

26 September 2012

DHB Directors of Nursing  
DHB Chief Operating Officers  
DHB Chief Medical Officers

Dear Colleague

### **Further information on the cancer nurse coordinator funding**

This letter provides you with further information on the cancer nurse coordinator funding.

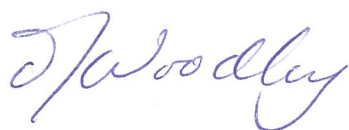
The Minister of Health wrote to district health board (DHB) chairs in August 2012 advising of the funding each DHB will receive in 2012/13, 2013/14 and out-years for the cancer nurse coordinator roles. We have attached, with this letter, information on the funding your DHB will receive and the minimum number of full-time equivalent nurses you are expected to employ.

The funding will be available from 1 October 2012 via a crown funding agreement variation (the variation). A generic copy of the schedule for the appointment of cancer nurse coordinators is included for your information at the end of this letter.

The Ministry of Health (the Ministry) has been asked a number of questions about the cancer nurse coordinators. The common questions are outlined and responded to in the frequently asked questions document that is provided for your information along with this letter.

If you have additional questions please contact Saskia Booiman on 04 816 2983 or email her at [saskia\\_booiman@moh.govt.nz](mailto:saskia_booiman@moh.govt.nz).

Yours sincerely



Deborah Woodley  
**Group Manager**  
**Personal Health Service Improvement Group**  
**Sector Capability and Implementation**

cc DHB General Managers Planning and Funding  
Managers, Regional Cancer Network

## **Generic copy of schedule B46: Appoint cancer nurse coordinators – <Location> District Health Board**

### **1 Background on cancer nurse coordinators**

- 1.1 In Budget 2012, the Government committed to improving cancer services. This includes funding dedicated nurses to coordinate the care and support for patients through the course of their cancer treatment.
- 1.2 The funding is for new cancer nurse coordinator roles. The funding is not for existing roles.
- 1.3 Care coordination is a comprehensive approach that aims to provide continuity of care for patients in a logical, and timely manner for patients with cancer.
- 1.4 Implementing cancer nurse coordinator roles is a strategy that contributes to the aims of care coordination. Care coordination also remains a function and responsibility of the whole health system.
- 1.5 The key principles for coordinated cancer care are:
  - patients, their families, whānau and carers affected by cancer are at the centre of care
  - care coordination initiatives should take into consideration the continuum of care including the various providers involved in delivering care across tumour types
  - care coordination initiatives must take into consideration populations with highest needs, including Māori and Pacific populations
  - cancer nurse coordinator roles consider a mix of generalist and tumour specific roles
  - care coordination initiatives should take into consideration the range of contexts of care for example, rural or urban, district or regional, primary or secondary
  - cancer nurse coordinator roles implemented in tertiary level DHBs have a regional focus linking to and from secondary level DHBs
  - enhancing continuity of care across the health services requires initiatives at the health system level, the health service level and the team / individual patient level
  - improving care coordination is the responsibility of all health professionals involved in the care of individual patients and should be included in all health professionals' practice.

### **2 Service objective**

- 2.1 The objective of this service is to appoint nurses in cancer nurse coordinator roles that will:
  - improve the experience for patients, including their family and whānau, with cancer or suspected cancer
  - improve overall access and timeliness of access to diagnostic and treatment services for patients with cancer.

### 3 Service description and requirements

3.1. The <Location> District Health Board ("the DHB") must, during the term of this Schedule <B46>, provide the following services ("the Services"):

- appoint at least < number of nurses> full-time equivalent cancer nurse coordinator roles by January 2013
- support and enable service improvement

3.1.1 For each cancer nurse coordinator role the <Location> DHB will:

3.1.1.1 identify the problem/s that implementing the cancer nurse coordinator role/s will be solving. The DHB will ensure that the problems are able to be addressed by the cancer nurse coordinator role.

3.1.1.2 work regionally with the directors of nursing and the <name> cancer network to initiate a regional approach for care coordination and work alongside the <name> cancer network to implement the cancer nurse coordinator roles

3.1.1.3 develop the documents required to recruit the cancer nurse coordinator roles, for example a job description and contract. See Appendix A for an example job description

3.1.1.4 clearly define the role as focused on the diagnostic and treatment pathway (faster cancer treatment pathway, note that this excludes survivorship or palliative care) and within a multidisciplinary setting

3.1.1.5 clearly define the functions of the role (see Appendix A for a list of core functions in the example job description) at any given point along the diagnostic and treatment pathway including:

- referral
- consultation / investigations
- diagnosis, staging and treatment planning
- treatment
- ongoing care for example second treatment

3.1.1.6 clearly define how the role differs and / or complements existing roles, and ensure that the cancer nurse coordinator job description as developed in 3.1.1.3 aligns with the regional approach as identified in 3.1.1.2

3.1.1.7 monitor the case-load of the cancer nurse coordinator. The case-load will consider volumes of patients and complexity of patient needs to ensure a manageable work load. The DHB will focus the cancer nurse coordinator case-load on complex patients with the most need

3.1.1.8 ensure that health professionals not employed in the cancer nurse coordinator roles understand that they continue to be responsible for contributing to, and supporting, care coordination

3.1.1.9 ensure that providers work collaboratively to improve services and communication with each other; and support communication and provision of services across DHBs.

3.1.2 In implementing the cancer nurse coordinator roles and functions the <Location> DHB is required to:

- 3.1.2.1 support the cancer nurse coordinator to participate in regional and national care coordinator forums
- 3.1.2.2 support the education and development of nurses employed as cancer nurse coordinators for example, using the oncology nursing knowledge and skills once it is available
- 3.1.2.3 participate in the evaluation of the cancer nurse coordinator roles, and provide all information / documentation requested by the Ministry's selected provider who is undertaking the evaluation
- 3.1.2.4 use nationally and regionally developed tools such as needs assessment tools as they become available
- 3.1.2.5 use the tumour type specific Standards of Service Provision as they become available to ensure that patients receive best practice care, and to make improvements to the patient pathways
- 3.1.2.6 implement systems and processes that identify patients with suspected cancer to enable proactive patient management focusing on those with complex needs who would benefit most from cancer nurse coordinators
- 3.1.2.7 provide the cancer nurse coordinator with a mandate to identify gaps in systems and process, and use the DHBs change management and / or service redesign teams to address these gaps
- 3.1.2.8 implement systems and processes to improve care coordination by addressing gaps in service provision that are identified by the cancer nurse coordinators and/or in the evaluation of the effectiveness of the cancer nurse coordinator roles
- 3.1.2.9 note that appropriate administration resource is required to support the cancer nurse coordinator role.

- 3.2 The purchase units that apply to this service/these services are supplied in the following table:

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition
M50026	New programme cancer nurse coordinators – adult cancer services	Cancer nurse coordinator role for adults with cancer or suspected cancer (including adolescents/young adults under the care of adult services). The purchase unit is for new cancer nurse coordinator roles as from 1 October 2012. The funding is not for existing roles. Includes: key worker (case management) for patients with high or complex needs, nursing care, triage and assessment, providing leadership in care coordination and service quality improvement assurance.	Programme	A set of related measures or activities that is purchased in a block arrangement and is uniquely agreed at a local level.

#### 4. Term

- 4.1 This Schedule B46 commences on 01/10/2012 and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30/06/2015. Upon termination of the Schedule B46 the Ministry reserves the right to alter the funding and distribution of the cancer nurse coordinator roles based on the findings of the evaluation of cancer nurse coordinator roles.

#### 5. Funding

- 5.1 <Location> DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 5.2 The Ministry will pay the DHB < funding amount in words> (\$<funding amount in numbers>) (excluding GST) to provide the Services under this Schedule <B46> ("the Funding"). The funding amount available per annum is provided in the table below.

2012/13	2013/14	2014/15	Total	Minimum number of FTE cancer nurse coordinators DHBs can employ
\$<year 1 funding>	\$<year 2 funding>	\$<year 3 funding>	\$<funding amount in numbers>	<number of nurses>

- 5.3 Payment will be made by the Ministry on the receipt of a valid invoice provided that the Ministry is satisfied that the DHB has provided the Services in accordance with clause 3 of this Schedule <B46>. Where a valid invoice is received 10 working days before the payment date, payment will be made according to the table set out below. If an invoice is not received 10 working days before the payment date, payment will be made 12 working days after receipt of the invoice. The invoice must be addressed to:

Debbie King  
 Programme Administrator  
 Sector Capability and Implementation Business Unit  
 Ministry of Health  
 PO Box 5013  
 Wellington.

Date of Receipt of Invoice by Ministry	Date payment will be made	Amount Payable (excluding GST)
28 January 2013	1 February 2013	\$<year 1 funding payment 1>
29 July 2013	2 August 2013	\$<year 1 funding payment 2>
27 January 2014	31 January 2014	\$<year 2 funding payment 1>
28 July 2014	1 August 2014	\$<year 2 funding payment 2>
27 January 2015	2 February 2015	\$<year 3 funding payment 1>
27 July 2015	31 July 2015	\$<year 3 funding payment 2>

- 5.4 Notwithstanding this Schedule <B46>, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule <B46> beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

## 6. Reporting

- 6.1 In addition to the reports required under the Principal Agreement, the DHB will report to the National Health Board. Reports are to be submitted through the Ministry's web-based DHB Quarterly Reporting Website ("Database"), on a six-monthly basis, in accordance with the following table:

Reports Required	Date Reports Due
Report as detailed in clause 6.2. DHB to include job description.	21/01/2013
Report as detailed in clause 6.2. DHB to confirm the number of nurses that have been appointed, and the expertise of each nurse (eg, appointed 1 FTE lung cancer nurse coordinator).	22/07/2013
Report as detailed in clause 6.2.	20/01/2014
Report as detailed in clause 6.2.	20/07/2014
Report as detailed in clause 6.2.	20/01/2015
Report as detailed in clause 6.2.	20/07/2015

- 6.2 Certification by the DHB's Chief Operating Officer that the DHB has met the service requirements as set out in clause 3 is required. The DHB must provide a report with the following information:

- the requirements which have not been met
- why the requirements have not been met
- what is being done to meet the requirements
- when the requirements will be met.

- 6.3 The <Location> DHB is also required to participate in the evaluation of the cancer nurse coordinator roles, and provide all information / documentation requested by the Ministry's selected provider as per clause 3.1.2.3.

## **7. Variation**

- 7.1 Any proposed variation in the Services to be provided by the <Location> DHB under this Schedule <B46> must be discussed and agreed in writing by the Ministry and the <Location> DHB.

## Appendix A: Example job description for cancer nurse coordinator role

### Position title

Cancer Nurse Coordinator

### Core functions

- triaging patients to determine area of need and level of assistance required, if any, from a cancer nurse coordinator or members of the multidisciplinary team
- providing information and advice to health professionals to ensure continuity of care, and transfer of information as the patients moves across care boundaries
- ensuring that an appropriate member of the multidisciplinary team (not necessarily the cancer nurse coordinator) communicates findings from assessment and care planning to others involved in the care of the patient
- ensuring that an appropriate member of the multidisciplinary team (not necessarily the cancer nurse coordinator) communicates assessment and care planning information to the patient
- contributing to discussions about the patients care including at multidisciplinary meetings
- providing expert advice and support related to their specialist area of practice to other health professionals
- have expert knowledge of the assessment, care, and management of cancer across a tumour specific diagnostic and treatment pathway; or have expert patient assessment knowledge, care and generalist knowledge of cancer management
- being accessible to the patient as a point of contact and ensuring patients have clear information of alternative contacts for example out-of-hours, on leave, as they progress through the cancer pathway
- providing information and advice to patients, and referring patients on to other health professionals if the patients issues are outside the area of expertise of the cancer nurse coordinator
- providing advocacy and symptom management for patients
- using a continuous quality improvement approach to lead the identification of gaps in systems and processes along the pathway, and involving the DHBs change management and / or service redesign to address these gaps
- provide leadership in care coordination, including advocating for care coordination to remain the function and responsibility of all health professionals
- contribute to the evaluation of cancer nurse coordinator roles, and ongoing quality improvement
- developing and maintaining functional relationship with the regional cancer network
- developing and maintaining functional relationships with other health professionals who have a care coordination function locally, regionally and nationally.



## Key relationships

### Reports to

- 

### Internal

- Multidisciplinary team members
- Charge Nurse Managers
- Clinical Nurse Specialists
- Other health professionals who have a care coordination function locally
- Quality improvement / process improvement teams within the organisation
- Radiology, pathology departments and cancer service departments
- Staff educators, other health professionals within the organisation.

### External

- Other health professionals who have a care coordinator function at other hospitals and DHBs regionally and nationally
- Regional cancer networks
- General practitioners and practice nurses
- Māori and Pacific People health providers
- New Zealand Cancer Society.

## Key responsibility and expectations

Key responsibility	Care coordination
Expected result	<ul style="list-style-type: none"><li>•</li></ul>
Key responsibility	Provide proficient nursing care to patients with complex needs
Expected result	<ul style="list-style-type: none"><li>•</li></ul>
Key responsibility	Provide advice/education to other nurses and health professionals
Expected result	<ul style="list-style-type: none"><li>•</li></ul>
Key responsibility	Ensure best practice service provision
Expected results	<ul style="list-style-type: none"><li>•</li></ul>
Key responsibility	Collaborate with other health professionals to improve patient outcomes
Expected result	<ul style="list-style-type: none"><li>•</li></ul>
Key responsibility	Behave in a professional manner
Expected result	<ul style="list-style-type: none"><li>•</li></ul>
Key responsibility	Ongoing professional development
Expected result	<ul style="list-style-type: none"><li>•</li></ul>
Key responsibility	Effective management and resource utilisation within the service
Expected result	<ul style="list-style-type: none"><li>•</li></ul>

### Insert other organisation specific content for example:

- hours of work
- key selection criteria such as essential experience, skills and qualities
- quality
- delegated authority
- health and safety.