.

Waiting times - medical oncology

- The Medical Oncology Working Group developed Medical Oncology Prioritisation Criteria for use sector wide from 1 July 2010.
- A summary of outpatient medical oncology activity is presented in this report.

Adolescent and Young Adult Cancer Service

- This regional service commenced in January 2008. Patient numbers have increased from 33 in July 2008 to 104 in December 2010.

Liverpool care of the dying pathway (LCP) implementation

- The number of LCP registered sites has increased by 9% over the last year.
- Waikato Hospital inpatient services have been able to demonstrate increased utilisation of LCP.

Voice of experience survey

- The Cancer Control New Zealand 2009 'Voice of Experience Survey' indicates over 97% satisfaction with the publicly funded outpatient cancer care system in New Zealand.
- The report findings provide an opportunity to build on the Waikato and Tauranga cancer centres areas of strength as well as highlighting opportunities for improvement.

Ethnic inequalities

This section provides a brief overview of trends across some indicators for Māori and Pacific peoples. Please note that the following indicators were not analysed by ethnicity: sun protection, PET scans by DHB and LCP implementation.

- Better help to quit data by ethnicity for quarter two show that there is some variability when results for Māori and Pacific patients are compared to those of "Other" ethnicities.
- The HPV Programme is on target to reach ethnic equality in immunisation coverage for young women born from 1992 onwards as most DHBs have the same or greater coverage (by percentage) for Māori and Pacific girls compared to 'All'. This is significant given Māori have the highest rate of cervical cancer.
- BSA remains focussed on increasing Māori and Pacific coverage and reducing inequalities overall and this is a contractual focus for providers. The relative change in coverage for all Midland DHBs between June 2008 and June 2010 was higher for Māori and Pacific women than that for those of "Other" ethnicities.
- Although inequalities in cervical screening coverage rates still exist for Māori, Pacific and Asian women, an upward trend in coverage is occurring across the Midland Cancer Network DHBs for these ethnic groups, with the greatest gains for Asian and Pacific women.

Geographic inequalities

- DHB dashboards are presented in the appendix to this report. These highlight trends and relativity amongst DHBs across a series of indicators.

The following tables present a summary of some indicators ranked by DHB (where a ranking of “1” is the most favourable). Not all indicators are presented in this format as the tables have been limited to those indicators most suitable to this type of representation. Individual dashboards for each of the three Midland Cancer Network DHBs are presented in the appendix.

Table 1: Matrix of tobacco control indicators by Midland Cancer Network DHBs

Rank 1 is the most favourable	BETTER HELP TO QUIT – HOSPITALISED PATIENTS, QUARTER 2 2010/11				ASH YEAR 10 SURVEY (2009)				
	% smokers provided with advice and help to quit, total pop	% smokers provided with advice and help to quit, Māori	Smoking prevalence, total pop	Smoking prevalence, Māori	Youth daily smoking prevalence	Youth regular smoking prevalence	Youth never smoked prevalence	Youth with parental smokers	Youth who live in a home with smoking inside
1	Lakes (74%)	Lakes (73%)	Waikato (17%)	Lakes (32%)	Waikato (6%)	Waikato (11%)	Bay of Plenty (62%)	Bay of Plenty (39%)	Bay of Plenty (20%)
2	Waikato (70%)	Waikato (65%)	Bay of Plenty (19%)	Waikato (33%)	Lakes (6%)	Lakes (12%)	Waikato (61%)	Waikato (40%)	Waikato (21%)
3	Bay of Plenty (65%)	Bay of Plenty (65%)	Lakes (19%)	Bay of Plenty (39%)	Bay of Plenty (7%)	Bay of Plenty (12%)	Lakes (57%)	Lakes (44%)	Lakes (24%)

Table 2: Matrix of breastfeeding indicators by Midland Cancer Network DHBs

Rank 1 is the most favourable	Full & exclusive breast-feeding rate at 6 weeks, 2009 (total population)*	Full & exclusive breast-feeding rate at 6 weeks, 2009 (Māori)*	Full & exclusive breast-feeding rate at 6 weeks, 2009 (Pacific)*	Full & exclusive breast-feeding rate at 3 months, 2009 (total population)*	Full & exclusive breast-feeding rate at 6 months, 2009 (total population)*
1	Lakes (72%)	Bay of Plenty (64%)	Lakes (70%)	Waikato (57%)	Bay of Plenty (32%)
2	Bay of Plenty (69%)	Lakes (60%)	Waikato (64%)	Bay of Plenty (56%)	Waikato (28%)
3	Waikato (69%)	Waikato (60%)	Bay of Plenty (59%)	Lakes (53%)	Lakes (19%)

* Note that rates are based on Plunket data only and exclude other Well Child/Tamariki Ora providers.

Table 3: Matrix of HPV immunisation indicators, girls born in 1997, by Midland Cancer Network DHBs

Rank 1 is the most favourable	DOSE 1			DOSE 2			DOSE 3		
	Total population	Māori	Pacific Peoples	Total population	Māori	Pacific Peoples	Total population	Māori	Pacific Peoples
1	Lakes (66%)	Lakes (78%)	Lakes (80%)	Lakes (65%)	Lakes (77%)	Lakes (75%)	Lakes (58%)	Lakes (68%)	Lakes (65%)
2	Waikato (49%)	Waikato (67%)	Waikato (59%)	Waikato (46%)	Waikato (63%)	Waikato (58%)	Waikato (45%)	Waikato (60%)	Waikato (58%)
3	Bay of Plenty (40%)	Bay of Plenty (53%)	Bay of Plenty (30%)	Bay of Plenty (39%)	Bay of Plenty (51%)	Bay of Plenty (30%)	Bay of Plenty (37%)	Bay of Plenty (48%)	Bay of Plenty (30%)

Table 4: Matrix of cancer screening indicators by Midland Cancer Network DHBs

Rank 1 is the most favourable	BSA					NCSP						
	Coverage* (total population)	Coverage* (Māori)	Coverage* (Pacific Peoples)	Difference in coverage rate between Māori & Other	Difference in coverage rate between Pacific & Other	Coverage** (total population)	Coverage** (Māori)	Coverage** (Pacific Peoples)	Coverage** (Asians)	Difference in coverage rate between Māori & Other	Difference in coverage rate between Pacific & Other	Difference in coverage rate between Asian & Other
1	Waikato 65% (24,905/38,250)	Waikato 50% (2,574/5,140)	Waikato 60% (320/530)	Waikato -17% (50% - 67%)	Bay of Plenty -6% (59% - 65%)	Bay of Plenty 79% (44,871/57,029)	Bay of Plenty 55% (7,767/14,025)	Bay of Plenty 67% (419/630)	Bay of Plenty 83% (1,420/1,704)	Lakes -29% (55% - 85%)	Bay of Plenty -20% (67% - 87%)	Bay of Plenty -3% (83% - 87%)
2	Bay of Plenty 62% (15241/24690)	Lakes 45% (1190/2660)	Bay of Plenty 59% (88/150)	Lakes -18% (45% - 63%)	Waikato -7% (60% - 67%)	Waikato 78% (75,386/96,251)	Lakes 55% (5,630/10,201)	Waikato 61% (1,426/2,331)	Lakes 68% (748/1,107)	Bay of Plenty -31% (55% - 87%)	Waikato -27% (61% - 88%)	Lakes -17% (68% - 85%)
3	Lakes 58% (6776/11620)	Bay of Plenty 45% (1735/3880)	Lakes 37% (56/150)	Bay of Plenty -20% (45% - 65%)	Lakes -25% (37% - 63%)	Lakes 73% (21,891/29,893)	Waikato 55% (11,490/20,889)	Lakes 50% (320/645)	Waikato 60% (3,928/6,573)	Waikato -33% (55% - 88%)	Lakes -35% (50% - 85%)	Waikato -28% (60% - 88%)

* BSA – 24 month coverage to June 2010. Target 70%.

** NCSP – 36 month coverage to September 2010. Target 75%.

Data for Māori, Pacific and Asian woman may be influenced by small number bias in some DHBs.

Background

The Midland Cancer Network is one of four regional cancer networks. The Midland Cancer Network area encompasses the following three district health boards (DHBs) Waikato, Bay of Plenty and Lakes. Taranaki and Tairāwhiti, while part of the Central Cancer Network, link to Midland Cancer Network as appropriate.

Midland Cancer Network has a leadership, facilitation and coordination role in bringing together and working with stakeholders across organisational and service boundaries to:

- reduce the incidence and impact of cancer
- reduce inequalities with respect to cancer
- improve the experience and outcomes for people with cancer.

The Midland Cancer Network Strategic Plan 2009-2014 outlines three strategic directions to:

1. share knowledge and information to enable informed decision making
2. facilitate regional service quality improvement leading to better, sooner, more convenient services
3. support innovation and infrastructure development to reduce inequalities and build capacity and capability.

Implementation of the plan will be adjusted according to national priorities set in the national cancer control work programme together with regional priorities.

The development of a performance and outcome monitoring framework with national and regionally agreed measures to monitor cancer control implementation for networks is evolving. Cancer network outputs contribute directly to the following intermediate indicators that measure the system performance over a medium horizon:

- wait times between the critical steps of the patient journey
- intervention rates
- supporting the national health targets and/or indicators that are related to cancer control
- improving the patient experience.

A key set of cancer performance indicators will assist both Midland Cancer Network and local cancer networks to monitor the delivery of cancer services at a regional and local level. These indicators will form part of an overall outcomes monitoring framework as identified in the Midland Cancer Network Strategic Plan.

This report was prepared by Central Region's Technical Advisory Services Limited (TAS) on behalf of the Midland Cancer Network. TAS also works with the Central Cancer Network to prepare similar reports.

Please note this is the first time this report has been attempted for the network. The aim was to have a single reference for all current, developing and future cancer control indicators. However access to data and information has proven to be complex due to the multiple data sources and services. There is limited consistency in how the cancer control indicator data and information is collected and collated.

Where possible, this report seeks to present data for each of the three Midland DHBs, accompanied by an average result for the region. Often a national comparison is also made. Occasionally for some indicators, DHB and regional data is unavailable, so data for New Zealand is presented.

Where applicable, this report includes national targets for indicators. For some indicators, individual DHB targets as sourced from district annual plans (DAPs) are presented. This is the only time that DAP targets will be included as in future DHBs will work together to develop regional service plans rather than DAPs.

The Midland Cancer Network monitoring and evaluation reports will be updated on an annual cycle with reports circulated to the Midland Cancer Network Executive Group, local cancer networks and wider stakeholders.

The intention is to build upon the suite of indicators included in this report each year. Future indicators may include other tumour groups and/or services such as haematology. The New Zealand Cancer Control Steering Group (February

2011) approved haematology indicators, effective 1 July 2011. Another indicator for future inclusion is hepatitis B immunisation rates, of interest because of the link with liver cancer. Neonatal screening for hepatitis B is in development. Future development will also ensure all indicators measure ethnicity.

When the annual cycle for this monitoring and evaluation report coincides with the release of large national surveys, such as the New Zealand Health Survey, data from such sources are likely to also be included. In future this may include data relating to obesity, nutrition, alcohol consumption, and physical activity (note that at this point in time the only HEHA related indicator included in this inaugural monitoring and evaluation report is breastfeeding).

Readers should note that while every effort has been made to ensure the accuracy of data contained in this report, the source data still belongs to the individual providers. As such, responses to in-depth questions relating to either the data contained in this report or to the provision of the actual service, will need to be obtained from the respective service provider/s.

For general enquiries please email Jan Smith, Manager, Midland Cancer Network at jan.smith@waikatodhb.health.nz

Data sources

For each indicator included in this report, the following table presents the data sources and the time period covered.

Table 5: Data sources for the cancer control indicators

Indicator name	Data source	Time period for data reported in this document
Cancer registrations		
All malignant cancers	New Zealand Cancer Registry (NZCR)	1999-2008
Lung cancer	New Zealand Cancer Registry (NZCR)	2000-2009
Bowel cancer	New Zealand Cancer Registry (NZCR)	2000-2009
Tobacco control		
Better help to quit – hospitalised smokers	Ministry of Health and Midland Cancer Network DHBs	Q3 and Q4, 2009/10 and Q1 and Q2, 2010/11
Smoking prevalence – hospitalised smokers	Midland Cancer Network DHBs	Q3 and Q4, 2009/10 and Q1 and Q2, 2010/11
Prevalence of smoking for Pacific Peoples	Tuatua Tika - Pacific Tobacco Control Report 2010	Census 2006 and NZHS 2006/07
Prevalence of smoking for Māori	Census 2006	Census 2006
ASH Year 10 survey indicators	ASH Year 10 survey	1999 to 2009
Local authority smokefree public places	Smokefree Councils website and individual local authorities	Data compiled January to March 2011
Breastfeeding		
Rates of exclusive and full breast-feeding	Ministry of Health who source from Plunket. Note other Well Child/Tamariki Ora provider data excluded.	2005-2009
HPV immunisation		
Rate of coverage for HPV dose 1, HPV dose 2, and HPV dose 3 for young women.	HPV Group, Ministry of Health	September 2008 to December 2010 (28 months)
Sun protection		
SunSmart accredited schools	SunSmart Schools Accreditation Programme	As at 31 December 2010
Schools who have applied for SunSmart accreditation but still to be accredited.	SunSmart Schools Accreditation Programme	As at 31 December 2010
Screening – breast		
24 month coverage of eligible population	National Screening Unit (NSU)	June 2008, 2009, 2010
Re-screen profiles	National Screening Unit (NSU)	January 2008 to December 2009
Detection rates	National Screening Unit (NSU)	January 2008 to December 2009

Indicator name	Data source	Time period for data reported in this document
Screening – cervical 36 month coverage of eligible population	NCSP register - National Screening Unit (NSU)	Sep 2008, Mar 2009, Sep 2009, Mar 2010, Sep 2010
PET scans by DHB Number of PET scans by each clinical indication, by domicile DHB Number of PET scans outside of national clinical indications, by domicile DHB	Midland Cancer Network DHBs Midland Cancer Network DHBs	January to June 2010, July to December 2010 January to June 2010, July to December 2010
Lung tumour stream Wait time indicators MDM presentation	Ministry of Health, Midland Cancer Network DHBs, Regional Chest Conference database	Jul 07 to Jun 08, Jul 08 to Jun 09, Jul 09 to Jun 10
Bowel tumour stream Wait time indicators MDM presentation	Ministry of Health, Midland Cancer Network DHBs Hospital and individual clinician databases where available	January to December 2009, July 2009 to June 2010 July 2009 to June 2010
Waiting times – radiation oncology Average wait time from referral to FSA % of patient treatments meeting the health target for time from FSA to treatment Outpatient radiation oncology activity	Ministry of Health Ministry of Health Midland Cancer Network DHBs	January to December 2010 January to December 2010 2006-2010
Waiting times – medical oncology Outpatient medical oncology activity	Midland Cancer Network DHBs	2006-2010
Adolescent and young adult cancer service (AYACS) AYACS patient numbers by year	Midland Cancer Network	2007/08, 2008/09, 2009/10, Jul-Dec 2010
Liverpool care of the dying pathway implementation LCP implementation by site Implementation progress Utilisation rates	National LCP Office Midland Cancer Network Midland Cancer Network	As at 17 January 2011 Jun 09, Dec 09, Jun 10, Dec 10 2007-2010
Voice of Experience Survey Key findings for Waikato Regional Cancer Centre Key findings for Tauranga and Whakatane Cancer Centres	Voice of Experience Regional Report Voice of Experience Regional Report	Mid 2009 Mid 2009

Cancer registrations

The following graphs have been included in this report to give a brief update on the status of cancer registrations across the Midland Cancer Network (MCN) DHBs. The latest 10 years of available data is presented for all malignant cancers (1999-2008), plus lung cancer and bowel cancer (2000-2009). Lung and bowel cancer are shown in detail as these are two cancer tumour streams of current focus and have an additional year of data available.

This analysis is included to provide context for the other indicators presented in this report (e.g. a proxy for demand).

Figure 1: Number of malignant cancer registrations, MCN DHBs, 1999-2008

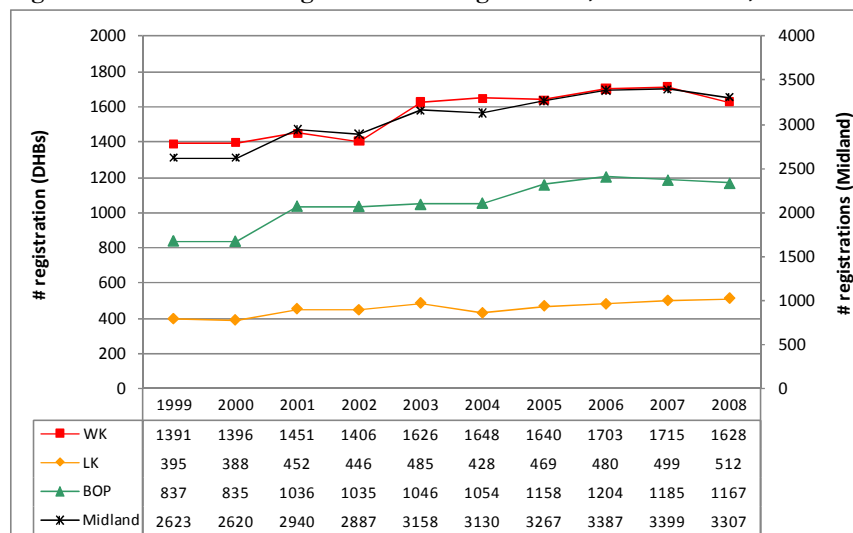


Figure 2: Number of lung cancer registrations, MCN DHBs, 2000-2009

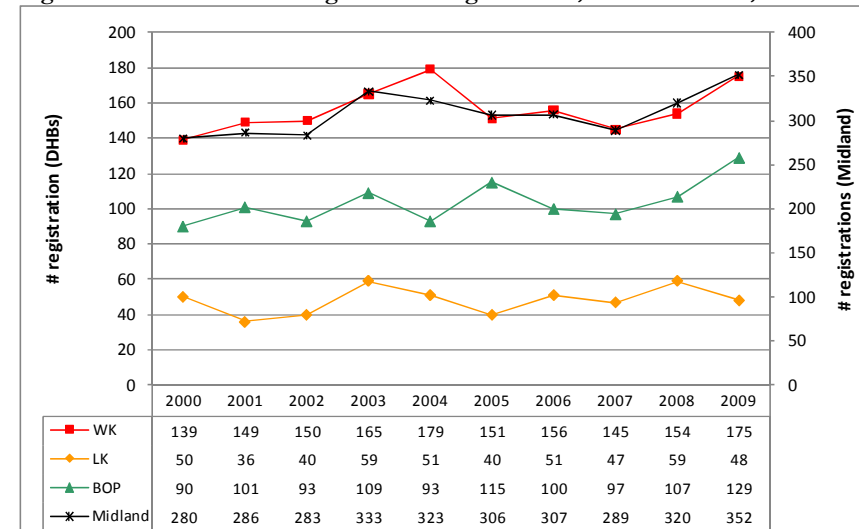
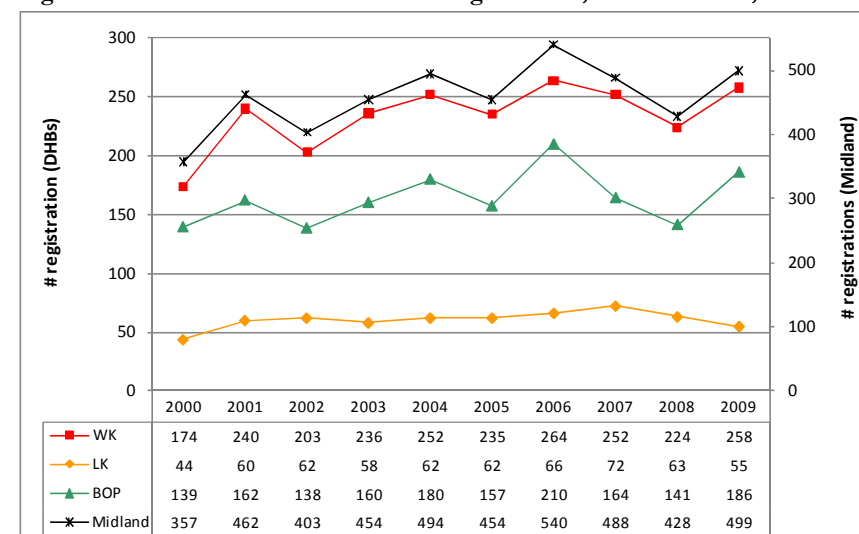


Figure 3: Number of bowel cancer registrations, MCN DHBs, 2000-2009



Tobacco control

Introduction

- Tobacco smoking is a major health problem in New Zealand, responsible for almost 5,000 deaths each year. In addition to premature deaths, smoking causes significant morbidity, and contributes to health inequalities in New Zealand.
- The three key objectives of tobacco control in New Zealand are: to reduce smoking initiation, to increase quitting and to reduce exposure to second-hand smoke.
- The Ministry of Health introduced a new health target in 2009/10 – “better help for smokers to quit”.
- The national health target “better help for smokers to quit” is designed to prompt providers to routinely ask about smoking status as a clinical ‘vital sign’ and then to provide brief advice and offer quit support to current smokers (ABC Programme).
- There is strong evidence that brief advice is effective at prompting quit attempts and long term quit success. The quit rate is improved further by the provision of effective cessation therapies – pharmaceuticals, in particular nicotine replacement therapy (NRT), and telephone or face to face support.
- In addition to the actual implementation of the ABC Programme this target requires new data collection and changes in coding practice.

- Along with reporting the percentage of hospitalised smokers offered help and advice to quit smoking, DHBs also report to the Ministry of Health the prevalence of hospitalised smokers. This data is presented in this report.
- Additional prevalence data for Pacific Peoples sourced from Tuatua Tika - Pacific Tobacco Control Report 2010 is also presented, as is prevalence data for Māori sourced from the 2006 Census.
- This section on tobacco control also includes a summary of ASH Year 10 data and a summary of smokefree public places policies for the councils within the area covered by the Midland Cancer Network.
- The New Zealand Tobacco Use Survey is not large enough to enable analysis of data by DHB so is not included in this report.

Smokefree Midland DHBs – Programme of Action

- Smoking directly causes at least 18% of all deaths in the Midland DHBs and on average these people lose 15 years of life.
- This is about 10 times the annual road toll in the region.
- This is a huge and avoidable toll on individuals, families and communities.
- Our DHBs believe that this continuing toll is unacceptable and have a joint smokefree vision: **Smokefree Midland by 2020.**

The programme of action for the Midland Smokefree initiative contains the following demonstration projects:

DHB lead	Demonstration project
CEO and executives	<ul style="list-style-type: none"> Governance leadership - Rangatiratanga
Māori general managers forum	<ul style="list-style-type: none"> Iwi engagement Addictions programme
Planning and Funding	<ul style="list-style-type: none"> Target and re-prioritise funding for tobacco initiatives across contracting and programme development processes. There are actions documented in the following areas: <ul style="list-style-type: none"> accountability provider development Māori and Pacific women Pacific leadership local integration regional lead portfolio Regional planning and re-prioritisation
Human resources	<ul style="list-style-type: none"> Enacting DHB smokefree policies
Clinical Directors/ Directors of Nursing	<ul style="list-style-type: none"> Smokefree institutional tertiary providers (ITPs)
Public health units	<ul style="list-style-type: none"> Work with Ministry of Health, public health units and DHB planning and funding teams to re-prioritise funding for tobacco in annual planning processes. There are actions documented in the following areas: <ul style="list-style-type: none"> intra-sectoral collaboration work programmes community development project smokefree dairies and service stations District councils

Targets

The national health target for “better help for smokers to quit” is: 80% of hospitalised smokers are provided with advice and help to quit by July 2010 (**90% by July 2011**; and 95% by July 2012). Similar targets for primary care have been introduced as of July 2010 through the PHO Performance Programme (PHO PP).

All Midland Cancer Network DHBs set the same target for hospitalised smokers in their 2009/10 and 2010/11 district annual plans. Additional targets set for 2010/11 by each DHB are presented in the following table:

This work complements the DHB work towards the Ministry of Health target - Better Help for Smokers to Quit.

Table 6: Midland DHB specific targets for 2010/11 for “better help for smokers to quit”

DHB	DAP target (2010/11)
Waikato	<ul style="list-style-type: none"> 80% of individual DHB facilities achieve an 80% advice rate 80% of patients attending primary care will be provided with advice and help to quit by July 2011; 90% by July 2012; and 95% by July 2013
Lakes	<ul style="list-style-type: none"> 80% of service managers' direct reports have smokefree KPIs for the 2010/11 year 100% of new intake RMOs have smokefree as part of orientation and complete e-learning package within 30 days of commencing employment 80% of nurses, doctors and allied staff will have received smokefree training by the end of October 2010 80% of primary enrolled service users who are smokers will be provided with advice and help to quit by July 2011; 90% by July 2012
Bay of Plenty	<ul style="list-style-type: none"> 80% of smoking patients attending primary care will be provided with help to quit by July 2011 80% of nurses, doctors and allied staff will have received ABC smoking cessation training by December 2010 400-600 Māori, Pacific and pregnant women patients at Tauranga Hospital are given brief advice, NRT therapy and referred to a community quit agency 40-60 Māori and Pacific ex-smokers trained in Kaihau Tu Auahi Kore leadership-peer support roles in their whānau 2% reduction in the number of Year 10 students in the Bay of Plenty schools identifying as non-smokers by July 2011 600 to 660 people domiciled within the district will have access to intensive smoking cessation services, the majority of which will be Māori 120 controlled purchase operations carried out on tobacco retailers in the BOP district. One more district council in the Bay of Plenty will adopt a smoke-free public places policy

Primary care - Better help to quit

Although data is not yet publicly available, the “better help for smokers to quit” target has been extended to primary care and will be reported via the PHO Performance Programme (PPP).

On 1 January 2010, two smoking indicators were introduced to the PPP indicator set. These were:

- i) percentage of eligible population who have ever had a smoking status recorded, and
- ii) percentage of eligible population whose most recent smoking status is recorded as current smoker.

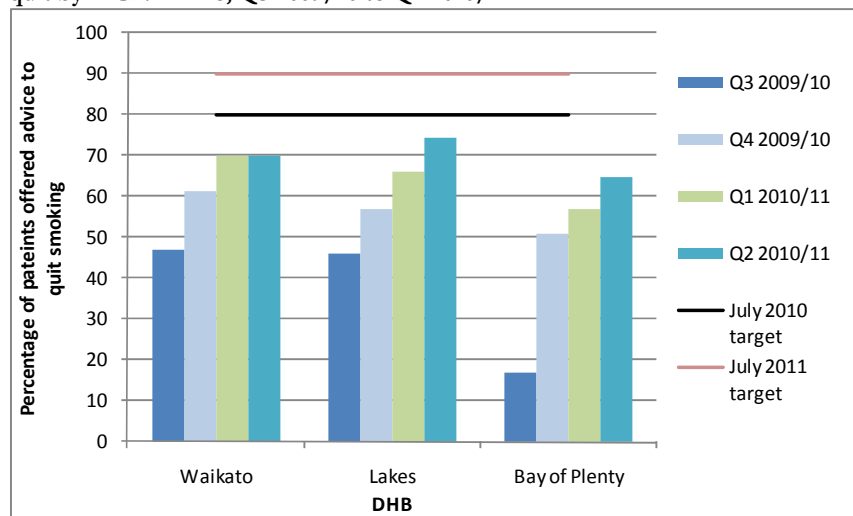
A further two indicators were introduced on 1 July 2010. These were:

- iii) percentage of current smokers who have been given brief advice in the last 12 months, and
- iv) percentage of current smokers who have been given or referred to cessation support services in the last 12 months.

At such time as this data becomes publicly available (indications are that this may be October/November 2011) it will be included in this report.

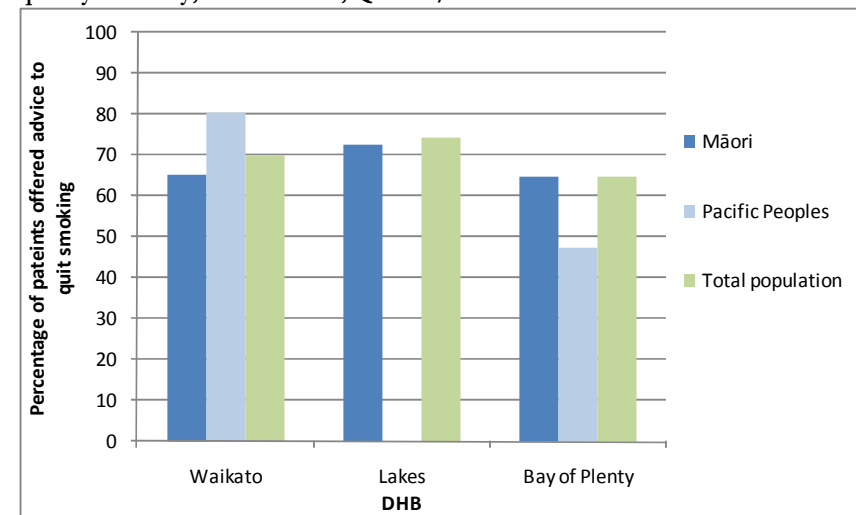
Analysis - Hospitalised smokers, better help to quit

Figure 4: Percentage of hospitalised smokers provided with advice and help to quit by MCN DHBs, Q3 2009/10 to Q2 2010/11



While the percentage of identified hospitalised smokers given brief advice to quit continued to increase in quarter two, 2010/11 for Lakes and Bay of Plenty DHBs, and remained steady for Waikato DHB, the three DHBs have yet to reach the national targets.

Figure 5: Percentage of hospitalised smokers provided with advice and help to quit by ethnicity, MCN DHBs, Q2 2010/11



Data for Pacific Peoples not reported by Lakes DHB.

Better help to quit data by ethnicity for quarter two shows that there is some variability by ethnicity, for example Waikato DHB's result for Māori patients is lower than that for their total population while the Bay of Plenty result for Māori is the same as that for their total population.

The DHBs also report variability across hospital sites.

Analysis - Smoking prevalence

Table 7: Smoking prevalence by MCN DHB, New Zealand Health Survey 2006/07 and Census 2006

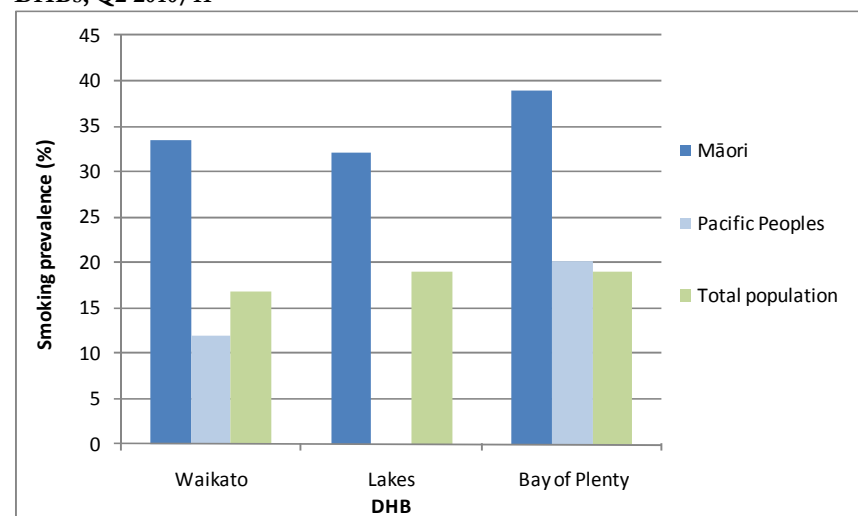
	Waikato	Lakes	Bay of Plenty	New Zealand
Current daily smoker*	22.1	25.4	20.0	18.1
Current smoker**	23.6	28.3	21.0	19.9
Regular smoker***	22.6	27.2	22.3	20.7

* A current daily smoker is defined as a person who smokes one or more cigarettes per day. Crude rate, from NZHS 2006/07.

** A current smoker, based on the World Health Organization definition, is someone who has smoked more than 100 cigarettes in their lifetime and is currently smoking at least once a month. Crude rate, from NZHS 2006/07.

*** A regular smoker as per the 2006 census is defined as someone who smokes cigarettes regularly, i.e. one or more cigarettes a day.

Figure 6: Smoking prevalence for hospitalised patients, by ethnicity, MCN DHBs, Q2 2010/11



Data for Pacific peoples not reported by Lakes DHB.

A comparison of smoking prevalence for hospitalised patients with smoking prevalence obtained via the New Zealand Health Survey and 2006 census shows that results for hospitalised patients are lower for all three DHBs.

While a genuine reduction in smoking prevalence could potentially account for some of this decrease a larger factor may be that not all hospitalised smokers are being identified. For some DHBs this may also be influenced by the higher proportion of Europeans aged over 65 years in the hospitalised group (who tend to have a lower smoking prevalence).

Despite lower than expected prevalence when compared with the health survey and census data, smoking prevalence for hospitalised smokers by ethnicity still clearly shows a higher prevalence of smoking amongst Māori across all three DHBs, and for Pacific peoples in the Bay of Plenty.

Analysis – Tuatua Tika, Pacific Tobacco Control

The Tuatua Tika Report (Straight talk about Pacific Peoples and smoking) has been developed to ensure that Pacific communities, health professionals working with Pacific Peoples and the tobacco control sector have access to appropriate, relevant and up-to-date Pacific tobacco control information¹. This report was published in August 2010 allowing the opportunity for some prevalence data to be presented in this report.

¹ Tuatua Tika, Straight talk about Pacific Peoples and Smoking, Pacific Tobacco Control Report, 2010. Tala Pasifika, National Pacific Tobacco Control Service, Pacific Heartbeat, Heart Foundation. August 2010.

Table 8: Regular smoking prevalence (non age-standardised) by Pacific ethnic group, 2006 census*

Pacific ethnic group	Female		Male		Total	
	%	#	%	#	%	#
Tokelauan	40%	846	37%	681	39%	1,533
Cook Islands Māori	36%	6,432	34%	5,553	35%	11,985
Niuean	30%	2,133	31%	2,007	31%	4,137
Tongan	19%	2,772	35%	5,082	27%	7,851
Samoan	23%	9,816	29%	11,124	26%	20,940
Other Pacific Peoples	19%	552	24%	516	21%	1,071
Fijian	18%	612	21%	666	19%	1,275
Total Pacific Peoples	25%	21,666	31%	24,504	28%	46,170

*Statistics New Zealand defines 'regular' smokers as someone who currently smokes one or more manufactured or hand rolled tobacco cigarettes per day.

The Tuatua Tika Report states “Almost half of all Pacific smokers were Samoan (21,000), with Cook Islands Māori (12,000), and Tongan (8,000) also accounting for a large proportion of the total Pacific smoking population, reflecting their large populations. Despite relatively low smoking prevalence among Samoan and Tongans compared to other Pacific groups, the size of their respective populations in New Zealand means these groups make up a significant proportion of Pacific smokers, alongside Cook Islands smokers. Although smoking prevalence is particularly high among Tokelauans, the actual number of Tokelauan smokers is much smaller than the number of Samoan, Cook Islands and Tongan smokers”.

Table 9: Estimated percentage and number of current Pacific smokers, by MCN DHB, New Zealand Health Survey, 2006-07* (age-standardised)

DHB	% of Pacific Peoples who smoke	Estimated number of Pacific Peoples who smoke	% of all Pacific Peoples who smoke in NZ	% of all Pacific Peoples who smoke in Midland region
WK	35%	3,751	5%	58%
LK	41%	1,488	2%	23%
BOP	33%	1,216	2%	19%
NZ	30%	78,674		

*The New Zealand Health Survey used the World Health Organisation definition for a current smoker which is someone who has smoked more than 100 cigarettes in their lifetime and is currently smoking at least once a month.

For all MCN DHBs the percentage of Pacific peoples who smoke is higher than that for New Zealand (not tested for statistical significance).

Table 10: Estimated percentage and number of Pacific non-smokers exposed to second-hand smoke, by MCN DHB, 2006-07 (age-standardised)

DHB	% of Pacific non smokers exposed to second hand smoke	Estimated number of Pacific non smokers exposed to second hand smoke	% of all Pacific non smokers exposed to second hand smoke in NZ	% of all Pacific non smokers exposed to second hand smoke in MCN
WK	21%	2,179	5%	59%
LK	21%	775	2%	21%
BOP	20%	726	2%	20%
NZ	18%	47,219		

For all MCN DHBs the percentage of Pacific non-smokers exposed to second hand smoke is higher than that for New Zealand (not tested for statistical significance).

Please note that results differ slightly between Table 8 and Table 9 due to different definitions of smoking, different timeframes and age standardisation. The last two columns in Table 9 and Table 10 were calculated specifically for this report and are not presented in the Tuatua Tika Report.

Analysis – Smoking prevalence Māori

Table 11: Regular smoking prevalence for Māori, MCN DHBs, 2006 census

	Waikato	Lakes	Bay of Plenty	New Zealand
Females	46.0	49.3	46.7	45.5
Males	38.8	39.9	38.9	38.5
Total	42.7	45.0	43.1	42.2

Analysis - ASH Year 10 smokers

The table below shows by year the proportion of Year 10 students who are daily or regular smokers or have never smoked. The latest year available is 2009.

Table 12: Trends in proportion of Year 10 students daily, regular (daily, weekly or monthly) smoking or never smoked from 1999-2009 by MCN DHB

DHB	Type smoking	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2009 result significantly different to 2005
Waikato	Daily	13.7	15.4	15.2	14.1	13.1	10.3	8.6	8.1	8.5	8.9	5.6	Yes
	Regular	26.8	29.4	27.9	25.5	22.9	18.1	17.6	13.9	14.7	14.1	10.6	Yes
	Never	28.5	30.2	32.8	35.2	39.3	45.5	48.1	54.5	55.9	56.6	60.5	Yes
Lakes	Daily	20.9	25.6	19.9	20.9	18.2	12.0	11.7	15.3	7.3	8.2	6.0	Yes
	Regular	31.6	35.2	29.2	30.7	30.9	20.7	20.8	22.1	14.7	13.5	11.5	Yes
	Never	22.5	21.5	27.7	27.8	30.6	41.0	39.7	41.6	45.1	52.6	57.0	Yes
Bay of Plenty	Daily	16.3	19.3	12.6	12.9	16.6	12.7	11.2	9.4	8.5	7.7	7.3	Yes
	Regular	29.8	29.9	23.0	23.1	24.6	21.2	19.1	13.9	12.9	13.0	12.2	Yes
	Never	29.3	26.4	36.0	34.6	35.1	41.0	44.2	49.0	56.3	58.7	61.6	Yes

ASH Year 10 survey data by Midland Cancer Network DHBs for the years 1999 to 2009 show that smoking prevalence is decreasing for this age group (14-15 years). The 2009 survey shows that the odds of never smoking a cigarette have significantly increased in 2009 compared to 2005 for all MCN DHBs (adjusting for age, sex and ethnicity). For the same years, the odds of smoking have significantly decreased in all MCN DHBs.

Analysis - Smokefree outdoor public places policies by local authority

Table 13: Smokefree outdoor public places policies for the 17 local authorities within the MCN area

Local authority	Smokefree areas	Date resolved/approved	Implementation launch date
Hamilton City	Currently no smokefree public places policy.	N/A	N/A
Hauraki District	Currently do not have a smokefree public places policy. Local DHB and TKHOH (Te Korowai Hauora O Hauraki, local PHO) do a lot of work as far as smokefree events and endorsement go.	N/A	N/A
Matamata-Piako District	Matamata-Piako District Council does not have a smokefree public places policy. Such a policy is not currently in the process of being produced either. Staff rules and regulations at certain community facilities (e.g. public swimming pools, spas) prevent smoking, but these rules do not extend to form a council policy addressing playgrounds, parks, sportsfields etc.	N/A	N/A
Otorohanga District	Council emailed but no response.	N/A	N/A
Ruapehu District	No policy and no plans at present.	N/A	N/A
South Waikato District	No bylaws although ask that people do not smoke in reserves, playgrounds and sportsfields.	N/A	N/A
Thames-Coromandel District	No public policy regarding smoking in public places and no intention at this stage to develop a policy.	N/A	N/A
Waikato District	Waikato District Council does not have its own specific smokefree policy. Waikato DHB enforces the Act, and council environmental health officers are not involved in enforcing it.	N/A	N/A
Waipa District	There is nothing within council bylaws - this is controlled under the legislation.	N/A	N/A
Waitomo District	Council emailed but no response.	N/A	N/A
Rotorua District	All playgrounds and in council-owned Tokorangi Triangle in the Whakarewarewa Forest.	May 2008	December 2008
Taupo District	No smokefree public places policies or bylaws.	N/A	N/A
Kawerau District	No public policy and nothing planned at this stage.	N/A	N/A
Opotiki District	All council-owned public places (beaches, parks, playgrounds, sports fields, reserves, etc.) and events.	December 2007	March 2008
Tauranga City	Tauranga City Council at this point in time follows Central Government Law on smokefree regulations. The council has no additional policies over and above this law at this stage.	N/A	N/A
Western Bay of Plenty District	Covering all playgrounds, parks, reserves, skate parks, swimming pools, sports grounds and beaches.	October 2009	
Whakatane District	A policy has been developed and will be formally launched on World Smokefree Day (31 May). Coverage includes eight playgrounds.	N/A	31 May 2011

Information sourced from the Smokefree Councils website (<http://www.smokefreecouncils.org.nz/Councils.7.0.html>) and via direct correspondence with those councils not on the website. N/A = not applicable.

According to the information provided, only four out of the 17 (24%) local authorities in the MCN area have their own smokefree public places policies. These are highlighted in green in the above table. This compares to 21/24 (88%) local authorities in the Central Cancer Network region who have smokefree public places policies/initiatives.

The Programme of Action for the Midland Smokefree initiative contains the following actions and milestones:

Action	Milestone
<ul style="list-style-type: none"> Identify, target and work with key district councils to develop and implement smokefree outdoor plans by utilising the learning processes from other successful projects, such as Rotorua and Opotiki District Councils Develop regional awards and promotions that identify district councils who demonstrate and implement smokefree outdoor plans Continue to advocate at local and regional level for smokefree environments, parks, sporting venues, shopping complexes etc... 	<ul style="list-style-type: none"> By December 2012: At least one district council per DHB within the Midland region have smokefree outdoor policies By December 2013: A minimum of five more district councils in the Midland region have smokefree outdoor policies

Additional information

For more information in relation to tobacco control please see the links in the following table. This list is by no means exhaustive and each website includes links to further relevant websites.

Webpage topic	URL
ASH New Zealand	http://www.ash.org.nz/
Auahi Kore	www.auahikore.org.nz
Aukati Kaipapa	www.aukatikaipapa.co.nz
Cancer Society of New Zealand smokefree webpage	http://www.cancernz.org.nz/reducing-your-cancer-risk/smokefree/
Endangered Species	www.resist.co.nz
Face the Facts	www.facethefacts.org.nz
PHI online (click on risk behaviours then data)	http://www.phionline.moh.govt.nz/
Protect Our Children	www.protectourchildren.org.nz
Second-hand Smoke	www.secondhandsmoke.co.nz
Smokefree	http://www.smokefree.co.nz/
Smokefree Councils	http://www.smokefreecouncils.org.nz/Councils.7.0.html
Smokefree Law	www.smokefreelaw.co.nz
Smokefree Schools	www.smokefreeschools.org.nz
Smoking Not Our Future	http://www.notourfuture.co.nz/
Te Hotu Manawa Māori	www.tehotumanawa.org.nz
Te Reo Marama	www.tereomarama.co.nz
The Health Sponsorship Council (HSC) tobacco control webpage	http://www.hsc.org.nz/tobacco-control-general.html
The Ministry of Health tobacco control and smoking webpage	www.moh.govt.nz/tobacco
The Quit Group	www.quit.org.nz
The Smokefree Coalition	www.sfc.org.nz
Tobacco Control Research in Aotearoa/NZ	http://www.tobaccoresearch.org.nz/
Tala Pasifika	http://www.talapasifika.org.nz/
Tuatua Tika, Straight talk about Pacific Peoples and Smoking, Pacific Tobacco Control Report, 2010	http://www.talapasifika.org.nz/files/Tuatua%20Tika_FINAL_11Aug2010.pdf

Breastfeeding

Introduction

- The World Health Organisation recommends exclusive breastfeeding for six months, followed by breastfeeding for up to two years and beyond.
- Breastfeeding is associated with significant health and wellbeing benefits for mother and child including cancer protection.
- Women who breastfeed lower their own risk of both pre- and post-menopausal breast cancer².
- Breastfeeding a child reduces the chances that the child will be overweight and carry excess body fat to adulthood. This in turn protects against six common cancers: colon, kidney, pancreas, endometrium, adenocarcinoma of the oesophagus and post menopausal breast cancer³.
- The Ministry of Health (MoH) sources breastfeeding data from Plunket on a yearly basis. This data only includes infants and babies who have Plunket as their Well Child/Tamariki Ora provider.
- It is estimated that between 86% and 92% of the birth cohort each year have Plunket as their Well Child/Tamariki Ora. However the percentage of Māori and Pacific infants which have an alternative provider could be as high as 30-45%.

² American Institute for Cancer Research (AICR)

³ World Cancer Research Fund/American Institute for Cancer Research. Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective. Washington, DC: AICR, 2007.

Targets

Table 14: National breastfeeding targets

6 weeks	3 months	6 months
74%	57%	27%

DHB 2009/10 and 2010/11 DAP targets for breastfeeding are presented in the following table:

Table 15: MCN DHB specific targets from 2009/10 and 2010/11 DAPs for breastfeeding

Waikato	6 weeks	3 months	6 months
2009/10			
Total population	69%	57%	27%
Māori	58%	46%	21%
Pacific peoples	60.5%	58%	27%
Other	73.5%	60.1%	30.1%
2010/11			
Total population	Planned targets for 2010/11 are the same as planned for 2009/10 following Ministry of Health advice		
Māori			
Pacific peoples			
Other			
Lakes	6 weeks	3 months	6 months
2009/10			
Total population	74.3%	58.2%	24.0%
Māori	68.9%	49.5%	15.0%
Pacific peoples	75.0%	Not specified	Not specified
Other	Not specified	Not specified	Not specified
2010/11			
Total population	As for 2009/10	As for 2009/10	As for 2009/10
Māori	As for 2009/10	As for 2009/10	As for 2009/10
Pacific peoples	As for 2009/10	65.0%	24.0%
Other	78.0%	65.0%	26.0%

Bay of Plenty	6 weeks	3 months	6 months
2009/10			
Total population	71.8%	57.1%	31.4%
Māori	66.9%	48.6%	24.8%
Pacific peoples	80%	59%	36.5%
Other	74%	61.1%	34.6%
2010/11			
Total population	74%	57%	32%
Māori	74%	57%	27%
Pacific peoples	74%	57%	27%
Other	74%	57%	35%

Analysis

The following key denotes the colour system applied to this analysis:

Rate meets or exceeds the national target	Rate lower than the national target but within 5%	Rate lower than the national target by 5% or more
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Figure 7: Plunket breastfeeding (exclusive and full) rates at six weeks by MCN DHBs and New Zealand, total population, 2005-2009

Year	WK	LK	BOP	Midland	NZ
2009	69%	72%	69%	69%	65%
2008	68%	72%	72%	70%	65%
2007	70%	70%	68%	69%	64%
2006	70%	74%	69%	70%	66%
2005	71%	70%	70%	71%	66%

Figure 8: Plunket breastfeeding (exclusive and full) rates at six weeks by MCN DHBs and New Zealand, Māori, 2005-2009

Year	WK	LK	BOP	Midland	NZ
2009	60%	60%	64%	62%	59%
2008	56%	65%	67%	62%	58%
2007	63%	61%	63%	63%	57%
2006	62%	66%	64%	63%	58%
2005	61%	64%	63%	62%	59%

Figure 9: Plunket breastfeeding (exclusive and full) rates at six weeks by MCN DHBs and New Zealand, Pacific peoples, 2005-2009

Year	WK	LK	BOP	Midland	NZ
2009	64%	70%	59%	64%	54%
2008	59%	75%	80%	68%	55%
2007	69%	82%	77%	74%	53%
2006	59%	72%	72%	65%	56%
2005	74%	33%	88%	73%	58%

Note: data affected by small number bias.

Figure 10: Plunket breastfeeding (exclusive and full) rates at three months by MCN DHBs and New Zealand, total population, 2005-2009

Year	WK	LK	BOP	Midland	NZ
2009	57%	53%	56%	56%	55%
2008	56%	58%	57%	57%	54%
2007	57%	54%	56%	56%	54%
2006	57%	55%	55%	56%	55%
2005	59%	56%	57%	58%	56%

Figure 11: Plunket breastfeeding (exclusive and full) rates at six months by MCN DHBs and New Zealand, total population, 2005-2009

Year	WK	LK	BOP	Midland	NZ
2009	28%	19%	32%	28%	26%
2008	27%	23%	31%	28%	26%
2007	25%	19%	28%	25%	25%
2006	26%	20%	25%	25%	25%
2005	25%	21%	25%	24%	25%

DHBs in the MCN area are yet to meet the national breastfeeding targets at six weeks, with even poorer results for Māori. Rates compare better with targets at three and six months.

Additional information

Webpage topic	URL
Ministry of Health breastfeeding webpage.	http://www.moh.govt.nz/breastfeeding
WHO breastfeeding webpage	http://www.who.int/topics/breastfeeding/en/

HPV immunisation programme

Introduction

- “Over 99 percent of all cervical cancer is linked to infection with human papillomavirus (HPV). Now with the availability of a vaccine which is highly efficacious against the HPV types responsible for approximately 70% of cervical cancers, there is an important opportunity for the primary prevention of cervical cancer”⁴.
- “The goal of the HPV Immunisation Programme is to implement an equitable, ongoing immunisation programme for girls in school year 8 (or age 12 if not delivered in a school-based programme), and a catch-up programme for girls born on or after 1 January 1990, to provide protection against HPV infections which lead to most cervical cancers”⁴.
- In 2009 and 2010 the HPV Immunisation Programme targeted three cohorts of girls and young women as per the following table:

Year of birth	Age in 2010	Cohort type
1990-1991	18 to 20 years	Catch up
1992-1996	13 to 18 years	Catch up
1997	12 to 13 years	Ongoing

- The HPV Immunisation Programme commenced in September 2008 for girls born in 1990/91.

⁴ The HPV (Human Papillomavirus) Immunisation Programme, National Implementation Strategic Overview, June 2008, Ministry of Health.

- On 1 January 2009 it was extended to girls born from 1992-1996 and in 1997. In 2011 it will be extended to girls born in 1998.
- Some DHBs have phased (over two years) the programme in schools for young women born between 1992 and 1996.
- The HPV vaccine is a course of three injections given over a six month period.
- Vaccination data is sourced from the National Immunisation Register (NIR). The data may include privately funded vaccines.
- The following analysis presents coverage rates based on the full eligible population.
- The analysis is presented by ethnic group to indicate whether DHBs are achieving equitable ethnicity coverage.
- Data on the ongoing cohorts will be monitored quarterly by the Ministry.

Targets

At the time of agreeing initial interim targets between the Ministry of Health and DHBs, little consideration was given to the challenges of achieving the agreed coverage as a result of rolling out a catch-up programme over two years.

While the targets seemed reasonable, they were ambitious given the programme had just started and was only offered to 45-55% of the population in the first year. Additionally in 2009, only 35% of girls born in 1997 were in year 8. Hence the 65% of girls born in 1997 were not eligible for the programme until 2010.

Furthermore, sufficient time and appropriate resources are required for communities, parents, young women and girls to comprehend information and make an informed decision on HPV immunisation.

New targets were set and these are presented in the following table:

Table 16: Updated national coverage targets for the HPV Immunisation Programme

Cohort	Year	Dose 1	Dose 2	Dose 3
Girls born in 1990/1991	2010	50%	45%	40%
Girls born in 1992-1996	2010	65%	60%	55%
Girls born in 1997	2010	65%	60%	55%
Girls born in 1998	2011	70%	65%	60%

From 2011, DHBs will work towards targets of 70% for dose 1, 65% for dose two and 60% for dose three, for girls in year 8 at school or aged 12 in primary care by 31 December each year.

Working towards achieving equity

The programme is on target to reach ethnic equality in immunisation coverage for young women born from 1992 onwards as most DHBs have the same or greater coverage (by percentage) for Māori and Pacific girls compared to 'All'. This is significant given Māori have the highest rate of cervical cancer.

Analysis

In this section coverage for each DHB and ethnicity has been compared to the 2010 national targets.

The following key denotes the colour system applied to this analysis:

Coverage within 90% of 2010 national target and on track	Coverage within 75 to 89% of 2010 national target	Coverage less than 75% of 2010 national target
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Figure 12: Young women born in 1990-1991: Rate of HPV dose 1 coverage by MCN DHB and prioritised ethnicity - Sep 2008 to Dec 2010

Ethnicity	WK	LK	BOP	NZ
Maori	31%	48%	43%	40%
Pacific	37%	42%	32%	51%
All	38%	56%	46%	47%

Figure 13: Young women born in 1990-1991: Rate of HPV dose 2 coverage by MCN DHB and prioritised ethnicity - Sep 2008 to Dec 2010

Ethnicity	WK	LK	BOP	NZ
Maori	26%	41%	35%	34%
Pacific	35%	37%	32%	44%
All	35%	50%	40%	44%

Figure 14: Young women born in 1990-1991: Rate of HPV dose 3 coverage by MCN DHB and prioritised ethnicity - Sep 2008 to Dec 2010

Ethnicity	WK	LK	BOP	NZ
Maori	19%	33%	28%	27%
Pacific	26%	28%	24%	36%
All	28%	43%	34%	38%

As at December 2010, Lakes DHB had achieved coverage rates for the total population which were within 90% of the national target for young women born in 1990-1991 for all 3 doses, and for doses 1 and 2 for Māori. Bay of Plenty had achieved 90% of the target for dose 1 for the total population.

PREVENTION: HPV immunisation programme

Figure 15: Young women born in 1992-1996: Rate of HPV dose 1 coverage by MCN DHB and prioritised ethnicity - Sep 2008 to Dec 2010

Ethnicity	WK	LK	BOP	NZ
Maori	54%	66%	59%	58%
Pacific	58%	53%	82%	73%
All	48%	60%	49%	53%

Figure 16: Young women born in 1992-1996: Rate of HPV dose 2 coverage by MCN DHB and prioritised ethnicity - Sep 2008 to Dec 2010

Ethnicity	WK	LK	BOP	NZ
Maori	51%	63%	54%	54%
Pacific	55%	51%	78%	70%
All	47%	57%	46%	51%

Figure 17: Young women born in 1992-1996: Rate of HPV dose 3 coverage by MCN DHB and prioritised ethnicity - Sep 2008 to Dec 2010

Ethnicity	WK	LK	BOP	NZ
Maori	45%	56%	50%	48%
Pacific	49%	45%	76%	63%
All	43%	52%	43%	47%

For girls born in 1992-1996, only Lakes DHB has achieved dose 1, 2 and 3 coverage rates for the total population which are within 90% of the national target. Coverage rates are more favourable for Māori and Pacific girls than for the total population.

Figure 18: Young women born in 1997: Rate of HPV dose 1 coverage (provisional) by MCN DHB and prioritised ethnicity - Sep 2008 to Dec 2010

Ethnicity	WK	LK	BOP	NZ
Maori	67%	78%	53%	64%
Pacific	59%	80%	30%	76%
All	49%	66%	40%	51%

Figure 19: Young women born in 1997: Rate of HPV dose 2 coverage by MCN DHB and prioritised ethnicity - Sep 2008 to Dec 2010

Ethnicity	WK	LK	BOP	NZ
Maori	63%	77%	51%	61%
Pacific	58%	75%	30%	75%
All	46%	65%	39%	49%

Figure 20: Young women born in 1997: Rate of HPV dose 3 coverage by MCN DHB and prioritised ethnicity - Sep 2008 to Dec 2010

Ethnicity	WK	LK	BOP	NZ
Maori	60%	68%	48%	56%
Pacific	58%	65%	30%	70%
All	45%	58%	37%	46%

For girls born in 1997, Lakes DHB has met targets for all 3 doses for the total population and Māori and Pacific girls. Waikato met the target for young Māori and Pacific women and is working towards the targets for the total population (all 3 doses). Bay of Plenty is working towards the targets as at December 2010.

Additional information

For more information please see:

Webpage topic	URL
The Ministry of Health HPV immunisation programme webpage	http://www.moh.govt.nz/moh.nsf/indexmh/immunisation-diseasesandvaccines-hpv-programme
The Ministry of Health HPV immunisation programme webpage specifically for girls and women	http://www.cervicalcancervaccine.govt.nz/
The Immunisation Advisory Centre (IMAC) webpage for HPV	http://www.immune.org.nz/default.asp?t=914

Sun protection

Introduction

- This section focuses on the SunSmart Schools Accreditation Programme (SSAP). Data looking at shade policies in local councils may be included in future reports once follow-up pertaining to an original study⁵ is completed.
- The SSAP provides accreditation for New Zealand schools that have developed and implemented a sun protection policy and sunsafe practices for terms 1 and 4, which meet the Cancer Society of New Zealand's minimum criteria.
- The purpose of the programme is to promote comprehensive sun protection policies and practices in the school setting to reduce children's exposure to UV radiation and their risk of skin cancer.
- The SSAP is closely modelled on the SunSmart schools programme that was developed in Victoria, Australia more than 10 years ago. It has been shown to be effective for motivating optimal sun protection policy and practice, and is recommended by the WHO as 'best practice' for addressing the issue of sun protection in schools⁶.

- All New Zealand primary and intermediate schools (and the primary and intermediate section of area schools) can apply to become SunSmart accredited.
- The SSAP may be extended to early childhood centres and secondary schools at some stage in the future.
- In 2005, a baseline survey of sun protection policies and practices in New Zealand schools was carried out.
- In September 2006, the previously regional SunSmart schools accreditation programme was re-launched as a nationwide programme.

Analysis

Table 17: Number and percentage of SunSmart accredited schools, and those with applications pending, by centre within the MCN area and for NZ, as at 31 December 2010

Centre	# schools	Accredited		Applications pending		Total applications	
		#	%	#	%	#	%
Hamilton	261	123	47%	18	7%	141	54%
Rotorua	63	21	33%	7	11%	28	44%
Tauranga	103	31	30%	6	6%	37	36%
MCN	427	175	41%	31	7%	206	48%
New Zealand	2353	468	20%	199	8%	667	28%

⁵ Sun protection policies and practices of NZ Territorial Authorities. Technical Report MR14. A.I Reeder & J.A Jopson, University of Otago, September 2006. (A report to the SunSmart Partnership).

⁶ World Health Organisation, 2003

Table 18: Change in the number and percentage of SunSmart School total applications, MCN DHBs, September to December 2010

Centre	# increase	Absolute % increase*	Relative % increase**
Hamilton	3	1%	2%
Rotorua	1	2%	4%
Tauranga	2	2%	6%
MCN	6	1%	3%
New Zealand	47	2%	8%

*Absolute % increase is the actual percentage change between time periods, e.g. if the percentage of schools with total applications in July 2010 was 22% and in December 2010 it is 25%, the absolute change is 3%.

**Relative % increase is the absolute percentage change divided by the original figure being compared to, e.g. using the above example the relative % change would be $3\%/22\% = 14\%$. This calculation allows one to compare changes between different starting values, e.g. a 3% absolute increase from 22% is a bigger relative change than a 3% increase from 42%.

As of 31 December 2010 the percentage of accredited schools within the centres which make up the MCN area ranged from 30% (Tauranga) to 47% (Hamilton). The average for the MCN area is 41%, compared to a national average of 20%. This is an absolute increase of 1% since 30 September 2010 for the MCN and 2% for New Zealand.

The MCN area has 37% of the accredited schools nationally, although the region only contains 18% of all schools.

Across the MCN area there are 31 applications pending, 18 of which are for the Hamilton centre. In total the region has applications pending for 7% of its schools. Nationally this figure is 8%.

Forty eight percent of schools across the region have either an approved application or an application pending. This compares to 28% nationally. The

centre which has the highest percentage of schools with approved or pending applications is Hamilton (54%), the lowest is Tauranga (36%). Tauranga has however seen the biggest relative increase in approved or pending applications since September 2010.

Table 19: Percentage of SunSmart accredited schools, and those with applications pending, by decile* for the MCN area and NZ, as of 31 December 2010

School decile	Accredited		Applications pending		Total applications	
	Midland	NZ	Midland	NZ	Midland	NZ
Deciles 1 and 2	24%	26%	26%	27%	24%	26%
Deciles 3 and 4	19%	22%	16%	19%	19%	21%
Deciles 5 and 6	18%	15%	26%	20%	19%	16%
Deciles 7 and 8	22%	19%	16%	16%	21%	18%
Deciles 9 and 10	17%	19%	16%	19%	17%	19%

Decile 1 schools are the 10% of schools with the highest proportion of students from low socio-economic communities, whereas decile 10 schools are the 10% of schools with the lowest proportion of these students.

Within the MCN area it is encouraging to note the higher proportion of accredited schools or those with applications pending that are in deciles 1 and 2 plus 3 and 4. Forty three percent of total applications within the area are for schools within these four lower deciles.

Thirty nine percent of the schools in the area with an approved or pending application have a roll of up to 100 pupils, with 22% having a roll of between 101 and 200 pupils. Another 32% have between 201 and 500 pupils, and 8% have over 500 pupils.

The following table lists barriers to implementing the SunSmart Programme as found in two studies undertaken by the Cancer Society.

Table 20: Barriers to implementing the SunSmart Programme, 2005 and 2009/10

Barrier	2005 (baseline)	Late 2009, early 2010
Cost of shade development	52%	56%
Cost of sunscreen	28%	30%
Limited support by parents	23%	13%
Limited student co-operation	19%	12%
Not a priority for Board of Trustees	2%	3%
Limited support by teachers/staff	2%	3%
Insufficient information on policy content	2%	2%
Limited support by principal	1%	1%
Other	6%	7%

Additional information

For more information in relation to sun protection please see:

Webpage topic	URL
SunSmart Schools webpage	http://www.sunsmartschools.co.nz
SunSmart webpage	http://www.sunsmart.org.nz/
Health Sponsorship Council Sun Safety webpage	http://www.hsc.org.nz/sun-safety.html
Cancer Society of NZ SunSmart webpage	http://www.cancernz.org.nz/reducing-your-cancer-risk/sunsmart/

Screening - Breast

Introduction

- BreastScreen Aotearoa (BSA) is the free national breast screening programme that provides biennial mammography and any necessary follow-up tests (assessment) up to the point of a breast cancer diagnosis for eligible women aged 45 to 69 years.
- The programme is delivered throughout the country by eight lead providers, their sub-contracted providers, and mobile units that deliver services to rural and some urban communities.
- One of these lead providers is BreastScreen Midland (BSM).
- Working alongside the lead providers are 13 independent service providers in defined geographical areas (five in BSM) providing health promotion and support services for Māori and Pacific women.
- Improving uptake of the breast cancer screening programme by Māori and Pacific women is a key priority of the National Screening Unit (NSU) as part of its commitment to achieving equity.
- BSA aims to screen at least 70% of the eligible population every two years and detect sufficient small cancers to achieve a 30% reduction in breast cancer mortality.
- The data presented in this report has been sourced from the National Screening Unit. The data includes a breakdown across three ethnic groups (Māori, Pacific, and Other).

Targets

Coverage: 70% of women aged 50-69 years have a mammogram within a 24 month period. There is insufficient data at present on which to base targets for the screening of women under 50 years of age.

Re-screening: >85% of women who are eligible for rescreen are re-screened, within 27 months.

Invasive cancer detection: see later in this section of the report for targets.

The following table presents 2009/10 and 2010/11 DAP targets around breast screening for the MCN DHBs. Targets that match the national target are highlighted in light green.

Table 21: MCN DHB specific targets from 2009/10 and 2010/11 district annual plans for breast screening

DHB	DAP target (2009/10)	DAP target (2010/11)
Waikato	Targets for BSM coverage of women aged 45-69 years by June 2010: <ul style="list-style-type: none"> • Māori 37% • Pacific 44% • Total 70% 	Targets for BSM coverage of women aged 45-69 years by June 2010: <ul style="list-style-type: none"> • Māori 41% • Pacific 48% • Total 70%
Lakes	Increased uptake of Māori and Pacific women in breast and cervical cancer screening programmes.	Targets for BSM coverage of women aged 45-69 years by June 2011: <ul style="list-style-type: none"> • Māori 70% • Pacific 70% • Total 70%
Bay of Plenty	Not mentioned specifically in DAP but targets are set via the PHO Performance Programme.	Not mentioned specifically in DAP but targets are set via the PHO Performance Programme.

Analysis - Coverage

Figure 21: BSA 24-month coverage of women aged 50-69 years by MCN DHBs and New Zealand, total population, June 2008, 2009 and 2010

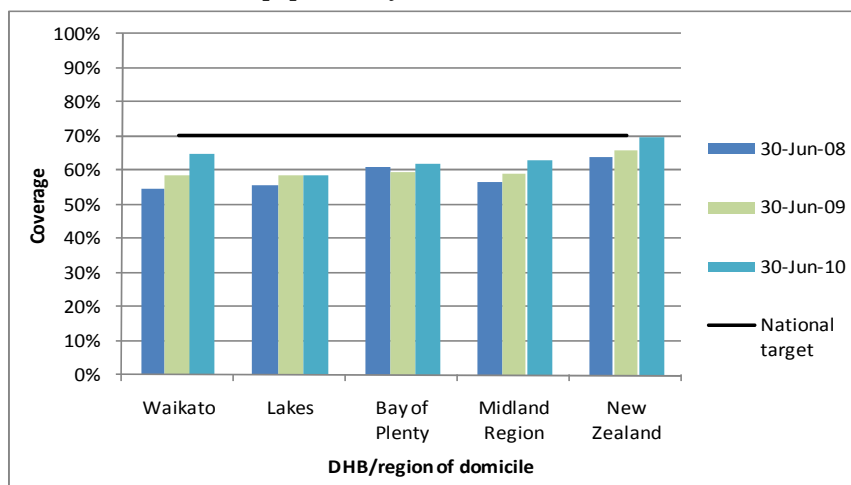


Figure 22: BSA 24-month coverage of woman aged 50-69 years by MCN DHBs and New Zealand, Māori, June 2008, 2009 and 2010

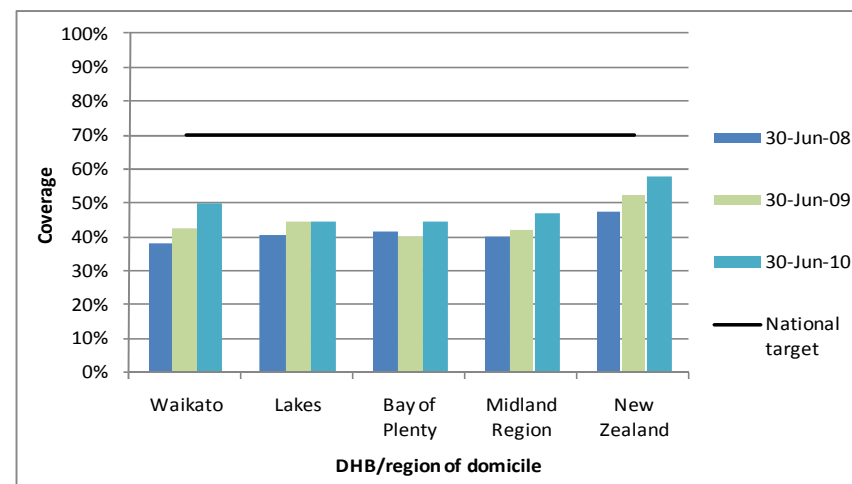


Figure 23: BSA 24-month coverage of women aged 50-69 years by MCN DHBs and New Zealand, Pacific Peoples, June 2008, 2009 and 2010

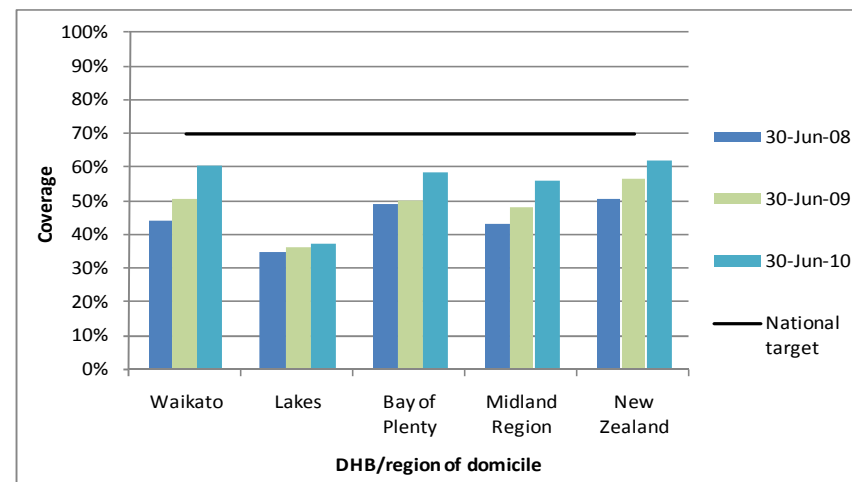


Table 22: Absolute and relative percentage change in breast screening coverage by ethnicity, June 2010 compared to June 2008

DHB	ABSOLUTE % INCREASE*				RELATIVE % INCREASE**			
	Other	Māori	Pacific	Total	Other	Māori	Pacific	Total
Waikato	10%	12%	16%	11%	18%	31%	37%	20%
Lakes	2%	4%	3%	3%	4%	11%	8%	5%
Bay of Plenty	0%	3%	9%	1%	1%	7%	19%	2%
MCN	6%	7%	13%	6%	10%	18%	29%	11%
New Zealand	5%	10%	11%	6%	8%	21%	22%	9%

*Absolute % increase is the actual percentage change between years, e.g. if the coverage in June 2008 was 65% and in June 2010 it is 72%, the absolute change is 7%.

**Relative % increase is the absolute percentage change divided by the original figure being compared to, e.g. using the above example the relative % change would be 7%/65% = 11%. This calculation allows one to compare changes between different starting values, e.g. a 7% absolute increase from 55% is a bigger relative change than a 7% increase from 65%.

Please note that coverage for the MCN area does not equate directly to coverage for the BreastScreen Midland region, due to different boundaries and populations.

As at June 2010, none of the three Midland DHBs were meeting the national target for breast screening coverage (70%) for their total population or any ethnic group. Across all groups in all DHBs, and thus for the region, coverage was below the average for New Zealand (Table 23). At a regional level the greatest difference was for Māori women (just over 10%).

Although inequalities in coverage rates exist for Māori and Pacific women across all three DHBs, upward trends in coverage are occurring for these ethnic groups, particularly for Waikato DHB. Table 22 shows that the increase in coverage for all DHBs between June 2008 and June 2010 was higher for Māori and Pacific women than that for those of “Other” ethnicities.

Table 23: BSA screening coverage rates by ethnicity for the MCN area and New Zealand, June 2010

	Other	Māori	Pacific	Total
MCN area average	65.9%	47.1%	55.9%	62.9%
NZ average	70.9%	57.6%	62.0%	69.5%
Difference	-5.0%	-10.5%	-6.1%	-6.6%

Progress has been made in the past three years resulting in an increase in participation in hard to reach populations. BSA remains focussed on increasing Māori and Pacific coverage and reducing inequalities overall and this is a contractual focus for providers. The NSU ensures that provider strategies are developed to ensure priority is given to groups of women known to be at increased risk of dying of breast cancer and/or are likely to be under screened. Groups identified as priority for invitation, screening, re-screening and treatment within the programme include Māori and Pacific women.

Analysis – Re-screen profiles

The proportion of enrolled eligible women who are re-screened within certain time frames is a measure of the acceptability of the programme.

Table 24: Percentage of women eligible for re-screen who are re-screened within 27 months, 50-69 years, BreastScreen Midland

	Within 27 months	
	6 months*	2 years**
BreastScreen Midland (BSM)	82.8%	73.4%
New Zealand	88.5%	85.8%
Target	>85%	>85%
Difference BSM to NZ	-5.7%	-12.4%
Difference BSM to target	-2.2%	-11.6%

*Women who were eligible for a rescreen within the period 1 July 2009 and 31 December 2009.

**Women who were eligible for a rescreen within the period 1 January 2008 and 31 December 2009.

For women rescreened by BreastScreen Midland in the two year period pre-dating December 2009 (latest data available from NSU), only 73.4% were re-screened within 27 months. This result is greater than 10% short of the target, and only one other service had a similar result. All other services had a result of 86% or better. The six month result however shows an improvement (2.2% short of the target).

Analysis – Invasive cancer detection

This indicator measures the number of women who have invasive breast cancer detected within BSA, expressed as a rate per 1,000 women screened. This is influenced by the background incidence of cancer in the population in the absence of screening. All other things being equal, the higher the cancer incidence, the higher the cancer detection rate will be.

Targets are as follows:

Initial (prevalent) round: ≥ 6.1 per 1,000 women screened

Subsequent (incident) round: ≥ 3.45 per 1,000 women screened.

Table 25: Detection of invasive cancer per 1,000 women screened, 50-69 years, BreastScreen Midland

	Initial		Subsequent	
	6 months*	2 years**	6 months*	2 years**
BreastScreen Midland (BSM)	4.2	7.0	5.0	4.5
New Zealand	8.5	7.8	4.3	4.4
Target	≥ 6.1	≥ 6.1	≥ 3.45	≥ 3.45
Difference BSM to NZ	-4.3	-0.8	0.7	0.1
Difference BSM to target	-1.9	0.9	1.6	1.1

*Women screened within the period 1 July 2009 and 31 December 2009.

**Women screened within the period 1 January 2008 and 31 December 2009.

Rates for detection of invasive cancer for women screened at BreastScreen Midland were above the target and similar to the national rate for the subsequent round (both at 6 months and 2 years). For the initial round the 2 year rate was above the target but the six month rate was below target. For both time periods, initial detection rates were below that for New Zealand.

Additional information

For more information in relation to breast screening please see:

Webpage topic	URL
The National Screening Unit webpage for the BSA Screening Programme	http://www.nsu.govt.nz/Current-NSU-Programmes/848.asp
The National Screening Unit webpage for BSA for health professionals	http://www.nsu.govt.nz/Health-Professionals/3177.asp
The National Screening Unit webpage for BSA publications	http://www.nsu.govt.nz/Publications/1447.asp
Independent monitoring reports	http://www.nsu.govt.nz/Health-Professionals/1048.asp
Waikato DHB webpage for Breast Screen Midland	http://www.waikatodhb.govt.nz/page/pageid/2145839733

Screening - Cervical

Introduction

- The National Cervical Screening Programme (NCSP) is a publicly funded programme available for women aged 20-69 years. The recommended cervical screening frequency is every three years.
- The programme is co-ordinated centrally at the Ministry of Health and its delivery is supported by thirteen DHB NCSP regional services nationwide, two of which cover the MCN area. These are Waikato and Bay of Plenty DHBs.
- The data presented in this report has been sourced directly from the new NCSP Register database which was re-developed in September 2008.
- The data includes a breakdown across four ethnic groups (Māori, Pacific, Asian and European/Other). It is important to be aware that work undertaken by the Ministry of Health shows undercounting of Māori and Pacific women on the NCSP Register - further work is underway to improve the accuracy of ethnicity data.

Targets

The national target for cervical screening coverage is 75% of the eligible population is screened within the preceding 36 month period.

The following table presents 2009/10 and 2010/11 DAP targets around cervical screening for the MCN DHBs. Targets that match the national target are highlighted in light green.

Table 26: MCN DHB specific targets from 2009/10 and 2010/11 district annual plans for cervical screening

DHB	DAP target (2009/10)	DAP target (2010/11)
Waikato	Targets for WCS coverage of Waikato DHB women aged 20-69 years by June 2010: <ul style="list-style-type: none"> • Māori 55% • Pacific 57% • Total 75% 	Targets for WCS coverage of Waikato DHB women aged 20-69 years by June 2010: <ul style="list-style-type: none"> • Māori 59% • Pacific 61% • Total 75%
Lakes	Increased uptake of Māori and Pacific women in breast and cervical cancer screening programmes. Target 75%.	Targets for LCS coverage of Lakes DHB women aged 20-69 years by June 2011: <ul style="list-style-type: none"> • Māori 75% • Pacific 75% • Total 75%
Bay of Plenty	Not mentioned specifically in DAP but targets are set via the PHO Performance Programme.	Not mentioned specifically in DAP but targets are set via the PHO Performance Programme.

Analysis

Figure 24: NCSP 36-month coverage of eligible population by MCN DHBs and NZ, total population, September 2008 to September 2010 (six monthly)

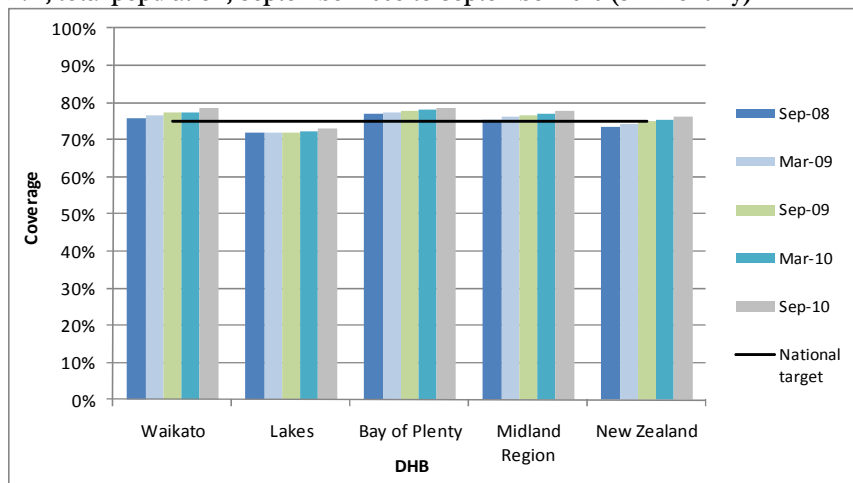


Figure 25: NCSP 36-month coverage of eligible population by MCN DHBs and NZ, Māori, September 2008 to September 2010 (six monthly)

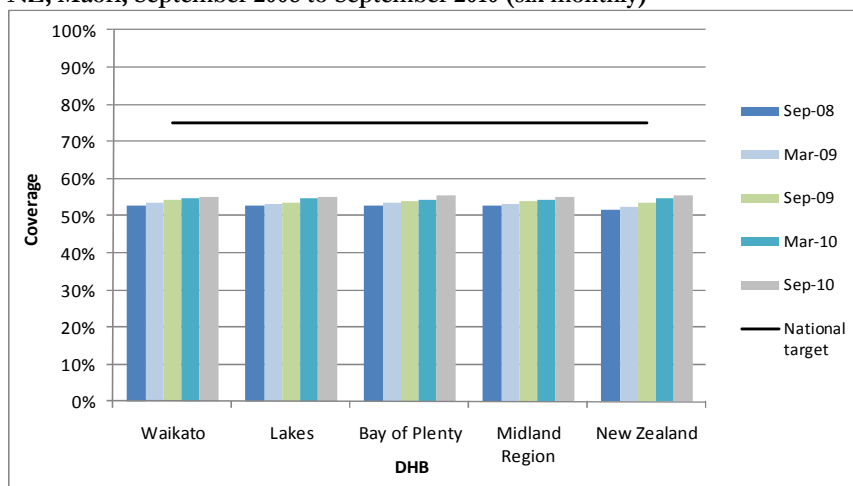


Figure 26: NCSP 36-month coverage of eligible population by MCN DHBs and NZ, Pacific Peoples, September 2008 to September 2010 (six monthly)

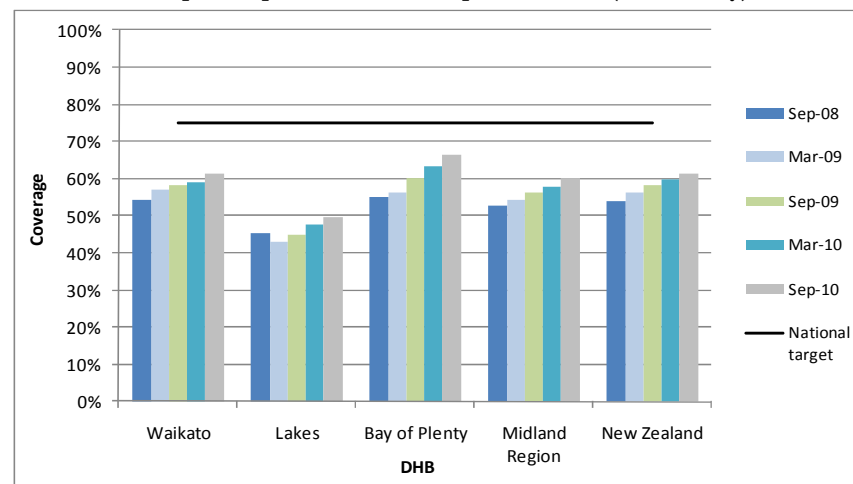


Figure 27: NCSP 36-month coverage of eligible population by MCN DHBs and NZ, Asians, September 2008 to September 2010 (six monthly)

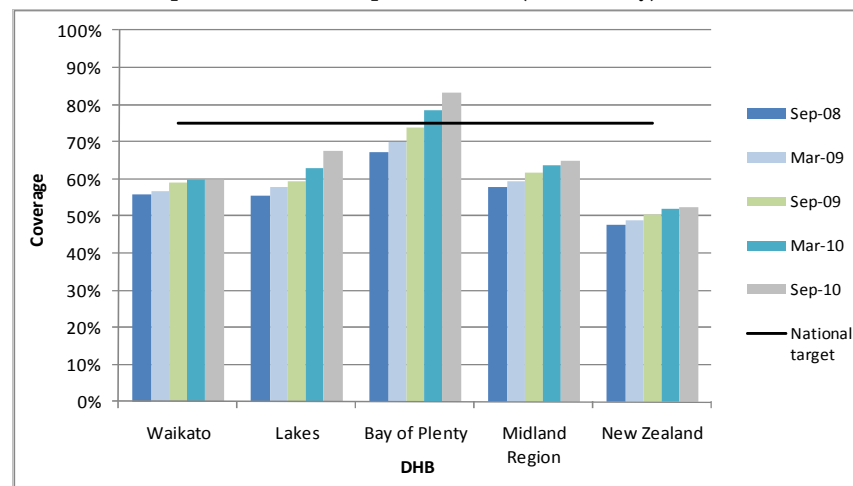


Table 27: Absolute and relative percentage change in cervical screening coverage by ethnicity, September 2010 compared to September 2008

DHB	ABSOLUTE % INCREASE*					RELATIVE % INCREASE**				
	Other	Māori	Pacific	Asian	Total	Other	Māori	Pacific	Asian	Total
WK	3%	2%	7%	4%	3%	3%	4%	13%	7%	3%
LK	0%	2%	4%	12%	1%	0%	4%	10%	22%	2%
BOP	1%	3%	12%	16%	2%	1%	5%	21%	24%	2%
Mid-land	2%	2%	7%	7%	2%	2%	4%	14%	12%	3%
NZ	2%	4%	7%	4%	3%	3%	8%	14%	9%	4%

*Absolute % increase is the actual percentage change between years, e.g. if the coverage in September 2008 was 65% and in September 2010 it is 72%, the absolute change is 7%.

**Relative % increase is the absolute percentage change divided by the original figure being compared to, e.g. using the above example the relative % change would be $7\%/65\% = 11\%$. This calculation allows one to compare changes between different starting values, e.g. a 7% absolute increase from 55% is a bigger relative change than a 7% increase from 65%.

For the period September 2008 to September 2010 both Waikato and Bay of Plenty DHBs exceeded the national cervical screening coverage target (75%) for their total populations. Lakes DHB however is not quite reaching the target, with September 2010 coverage at 73%. For the same month, the average for the region was 77.6% while that for New Zealand was 76.2%. Although inequalities in coverage rates still exist for Māori, Pacific and Asian women, an upward trend in coverage is occurring across the DHBs for these ethnic groups, with the greatest gains for Asian and Pacific women. Bay of Plenty is exceeding the target for its Asian population, and rates for all three DHBs in September 2010 were above the national average for this ethnic group. Coverage rates for Māori women, while still some way from the target, are very consistent across all three DHBs and similar to that achieved nationally. For the MCN area, coverage for Pacific women sits between that for Asian and Māori women, and is just below that for the country.

Table 28: Cervical screening coverage rates by ethnicity for the MCN area and New Zealand, September 2010

	Other	Māori	Pacific	Asian	Total
Midland average	87.2%	55.2%	60.0%	65.0%	77.6%
NZ average	86.3%	55.5%	61.2%	52.2%	76.2%
Difference	0.8%	-0.3%	-1.2%	12.8%	1.4%

NCSP providers within the MCN area over the past quarter have met and worked in partnership and collaboration with primary care, primary health organisations, DHBs and NGOs to identify, invite and support women to screening. Attendance and participation at community and national events have also assisted in raising the awareness of the NCSP within the region. The NCSP has developed a fresh communication campaign to complement the past communication campaign. Three new television, radio and media print targeted at Māori and Pacific groups commenced 1 September 2010 to complement and support the work that NCSP providers undertake throughout the country.

Additional information

For more information in relation to cervical screening please see:

Webpage topic	URL
The National Screening Unit webpage for the National Cervical Screening Programme	http://www.nsu.govt.nz/564.asp
The National Screening Unit webpage for the NCSP for health professionals	http://www.nsu.govt.nz/Health-Professionals/1009.asp
The National Screening Unit webpage for the NCSP publications	http://www.nsu.govt.nz/Publications/1452.asp
Independent monitoring reports	http://www.nsu.govt.nz/Health-Professionals/1063.asp

PET scans

Introduction

- Positron Emission Tomography (PET) scans are a specialised imaging procedure used to detect and evaluate some cancers. A PET scan can provide information about whether a cancer has spread, and can be used by clinicians to plan treatments.
- In 2009 the number of PET scans provided by DHBs varied across the country, influenced by the availability of funding to pay for the scans.
- In February 2010, the Ministry of Health made available to DHBs a total of \$800,000 for the 2009/2010 financial year and \$1,000,000 per annum for 2010/2011 and out years to fund PET scans.
- The intent of this funding is to increase the number of PET scans undertaken (by up to 550 extra adult patients) while simultaneously ensuring the focus is on more equitable access across DHBs.
- A set of 11 clinical indications for six cancer sites have been developed for this funding (see web link under additional information). These indications were agreed by the Cancer Treatment Advisory Group (CTAG) and endorsed by the Cancer Control Steering Group.
- DHBs are expected to run regional variance committees to consider PET scans on an exception basis for any other clinical indications where published evidence shows that access to a PET scan would change the management or outcome for the patient.

- The Ministry of Health has undertaken to review the nationally approved indications in early 2011 taking into account the approved variants from each of the regional variance committees.
- Within the network area, a Midland variance committee has been established and variance procedures developed.
- DHBs are required to report PET scans by DHB of domicile for each of the clinical indications and any approved by the variance committees twice yearly (July and January) to the Ministry of Health.

Analysis

Table 29: PET scan volumes for 2008/2009, 2009/2010, 2010 and MoH anticipated volumes

Timeframe	Waikato	Lakes	Bay of Plenty	Midland
MoH anticipated (2009 – 2013) ⁷	123	36	78	237
Actual 2008/2009	24	3	18	45
Actual 2009/2010	67	23	42	132
Actual 2010 (Jan- Dec)	74	25	45	144
Estimated unmet need 2010/2011	49	11	33	93
% estimated unmet need 2010/2011	40%	31%	42%	39%

⁷ Ministry of Health letter (December 2009) to DHBs of PET scans projections 2009-2013.

Table 30: PET scans by national clinical indications, by domicile DHB, MCN (January to June 2010 and July to December 2010)

Cancer	Clinical indication	January to June 2010				July to December 2010				All 2010			
		WK	LK	BOP	Total	WK	LK	BOP	Total	WK	LK	BOP	Total
Colorectal	Preoperative evaluation for patients considered for resection of hepatic/lung metastases in colorectal carcinoma (CRC)		1		1	1		2	3	1	1	2	4
	Evaluation of residual structural abnormality on diagnostic imaging in patients who are currently symptomatic following definitive treatments for colorectal carcinoma (CRC)			1	1		1	1	2		1	2	3
Lung	Staging of non-small cell lung cancer (NSLC) prior to surgery or radiotherapy with curative intent	16	9	7	32	17	6	9	32	33	15	16	64
	Isolated pulmonary nodules not amenable to fine needle aspiration (FNA) or which have failed pathological characterisation	4		3	7	2		1	3	6		4	10
Lymphoma	Restaging of residual mass for non Hodgkin's lymphoma following definitive treatment	4	3		7	4	1		5	8	4		12
	Staging of early stage low grade non Hodgkin's lymphoma	2		3	5	1		2	3	3		5	8
	Staging of Hodgkin's disease	1			1	4			4	5			5
Head and neck	Restaging of residual neck masses in head and neck cancers following radiotherapy/chemotherapy			2	2	2	1	1	4	2	1	3	6
	Staging for metastatic squamous carcinoma in cervical lymph nodes from unknown primary	4		1	5	1			1	5		1	6
Oesophagus	Staging of locally advanced oesophageal cancer for preoperative chemotherapy/radiotherapy			1	1	1	2	1	4	1	2	2	5
Malignant Melanoma	Preoperative evaluation in patients considered for surgical resection of apparent limited disease from melanoma	2		1	3	4		5	9	6		6	12
TOTAL	All clinical indications	33	13	19	65	37	11	22	70	70	24	41	135

Table 31: Number of PET scans outside of national clinical indications, by domicile DHB, MCN (January to June 2010 and July to December 2010)

Timeframe	Waikato	Lakes	Bay of Plenty	Midland
Jan - Jun 2010	2	0	1	3
Jul - Dec 2010	2	1	3	6
All (Jan – Dec 2010)	4	1	4	9

In 2010 the number of PET scans by approved national clinical indication across the MCN DHBs totalled 135. There were another nine PET scans funded outside of the national clinical indications, giving a total of 144 PET scans for the region for the 2010 calendar year. The number of PET scans projected each year by the Ministry of Health for the Midland region is 237. This leaves an anticipated unmet need of 93 scans (39%).

During 2010, a further two applications for PET scans were not approved by the Midland PET variance committee, one for Waikato and the other for Bay of Plenty. In the Waikato instance there was lack of evidence to support the application and for the Bay of Plenty case it was considered that PET scanning would not provide a definitive answer.

Quality service improvement initiatives included:

- Waikato and Bay of Plenty prioritised and agreed budget volumes (2009)
- standardised referral and patient management processes for the region (2009-10)

- standardised regional and DHB reporting and monitoring (2010)
- established regional PET-CT variance committee (2010)
- commenced Midland RFP process for preferred a PET-CT provider (2011). There is no national price for PET scans and considerable price variation nationally.

Additional information

For more information in relation to PET scanning please see:

Webpage topic	URL
Midland PET reports – note secure access	http://www.midlandcancernetwork.org.nz
Ministry of Health webpage on clinical indications	http://www.moh.govt.nz/moh.nsf/indexmh/cancercontrol-treatment-petscan
Wikipedia webpage for PET scans	http://en.wikipedia.org/wiki/Positron_emission_tomography

Lung tumour stream indicators

Introduction

- The Ministry of Health has signalled to DHBs and the regional cancer networks that lung cancer is a priority area moving forward.
- In support of this the Ministry of Health has convened a National Lung Cancer Working Group (6-11-09) to develop and agree on standards, guidelines and metrics relating to lung cancer. As at February 2011 Midland Cancer Network is the host network to support this national initiative and work programme. The chair is Dr Charles de Groot, Clinical Director MCN, supported with project management resource.
- The Midland Lung Cancer Work Group chair and others are members of the national work group.
- The national working group has developed the Standards of Service Provision for Lung Cancer Patients in New Zealand. These are expected to inform future indicator reporting.
- The Ministry of Health requires the regional cancer networks to develop a minimum range of national indicators for lung cancer that give an indication of performance.
- The four regional cancer networks along with the National Lung Cancer Working Group are working together to develop these indicators. For 2010-11 these are:
 - time from receipt of initial referral to first specialist appointment (FSA) for primary lung cancer patients
 - time from receipt of initial referral to first anticancer treatment for primary lung cancer patients
 - percentage of primary lung cancer patients reviewed at the multidisciplinary meeting (MDM)
 - note: all indicators are reported by DHB and by ethnicity.
 - note: In 2011-12 the indicators will be revised.
- The Midland Lung Cancer Work Group, established in late 2008, takes a proactive and quality improvement approach to reduce the inequalities, incidence and impact of lung cancer across the cancer continuum for the MCN area. Areas of service improvement to date include:
 - mapping of the lung cancer pathway for the region (2009)
 - regional work up for suspected lung cancer agreed (2009-10)
 - improved access to PET-CT (2009–10 and 2010-2011)
 - the review of the Midland lung cancer elective services pathway (2010)
 - Lean Thinking initiatives (2009 and 2010):
 - Waikato decision to refer to chest conference
 - Lakes Lean Thinking initiative GP referral to FSA

- Waikato access to CT and lung biopsy
 - early detection of lung cancer initiative for Rotorua community “Cough, Cough, Cough” campaign (2010)
 - community based lung cancer awareness hui – commenced in Waikato (2010)
- Midland Cancer Network and Lakes DHB contribute to the Northern Cancer Network HRC Primary Lung Cancer Research three year initiative (2009).

Analysis

Please note these indicators are very much in development and that the volumes are small, especially for elective cases. Information required for indicators is not consistently available at all DHBs. It will take time to work out operational processes to collect data.

The focus in setting target wait times is to encourage a culture of timely workup and treatment and to work toward continuous quality improvement. Where wait times are longer than the time specified then services should be working to reduce them to target.

Improvements include:

- Lakes improved GP access to chest xray & CT
- Midland suspected non small cell lung cancer workup guidance agreed
- Patient information on diagnosing lung disease including lung cancer

- BOP have standardised process regarding triaging and prioritisation of suspected lung cancer referrals
- Increased and improved data collection to support multi-disciplinary meetings.

Analysis: Key points

- Increase in the percentage of patients discussed at regional multidisciplinary meetings 45%-59%
- 100% of Lakes and Waikato patients that have anticancer treatment were reviewed by the multidisciplinary team
- A higher proportion of patients are meeting the 14 day wait time from receipt of GP referral to FSA. More analysis is required regarding acute and elective
- The percentage Māori receiving anticancer treatment with 62 days is higher than non-Māori
- The number of patients in total reviewed at regional MDM has increased over the last 4 years.

Table 32: Number and percentage of lung cancer registrations by ethnicity and number and percentage of registrations that received anticancer treatment by pathway type, 1 July 2009 to 30 June 2010

Measure	Ethnicity	BOP	Lakes	Waikato	MCN
No. and % of lung cancer registrations (NZ Cancer Registry)	Māori	31 (25%)	22 (50%)	36 (21%)	89 (26%)
	Other	94 (75%)	22 (50%)	137 (79%)	253 (74%)
	All	125	44	173	342
Registrations that received anticancer treatment by pathway type	Elective*	19 (33%)	4 (17%)	40 (42%)	63 (34%)
	Acute**	39 (67%)	20 (83%)	55 (58%)	114 (66%)
	Total	58	24	95	177
% of lung cancer registrations that received anticancer treatment		46%	55%	55%	52%

* Elective refers to patients in data set with a referral date and an anticancer treatment date.

** Acute refers to patients in data set with an anticancer treatment date only. There is no data available for referral or first specialist assessment (respiratory physician).

Table 33: Time from receipt of initial referrals to first specialist assessment (FSA) for lung cancers registered in 2008/2009 and 2009/2010

All patients (acute and elective) who received publicly funded anticancer treatment

DHB	Ethnicity	1/07/08 – 30/6/09			1/07/09 – 30/6/10		
		Number	Median days wait	% achieve 14 day wait	Number	Median days wait	% achieve 14 day wait
BOP	All		22		28	24	21%
	Māori		29		7	41	29%
	Other		21		21	21	19%
Lakes	All		14		7	17	43%
	Māori		18		3	13	67%
	Other		12		4	25	25%
Waikato	All		14		55	14	56%
	Māori		20		16	13	63%
	Other		14		39	14	54%
MCN	All		18	38%	90	17	44%
	Māori		24	31%	26	13	54%
	Other		17	41%	64	18	41%

Table 34: Time from receipt of initial referrals to first specialist assessment (FSA) for lung cancers registered in 2008/2009 and 2009/2010

DHB	Ethnicity	1/07/08 – 30/6/09			1/07/09 – 30/6/10		
		Number	Median days wait	% achieve 14 day wait	Number	Median days wait	% achieve 14 day wait
BOP	All		22		28	24	21%
	Māori		29		7	41	29%
	Other		21		21	21	19%
Lakes	All		14		7	17	43%
	Māori		18		3	13	67%
	Other		12		4	25	25%
Waikato	All		14		55	14	56%
	Māori		20		16	13	63%
	Other		14		39	14	54%
MCN	All		18	38%	90	17	44%
	Māori		24	31%	26	13	54%
	Other		17	41%	64	18	41%

Table 35: Time from receipt of initial referral to first anticancer treatment (either surgery, radiotherapy or chemotherapy) for lung cancers registered between 1 July 2009 and 30 June 2010

DHB	Ethnicity	1/07/09 – 30/6/10		
		Number	Median days wait	% achieved 62 day wait
BOP	All	5	64	40%
	Māori	1	27	100%
	Other	4	77	25%
Lakes	All	1	64	0%
	Māori	1	64	0%
	Other			
Waikato	All	27	70	37%
	Māori	10	62	50%
	Other	17	81	29%
MCN	All	33	70	36%
	Māori	12	60	50%
	Other	21	81	29%

Elective patients who received publicly funded anticancer treatment

DIAGNOSIS & TREATMENT: Bowel tumour stream indicators

Table 36: Time from diagnosis to first anticancer treatment for lung cancers registered between 1 July 2009 and 30 June 2010

	Ethnicity	DHBs and area			
		BOP	Lakes	Waikato	MCN
Median days from diagnosis to first anticancer treatment	All	55 days (n=58)	36 days (n=24)	33 days (n=95)	41 days (n=177)
	Māori	36 days (n=17)	49 days (n=13)	30 days (n=23)	35 days (n=53)
	Other	57 days (n=41)	30 days (n=11)	38 days (n=95)	43 days (n=124)

All patients (acute and elective) who received publicly funded anticancer treatment

Table 37: Wait time frequency table for interval between diagnosis and anticancer treatment all lung cancers registered between 1 July 2009 and 30 June 2010

Range (days)	< 31	31 - 62	63 - 93	94 - 124	125 - 155	156 - 186	187 - 217	> 217
Frequency	72	50	29	15	6	2	2	1
% below range	41%	69%	85%	94%	97%	98%	99%	100%

Table 38: Number and percentage patients reviewed at Waikato DHB's Chest Conference (regional lung cancer multidisciplinary meeting), 1 July 2008 to 30 June 2010

DHB	Ethnicity	1/07/08 – 30/6/09		1/07/09 – 30/6/10	
		Number	Percentage	Number	Percentage
BOP	All	82	29%	54	43%
	Māori	16	25%	12	42%
	Other	66	29%	41	44%
Lakes	All	24	32%	24	55%
	Māori	6	23%	13	59%
	Other	18	36%	11	50%
Waikato	All	162	68%	122	71%
	Māori	39	72%	25	69%
	Other	123	67%	97	71%
MCN	All	283	45%	201	59%
	Māori	68	45%	51	57%
	Other	215	45%	149	59%

Numerator: Number of lung cancer registrations that were reviewed at Chest Conference

Denominator: number of lung cancer registrations in the New Zealand Cancer Registry between 1 July 2008 and 30 June 2009 and 1 July 2009 and 30 June 2010

Source: New Zealand Cancer Registry and regional lung cancer database

The following table looks at Chest Conference activity between 2007 and 2010.

Table 39: Number of Chest Conference meetings and number of patients reviewed at Chest Conference per annum, 2007 to 2010

Measure	2007	2008	2009	2010
Number of meetings	47	46	49	51
Number of patients reviewed at Chest Conference ¹	286	279	375	356
Unique patients reviewed at Chest Conference ²	208	203	255	267

Calendar years

¹ *Patients can be reviewed at more than one meeting*

² *Number of patients reviewed at least once*

Cases reviewed at Chest Conference include lung cancer patients as well as patients with other respiratory diseases

Bowel tumour stream indicators

Introduction

- The Ministry of Health has signalled to DHBs and the regional cancer networks that bowel cancer is a priority area moving forward.
- In support of this the Ministry of Health has recently convened a National Bowel Cancer Working Group (2010) to develop and agree on standards, guidelines and metrics relating to bowel cancer. The Midland Bowel Cancer Work Group chair and the Waikato colorectal CNS are members of the national work group.
- In the interim, the Ministry of Health requires the regional cancer networks to develop national indicators for bowel cancer that give an indication of performance against national priorities.
- The four regional cancer networks are working together to develop these indicators. These are:
 - time from diagnosis (as recorded in Cancer Registry) to first anticancer treatment for bowel cancer patients
 - percentage of bowel cancer patients reviewed at the multidisciplinary meeting (MDM)
 - note: all indicators are reported by DHB and by ethnicity.
 - note: significant changes are planned for 2011-12 indicators.
- The Midland Bowel Cancer Work Group, established 2009, takes a proactive and quality improvement approach to reduce the inequalities, incidence and impact of bowel cancer across the cancer continuum for the MCN area. Areas of service improvement to date include:
 - establishment of the colorectal nurse CNS at Waikato (2008) and generic cancer coordinators at Lakes and BOP
 - mapping of the colonoscopy pathway (2008), Waikato surgery and gastroenterology
 - the review of the Midland bowel cancer elective services pathway (2010)
 - bowel screening pilot business case submission to Ministry of Health in 2010 (unsuccessful)
 - community based bowel cancer awareness hui – commenced in Waikato (2011)

⁸ Priority categories vary between DHBs and regions and will limit comparison. This will be standardised once National Bowel Cancer Work Group is running and national priority categories are developed.

- All three DHBs submitted a proposal for the Global Rating Scale (GRS) demonstration trial (2011). Awaiting MOH announcement
- BOP are undertaking MOH HWNZ nurse endoscopist initiative.
- All three DHBs are looking at local service improvement initiatives.

Analysis

Please note these indicators are very much in development. Information required for indicators is not consistently available at all network DHBs.

There is no way to electronically measure the percentage of patients with bowel cancer reviewed at a multidisciplinary meeting. It will take time to work out operational processes to collect data.

The focus in setting target wait times is to encourage a culture of timely workup and treatment and to work toward continuous quality improvement. Where wait times are longer than the time specified then services should be working to reduce them to target.

Table 40: Number and percentage of bowel cancers registered between 1 July 2009 and 30 June 2010 and number and percentage of bowel cancers registrations that received anticancer treatment by ethnicity

Measure	Ethnicity	BOP	Lakes	Waikato	Midland
No. of bowel cancer registrations (NZ Cancer Registry)	Māori	8 (4%)	6 (11%)	11 (5%)	25 (5%)
	Other	181 (96%)	47 (89%)	221 (95%)	449 (95%)
	All	189	53	232	474
No. of bowel cancer registrations that received publicly funded anticancer treatment	Māori	5	6	7	18
	Other	124	30	159	313
	All	129 (68%)	36 (67%)	166 (72%)	331 (70%)

Table 41: Number of colonoscopies referrals added to wait list by priority category between 1 July 2009 and 30 June 2010

Priority category	1/01/2009 – 31/12/2009				1/07/2009 – 30/06/2010			
	BOP	Lakes	Waikato	Midland	BOP	Lakes	Waikato	Midland
Urgent							485	
Semi-urgent							872	
Total	1050				1019	589	1357	2965

Data relates to wait list colonoscopies to caecum

Data on priority category not available for Lakes and BOP DHBs

Earlier reporting for Lakes and Waikat DHBs not included because it related to colonoscopies to caecum as well as colonoscopies to hepatic flexure (i.e. flexible sigmoidoscopy)

Analysis: key points

- Poor/no ability to capture number of patients presented at MDM at all network DHBs. All data is captured manually
- Colonoscopy waiting list information is inconsistent and non standardised across all MCN DHBs
- 70% of all New Zealand Cancer Registry MCN bowel cancer patients received anticancer treatment within the public sector
- 28% of Waikato category 1 and 3% of category 2 colonoscopies achieved national wait time standards. No information for BOP/Lakes available
- 38% of Midland cancer patients received anticancer treatment within 28 day target. 67% of Māori achieved the target.

DIAGNOSIS & TREATMENT: Bowel tumour stream indicators

Table 42: Median wait between patient being put on colonoscopy wait list and colonoscopy, and proportion of patients who met target for priority category 1 and 2, 1 January 2009 to 30 June 2010

Priority category	Measure	1/01/2009 – 31/12/2009				1/07/2009 – 30/06/2010			
		BOP	Lakes	Waikato	MCN	BOP	Lakes	Waikato	MCN
1	Mean							22	
	% met target							28%	
2	Mean							70	
	% met target							31%	
All	Mean	57 days				78 days	35 days	49 days	50 days

Data relates to wait list colonoscopies to caecum

Data on priority category not available for Lakes and BOP DHBs

Earlier reporting for Lakes and Waikato DHBs not included because it related to colonoscopies to caecum as well as colonoscopies to hepatic flexure (i.e. flexible sigmoidoscopy)

Table 43: Median wait between diagnosis and first anticancer treatment and proportion of patients that achieved the 28 day treatment standard, for bowel cancers registered between 1 July 2009 and 30 June 2010

DHB	Ethnicity	1/07/2009 – 30/06/2010		
		Number	Median days wait	% achieved 28 day target
BOP	All	111	47	23%
	Māori	5	49	40%
	Other	106	53	22%
Lakes	All	36	13	72%
	Māori	6	0	100%
	Other	30	18	67%
Waikato	All	166	40	41%
	Māori	7	15	57%
	Other	159	40	41%
MCN	All	313	40	38%
	Māori	18	17	67%
	Other	295	41	36%

All patients (includes acute and elective) who received publicly funded anticancer treatment

Table 44: Wait time frequency table for interval between diagnosis and first anticancer treatment for bowel cancers registered between 1 July 2009 and 30 June 2010

Range (days)	< 14	15 - 28	29 - 42	43 - 56	57 - 70	71 - 84	85 - 98	99 - 112	113 - 126	127 - 140	>140
Frequency	74	45	45	45	33	30	15	7	6	2	11
Proportion of dataset	24%	38%	52%	67%	81%	87%	92%	94%	96%	96%	100%

All patients (includes acute and elective) who received publicly funded anticancer treatment

Table 45: Number and percentage of bowel cancer registered between 1 July 2009 and 30 June 2010 presented at a multidisciplinary meeting

DHB	Ethnicity	1/07/2009 – 30/06/2010	
		Number	Percentage
BOP	All		
	Māori		
	Other		
Lakes	All		
	Māori		
	Other		
Waikato	All	88	38%
	Māori	5	45%
	Other	79	38%
MCN	All		
	Māori		
	Other		

Additional information

For more information please see:

Webpage topic	URL
Ministry of Health Bowel Cancer Programme webpage	http://www.moh.govt.nz/moh.nsf/indexmh/cancercontrol-strategyandactionplan-bowelcancerscreening
Midland Cancer Network Colonoscopy Pathway Report	http://www.midlandcancernetwork.org.nz/file/fileid/13758

Waiting times - radiation oncology

Introduction

- Within the MCN area, radiation oncology treatments are provided by the Regional Cancer Centre at Waikato Hospital.
- Reporting of radiation oncology waiting times to the Ministry of Health (MoH) has been in place for several years, with revised reporting requirements in place since July 2008.
- Radiation oncology waiting time reports have been sourced from the MoH.
- Data in this report does not include any patients treated at any of the other five public oncology centres in New Zealand, or those treated privately.

Referral to first specialist assessment (FSA)

- Cancer centres report to the MoH average wait time from referral to first specialist assessment (FSA). This is an indicator of radiation oncologist capacity (i.e. ability to see new patients) and peripheral clinic capacity (frequency of clinics and size of clinics).
- The merits of median wait times as opposed to average wait times were discussed during the development of this report. However it was decided by the project team to maintain consistency with data reported by the MoH.

FSA to treatment

- The indicator presented in this report is the percentage of patients meeting the health target at month end. This is an indicator of multiple factors which can include workforce capacity (generally radiation oncologist and/or radiation therapist) and facility (Linac) capacity.
- The percentage of patients meeting the health target at month end has been calculated using the following formula: all treatments (excluding priority D) for the month less those not treated due to departmental/facility constraint, divided by all treatments (excluding priority D).
- Priority D patients are excluded as these are prescheduled patients, for example patients whose radiation oncology treatment may be prescheduled to accommodate medical oncology treatments.
- This formula also excludes all patients who were not treated within the target timeframe due to reasons other than facility/department constraint e.g. patient choice/request, patients awaiting radiology and/or other investigations, patients awaiting dental intervention, patients with post operative or chemotherapy co-morbidity conditions and issues outside of departmental control e.g. lost referrals.
- Patient prioritisation for treatment is based on their priority category (see Table 46). There should not be any bias based on DHB of domicile.

Targets

There are currently no nationally agreed targets for the average wait time from referral to first specialist appointment.

In recent years, the time from FSA to treatment for all patients, excluding priority D, has been a national health target and there are also guidelines for the time in which patients of different priority categories should be treated. The health target is:

- Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010.

In their 2009/10 and 2010/11 DAPs all MCN DHBs included the above target.

The guidelines for treatment for patients by priority category are presented in the following table:

Table 46: Guidelines for treatment of radiation oncology patients by priority category

Priority category	Guideline for time between FSA and first treatment
Priority A (acute)	Within 24 hours
Priority B (curative)	Within 2 weeks
Priority C (palliative)	Within 2 weeks
Priority C (radical)	Within 4 weeks

Analysis – referral to FSA

Table 47: Average wait time between referral and FSA for radiation oncology patients treated at Waikato Regional Cancer Centre by priority category B and C, and DHB of domicile, January to December 2010

Month/ Year	PRIORITY B				PRIORITY C			
	WK	LK	BOP	WRCC	WK	LK	BOP	WRCC
Jan-10	17	13	9	22	18	13	15	16
Feb-10	11	12	12	11	18	30	21	19
Mar-10	13	18	14	14	19	24	19	19
Apr-10	11	14	13	12	20	22	21	21
May-10	8	11	9	9	16	16	16	16
Jun-10	10	12	9	10	11	19	13	13
Jul-10	10	9	8	10	12	16	18	14
Aug-10	11	11	13	11	14	23	13	14
Sep-10	9	9	8	9	16	15	19	17
Oct-10	15	12	5	14	16	17	15	16
Nov-10	8	10	9	9	14	20	13	14
Dec-10	8	11	12	10	15	17	14	15

With the exception of November 2010, during all other months in 2010, the average wait time from referral to FSA for priority A patients (not shown in above table) never exceeded one day for any of the MCN DHBs. The average wait in November for Waikato DHB was slightly longer at 2.7 days.

Across all three Midland DHBs in 2010 there were only three occasions where the average wait time for Priority B patients exceeded 2 weeks. Average wait times for priority C patients in 2010 by DHB ranged from 11 to 30 days but note that reporting requirements do not make the distinction between palliative and radical patients.

Analysis – FSA to first treatment

In December 2010 the health target for wait time from FSA to first treatment for radiation oncology changed from six weeks to four weeks. Waikato Regional Cancer Centre met this target in December 2010. All Midland DHBs met the six week target every month in 2010.

Quality service improvements include:

- replacement linear accelerator to be operational by June 2011
- development of Regional Radiation Oncology Service Plan 2010-2020 (work in progress)
- Waikato DHB commissioned ‘Oncology and Haematology Service Needs to 2026’ report to inform facility upgrade requirements to the Regional Cancer Centre to meet future demand.
- Waikato DHB received one off Ministry of Health funding which has been used to upgrade the radiation oncology system (2010).

Analysis - Actual volumes for radiation oncology services

Table 48: Summary of outpatient radiation oncology activity by Midland DHBs for 2006 – 2010 financial years

DHB	Attendances	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	% change 2006 - 2010	Average annual change
Waikato	FSAs	1,320	1,387	1,423	1,654	1,607	+22%	+4%
	FUs	4,526	5,639	7,807	8,105	8,768	+94%	+19%
	Treatments	21,160	22,735	23,301	26,315	25,757	+22%	+4%
	HDR Brachytherapy			231	301	221	-4%	+2%
Lakes	FUs	235	215	245	232	223	-5%	-1%
Bay of Plenty	FUs	753	913	919	1,014	960	+27%	+5%

Source: Data provided by Midland Cancer Network DHBs

FSAs: first specialist assessments with a radiation oncologist.

FUs: follow-up (subsequent) attendances with a radiation oncologist.

Treatments: includes planning, simulation and mould room attendances, and superficial x-ray treatment, as well as treatment on a linear accelerator.

FSAs with a radiation oncologist, treatments and brachytherapy are provided at Waikato Regional Cancer Centre.

Brachytherapy referrals from other DHBs have reduced as HDR brachytherapy is now available from Wellington and Christchurch Regional Cancer Centres and is expected to be available from Auckland Cancer Centre in the near future.

Based on PUC volumes.

Additional information

For more information please see:

Webpage topic	URL
Waikato DHB webpage for radiation oncology services	http://www.waikatodhb.govt.nz/page/pageid/2145842578/Radiation_Therapy_Oncology
The Ministry of Health webpage for the health target "shorter waits for cancer treatment"	http://www.moh.govt.nz/moh.nsf/indexmh/healthtargets-targets-cancerwaitingtimes

Waiting times - medical oncology

Introduction

- Medical oncology FSAs are undertaken at Waikato and Tauranga Hospitals with follow-ups available at both these and Thames, Rotorua and Whakatane hospitals.
- Inpatient chemotherapy is provided in Ward 25 at Waikato Hospital.
- Ambulatory chemotherapy facilities: New Oncology Centres opened in Whakatane (2007) and Tauranga (2008). A new Chemotherapy Outpatient Unit was opened in Thames in 2009 and a new unit will open in July 2011 in Rotorua.
- The Chemotherapy Day Stay Unit at Waikato Hospital was built in 1980 with provision for eight chairs. That same space today has seven beds and eight chairs. There are no plans to upgrade this space in the current Waikato Hospital rebuild and no significant expansion opportunity in the current fiscal environment. The Chemotherapy Day Stay Unit at Waikato Hospital has therefore experienced difficulty in meeting the demand for chemotherapy treatment in recent years.
- Initiatives in 2010 to increase utilisation of this unit at Waikato have included:
 - implementation of an electronic scheduling system
 - extended opening hours – currently two late nights a week
 - moving all non-chemotherapy treatments to Medical Day Care Unit at weekends
 - Lean Thinking initiative to improve workflows so that equipment is close to point of use
 - all blood tests done prior to day of treatment
 - changes to patient allocation and nursing processes
 - establishment of clerical position to free nursing staff
- Note that while the current unit at Rotorua is very cramped the new Chemotherapy Unit at Rotorua Hospital is spacious and provides for future growth.
- The following tables presents a summary of the current configuration of beds and chairs for ambulatory chemotherapy within the Midland region:

Unit	Beds	Chairs
Regional Cancer Centre (1980) 5 days per week including 2 late nights	7	8
Thames (new, 2009) 1-3 days per week	0	5
Tauranga (new, 2008) 5 days per week	3	17
Whakatane (new, 2007) 3 days per week	2	7
Rotorua – current 5 days per week	0	5
New unit July 2011	1 bed bay	9
Taupo 1 day per week	0	4

- Medical oncology reporting to the Ministry of Health as an indicator of DHB performance (IDP) began in the 2009/10 financial year, with DHBs required to provide complete collection of chemotherapy waiting times from a patient's first specialist assessment (FSA) to the start of treatment, and include comment on reasons and/or management plans for any patients waiting more than six weeks.
- The Medical Oncology Working Group has developed Medical Oncology Prioritisation Criteria for use sector-wide from 1 July 2010. A summary of the new wait time targets by category are presented in this report.

Targets

The following table presents targets for medical oncology as documented in the 2009/10 and 2010/11 district annual plans for each MCN DHB.

Table 49: MCN DHB specific targets from 2009/10 and 2010/11 district annual plans for medical oncology

DHB	DAP target (2009/10)	DAP target (2010/11)
Waikato	Templates that measure the interval between the patient's first specialist assessment and the start of first chemotherapy treatment are supplied on time and complete from each DHB as detailed in the reporting template located on the nationwide service framework library website. Qualitative comment on reasons (and management plans) for people with chemotherapy waits longer than 6 weeks to be supplied in quarterly reports.	100% of patients will receive chemotherapy within six weeks of first specialist assessment. Everyone needing medical oncology treatment should have this within four weeks of first specialist assessment by June 2011.
Lakes	Template to be completed on interval between first specialist assessment and the start of first chemotherapy treatment. Waikato DHB will report this on Lakes' behalf.	100% of patients wait less than six weeks between first specialist assessment and the start of chemotherapy treatment. Wait times templates are to be supplied each quarter. The templates should display results for each month within the quarter. Qualitative comment on reasons (and management plans) for people with chemotherapy waits longer than 6 weeks is to be supplied in quarterly reports.
Bay of Plenty	Monthly reporting of wait time for chemotherapy between first specialist assessment and start of treatment.	100% of patients will receive chemotherapy within 6 weeks of their first specialist appointment. Qualitative comment on reasons for people with chemotherapy waiting longer than 6 weeks.

Medical Oncology Prioritisation Criteria

The Medical Oncology Work Group of the Cancer Treatment Advisory Group has developed prioritisation criteria for medical oncology services. These criteria have been endorsed by the Cancer Treatment Advisory Group, the New Zealand Association of Cancer Specialists and Cancer Control New Zealand and approved by the joint Ministry of Health/DHB Cancer Control Steering Group for use by DHBs from 1 July 2010.

In no circumstances should patients be required to wait more than four weeks for either an FSA or to commence treatment. The Prioritisation Criteria are based primarily on the ability of each patient to benefit from intervention, and secondarily on clinical urgency.

- (D) Combined modality treatment - determined by scheduling of the two treatment modalities.

Full reporting against these criteria is expected from 1 July 2011. The Ministry of Health issued a RFP in December 2010 to enable DHBs to improve reporting systems.

Specific criteria and examples for each category have been provided to DHBs.

Wait time from referral to FSA by category from 1 July 2010

- (1) Immediate – seen within 48 hours
- (2) Urgent – seen within 1 week
- (3) Semi urgent – seen within 3 weeks
- (4) Routine – seen within 4 weeks
- (5) Advice only.

Wait time from decision to treat to treatment by category from 1 July 2010.

- (A) Immediate – within 48 hours
- (B) Semi urgent – within 2 weeks
- (C) Routine – within 4 weeks

Analysis - Actual volumes for medical oncology services

Table 50: Summary of outpatient medical oncology activity by MCN DHBs for 2006 – 2010 financial years

DHB	Attendances	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	% change 2006 - 2010	Average annual change
Waikato	FSAs	846	816	801	784	795	-6%	-2%
	FUs	3,043	3,030	2,956	3,072	3,478	+14%	+4%
	Chemotherapy	7,390	8,260	9,393	9,541	6,877	-7%	0%
Bay of Plenty	FSAs	9	13	135	268	281	+30322%	+756%
	FUs	1,835	1,671	1,724	2,061	2,629	+30%	+8%
	Chemotherapy	4,543	4,245	4,205	4,120	3,849	-15%	-4%
Lakes	FSAs	26	19	1	5	4	-85%	-21%
	FUs	592	585	603	629	731	+23%	+6%
	Chemotherapy	1,513	1,585	1,624	1,630	2,043	+35%	+9%

Source: Data provided by Midland Cancer Network DHBs.

FSAs: first specialist assessments with a medical oncologist.

FUs: follow-up (subsequent) attendances with a medical oncologist.

Chemotherapy: may include attendances for other activity as well as IV chemotherapy. Waikato includes haematology chemotherapy (> 3hrs) and other activity (e.g. abdominal paracentesis). Bay of Plenty includes urology chemotherapy activity. Lakes includes haematology chemotherapy.

Based on PUC code volumes.

FSAs with medical oncologist are generally not provided at Lakes DHB.

Chemotherapy activity has increased at both Waikato and BOP DHBs over the period of investigation even though the reporting appears to show a drop in activity. It is difficult to figure out true volumes over time because of PUC changes and changes to counting. At DHB level there are also differences in what chemotherapy PUC codes are used and what activity is counted under the chemotherapy PUCs.

Additional information

For more information please see:

Webpage topic	URL
Waikato DHB webpage for oncology services	http://www.waikatodhb.govt.nz/page/pageid/2145839492
Lakes DHB webpage for chemotherapy services	http://www.lakesdhb.govt.nz/Article.aspx?ID=804

Adolescent and young adult cancer service (AYACS)

Introduction

- In 2007-2008 the Midland Cancer Network led a project to assist with the development of an adolescent and young adult cancer service (AYACS) for the network area.
- The service reflects a creative and innovative approach to meet the specific needs of adolescent and young adult cancer patients (aged 12 to 25 years) through the partnering of the paediatric (supra-regional) and adult oncology (regional) tertiary services to maximise:
 - the cure rate for AYA with cancer
 - entry onto age-appropriate clinical trials
 - the psychosocial care delivered to the patient and their family/whānau
 - a youth development approach to care
 - address the inequalities of outcomes for this population group.
- A key worker (clinical nurse specialist) provides support for the patient and coordinates treatment, appointments, and psychosocial support.
- The service is based at Waikato Hospital but covers all three Midland Cancer Network DHBs.

- There are two main referral pathways for the service, paediatric oncology or adult oncology. Referrals are also made by NGOs.
- Patients remain in the service for approximately two years.

Analysis

Table 51: AYACS patient numbers by year

AYACS patient numbers	2007/08	2008/09	2009/10	Jul-Dec 2010
Active patients	33	75	90	104
New registrations	33	50	59	16
Discharges	1	7	49*	7

**In 2009/10 those patients that had been in the service for over 2 years and were inactive were discharged.*

The major service issue remains the reduced Ministry of Health funding for the key worker effective 2009.

Additional information

For more information please see:

Webpage topic	URL
Midland Cancer Network AYACS webpage	http://www.midlandcancernetwork.org.nz/page/pageid/2145842980
Midland Cancer Network AYACS Report and Action Plan	http://www.midlandcancernetwork.org.nz/file/fileid/12639

Implementation of the Liverpool Care Pathway for the Dying Patient (LCP)

Introduction

- The Midland Cancer Network key palliative care initiatives are the development of a Midland Palliative Care Service Plan, implementation of LCP and continued development of a Midland palliative care education framework and programme for generalist nurses and carers.
- The MCN hospices plan to procure and implement Palcare in 2011 which will enable improved data information. Palcare is a web based patient record specifically designed for the care of patients with palliative care needs.
- Within the palliative care sector, national projects are underway in the area of service specification development, data specifications, data collection and benchmarking.
- The LCP is an evidence-based, integrated care pathway that empowers healthcare professionals to deliver best practice care to dying patients, and their families/whānau, in the last days and hours of life.
- The LCP framework has a national and international reputation as a tool capable of driving up quality care for the dying and their family/whānau in the last days and hours of life, irrespective of diagnosis or care setting.

- The LCP was developed between the Royal Liverpool Hospital and the city's Marie Curie hospice in the late 1990s.
- Waikato was an early adopter with LCP implementation from 2005
- The National LCP Office was established in November 2008 to coordinate the sustainable implementation of the LCP in New Zealand. It is funded by the Ministry of Health.
- One set of Midland palliative care data that is currently available pertains to implementation of LCP by organisation. It is this data which is presented in this report.
- The data presented in this report has been sourced from the MCN organisations and the National LCP Office.

Analysis – number of registered sites

Table 52: Number of LCP registered sites by MCN DHBs as at 17 January 2011, and increase by DHB from October 2010 to January 2011

DHB	Hospice	Hospital	Residen- tial care	Com- munity	Total	# increase Oct-Jan	% increase Oct-Jan
Waikato	0	5	34	2	41	4	11%
Lakes	0	2	5	2	9	1	13%
BOP	2	2	16	1	21	1	5%
MCN	2	9	55	5	71	6	9%
NZ	17	27	212	11	267	N/A	N/A

Data source: National LCP Office

Table 53: Increase in MCN registered sites from October 2010 to January 2011, and MCN percentage of all NZ registrations, January 2011

Measure	Hospice	Hospital	Residential care	Community	Total
# increase Oct-Jan	0	1	4	1	6
% increase Oct-Jan	0%	13%	8%	25%	9%
% of NZ registrations	12%	33%	26%	45%	27%

Data source: National LCP Office

As at 17 January 2011, there are 71 sites in the MCN area registered for LCP implementation with the National LCP Office. This is an increase of six sites (9%) since October 2010. Waikato DHB has seen the biggest increases, with the registration of three new residential care organisations and a hospital.

There are 267 sites registered nationally, of which the MCN area's 71 make up 27%. By specific site, MCN has 45% of registered community care sites nationally but only 12% of hospices.

Analysis – Implementation progress

In the MCN area, the number of areas/providers where it is appropriate to implement LCP has been identified (referred to as targeted sites). Once the site is registered and staff education is completed the site is then in a position to use the pathway.

Implementation progress means the percentage of targeted sites that have completed registration and education measured against the total number of targeted sites. Please note the following for the analysis below:

- In large hospitals (Waikato, Tauranga and Rotorua) wards/units are counted individually.
- Smaller community hospitals, residential care facilities, hospice inpatient units and GP practices are counted individually.
- District nurse teams are counted individually by area.
- For Lakes DHB, the distinction has been made between Taupo/Turangi areas and Rotorua.
- The time period covered in this analysis differs to that reported for the number of registered organisations.
- This measure relates to the implementation of LCP only, not to the utilisation of LCP.

Table 54: Percentage of targeted sites with LCP implementation, MCN DHBs, June 2009 to December 2010

Time period	Waikato	Lakes (Taupo/ Turangi)	Lakes (Rotorua)	Bay of Plenty	MCN
Jun 09	42%	50%	0%		
Dec 09	49%	80%	0%	31%	42%
Jun 10	90%	100%	50%	39%	76%
Dec 10	93%	100%	100%	65%	85%
% change Jun 10 to Dec 10	3%	Not applicable	50%	26%	9%

As at December 2010 Lakes DHB had completed LCP implementation across all targeted sites and Waikato DHB had only 7% remaining. Bay of Plenty showed good gains over the last six months, increasing by 26%. Overall as at

31 December 2010 the region was sitting at 85% implementation, double where it was in December 2009.

Analysis – utilisation rate

The utilisation rate means the percentage of deaths that occur where LCP was used measured against the total number of deaths.

Please note LCP is not appropriate for all deaths. Examples where the LCP would not be used include trauma and unexpected deaths and paediatric deaths (the current LCP is an adult pathway).

Systems to measure utilisation rates are evolving in the MCN area. Some aspects of data collection are manual and can be prone to error. This measure will be reported for areas where reliable data is available.

Additional information

Webpage topic	URL
Midland Cancer Network – palliative care and supportive care directory	http://www.midlandcancernetwork.org.nz/
Waikato DHB palliative care services directory	http://www.waikatodhb.govt.nz/page/pageid/2145839476
National LCP Office website	www.lcpnz.org.nz
The Marie Curie Palliative Care Institute LCP webpage	http://www.mcpcil.org.uk/liverpool-care-pathway/index.htm
Ministry of Health LCP webpage	http://www.moh.govt.nz/moh.nsf/indexmh/palliativecare-lcp
Ministry of Health Palliative Care webpage	http://www.moh.govt.nz/moh.nsf/indexmh/palliativecare
Hospice NZ website	http://www.hospice.org.nz/home
Palliative Care Council webpage	http://cancercontrolnz.govt.nz/aboutuspc

Table 55: Utilisation rate for LCP in Waikato Hospital (inpatient) by calendar year

	2007	2008	2009	2010
Deaths where LCP used	98	131	123	191
Total number of deaths	714	741	723	699
% LCP	14%	18%	17%	27%

Cancer Control Council Voice of Experience Survey

Introduction

- In mid-2009, the Cancer Control Council (now Cancer Control New Zealand) surveyed the experiences of people who sought outpatient cancer treatment from the eight cancer treatment facilities in New Zealand over a six-month period. This survey is known as the Voice of Experience Survey.
- Results show that overall satisfaction with the publicly funded outpatient cancer care system in New Zealand is very high (over 97% positive). This was comparable to the overall ratings from similar surveys conducted in Canada, Australia and the United Kingdom.
- A regional report (Voice of Experience Companion Report) has also been published which provides, for each of the participating cancer treatment services, a snapshot of what survey respondents reported about accessibility and quality of cancer care for their particular service.
- Nationally there were 12 aspects of care (out of 65) where there was a substantial difference in scores between cancer treatment services.
- This section focuses on the results for Waikato Regional Cancer Centre (WRCC) and the Tauranga and Whakatane Cancer Centres (Bay of Plenty DHB).
- The Regional Cancer Centre is based in Hamilton at Waikato Hospital and covers ten territorial local authorities (council boundaries),

including part of the Ruapehu District. It provides specialist services to the MCN DHBs.

- This cancer centre is the second largest in New Zealand and provides oncology services to a population of about 650,000.
- The Regional Cancer Centre comprises an inpatient ward, day care and chemotherapy suite, outpatient clinics and radiation treatment facility. There are chemotherapy administration and outpatient clinics in Hamilton and Thames.
- Bay of Plenty DHB has two cancer centres, sited at Tauranga and Whakatane hospitals. Both were built following major community fundraising.
- Whakatane's cancer centre opened in February 2008 and the centre in Tauranga opened in October 2008. A resident medical oncologist and haematologist are based in Tauranga, with support from other specialists at Waikato.
- Both sites offer chemotherapy, blood transfusions, and FSAs and follow-up clinics for medical oncology, radiation oncology and haematology.
- The Midland Cancer Network has prioritised two opportunities for improvement;

- Providing information on relationship changes, sexual activity changes and emotional changes.
- Putting patients in touch with care providers to help with anxiety and fear.

Key survey findings – Waikato Regional Cancer Centre

For the Waikato Regional Cancer Centre, cancer care outpatients felt areas of strong performance included:

- Radiation therapy waiting times (waiting less than 30 minutes from scheduled appointment to being seen) (Q36: 96% positive score; 95% CI: 93–98).
- The Waikato DHB environment including ease of understanding directions/signs (Q77: 88% positive score; 95% CI: 84–91) and the minimum noise (Q79: 90% positive score; 95% CI: 85–93) level.
- Care coordination: The handling of transfers between specialist groups (Q56: 89% positive score; 95% CI: 85–92).
- The level of privacy provided during care (Q71: 88% positive score, 95% CI: 84–91).
- Being treated with dignity and respect by care providers (Q64: 87% positive score; 95% CI: 82–90).

- Trustworthy staff who kept information confidential (Q63: 85% positive score; 95% CI: 81–89).
- Care providers doing everything they could to treat the cancer (Q68: 83% positive score, 95% CI: 78–87).

Opportunities for improvement at the Waikato Regional Cancer Centre included:

- Providing explanations for any treatment waiting times (Q18: 30% positive score; 95% CI: 23–39).
- Providing enough information to the patients who needed it, on relationship changes (Q49: 33% positive score; 95% CI: 27–40), sexual activity changes (Q50: 36% positive score; 95% CI: 29–43), emotional changes (Q44: 41% positive score; 95% CI: 35–48) and nutritional needs (Q45: 45% positive score; 95% CI: 39–52).
- Putting patients in touch with care providers to help with anxiety and fear if this was required. (Q5: 46% positive score; 95% CI: 40–52. Q57: 35% positive score; 95% CI: 29–42).
- Offering patients opportunities to access counselling or support relating to issues such as concerns about cancer or coping at home or at work (Q48: 41% positive score; 95% CI: 35–48).

- Ensuring patients felt more comfortable talking to staff about complementary, alternative or non-traditional therapies (Q52: 51% positive score; 95% CI: 42–59).

Key survey findings – Tauranga and Whakatane Cancer Centres

For the Bay of Plenty cancer centres, cancer care outpatients felt areas of strong performance included:

- Care coordination: The handling of transfers between specialist groups (Q56: 91% positive score; 95% CI: 87–94).
- The ease of understanding directions/signs (Q77: 91% positive score; 95% CI: 88–94) and the minimum noise (Q79: 89% positive score; 95% CI: 85–92) at the hospital or clinic where the majority of cancer care was received.
- The level of privacy provided during care (Q71: 86% positive score; 95% CI: 82–89).
- Being treated with dignity and respect by care providers (Q64: 85% positive score; 95% CI: 81–88).
- Waiting less than 30 minutes from the scheduled appointment until chemotherapy treatment (Q29: 88% positive score; 95% CI: 82–93) and radiation treatment (Q36: 97% positive score; 95% CI: 90–99).

Opportunities for improvement at the Bay of Plenty cancer centres included:

- Providing enough information to the patients who needed it, on relationship changes (Q49: 28% positive score; 95% CI: 22–34), sexual activity changes (Q50: 25% positive score; 95% CI: 20–32) and emotional changes (Q44: 34% positive score; 95% CI: 28–40), on changes in the capacity to work or do usual activities (45%; 95% CI: 39–51) and changes in nutritional needs (45% positive score; 95% CI: 39–51).
- Providing explanations for any treatment waiting times (Q18: 31% positive score; 95% CI: 23–40).
- Putting patients in touch with care providers to help with anxiety and fear if this was required. (Q5: 38% positive score; 95% CI: 33–44. Q57: 28% positive score; 95% CI: 22–34) or offering counselling/support referral or services (Q47: 36% positive score; 31–42%).
- Taking patient's living situations into account when planning for treatment (Q12: 45% positive score; 95% CI: 40–51).

Additional information

For more information in relation to the Voice of Experience Survey please see:

Webpage topic	URL
Link to first Voice of Experience Report	http://cancercontrolnz.govt.nz/node/162
Link to Voice of Experience Companion Report – Results for the Eight Treatment Services	http://cancercontrolnz.govt.nz/node/169
Link to Voice of Experience Part 2 — Themes and results of NZ's first Cancer Care Survey	http://www.cancercontrolnz.govt.nz/node/198

Abbreviations

The following DHB abbreviations are used in this report:

Abbreviation	Full text
WK	Waikato
LK	Lakes
BOP	Bay of Plenty

The following abbreviations (excluding those for DHBs) are used in this report:

Abbreviation	Full text
AYACS	Adolescent and Young Adult Cancer Service
BSA	BreastScreen Aotearoa
BSM	BreastScreen Midland
CCN	Central Cancer Network
DAP	District Annual Plan
DHB	District Health Board
FSA	First Specialist Assessment
HEHA	Healthy Eating, Healthy Action
HNA	Health Needs Assessment
HPV	Human Papillomavirus
IDP	Indicator of DHB Performance
LCP	Liverpool Care Pathway for the Dying Patient
LINAC	Linear Accelerator
MCN	Midland Cancer Network
MDM	Multidisciplinary meetings
MoH	Ministry of Health
NCSP	National Cervical Screening Programme
NIR	National Immunisation Registrar
NMDS	National Minimum Data Set

NNPAC	National Non-Admitted Patient Collection
NSF	National Service Framework Library
NSU	National Screening Unit
NZ	New Zealand
NZCR	New Zealand Cancer Registry
PHO	Primary Health Organisation
PPP	Primary Health Organisation Performance Programme
SOI	Statement of Intent
SSAP	SunSmart Schools Accreditation Programme
TAS	Central Region's Technical Advisory Services Ltd
TLA	Territorial Local Authority
WHO	World Health Organisation
WRCC	Waikato Regional Cancer Centre

DHB dashboard: Waikato

Indicator	Date	MĀORI	PACIFIC PEOPLES	TOTAL POPULATION					
		Result & trend	Result & trend	Result & trend	MCN range	National target/ target achieved		NZ average/ ≥ average	
% hospitalised patients offered help & advice to quit smoking	Oct-Dec 2010	65% ↔	80% ↑	70% ↔	65% to 74%	80% to 90%	✗	70%	✓
Full & exclusive breastfeeding at 6 weeks	2009	60% ↔	64% ↔	69% ↔	69% to 72%	74%	✗	65%	✓
Full & exclusive breastfeeding at 3 months	2009	48% ↔	55% ↔	57% ↔	53% to 57%	57%	✓	55%	✓
Full & exclusive breastfeeding at 6 months	2009	23% ↑	23% ↔	28% ↑	19% to 32%	27%	✓	26%	✓
HPV immunisation: Young women born in 1997, dose 1	Sep 08-Dec10	67% ↑	59% ↑	49% ↑	40% to 66%	65%	✗	51%	✗
HPV immunisation: Young women born in 1997, dose 2	Sep 08-Dec10	63% ↑	58% ↑	46% ↑	39% to 65%	60%	✗	49%	✗
HPV immunisation: Young women born in 1997, dose 3	Sep 08-Dec10	60% ↑	58% ↑	45% ↑	37% to 58%	55%	✗	46%	✗
SunSmart schools: % of schools with applications approved or pending	Dec 2010	N/A N/A	N/A N/A	44%* ↑	36% to 54%	N/A N/A		28%	✓
Breast screening coverage	Jun 2010	50% ↑	60% ↑	65% ↑	58% to 65%	70%	✗	70%	✗
Cervical screening coverage	Sep 2010	55% ↑	61% ↑	78% ↑	73% to 79%	75%	✓	76%	✓
PET Scans	Dec 2010	↑	↑	↑			✓	N/A N/A	
Lung cancer patients reviewed at MDM	Jun 2010	69% ↑	N/A	71% ↑	45% to 59%	N/A	✓	N/A N/A	
Bowel cancer patients reviewed at MDM	Jun 2010	N/A ✗	N/A ✗	N/A ✗	N/A	N/A	✗	N/A N/A	
Wait time from FSA to treatment (radiation oncology) < 4 wks	Dec 2010	100% N/A	100% N/A	100% N/A	All 100%	100%	✓	N/A N/A	
% of applicable organisations with LCP implementation	Dec 2010	N/A N/A	N/A N/A	93% ↑	65% to 100%	N/A N/A		N/A N/A	

* Result for Hamilton centre

✓ Target or average result met or exceeded ✗ Target or average result not met ↑ Results over time trending upwards ↓ Results over time trending downwards ↔ Results over time showing variability or little change N/A Not applicable

DHB dashboard: Lakes

Indicator	Date	MĀORI	PACIFIC PEOPLES	TOTAL POPULATION					
		Result & trend	Result & trend	Result & trend	MCN range	National target/ target achieved		NZ average/ ≥ average	
% hospitalised patients offered help & advice to quit smoking	Oct-Dec 2010	73% ↑	Not provided	74% ↑	65% to 74%	80% to 90%	✗	70%	✓
Full & exclusive breastfeeding at 6 weeks	2009	60% ↔	70% ↔	72% ↔	69% to 72%	74%	✗	65%	✓
Full & exclusive breastfeeding at 3 months	2009	44% ↔	42% ↔	53% ↔	53% to 57%	57%	✗	55%	✗
Full & exclusive breastfeeding at 6 months	2009	14% ↔	23% ↔	19% ↔	19% to 32%	27%	✗	26%	✗
HPV immunisation: Young women born in 1997, dose 1	Sep 08-Dec10	78% ↑	80% ↑	66% ↔	40% to 66%	65%	✓	51%	✓
HPV immunisation: Young women born in 1997, dose 2	Sep 08-Dec10	77% ↑	75% ↔	65% ↑	39% to 65%	60%	✓	49%	✓
HPV immunisation: Young women born in 1997, dose 3	Sep 08-Dec10	68% ↑	65% ↑	58% ↑	37% to 58%	55%	✓	46%	✓
SunSmart schools: % of schools with applications approved or pending	Dec 2010	N/A N/A	N/A N/A	44%* ↑	36% to 54%	N/A N/A		28%	✓
Breast screening coverage	Jun 2010	45% ↔	37% ↑	58% ↔	58% to 65%	70%	✗	70%	✗
Cervical screening coverage	Sep 2010	55% ↑	50% ↑	73% ↑	73% to 79%	75%	✗	76%	✗
PET Scans	Dec 2010	↑	↑	↑			✓	N/A N/A	
Lung cancer patients reviewed at MDM	Jun 2010	59% ↑	N/A	55% ↑	32% to 55%	N/A	✓	N/A N/A	
Bowel cancer patients reviewed at MDM	Jun 2010	N/A ✗	N/A ✗	N/A ✗	N/A	N/A	✗	N/A N/A	
Wait time from FSA to treatment (radiation oncology) < 4 wks	Dec 2010	100% N/A	100% N/A	100% N/A	All 100%	100%	✓	N/A N/A	
% of applicable organisations with LCP implementation	Dec 2010	N/A N/A	N/A N/A	100% ↑	65% to 100%	N/A N/A		N/A N/A	

* Result for Rotorua centre (includes Taupo schools)

✓ Target or average result met or exceeded ✗ Target or average result not met ↑ Results over time trending upwards ↓ Results over time trending downwards ↔ Results over time showing variability or little change N/A Not applicable

DHB dashboard: Bay of Plenty

Indicator	Date	MĀORI	PACIFIC PEOPLES	TOTAL POPULATION					
		Result & trend	Result & trend	Result & trend	MCN range	National target/ target achieved		NZ average/ ≥ average	
% hospitalised patients offered help & advice to quit smoking	Oct-Dec 2010	65% ↑	48% ↔	65% ↑	65% to 74%	80% to 90%	✗	70%	✗
Full & exclusive breastfeeding at 6 weeks	2009	64% ↔	59% ↓	69% ↔	69% to 72%	74%	✗	65%	✓
Full & exclusive breastfeeding at 3 months	2009	47% ↔	56% ↔	56% ↔	53% to 57%	57%	✗	55%	✓
Full & exclusive breastfeeding at 6 months	2009	23% ↔	35% ↔	32% ↑	19% to 32%	27%	✓	26%	✓
HPV immunisation: Young women born in 1997, dose 1	Sep 08-Dec10	53% ↔	30% ↔	40% ↔	40% to 66%	65%	✗	51%	✗
HPV immunisation: Young women born in 1997, dose 2	Sep 08-Dec10	51% ↑	30% ↑	39% ↑	39% to 65%	60%	✗	49%	✗
HPV immunisation: Young women born in 1997, dose 3	Sep 08-Dec10	48% ↑	30% ↑	37% ↑	37% to 58%	55%	✗	46%	✗
SunSmart schools: % of schools with applications approved or pending	Dec 2010	N/A N/A	N/A N/A	36%* ↑	36% to 54%	N/A N/A		28%	✓
Breast screening coverage	Jun 2010	45% ↑	59% ↑	62% ↑	58% to 65%	70%	✗	70%	✗
Cervical screening coverage	Sep 2010	55% ↑	67% ↑	79% ↑	73% to 79%	75%	✓	76%	✓
PET Scans	Dec 2010	↑	↑	↑			✓	N/A N/A	
Lung cancer patients reviewed at MDM	Jun 2010	42% ↑	N/A	43% ↑	29% to 43%	N/A	✓	N/A N/A	
Bowel cancer patients reviewed at MDM	Jun 2010	N/A ✗	N/A ✗	N/A ✗	N/A	N/A	✗	N/A N/A	
Wait time from FSA to treatment (radiation oncology) < 4 wks	Dec 2010	100% N/A	100% N/A	100% N/A	All 100%	100%	✓	N/A N/A	
% of applicable organisations with LCP implementation	Dec 2010	N/A N/A	N/A N/A	65% ↑	65% to 100%	N/A N/A		N/A N/A	

* Result for Tauranga Centre

✓ Target or average result met or exceeded ✗ Target or average result not met ↑ Results over time trending upwards ↓ Results over time trending downwards ↔ Results over time showing variability or little change N/A Not applicable